



SUPPORTING THE NETWORK OF OUT-OF-SCHOOL PROGRAMMES
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OSCAR Network
Christchurch

LET THE CHILDREN PLAY **ADHD - ENGAGING IN GAMES**
ATTACHMENT - THE FIRST CORE STRENGTH **QUAKE-CITY**
STRUGGLERS LEFT BEHIND **MUSIC OF KINDNESS: PLAYING**
TOGETHER STRENGTHENS EMPATHY IN CHILDREN **CAN YOU**
IDENTIFY THE CHILD'S STRENGTHS **ADOPTING A BALANCED VIEW**



ENHANCING CHILDREN'S PLAY : *WHAKAREWA / TE TAAKARO TAMARIKI*





**THREE
YEARS ON...
IT'S ALL RIGHT
TO FEEL
OVERWHELMED
SOME DAYS**

**THREE
YEARS ON...
IT'S ALL RIGHT
TO BE EXCITED
ABOUT OUR
FUTURE**

**THREE
YEARS ON...
IT'S ALL RIGHT
TO FEEL
PROUD OF HOW
WE'VE COPE**

**THREE
YEARS ON...
IT'S ALL RIGHT
TO GRIEVE
FOR WHAT
WE'VE LOST**

THE OSCAR NETWORK IN CHRISTCHURCH INC.

**WE ARE AN ORGANISATION
DEDICATED TO PROVIDING
INFORMATION TO O.S.C.A.R.
(OUT OF SCHOOL CARE AND
RECREATION) PROGRAMMES.**

Our aim is to support, promote and network safe quality, accessible OSCAR services which are professional and centre around the needs of the child and their whanau.

The OSCAR Network provides information on training, development, mentoring, funding & finances, research, advocacy, management and staff support, resources and the general running of an Out of School programme. The OSCAR Network in Christchurch encourages OSCAR providers to operate quality services, however it is not a function of the OSCAR Network to accredit or assess OSCAR services.

The OSCAR Network in Christchurch has a well-earned reputation for working co-operatively alongside other groups and agencies. We work as a team in an environment based on mutual respect and trust. It is the combination of skills, ideas and energy, which achieves results from the consensus decision-making process. We enjoy our work by 'thinking differently'.

THANK YOU

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Time to be kind as gap widens

As Canterbury passes the third anniversary of the February 2011 earthquake, disaster recovery and mental health experts are urging those affected to look after themselves and each other.

Australian disaster psychologist, Dr Rob Gordon (who works for New Zealand Red Cross) says the fourth year of recovery after any big disaster brings new pressures.

“Typically by this stage our circumstances are becoming much more varied. Some feel they’re well on the way to having damage and problems resolved and making a new life, while others haven’t been able to get started yet,” says Dr Gordon.

He says that means we need to preserve patience and tolerance and reserve judgement of others who are not in the same situation as ourselves.

Public health specialist for the All Right? project, Dr Lucy D’Aeth, says soon to be released research backs up Dr Gordon’s advice. “Preliminary results from All Right’s latest research suggest the gap between the ‘haves’ and the ‘have-nots’, those who are recovering well and those who are ‘stuck’, is growing,” says Dr D’Aeth.

Dr D’Aeth says international research shows recovery from any disaster can make the vulnerable even more vulnerable. “Tragically, this seems to be what is happening in Christchurch. High rents, lack of affordable housing and the various other secondary stressors are taking the biggest toll on those who are least able to deal with them.”

“We have a growing number of people who are moving on with their lives and are excited about the future, and others who are still unable to progress as they’re dealing with issues that seem beyond their control,” says Dr D’Aeth.

“A healthy recovery is one where nobody is left behind. This is a time when we all need to be patient with each other – we are involved in a long, slow, complicated process so looking out for ourselves and each other, especially those who are ‘doing it hard’, is crucial so we don’t lose Canterbury’s incredible sense of community.”

Dr Gordon says fatigue is also a problem at this stage of recovery. “The longer we are out of our normal routines and facing challenges, the more of an issue fatigue is,” says Dr Gordon.

Dr D’Aeth agrees. “Early indications from our research also show many Cantabrians are exhausted. Life can be tiring at the best of times, but add in stressors like roadworks, insurance issues, battling to find somewhere to live long term, finding temporary accommodation while repairs are carried out, or living with family members for extended periods and some Cantabrians are finding life very tiring.”

Dr Gordon says Cantabrians need to be very conscious about taking care of themselves. “Look after your health, ensure you have a good balance between work and leisure and connect with others. Ask yourself ‘what do I need to do to keep myself in a good space of mind?’” says Dr Gordon.

“It’s all about making the little things which help us feel better a priority. So many things are out of our hands in Canterbury but we mustn’t underestimate how the small things ...like catching up with friends, a walk in the park or just noticing the amazing Canterbury sunsets...can improve our mental health and wellbeing,” says Dr D’Aeth.

“These things are not trivial – they are what makes life worth living,” concludes Dr D’Aeth.

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SEE THE CALENDAR ON THE BACK COVER FOR TIME AND PLACE DETAILS OF OSCAR NETWORK TRAINING AND EVENTS.

LET THE CHILDREN PLAY

*The OSCAR Network believes
PLAY is children's work.*

Play comes in many forms and they change with ages and stages of development. When you recognise the different types of play it makes it more interesting observing and supporting children's play.

Every kind of play lays synaptic pathways in the brain, brain pathways that join to make 'the information highway' for higher learning.

Movement Urges

In child development circles 'schema' is the label that has been assigned to the innate and universal patterns of children's play. A schema is a non-volitional or subconscious urge or energy which drives the child to play and move in ways that are integral to their being. 'Non-volitional' because children do not make these patterns happen, they come up from inside.

There are many such patterns, but here is a list of easily identifiable urges which can help you to understand what is going on:

Gathering: collecting items in pockets, trucks or bags and transporting them from one place to another.

Deconstruction: exactly what you would expect from the name, breaking things, knocking them down, and they do this first. Then they are ready for construction, building and making things.

Rotation: spinning around, rolling and playing with wheels, and trajectory, throwing



things, or dropping them, and climbing and jumping where the child himself is on a trajectory.

Enclosure: putting something inside something else, and getting into small spaces so that the child herself is enclosed.

Enveloping: covering and wrapping treasures.

Transforming: children's alchemy: mixing, mud pies, potions; adding one thing to another to get something different.

Positioning: putting things into order and making patterns, and Connecting objects and collected items, joining them together.

As adults, one of the best things about having an understanding of these urges is that we are able to recognise and support them in children as soon as we see them.



Sometimes they will come through as what we might once have seen as 'inappropriate behaviour' such as throwing objects in enclosed spaces or climbing on the table. When we observe the behaviour and recognise the urge we are able to redirect it, your child will be happy to throw something outside where it is okay, or climb a tree instead!

It's not about the action, it's about the urge. If the action is dangerous, harmful or inappropriate then find another similar outlet for the urge. Try it, you'll be amazed.

Types of Play

Exploratory: getting information on new things.

Before you ask: Yes, exploration is actually play. Gathering information about the new is the first step into play, the step upon which all other types of play are built. When a thing is new, never seen or experienced before, a child needs to feel it, taste it, smell it, weigh it, balance it, step inside it... and the longer children play with the new treasure, the more information they gather.

Learning the name of the object isn't half as important as gathering sensory information, although the name lets the brain file all the information for easy retrieval. For example, if I say "pinecone", you retrieve all the sensory information you have about pinecones from your file. If I say aardvark you probably have an empty file. No experience means either no file, or a one-dimensional entry from watching a documentary. Even a first-class documentary can never ever

“The playing adult steps sideward into another reality; the playing child advances forward to new stages of mastery.”

Erik H. Erikson
American psychoanalyst
1902–1994

match the rich super-sensory file gained from exploratory play.

Repetitive: over and over makes it easier.

All learning involves the repetition that leads to mastery, play is no exception. You’ll see repetition in every type of play - it is as your Mother said, “Practice makes perfect”.

Physical: movement is life.

Physical play is coded into all mammals and we are mammals. Your child wants to swing, climb, jump, run, cartwheel - these patterns are coded into every child, just waiting to unfold. By moving, the body develops strength, agility, balance, dexterity and coordination. At the same time, the brain is also making new growth and connections because body and brain are part of the one unit, the playing child.



Role-play: living the experience.

As social animals we desire to do what we have seen others around us doing, to have what we see others in our environment having. For adults this might mean wanting those designer clothes or going to that holiday destination. In children we see the same trait in the form of role-play, acting and repeating experiences they have been party to, exploring what it is like to ‘live that situation’.

Children will only role-play what they see and experience around them and so Danish children will role-play what Danish children see, and Ugandan children will role-play what Ugandan children see. Danish children will want pushchairs for their dolls, Ugandan children carry babies on their backs: these are the beginnings of practising to fit in and survive in a culture.

Imaginary play: the ability to bring to mind things and experiences that are not present.

This is the high form of play where anything and everything is possible. The stepping stone for imaginary play is exploratory play, because in order to bring to mind images of the imagined item, you first have to

have a file of information to call upon. You cannot imagine a cup if you have never seen, touched or held one before. In imaginary play, the child calls up mental images from her memory files and ‘alters her world’: the tree becomes a horse, or a pirate ship, or a den. And she lives and plays, not in a two-dimensional virtual world, but in a three-dimensional world of her own making. Brain magic!

Creative play: creating something new.

Creative play grows out of imaginary play, the two are inseparable. In creative play something new is created, there is a free flow of ideas where things and rules change as the play continues. The iPod and the Hubble Telescope - they are the results of creative play.

Therapeutic play: working through painful experiences.

At the most basic level, all play is therapeutic, it is good for the body, mind and soul. In particular, expressing inner experiences and trauma through play, enables children (and adults) to work through the scars of emotional experiences.

ADHD - ENGAGING IN GAMES

After a long day in the classroom, after-school (or weekend) activities can give ADHD kids a chance to burn off extra energy and boost to their confidence.

While martial arts are often touted as the go-to sport for kids struggling with this disorder, parents say they've found success with a variety of other activities too. It really depends on the child -- and what their passions are -- but active and/or outdoor-based activities are a good place to start.

NATURE SPORTS

Most children, ADHD or not, love being outside. Outdoor exercises like biking and hiking are especially good for high-energy kids. Unlike with many team sports such as basketball, baseball, and soccer, there is no standing around time. Children will be constantly moving and using large muscle groups, keeping them focused.

MUSIC

Unlike other activities that work either the right or left side of the brain, music exercises both sides at the same time, training your mind to multitask better. If a child is in a band, orchestra or a choir, they are learning to work as part of a team -- a key skill for children with ADHD.

SWIMMING

It worked wonders for Olympic gold-medalist Michael Phelps -- who was diagnosed with ADHD at age 9 -- so it might just do the trick for other children too. The constant movement keeps up with the child's energy level, and the self-discipline the sport requires is good for them too.

GUIDES/ SCOUTS

These organizations were founded before ADHD was even defined, and they've been incorporating activities that require focus, attention, and organization forever. They've also perfected a system of rewards -- super-effective for getting ADHD children to work toward a goal -- with activities, and of course, earning badges for a job well done. Child psychiatrists and psychologists have long used

play as a therapeutic tool for children with problems such as ADHD, clinical depression, and anxiety disorders. Many children who otherwise have trouble expressing themselves can do so through play.

Additionally, experts believe that play can be used to help children achieve impressive gains in attention and social skills. And while the market abounds with expensive and therapeutic toys and games specially designed to help children with ADHD, experts believe many conventional, inexpensive toys such as Let's Go Fishing, Clue, and Chinese Checkers can be just as beneficial.

Read on to find several of the toys, games, and methods of play experts recommend for ADHD children.

AGES 4-6: FANTASY PLAY

Doctor kits, stuffed animals, and action or monster figures enable children to act out roles, situations, and emotions. For children with ADHD, fantasy play is especially important because they may feel isolated and confused due to their inability to effectively communicate their experiences, fears, and concerns. Similarly, ADHD children tend to be impulsive, rather than anticipatory thinkers; that is, they act on their impulses before considering whether or not it's a good idea. That's one reason ADHD children so often find themselves "in trouble" or without friends.

When skillfully directed by adults, fantasy play allows ADHD children to explore new experiences and feelings in a safe context. It also helps them learn to stay with a string of tasks long enough to bring them to a conclusion, as well as consider consequences before acting. Constant practice during play enables children to transfer these skills to real life.

HOW ADULTS CAN DIRECT PRETEND PLAY

-- Set time limits. Plan ten-minute play sessions once a day -- longer periods run the risk of the child falling out of attention, and the parent becoming frustrated. Use

toys as props, and suggest that you make up a story about the toy or figure.

-- Prompt the child. Start with "Once upon a time..." and let your child make up and act out the story. You can even play one of the roles in the fantasy, interacting with the child's character.

-- Encourage social behaviors. Interact with the child in ways that encourage them to , experience logical consequences and eventually anticipate outcomes. For example, say: "If the girl breaks all her toys, what will she have to play with?" ADHD children are so used to being chastised and can be more responsive to a correction when it's not directed personally at them.

-- Redirect when necessary. Every time the child veers off track, gently direct them back to the game -- for example, say: "I was really interested in that horsey story. Tell me what happens next."

-- Wrap things up. If the child is not finished with the fantasy as the ten-minute period concludes, prompt the ending by saying things like: "Oh, it's getting dark. Time for horsey to get ready to go to bed," or "The boy's mommy is calling him to come home for dinner now." Take another minute to finish the story and put away the toys.

After a few months, you'll probably notice an improvement in the child's ability to stick with the task. At that point, you can step up the challenge gradually by making the themes increasingly more elaborate and even expand the venue of the game from the playroom floor to the whole house.

SIMPLE BOARD GAMES FOR ADHD CHILDREN

The less complicated and more low-tech the game is, the better it works for ADHD children. High tech games can be over stimulating, complicated games that end up being too frustrating. The following classic board games can help enhance ADHD children's social and cognitive skills:

MEMORY AND ATTENTION

The Memory Game: This simple game helps increase . It requires players match their cards with others that are turned face down. If you turn a card face up and it doesn't match your card, you have to put it back face down. The challenge is to

remember the cards that have been put back down, so you can pair them with your cards when matches come up. Whoever gets the most matches wins.

How to use it: Gauge the child's frustration level with this game to see how long you can play while keeping the child's focus. With younger or less focused children, set up the game so that matching cards are closer together; they'll be more likely to find a match this way. Gradually increase the challenge by scattering the cards and forcing your child to go farther in the visual field to find a match.

ANTICIPATING CONSEQUENCES

Chinese Checkers: Chinese Checkers works for ADHD children because it's simple, yet it requires a bit of strategy. The challenge is simple; just get your men from this end to that end, but children will learn over time that if they problem solve and think ahead about where they're going, they can get there a lot faster.

ANTICIPATING SUCCESS AND DEALING WITH FAILURE

Snakes and Ladders : Children with ADHD experience increased frustration over anticipating success and dealing with failure. Snakes and Ladders is an excellent way to help kids build frustration tolerance and get over failures quickly. The objective is simple: move the players along a trail toward the top of the board, climbing up ladders or sliding down snakes when you land on them. Frustration can result from landing on a snake and going from leader to loser instantly.

How to use it: Take this opportunity to discuss successes (climbing ladders) and failures (sliding down snakes). Help children practice how to manage failure, and stress the importance of recovering quickly from disappointments.

SOLVING PROBLEMS AND STAYING ORGANIZED

Clue : Clue is a crime solving game where players determine who committed a crime through process of elimination. This game forces children to think about the information they have and don't have -- a real challenge for kids with ADHD. They'll also learn to use information to solve problems, rather than act on their feelings before thinking about the consequences. Within the safe

confines of a game like Clue, children learn quickly that impulsive actions usually are counterproductive. This game also practices organization and prioritization skills.

PROMISING RESULTS FOR AN ADHD EARLY INTERVENTION PROGRAMME

Common children's games have been shown to help hyperactive children learn better self-control and may provide a longer-lasting treatment for ADHD.

Teaching young children skills in self-control may provide a better and longer-lasting alternative to existing treatments for ADHD (Attention Deficit Hyperactivity Disorder).

Dr Dione Healey (Department of Psychology) has found that a series of "brain-training" games played by parents and pre-school children for 30 minutes a day over five weeks resulted in positive behavioural changes for children who were initially rated by their parents as at least 92 per cent more hyperactive than other children their age.

She and her colleagues have developed the ENGAGE programme (Enhancing Neuro-behavioural Gains with the Aid of Games and Exercise) that includes attention and memory games, ball skills, puzzles, behavioural regulation games such as "musical statues", and relaxation. ENGAGE targets four key areas associated with poor self-regulation: hyperactivity, aggression, inattention and executive functioning difficulties – aiming to reduce these difficulties by improving the functioning of brain areas involved in self-regulation.

"We found that within five weeks the children showed significant reductions in hyperactivity, aggression and inattention, and improvements in two of four neuropsychological tests of executive functioning."

"We also found a correlation between improvements in behaviour and neuro-cognitive functions and the amount of time spent playing the games."

The programme includes 25 games in total, with children and parents introduced to five new games each week. The games are begun at a level that is appropriate to each child's age and skill levels, and then increased in complexity over time.

"We showed parents how the games can be incorporated into everyday life and found that the children began to use the games too."

At the completion of the five-week study, the children were monitored for another 12 months and this showed that improvements at the end of the intervention were maintained throughout the 12-month follow-up period. "This indicated that the effects of the intervention were lasting, which was most exciting," Healey says.

ADHD is one of the most common childhood disorders, causing difficulties for individuals, families, schools and wider society. However, existing treatments, such as medication and behavioural management training, which externally manage children's behaviour, do not have lasting effects. When the treatment stops the symptoms return.

Healey says the success of the ENGAGE programme indicates that teaching children better internal self-regulatory skills reduces the impact of hyperactivity, impulsivity and inattention, and may help to prevent these early difficulties from developing into ADHD as children grow older. This is particularly significant given research by the Dunedin Multidisciplinary Health and Development Study that has shown that young children with poor self-control at age three are more likely to have a variety of health and well-being issues in adulthood. Therefore, early intervention to improve self-control may reduce the rates of the long-term adverse outcomes that have been associated with poor self-control during the preschool years.

Now Healey has a three-year HRC grant to begin the next stage of the research, a randomised controlled trial comparing children who receive no initial intervention, with those whose parents receive a behavioural management programme (Triple P – positive parenting programme) and those who receive ENGAGE.

Listen to interview Promising results for an ADHD early intervention programme on Radio NZ National

<http://www.radionz.co.nz/national/programmes/ninetonoon/audio/2584675/promising-results-for-an-adhd-early-intervention-programme>

ATTACHMENT

THE FIRST CORE STRENGTH

THE ABILITY TO FORM ATTACHMENTS IS THE FIRST OF SIX CORE STRENGTHS THAT ARE AN ESSENTIAL PART OF HEALTHY EMOTIONAL DEVELOPMENT.

In this article, **Bruce D. Perry, MD, PhD** explores attachment and how it contributes to preventing aggression and anti-social behaviours in children.

“Mrs. Brown!” the 5-year-old shouted out in the store as she ran, smiling, to hug her teacher. It made both their days.

Throughout life, each of us will form thousands of relationships. These bonds take many forms. Some are enduring and intimate - our dearest friend - while others are transient and superficial - the chatty store clerk. Together, relationships in all forms create the glue of a family, community, and society. This capacity to form and maintain relationships is the most important trait of humankind, for without it none of us would survive, learn, work, or procreate.

The first and most important of all relationships are attachment bonds. Initially, these are created through interactions with our primary caregivers, usually parents. First relationships help define our capacity for attachment and set the tone for all of our future relationships.

What Is Attachment?

Attachment is the capacity to form and maintain healthy emotional relationships. An attachment bond has unique properties. The capacity to create these special relationships begins in early childhood.

At birth, a baby is essentially emotionally “unattached.” Despite the obvious

physical connection of the umbilical cord, the newborn does not yet have strong connections to another human. During infancy and early childhood, one form of attachment - socio-emotional - begins to replace the original physical attachment of the cord. As dependent as ever, a baby requires constant attention and care from another human being in order to survive. Calories and a “bath” of physical sensation-sight, sounds, smells, touch, and taste-help the infant survive and grow to meet her potential. This “somatosensory” bath from a loving caregiver-the rocking, hugs, coos, and smiles-is transformed by the infant’s sensory systems into patterned neuronal activity that influences the development of the brain in positive ways. It is in this dependent relationship between the primary caregivers and the infant that the new form of attachment grows. This attachment - the emotional relationship - is not as easy to see or document, yet it is nonetheless as important for human development as the umbilical cord is in utero.

It is these experiences of infancy and early childhood that create the roots of attachment - the capacity to form and maintain healthy emotional relationships. Except in the most extreme cases we are all born with the genetic capability to form and maintain healthy emotional relationships. When the infant has attentive, responsive, and loving care giving, this genetic potential is expressed. And as this infant becomes a toddler and more people-family, friends, peers enter his life, he will continue to

develop this capacity to have healthy emotional relationships.

Attachment and Pleasure

Our brain is designed to promote relationships. Specific parts of the human brain respond to emotional cues (such as facial expressions, touch, scent) and, more importantly, allow us to get pleasure from positive human interactions. The systems in the brain that mediate pleasure appear to be closely connected to the systems that mediate emotional relationships. Indeed this inter-relationship - the capacity to get pleasure from other people - creates a major positive learning tool of infancy and childhood. Young children want to please their teachers. They model adults and children they admire.

When attachment capacity develops normally, the child gets pleasure from interacting with other people. The degree of pleasure is related to the degree of attachment-pleasing a parent brings more pleasure than pleasing a stranger. It is this very property that helps parents and teachers shape pro-social behaviours in a child. In the process of teaching children emotional, social, and cognitive tasks, the strongest rewards for a child are the attention, approval, and recognition of success that the parent or teacher can give. Conversely, when a child feels he has displeased a parent or teacher, he can be devastated.

Attachment Capacity Matures

In order to be capable of forming the wide



array of healthy relationships required throughout life, a young child's attachment capacities must mature. While the roots of attachment are related to the primary care giving experiences in early childhood, full expression of attachment potential requires social and emotional interactions with non-caregivers. As children become older, they spend less time with parents and more time with peers and other adults. This time with peers and other adults provides many opportunities for continued emotional growth. In early childhood, the relationships with peers start as acquaintanceships. With more time together, however, young children create friendships and the opportunity for strong emotional bonds can develop. In a similar fashion, a young child may form a strong connection with an attentive and nurturing teacher. The acquaintance, the friend, and the teacher all provide different social and emotional opportunities that help a child's attachment capabilities mature.

When Attachment Goes Wrong

If a child has few positive relationships in early childhood or has had a bad start due

to problems with the primary-care giving experiences of infancy, he is at risk for a host of problems. In a very real sense, the glue of normal human interactions is gone. A child with poor attachment capacity is much harder to "shape" and teach. This child will feel little pleasure from the teacher's smile or approving words. And he does not feel bad disappointing, angering, or upsetting a parent or teacher. Without the capacity to use human interactions to "reward" and "punish," the teacher and parent often are confused and frustrated in their attempts to promote appropriate social behaviour. In extreme cases, the child with poor attachment capacity demonstrates no remorse when harming others and risks developing further anti-social or even aggressive and violent behaviours. This child needs help. Research shows that attachment capacity is easiest to shape if early identification and intervention takes place.

Dr Perrys Book the "The boy who was raised as a dog" is available from the OSCAR Network Library

UNIQUE FEATURES OF AN ATTACHMENT BOND

Involves soothing, comfort, and pleasure.

Loss or threat of loss of the special person evokes intense distress.

There is security and safety in the context of this relationship.

WHAT YOU CAN DO TO PROMOTE THE DEVELOPMENT OF HEALTHY ATTACHMENT

Smile and look children in the eyes as you greet them.

Send time with the child - quantity matters

During this time, listen and establish eye contact.

Use touch to comfort - even as an OSCAR worker, it is appropriate to hug, gently touch a shoulder, or hold hands.

Help children learn appropriate social-emotional language (how close to stand, how to use eye contact, when to touch, how to touch).

Remember that there are many styles of forming and maintaining relationships - a shy child is not an unattached child. If a child is having a hard time engaging others, help facilitate this by actively including her or pairing her with another child who has a matching temperament.

STUNG BY A BEE. WHAT DO I DO?

If you are stung by a honey bee, one of the most important things to do is not to panic. Panic by the person stung or those around him/her can produce a systemic reaction in itself. Many people believe they are allergic to honey bees when in fact they are experiencing symptoms of a normal reaction. Only a very limited portion of the population (one or two out of 1000) is allergic or hypersensitive to bee or wasp stings.

If stung by a honey bee, the first thing you should do is remove the stinger. The end of a sting is barbed and will remain stuck in the skin even if the bee is removed. Muscles in the stinger allow it to continue pumping venom into the victim, even if it is no longer connected to the bee, for up to a minute or until the stinger is removed. The sooner the stinger is removed, the less venom will enter the wound. Honey bees are able to sting only once and eventually die after they have released their stinger.



How to remove the stinger:

Do not pull the stinger out with your fingers or tweezers because this will squeeze out more venom. Instead, scrape the stinger out with your fingernail, the edge of a credit card, a dull knife blade, or other straight edged object.

Two kinds of reactions are usually associated with bee stings and those of other stinging

insects as well: (1) local or (2) systemic, allergic, or life-threatening.

(1) Local Reactions:

A local reaction is usually characterized by pain, swelling, redness, itching, and a wheal surrounding the wound made by the stinging apparatus. Swelling can sometimes be severe. For instance, if stung on the finger, the arm may be swollen even up to the elbow. Swelling such as this is fairly common, even though it may be alarming. However, a more serious allergic reaction may be indicated if swelling occurs in other parts of the body besides the general area in which the sting occurred. For example, if stung on the left hand and the right hand or neck shows swelling you should seek medical attention immediately. Normal swelling may last up to a few days. During the days following a stinging incident, the wound may itch.

(2) Systemic, Allergic, or Life-Threatening Reactions:

It is possible to have a severe allergic reaction to a bee sting that is not life-threatening. Remember, if an allergic reaction occurs, do seek medical attention immediately, but don't panic. Panic will only worsen the reaction. Allergic reactions to bee stings can develop anywhere on the body and may include:

- Rash or hives
- Stomach cramps, nausea, vomiting, or diarrhea
- Dizziness or severe headache
- Swelling that is not in the general area of the sting site, especially in the throat, neck, or tongue.
- Shortness of breath or difficulty in swallowing.
- Shock
- Unconsciousness
- Drop in blood pressure

If you experience any of these symptoms, seek emergency medical assistance immediately. Symptoms can begin immediately following the sting or up to 30 minutes later and might last for hours. Anaphylaxis, or the inability to breathe, may occur within seconds or minutes of a sting.

Attacked by a group of honey bees

Remember these important steps:

1. RUN away quickly. Do not stop to help others. However, small children and the disabled may need some assistance.
2. As you are running, pull your shirt up over your head to protect your face, but make sure it does not slow your progress. This will help keep the bees from targeting the sensitive areas around your head and eyes.
3. Continue to RUN. Do not stop running until you reach shelter, such as a vehicle or building. A few bees may follow you indoors. However, if you run to a well-lit area, the bees will tend to become confused and fly to windows. Do not jump into water! The bees will wait for you to come up for air. If you are trapped for some reason, cover up with blankets, sleeping bags, clothes, or whatever else is immediately available.
4. Do not swat at the bees or flail your arms. Bees are attracted to movement and crushed bees emit a smell that will attract more bees.
5. Once you have reached shelter or have outrun the bees, remove all stingers. When a honey bee stings, it leaves its stinger in the skin. This kills the honey bee so it can't sting again, but it also means that venom continues to enter into the wound for a short time.
6. Do not pull stingers out with tweezers or your fingers. This will only squeeze more venom into the wound. Instead, scrape the stinger out sideways using your fingernail, the edge of a credit card, a dull knife blade or other straight-edged object.
7. If you have been stung more than 15 times, or are feeling ill, or if you have any reason to believe you may be allergic to bee stings, seek medical attention immediately. The average person can safely tolerate 10 stings per pound of body weight. This means that although 500 stings can kill a child, the average adult could withstand more than 1100 stings.

Music of kindness:

playing together strengthens empathy in children

A year-long study on childrens' music-making indicates that playing music in groups on a regular basis greatly improves a child's ability to empathise with others.

We believe music to be one of the most welcoming and enjoyable - as well as extremely effective - mediums through which 'empathy education' can be achieved. Researchers looking at group education sessions for 8 to 11 year old children have shown that engaging in regular music-based activities with others - from ensembles to simple rhythmic exercises - can conspicuously advance empathy development, increasing a child's capacity to recognise and consider the emotions of others.

A total of 52 children - boys and girls - were split into three groups at random. One of these groups met on a weekly basis to interact through musical games devised by the researchers, while the other two acted as control groups - one met with the same regularity but activities focused on words and drama but not music, the other received no additional activities.

Using standard and novel techniques such as answering questions designed to test compassion, and responding to emotion in facial expressions and movies, each child's level of emotional empathy was evaluated at the start of the study and then again after a year. The researchers found that children in the music-based activity group showed a substantial increase in empathy scores and a higher average score compared to the other groups.

"These results bear out our hypothesis that certain components of musical

interaction may enhance a capacity for emotional empathy, which continues outside the musical context," says Tal-Chen Rabinowitch, from the Centre for Music and Science, who led the study.

"We feel that the program of musical activities we've developed could serve as a platform for a new approach to music education - one that helps advance not just musical skill but also social abilities and, in particular, the emotional understanding of others."

The activities used in the study were developed to emphasize the components of musical interaction that the researchers believed would promote empathy - fostering greater understanding of shared mental states.

These empathy-promoting musical components include imitation, where children were asked to mimic or match other players' movements and musical motifs - such as in the 'Mirror Match' game - and entrainment, where the researchers used rhythm to encourage synchronised performance - so that children learnt to align and adjust themselves through attending to others.

By engaging with these musical activities, the children were regularly experiencing states of what the researchers describe as 'shared intentionality' - an understanding of each other's intentions through a common aim or object of attention - creating an emotional affinity among the children.

The team, came up with increasingly complex music games to explore 'shared

"We believe music to be one of the most welcoming and enjoyable - as well as extremely effective - mediums through which 'empathy education' can be achieved."

Tal-Chen Rabinowitch

intentionality' - activities included creating music that reflected the perceived emotion of others, or composing music together with a clear theme.

According to the researchers, music and rhythm allow a sense of mutual 'honesty' that goes beyond the more precise expression in verbal communication. In essence, everyone can feel a rhythm and respond - sharing an experience regardless of linguistic skills.

"The point about music is that it can make you feel as though you are sharing the same experience, when you don't need to be doing the same thing or feeling the same way," says Cross. "There is a strong sense in communal music that you simply do feel you are experiencing the same thing as everyone else."

See more at:

<http://www.cam.ac.uk/research/news/music-of-kindness-playing-together-strengthens-empathy-in-children#sthash.QXBLs4Tk.dpuf>

CAN YOU IDENTIFY THE CHILD'S STRENGTHS?

LOOK FOR AND FOCUS ON HIDDEN PERSONALITY STRENGTHS

Focusing on a child's underlying strengths makes it possible to re-direct negative behaviour into healthy channels. It also helps foster self-esteem, and create future for these children. As much as possible, try to distinguish between the true character of a child and the child's difficult behaviour. Even the most troublesome children have character strengths that underlie their difficult behaviour. It isn't always easy to discern the positive strengths of difficult children; however, once strengths are identified, it is possible to redirect the unacceptable behaviour to more positive channels. Redirecting this behaviour will not only minimize the problematic behaviour, but it will save time and your personal energy as well.

Uncovering character strengths requires creativity and efforts. Consider the following possibilities:

DEFIANT BEHAVIOUR CAN HIDE LEADERSHIP POTENTIAL

When defiance comes easy, you are usually dealing with a potential leader. Defiant

people challenge authority. They are not easily led. The ability to defy authority can be a useful trait when channelled in a healthy direction.

REDIRECTED DEFIANCE

Help the child understand his or her leadership potential. Structure opportunities for the child to be placed in leadership roles even small chances to lead, like leading a line of children to lunch can help. Make leadership opportunities contingent on compliant behaviour.

ATTENTION-SEEKING BEHAVIOR CAN HIDE PERSISTENCE AND PERSEVERANCE

Attention-seeking behaviour often requires persistence and perseverance. Both of these traits are admirable and necessary for long term success in almost any endeavour. These people do not give up even in the face of personal rejection. They also have many leadership qualities and tend to be happiest in relationships with others.

REDIRECTED ATTENTION SEEKING

Acknowledge the positive aspects of this behaviour. Give these children a chance

to get some one-on-one attention. Make one-on-one time contingent on cooperation and appropriate group behaviour. Teach them how to use their persistence and perseverance to get a really hard job done. Set up projects for that purpose. Let them lead the group in a task that requires these traits.

CLOWNING/SHOW-OFF BEHAVIOR CAN HIDE CREATIVE THINKING AND TALENT

Clowning, joking and showing off serves to help avoid the nitty gritty work of required tasks, but it can also make required tasks more tolerable and even fun. These children are often very creative, can easily make others laugh.

REDIRECTED CLOWNING AND SHOW-OFF BEHAVIOR

Acknowledge their talent and help them see how it could work for them in the future. Structure opportunities for these children to entertain the group or lead in creative activities. Make these opportunities contingent on cooperative behaviour. Teach them how entertainers must have respect for their audiences by not demanding attention at inappropriate times.



DISRESPECTFUL BEHAVIOR CAN HIDE BOLDNESS AND DARING

As irritating and unacceptable as disrespectful behaviour is, it can also be indicative of a strong personality and the ability to push forward even when confronted by a superior force. Disrespectful people are not easily intimidated. They are naturally suspicious of authority and will confront others even at great risk to themselves.

REDIRECTED DISRESPECTFUL BEHAVIOR:

Since this behaviour usually elicits a strong reaction from most adults, be careful to distinguish between the unacceptable behaviour and the underlying character strength. To acknowledge the strengths of a child who acts disrespectfully is not to condone their disrespectful behaviour. On the contrary, it gives you the chance to discuss how the underlying traits of boldness and daring can be used positively. Most importantly – model respectful behaviour. Require these children to define who and what it is that they respect. Tell them that it is not enough to disdain authority, they must be able to propose an alternative. Place them in leadership roles where they must become the authority. Create projects that require boldness and daring.

ARGUMENTATIVE BEHAVIOR CAN HIDE CLEVERNESS AND QUICK THINKING

An argumentative child can be aggravating, but keep in mind that making an effective argument requires the ability to think fast as well as to anticipate what others are thinking, or what they might say next.

REDIRECTED ARGUMENTATIVE BEHAVIOR

Argumentative kids are generally in the business of trying to get their own way. Teach these children when it is, and is not, useful to argue. Do not let them argue you out of a position that you have taken, but do structure opportunities for them to argue with other children even if it has to be done in a role-playing situation. Make these opportunities contingent on their refraining from inappropriate arguing. Help them recognize how satisfactory it can be to argue in the appropriate setting and how useful their natural talents can be when used properly.

APATHETIC BEHAVIOR CAN HIDE NATURAL OBJECTIVITY

Some people get very angry with apathetic kids because they are so difficult to encourage or motivate. They appear not to care about

anything, including their own future, but this is usually not the case. On the contrary, these kids are often hurting deeply. The apathetic behaviour hides, a great deal of emotional energy as well as pain. Apathetic kids are just naturally gifted at being able to detach themselves from their own feelings, to see the world objectively, and to react without emotions.

REDIRECTED APATHETIC BEHAVIOR

Tell these kids that you can't believe they don't really care about themselves or others. Be careful not to say that you know what they are thinking or feeling. Just let them know that you have faith that at some level they want to be successful and you want to help them. Try to find out what they do care about (even if it seems frivolous), and give them opportunities to talk about it. In short, when they show no interest, you act interested.

Predict positive futures for them. Beware of the tendency to the opposite. Tell them that you can imagine them doing the kind of work mentioned above and why.

Adopting a balanced view

I was born in January, which is the height of summer here in Adelaide, Australia. As such, I have always thought of myself as a “summer baby” and considered that this is why I enjoy the warmer months as opposed to the cooler months. I have a lifelong aversion to feeling cold and for many, many years I felt below my best during winter. I have questioned many people about this and have discovered that most people prefer either the warmer months or the cooler months. Many of them are just not happy until their preferred season returns.

About three years ago, and with the emergence of joint aches and pains during the colder months, I had the thought that it was a bit of nonsense really to consider myself a “summer baby” and defer happiness until it was warm again. I have always been a keen gardener and have a large hills garden. Looking after my garden is an act of looking after myself. Water is an issue as it is scarce and expensive, my garden is large and summer is hot (As I write this it is the fifth consecutive day of over 40C). So, I bought some rainwater tanks and now I pray for as much ‘bad’ weather as possible during the cooler months. I check the weather radar each day and feel let down if forecast wet and wintry weather blows south or north. I still have my aches and pains and look forward to the warmer months when they trouble me less, but I also look forward to cooler, wetter months now as it is a boon for my efforts to maintain a magnificent garden. And the garden? Well, with the additional water supply it has never looked better.

What has all this got to do with looking after children; particularly those children who experienced significant adversity in the first days, weeks, months and years of their precious lives? Well, it has to do with how we perceive them and the effects of this; both in terms of our own experience of caring for them and their experience of being cared for by us.

I am particularly interested in the idea of “self-fulfilling-prophecies”. In Psychology, these take the following form. I have a

thought. My thought induces an emotion. My emotion activates a behavioural response. My behavioural response precipitates a reaction in others. The reaction of others often confirms my original thought.

Let’s try one. Thought: “nobody loves me”. A common feeling associated with this thought: hostility. Common behavioural responses to feelings of hostility: withdrawal and/or aggression. A common reaction to withdrawal and aggression: admonishments. An inevitable result: confirmation of the original thought.

Let’s try another. He is damaged by his early experiences. I feel badly for him. I try to heal him. He keeps pushing me away. He is obviously damaged.

And, another: He is such a good artist. I am so proud of him. I support and encourage his interest in art. His skills develop and he is often affirmed for his artistic achievements. He is such a good artist!

Children who have experienced significant adversity at the beginning of their life are commonly referred to as “traumatised”. There is much literature about how early trauma impacts the developing child, including their acquisition of skills and abilities, their emotions, their relationships with others and even their brain. This literature focuses on the damage early trauma does and there is a risk that we, their caregivers, see these children as damaged.

One of my favourite allegories is the one that the author Paulo Coelho tells in his book, *The Zahir*. Coelho tells the story of two fire-fighters who take a break from fire fighting. One has a clean face and the other has a dirty, sooty face. As they are resting beside a stream, one of the fire-fighters washes his face. The question is posed as to which of the fire-fighters washed his face. The answer is the one whose face was clean, because he looked at the other and thought he was dirty.

The idea of the looking-glass-self (Cooley, 1902), whereby a person’s self-concept is tied to their experience of how others view them, has pervaded my life and my practice since I stumbled across the concept as a university student. Empirical studies have shown that the self-concept of children, in particular, is shaped by their experience of how others view them. In my work, this has created a tension between acknowledging the ill-effects of early trauma and encouraging a more helpful focus among those who interact with so-called ‘traumatised children’ in a caregiving role.

I am just as fallible as the next person, and I do not have all the answers. But as a professional who interacts with these children and their caregivers on a daily basis I strive to find a balance between acknowledging and addressing the ill-effects of early trauma and promoting a more helpful perception of these children. I strive to present opportunities to these children

“Eyes are mirrors
for a child’s soul.
What do children
see in your eyes?”

for them to experience themselves as good, lovable and capable; to experience me and other adults in their lives as interested in them, as caring towards them and as delighting in their company; as well as

experiences that the world is a safe place where their needs are satisfied. I strive to enhance their experience of living and relating, rather than dwelling on repairing the damage that was done to them. Most of all, I see precious little humans whose potential is still yet to be discovered.

Colby Pearce –

The OSCAR Network has the following

Colby Pearce books in our Library:

A Short Introduction to Attachment

and Attachment Disorder

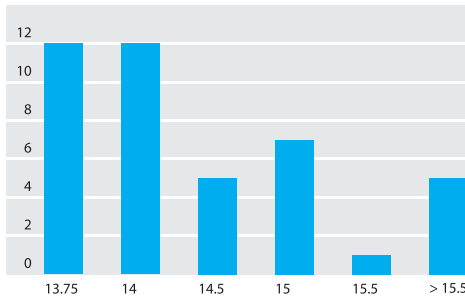
*A Short Introduction to Promoting Resilience
in Children*

References:

*Coelho, P (2005), The Zahir. London. Harper
Collins. Cooley, C.H. (1902).*

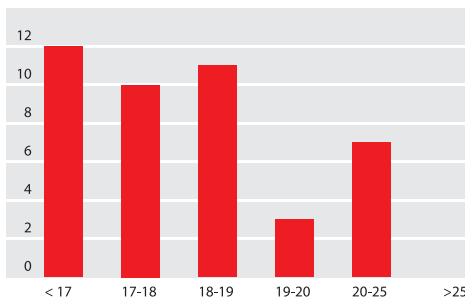
*Human Nature and the Social Order. New York.
NY: Scribner Publishers*

WAGES SURVEY RESULTS 2013



1. The minimum wage for staff over 16 years of age is \$13.75 What is your starting rate for new staff 16 years of age and over?

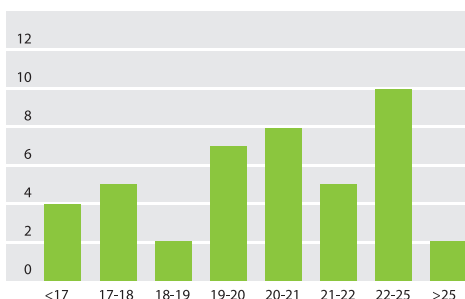
57% of respondents pay their staff a starting rate of \$13.75 or \$14.00 – equally divided. 17% pay \$15.00 as a starting rate, Equal numbers – 12% each – pay \$14.50 or over \$15.50. The remaining 2% start on \$15.50



2. What is your starting rate for a Supervisor?

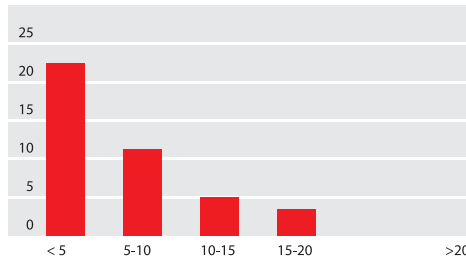
A Supervisor is the person responsible for managing staff, children and the programme when children are on site - (Child contact time)

Most respondents, (29%) have a starting rate of less than \$17 per hour for their supervisor. Only 17% pay more than \$20. 78% pay \$19 or less.



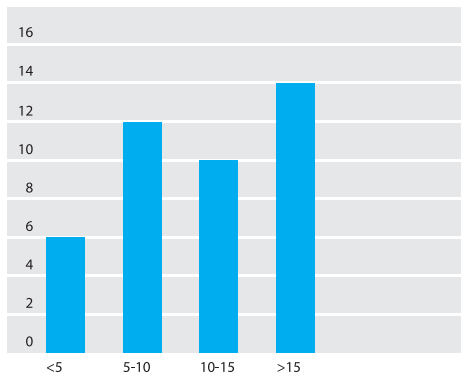
3. What is your starting rate for a Manager/Coordinator? This role may include the Supervisor's duties and/or finance, budgets, invoices, WINZ subsidy, employment matters.

The biggest group (24%) pay their Manager/Coordinator between \$22 and \$25, with 76% of respondents paying over \$19.



4. How many non child-contact hours does your Supervisor have per week?

Non-contact hours for supervisors ranged up to 20 per week, with most (79%) having up to 10 hours, and 52% having less than 5.



5. How many hours does your Manager/Coordinator have per week for administration tasks?

33% of respondents allowed over 15 hours for administration tasks. 14% allowed less than 5 hours.

6. Legal Status

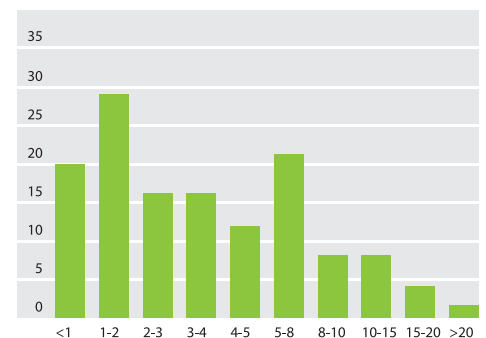
Most respondents (15) are Incorporated Societies, followed by Trusts (13), and private businesses (10). Four respondents were schools.

7. What source do you base your wage scale on? e.g OSCAR Network sample budget, School Support (Ministry of Education), Early Childhood Collective Agreement, Funding and fee dependant.

An overwhelming majority (28) are dependent on funding and fees, 5 use the OSCAR Network information, and 3 each use School Support or the ECE agreement. Another uses a combination of these. Other responses included time of employment and experience levels, minimum wage, original programme budget, and word of mouth. A semi-rural programme has trouble attracting staff and their pay scale reflects that, and another commented that they give a minimum 2% cost of living increase each year to all staff.

8. OSCAR services employ staff with a variety of skills, interests and qualifications. What skills do you consider are important when employing staff?

By far the most desired skills and attributes were and interest in and enjoyment of children (21) and previous relevant experience (19). Next came a group of attributes that included initiative (10), being a team player (9), communication skills (7), being actively involved (7), and having a variety of interests/skills to contribute, a sense of humour, energy and enthusiasm, and leadership ability (all 6). Listed by 3 or 4 respondents were willingness to train/upskill, honesty, trustworthiness, reliability, creativity, good values, and a Drivers licence or First Aid qualification. Many other qualities were listed by just 1 or 2 respondents.



9. How long have your staff been with your programme?

Of 135 staff employed by 42 respondents, most had been with their programme for 1 – 2 years. There is a big drop off after 8 years, but there were still 5 staff members who had been there for over 15 years.

10. Do you employ staff (paid or unpaid) under 18 years of age who are still at high school?

Most respondents (29) have high school helpers, and the 16 who answered the paid/unpaid question were equally divided between those two options,

11. How regular are your staff meetings?

All respondents reported that they have regular staff meetings. Frequency as follows: Once a term (15); Monthly (13); Fortnightly (5); Weekly (9). From the comments, it seems that most of you have unscheduled staff meetings when there is an issue or a change to be discussed, as well as your regular meetings. We didn't ask what you discussed in your meetings, but the following topics were listed – reviewing policies and procedures, programme and activity planning, reviewing children's well-being and action plans, current issues. One respondent commented that once a term they have a staff/committee dinner. One commented that staff are paid for time in meetings.

OSCAR NETWORK TRAINING AND EVENT CALENDAR TERM 2 2014

EVENT/TRAINING	DATE	TIME & PLACE	COST (GST INCLUDED)
Cluster & "I'm only 5"	Wednesday 14 May	Cluster: 10am – 11.30am "I'm only 5" 11.30am – 1pm Waitakiri (formerly Windsor) School Hall 170 Burwood Road	Free
Full & Refresher First Aid MediTrain CYF approved	Saturday 17 May	Full: 8.30am – 4.30pm Refresher 8.30am – 12.30pm St Columba's Parish Centre 452 Main South Rd, Hornby	Full: \$175 Refresher: \$98
Emergency 1 OR Managing Conflict	Tuesday 20 May	10am – 12 noon Avebury House 9 Eveleyn Couzins Ave, Richmond	\$35 members \$90 non-members
Child Development 1 OR Your programme & The Law - FREE	Thursday 22 May	6pm – 8.30pm Avebury House 9 Eveleyn Couzins Ave, Richmond	\$35 each session \$60 for both Tea provided
Activity Planning OR Emergency 2 – developing your plan	Saturday 7 June	10am – 12 noon Avebury House 9 Eveleyn Couzins Ave, Richmond	\$35 members \$90 non-members
Child Protection	Wednesday 18 June	10am – 12 noon or 6.30pm – 8.00pm (6pm - Pizza provided) Avebury House 9 Eveleyn Couzins Ave, Richmond	\$35 members \$90 non-members
OSCAR Network Annual General Meeting: 25th June, 11am-12 noon - All welcome			
Understanding Autism	Wednesday 25 June	10am – 12 noon Avebury House 9 Eveleyn Couzins Ave, Richmond	\$35 members \$90 non-members
Health & Safety 1	Tuesday 27 May	Oamaru 6pm – 8.00pm Fenwick School Hall 7 Jessop St, Oamaru	\$35 members \$90 non-members
Bite size Management	Wednesday 28 May	Dunedin: 10am – 12noon Alhambra Oaks Motor Lodge 588 Great King Street, Dunedin	\$35 members \$90 non-members \$50 for both sessions*
Health & Safety 1	Wednesday 28 May	Dunedin: 6.30pm – 8.30pm Alhambra Oaks Motor Lodge 588 Great King Street, Dunedin	\$35 members \$90 non-members \$50 for both sessions*
Child Development	Thursday 29 May	Gore 10pm – 12.00 noon The Thomas Green 30 Medway Street, Gore	\$35 members \$90 non-members
Bite size Management	Thursday 29 May	Invercargill: 6pm – 8.00pm Kelvin Hotel 16 Kelvin Street, Invercargill	\$35 members \$90 non-members \$50 for both sessions*
Child Development	Friday 30 May	Invercargill: 10am – 12 noon Kelvin Hotel 16 Kelvin Street, Invercargill	\$35 members \$90 non-members \$50 for both sessions*
*This discount applies to Members only attending both sessions at the same venue.			
Other 2014 Full & Refresher First Aid			
Full & Refresher First Aid MediTrain CYF approved	Saturday 9 August	Full: 8.30am – 4.30pm Refresher 8.30am – 12.30pm St Columba's Parish Centre 452 Main South Rd, Hornby	Full: \$175 Refresher: \$98
Full & Refresher First Aid MediTrain CYF approved	Saturday 1 November	Full: 8.30am – 4.30pm Refresher 8.30am – 12.30pm Avebury House 9 Eveleyn Couzins Ave, Richmond	Full: \$175 Refresher: \$98
Please don't let cost be a barrier to staff attending - contact pam@oscarnetwork.org.nz for staff sponsorship			