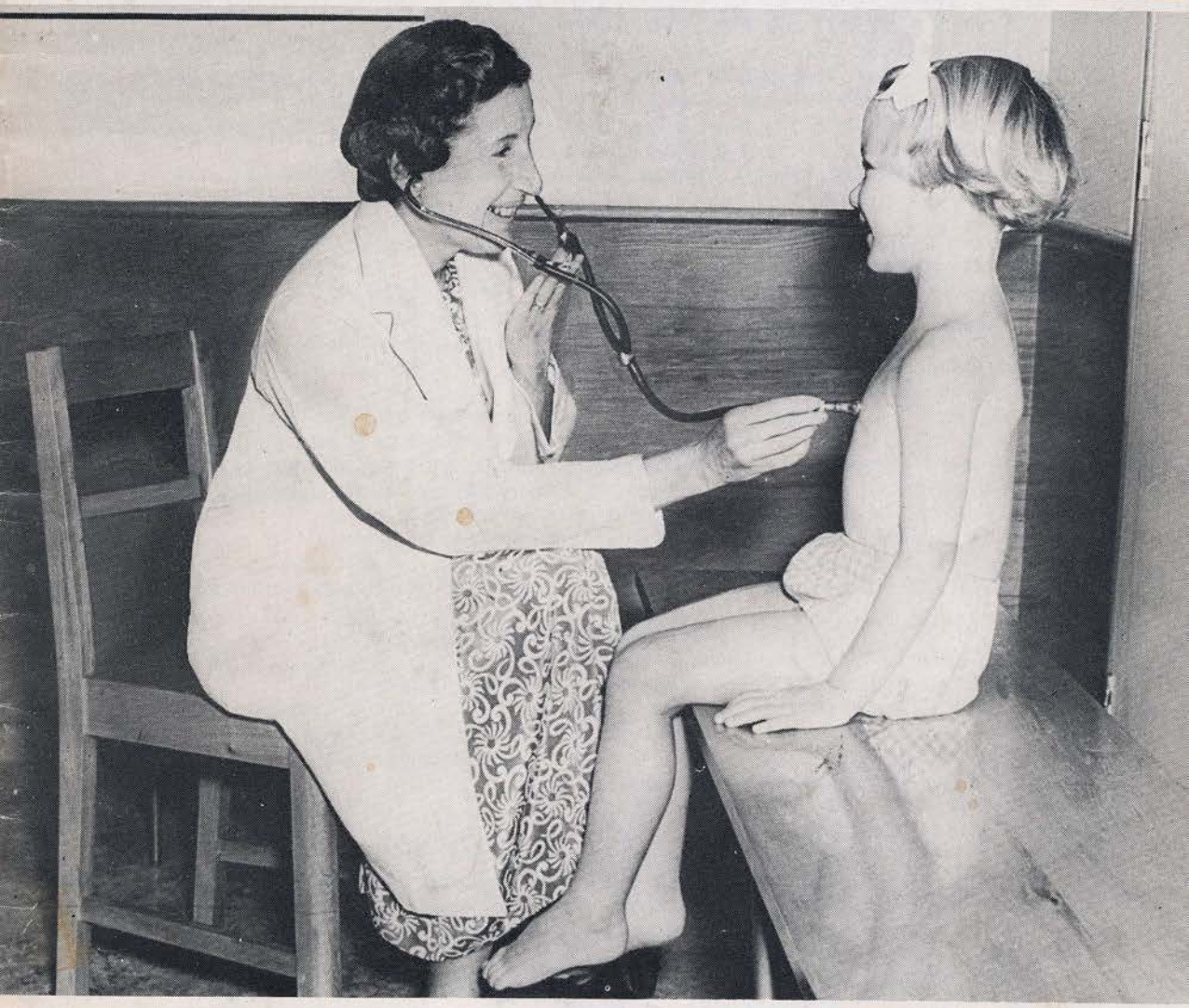
PRE-SCHOOL EDUCATION



Dr. Helen Deem

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THE HELEN DEEM CENTRE FOR PRE-SCHOOL EDUCATION

In 1941, a demonstration Pre-school Educational Centre was established through the combined efforts of the Plunket Society and the Dunedin Free Kindergarten Association, together with Government assistance, for the following purposes:—

1. To provide an opportunity for Plunket trainees to study the physical and emotional development of a group of normal pre-school children, and observe their management by a kindergarten specialist.

It was realised that the curriculum of training should be broadened so that the nurses would be better equipped to advise mothers on the all-round care of the pre-school children seen at the clinics and also in the homes in the course of visiting new baby cases — incidentally, 90 per cent of New Zealand's baby population comes under Plunket supervision.

2. To provide an opportunity for kindergarten trainees to study the physical development, feeding, sleeping and general health and nutrition of a group of normal pre-school children.

The kindergarten teachers and their assistants have a unique opportunity of meeting the mothers of the children attending kindergartens daily, and visiting homes, consequently a practical knowledge of general health principles would enable them to give elementary advice to the mothers of children committed to their care for a few hours of the day.

3. To provide all the amenities of an up-to-date nursery school for a group of 25-30 in the 3-5 years age group.

4. To provide help for parents in the upbringing of their children.

The first Centre

The Dominion Council of the Plunket Society provided the original building, which had served as the Mothercraft Cottage of the first Karitane Hospital and was about to be demolished. Alterations were effected to make a spacious playroom, a dining-cum-playroom, and toilet facilities. The kitchenette was retained and another small room was used as the director's office and medical examination room. An outdoor playing area was fenced off and all the play equipment was provided by the Dunedin Free Kindergarten Association with the assistance of Government subsidy. The Plunket Society supplied the meals for which a small charge was made to the parents.

From the beginning it was realised that the modest building was not ideal for the purpose it served, but it was thought that if the venture proved its worth all interested parties would strive to secure a modern building which would accommodate many more children. After four years of pioneering work, it was agreed that the Centre had justified its existence and that the time had come to prospect for new premises as the old building was becoming increasingly costly to maintain and a larger building was deemed necessary.

Acquisition of a site for the new building

Great difficulty was experienced in finding a site which would serve the needs of a thickly populated area, but after an intensive search the present section in Forbury Road was secured by the Government for the purpose of erecting the new centre. The architect to the Otago Education Board, Mr Muir, agreed to draw up a plan voluntarily for submission to the Education Department, with a view to obtaining the finance for a new building.

Finance

The Director of Education and the Director of Pre-school Services viewed the project most sympathetically, and after lengthy negotiations commenced in 1946 the plans were finally approved and the Government agreed to give a $4-for-$2 subsidy on the building.

Both the Plunket Society and the Dunedin Free Kindergarten Association were faced with the formidable task of raising $6000 each, as the estimated cost of the building was $36,000. The former's contribution was met by a special grant from the Karitane Products Society and the latter by the Sargood Trust.

The building was completed towards the end of 1954, and a local committee constituted to be responsible for the management of the centre, to raise funds for its maintenance, and to interest the general public in the work. The new centre commenced to function on November 1st, 1954, and by the end of the year 40 children attended. The numbers have been increased to 60.

The new building

The building has been placed to obtain maximum sunshine. It is modern and essentially functional in design, and ample space has been provided for indoor and outdoor activities. There are two large playrooms and a spacious dining room which can be used as a third playroom eventually. The two playrooms are equipped with shelves for toys, a sink with running water for water-play, stacking tables and chairs with framework of tubular steel, and the customary play material. The children's chairs have been specially designed to permit comfort and good posture. An

observation booth with a wire mesh window and dark battleship-grey walls has been incorporated into each playroom and into the dining room to permit observers to watch the children's play activities without them being aware of the onlookers. They are approached from the corridors. The selected use of observation booths by visitors protects the children from being overwhelmed by the presence of unfamiliar adults. These booths will be useful for parents who wish to watch the response of their own children to play, feeding and sleep situations. They will also prove helpful to mothers of children who have been poor feeders and others who exhibit various behaviour traits in their own homes and not at the centre.

The part-glass walls separating adjacent rooms greatly facilitate the supervision of the children.

A children's toilet block and cloakroom with individual lockers communicates with each play room and can also be entered from the playground.

The medical room contains scales, measuring rod, and a specially designed low table for the children to walk along during the course of their medical examination. The director's office adjoins the medical room.

The staff members have been provided with a comfortable staff room, from which the children can be observed while playing out of doors. It is also used for staff meetings and for the weekly case study conference with the trainees.

The spacious kitchen is equipped with modern conveniences and it communicates with the dining room by a door and two large slides.

The building is centrally heated as required.

The play area

As the children spend as much time as possible out of doors, a quick-drying surface has been laid down immediately outside the playrooms, and provides conditions and space for ideal outdoor play even in showery weather. The winding paths add variety to the scene. It is planned to plant trees and make an attractive garden.

The staff

The staff consists of a head teacher (Miss Just), a Plunket nurse, three trained kindergarten teachers, and a cook. The medical adviser to the Plunket Society, Dr. N. Begg, is the medical director.

The children

Approximately 50 per cent of the children attend for the full day (9 a.m. to 3 p.m.) and have their midday meal and sleep at the centre. The remainder stay from 9 a.m. to 12 noon. Names are entered on a waiting list at two years of age. Generally speaking, the children are accepted in turn, but priority is given to a few for whom nursery school experience appears to be particularly necessary.

The centre caters for normal children in the 3-5 years age group and provides a wealth of material for child study, illustrating the individual differences in children of the same age and the variations in normal growth and development.

Programme

Active, spontaneous play is the most important means of educating a young child. Consequently, opportunity and equipment for both outdoor and indoor play are provided throughout the morning and afternoon sessions.

Story and music form part of the children's preschool experience. Stories selected from the rich background of children's literature available today are told to small groups of children in the open air playrooms.

Music is included in the programme, the children expressing themselves through moving to the rhythm of the music provided and singing together their favourite songs and nursery rhymes.

Preparatory to the meal the children are sent to the bathroom, where the kindergarten teacher supervises them washing their hands. Dinner is served at 12 noon to 30 children who sit at low tables. The main course, consisting of meat, potatoes and two other vegetables, is served by the Sister and the teacher. Children's appetites vary and some eat much more quickly than others; those desiring a second helping may take their plates to the serving table for more. A simple milk pudding, custard or junket and fruit, and in winter light steamed pudding, is served as a second course. Malt and cod liver oil and a glass of milk, followed by a piece of apple or a carrot strip, completes the meal.

During the morning all children attending the centre enjoy a social time over a cup of milk, and those remaining for dinner have another milk drink and piece of apple or other tooth cleansing food when they get up from their rest.

After dinner, the children proceed to the playrooms, which have been transformed temporarily into sleeping quarters. The teacher assists the children in removing top clothes, shoes and socks, and then tucks them down comfortably. Each child has his own stretcher and own clearly marked blankets. The children rest and sleep according to their needs from 1-1½ hours, and as they awaken they wash and dress themselves, with assistance if necessary.

An afternoon play period concludes the activities of the day. The children are called for by their mothers and all have left for home by 3 p.m.

Independence is encouraged throughout the child's entire day at the centre. His efforts are appreciated and the staff does everything possible to promote self-confidence.

Mild, steady and consistent discipline is exercised in order to preserve a happy harmonious atmosphere and help the children to acquire self-control and a sense of security.

Health supervision

Before a child is enrolled at the centre, the head teacher and the Plunket Sister visit his home to obtain a personal history and become acquainted with the home background.

All children are routinely examined by the medical director. With their mother first time, then six monthly or as required. Those requiring medical treatment are referred to the family doctor, and the mothers of those with dental defects are advised to take them to the neighbouring school dental clinic, the dental school or to their own dentist. Every effort is made to maintain a close liaison between the medical director, the family doctor and the child specialist. As behaviour problems may have a physical or emotional basis, they are always considered jointly by the health and education staff.

The mothers are encouraged to discuss their doubts and worries concerning their children with the head teacher or the Health Sister, and when necessary the medical director is consulted or the child is referred immediately to his family doctor.

Height and weight are recorded every term, then along with any illness or accident, eye test, immunisation, are recorded on their health card.

With a view to minimising the spread of infection parents are requested to keep children home if they appear off colour or exhibit the first stage of the common cold.

Records kept at centre

1. HEALTH RECORDS

Child health record cards are used for all preschoolers.

2. CASE STUDIES

To help with better all-round understanding, the staff meet at least once a week after the session to discuss and record the children's play and emotional behaviour.

Plunket and kindergarten students participate in these discussions.

3. PRE-SCHOOL/JUNIOR SCHOOL LIAISON

To foster better liaison between these groups, regular meetings are held.

At 3 years 11 months, 'pre-school progress cards' are commenced, and at 4 years 11 months completed and forwarded to the appropriate school.

Parent activities

As has already been indicated, close parent-staff co-operation is considered fundamental in the care of the young children. The staff members seek to understand each child, both in the centre and in its family background with home visiting and parent participation. A programme of parent activities, cultural and recreational, is maintained throughout the year. The mother is expected to stay with her child when first admitted, and later to spend some time at the centre working with the children along with the staff.

A small parents' library is available and leaflets on diet, clothing, health and play are distributed to the mothers.

Over the years the centre has filled an ever-increasing need in the community. Though it does not cater for working mothers, we have been able to give valuable support to solo parents and mothers who find the need for further study or return to professions in a part-time capacity.

The centre as a demonstration of modern methods of child care

The centre provides an excellent example showing the inter-relation of two professional groups, i.e. kindergarten teachers and doctor-nurse, who work with and study the development and guidance of young children in close co-operation with the parents.

The original purpose of the centre has been maintained. Plunket students and Karitane nurses have regular visiting and lecture periods, kindergarten students observe and teach under the guidance of health and education tutors; university students specialising in medicine, education and psychology have regular observation periods under guidance from paediatricians and psychologists. In addition, the centre provides valuable educational experience for the mothers of the children who often assist at the centre and attend the active Parents' Club.

SCHOLARSHIP HOLDERS

The Dunedin Free Kindergarten Association awarded a scholarship, tenable for one year, to a graduate of the Dunedin Kindergarten Teachers College. The scholarship holder worked at what was to become the Helen Deem Pre-school Centre at the Truby King Hospital and was granted leave to attend lectures on one paper in education at the University of Otago. The scholarship was started in 1945 and terminated in 1953.

The following were holders of the scholarship during that period:—

1945 — Mrs S. Wood (nee Pryor)
1946 — Mrs I. Dobson (nee Hore)
1947 — Mrs M. Lee (nee Johnstone)
1948 — Mrs K. Turner (nee Binney)
1949 — Mrs C. Middlemas (nee Ramsden)
1950 — Mrs A. Shearer (nee Hogg)
1951 — Miss D. Price
1952 — Miss C. Mowat
1953 — Miss M. Miller

HELEN DEEM

Dr. Deem, who was one of the few women doctors possessing the M.D. degree, was the first Lady King Scholar, and during the tenure of this scholarship she demonstrated her passion for research work. Shortly afterwards, she married, but after only four years of married life her husband died suddenly, and Dr. Deem resumed her profession, going to England for further study. There she gained the Diploma of the College of Obstetricians and Gynaecologists, and worked in several important hospitals. Upon returning to New Zealand she joined the Health Department with which she worked until she was appointed medical adviser to the Plunket Society in 1939.

When Dr. Deem took up this appointment, the Plunket Society was labouring under difficulties, for its famous founder, Sir Truby King, had died the year before, and had been in frail health for years previously, so that the Society had been carrying on without his wise direction. Very soon, the new medical adviser was proving herself a worthy successor to Sir Truby King and evidencing that skilled and enthusiastic interest in everything affecting the welfare of mothers and babies that was to characterise her through her long years with the Plunket Society.

Nothing was too difficult, nothing was too much trouble for Dr. Deem, who devoted her great ability to the task of restoring the Plunket Society to its former eminence and by bringing its methods into line with modern trends, she broadened the scope of its work and established harmonious relations with the medical profession. During the war years many problems confronted Dr. Deem, but she helped the Government by establishing Plunket Aid posts and services, by advising on shortages of foods and materials and clothing for mothers and babies, and by giving advice and help to soldiers' wives and babies returning from overseas.

As well as carrying out the routine work of the Society and its various war efforts, Dr. Deem carried out a certain amount of the research work so dear to her heart, and in 1943-44 she published a new height-weight chart, compiled as a result of a survey of 10,000 babies all over New Zealand, this survey having been made by herself and Miss Fitzgibbon, at that time nursing adviser to the Society. This brilliant piece of work showed that the overseas charts which had previously been used were not accurate for New Zealand babies, and the new chart has been in use ever since.

Dr. Deem also carried out several breastfeeding surveys throughout the country, and in making all these investigations she was helped by the unique position of the Society which had its nurses keeping records of all cases under their care from one end of New Zealand to the other. Over 87 per cent of the babies born in New Zealand come under Plunket supervision, and their records are available to enable statistics to be compiled. But Dr. Deem had a further great asset — her ability to enthuse all those working with her — and consequently the Plunket nurses most willingly co-operated with her in her various investigations. Like Sir Truby King, Dr. Deem knew no hours and worked a seven-day week most of her life, but even in the midst of pressing matters she was never too busy to see a worried mother or a difficult baby or to advise distracted parents. This characteristic endeared her to people all over New Zealand, for many persons have had great cause to thank her for her help.

From the time Dr. Deem joined the Society she was keenly interested in the campaign to secure clean, germ-free milk for human consumption and it was in part due to her influence and that of the Society that the Act authorising compensation for the destruction of dairy cows found to be suffering from bovine tuberculosis was put into force. Dr. Deem served on the National Milk Council for some time, and a brochure written by her for the Council "Are We Always Fair to Milk?", was so highly appreciated that the Council recently reprinted this article.

Dr. Deem left no stone unturned to ensure that there should be an ample supply of good quality shoes in multiple fittings for small children throughout the country, so that children should grow up without the foot defects that have been so apparent in the past decades. Shortly before her death, Dr. Deem was urging the Government not to impose a proposed tariff on small children's imported shoes, and the Society will carry on her protest.

The necessity for giving children foods that would preserve and not damage teeth was also preached in season and out of season by Dr. Deem, and only last year she stated that she would like to see a bonus paid to parents who could show five-year-old children with perfect teeth.

For years, Dr. Deem had been analysing statistics concerning preventable non-fatal accidents to young children, for these were reaching alarming proportions: there were 2241 such cases in 1950 for instance, and 2826 in 1952. These figures relate only to children under five admitted to hospitals for treatment, and not to those treated in their own homes. Accordingly, Dr. Deem initiated a "Safety First on the Home Front" campaign, which the Society has now carried on for some years. She was the first person ever to analyse these figures, and as she found that burns and scalds, necessitating long periods in hospital for treatment, comprised nearly 20 per cent of the total children's admissions to hospitals for accidents, she placed special emphasis on preventive measures, such as safety devices for hot water jugs and kettles,

adequate guards in front of fires and radiators, and on instructions regarding these matters to parents at Plunket Rooms, and by means of the Press and radio broadcasts. Both of these services gave much publicity to the Society's campaign.

Soon after taking up her position with the Society, Dr. Deem and Miss Fitzgibbon revised the Society's textbook "Feeding and Care of Babies", but in 1944 it was felt that there was need for an entirely new book that would embody all the Society's new methods and increased knowledge. Accordingly, Dr. Deem and Miss Fitzgibbon wrote the new book which was entitled "Modern Mothercraft", and which was an instant success, having to be reprinted no less than eight times before 1953. In that year the authors completely revised the textbooks, and this latest edition has won most eulogistic notices in both New Zealand and overseas medical circles.

Dr. Deem was also responsible for many articles in medical journals and in 1947 she compiled and published the valuable and comprehensive "Infant Loss in New Zealand".

No year passed without Dr. Deem initiating measures to make the lot of mother and baby and pre-school child happier and more free from risk.

In 1946, she was appointed Lecturer in Preventive Paediatrics at the Medical School, and consequently was able to pass on her findings to future young doctors, who also attended clinical sessions at Plunket Rooms, where they were able to observe the progress of normal healthy babies, instead of only cases of ill babies at public hospitals. With the approving consent of the Plunket Society's Council, one forward step after another was taken by this able, scientifically-minded medical adviser, but no measure was ever put into practice until everything connected with it had been most exhaustively tried out, for Dr. Deem was a perfectionist, and would not tolerate poor methods or dangerous procedures.

Perhaps one of the projects dearest to her heart was the building in Dunedin of the new Pre-school Educational Centre, which is conducted jointly by the Plunket Society and the Dunedin Free Kindergarten Association. Dr. Deem had early been aware that Plunket nurses needed more training in the care of the pre-school child, and so the first Pre-school Centre was established in an old cottage in the grounds of the Truby-King - Harris Hospital in Dunedin. Though this did good work, it soon proved inadequate and the Societies concerned planned to replace it by the large new centre.

After years of work in which Dr. Deem took a leading part, this well-equipped and up-to-date school, the only one of its kind in New Zealand, was finally opened in February of 1954. Thus, Dr. Deem had the happiness of seeing this Centre in good running order before her tragic illness overtook her.

Dr. Deem was awarded a Carnegie grant for study in paediatric advances in the United States, Britain and in Scandinavian countries. Owing to the war years, Dr. Deem did not take up this grant until 1947, when she was also appointed New Zealand's delegate to the Fifth International Paediatric Conference in New York.

Largely owing to the great impetus Plunket work had received since Dr. Deem became medical adviser, the Plunket Society in 1947 was awarded the National Baby Welfare Council's Challenge Shield for the best record of maternal and infant welfare work achieved by any of the British Dominions during the war years 1939-1944 inclusive.

To the great joy of the Plunket Society, and that of Dr. Deem's many friends and admirers, in the 1952 New Year's Honours List she was awarded the O.B.E. for her preventive paediatric work had justly won acclaim overseas as well as in New Zealand. This well-deserved honour was fittingly bestowed on Dr. Deem by Her Majesty Queen Elizabeth II at an investiture during the Royal visit to New Zealand in January, 1954.

Dr. Deem, though wrapped up in her work, was a charming personality with an engaging sense of humour, and a woman of many interests, possessing a keen enquiring mind. Everything creative or for the benefit of the country interested her — farming methods, soil conservation, forestry, economics, literature, art — tastes also shared by her predecessor Sir Truby King. Dr. Deem's one relaxation was walking and climbing on high hills or rambling along sea coasts. She was passionately fond of the great outdoor, and found fresh vigour and strength of body and mind among the hills and mountains, the streams and forests and by the ever-surging sea.

Dr. Deem was a brilliant and fluent lecturer and public speaker, a born teacher, and a leader so full of enthusiasm and high ideals that she inspired all those who worked with her to give of their best in the work that meant so much to her.

In spite of her achievements, Dr. Deem remained singularly modest, and was always seeking to widen her knowledge and so be of still more use in her profession.

When she found that she could not hope to live much longer, she immediately set to work to finalise all matters she had under way and to leave everything to do with the Plunket Society in perfect order for her successor. Those who were privileged to be with Dr. Deem in the last few months could not fail to be inspired by her indominable spirit and great courage in adversity, for she insisted on carrying on with work until a very short time before the end came.

Few women can have built up such a proud record of service, so beneficial to the whole country and of such national importance, and Dr. Deem's example will long be an inspiration to others who wish to serve humanity.

EARLY DAYS AT THE NEW CENTRE

MENTAL HEALTH AND THE HELEN DEEM CENTRE: A REPORT

From the outset it was decided that the new Centre should be used for both teaching and research purposes; accordingly, one of the first exercises the team set itself was to determine (according to the history given by the mother) the number and the type of emotional problems the children presented on their first examination, whether these were merely phases of normal development, whether they bore any relationship to the home background, and whether they caused the parents any anxiety.

The great majority of the mothers were not unduly perturbed about their children's so-called misdemeanours, but of the 52 children there were six whom we considered required careful observation and possibly further investigation and treatment by a specialist. It is generally agreed that many so-called behaviour problems are in reality stages of normal development which many children exhibit in the course of passing from one age to another. If handled judiciously by the parents they cause little trouble, whereas they may affect the child adversely in the years to come if mismanaged at the time of their appearance.

Table 1:—

BEHAVIOUR TRAITS EXHIBITED BY THE CHILDREN AT THE TIME OF ADMISSION TO THE NEW PRE-SCHOOL EDUCATIONAL CENTRE

Type	Number	Remarks
Sucks thumb or fingers	9	Two suck at Centre, others when retiring or arising
Sucks piece of blanket	2	Included in above
Sucks fingers, twists clothes	1	When shy
Temper tantrums	6	Two, only when teased by older sibling
Frightened of the dark	3	
Bites nails	3	
Wakes through night	3	Two of these frightened of dark
Frightened of other children	2	"Only" children
Non-social	3	Happier playing alone
Pinches and/or bites	2	Only if provoked
Head-bangers	2	Twins — no space for play at home
Aggressive and selfish	2	
Eneuresis	3	One aged 4 years, two aged 3½ years
Speech defects	5	
Miscellaneous	8	
Grand Total	54	

Table 2:—

PHYSICAL DEFECTS DETECTED IN ENTRANTS TO THE NEW PRE-SCHOOL EDUCATIONAL CENTRE

Defects	Number of Children
Unhealthy appearance	2
Knock knees*	5
Valgoid ankles	3
Flat feet	2
Poor posture	5
Caries	4
Fillings	14
Teeth knocked out	2
Teeth extracted	1
Malocclusion	4
Tonsils to be watched	5
Cervical glands	4
Nasal obstruction	2
Dermatitis (mostly intertrigo)	7

*3¼in. between malloeli with knees just approximating.

COMMENT AND CONCLUSION

To some, the number of behaviour problems would indeed seem formidable, but to others who have had a great deal of experience with pre-school children many of the traits would be accepted as part of normal growth patterns and treated individually. It has been said by at least one eminent psychologist who has had the opportunity of following a series of pre-school children through to adult life, that those presenting the greatest number of problems in the formative years developed into "personality people"

with initiative, independence and the ability to mix well with their associates.

It is not intended to belittle or accentuate the behaviour traits listed, but it is common knowledge that mothers are constantly asking for guidance in their management and we look forward to the day when such help will be generally available from those qualified to give it.

In the opinion of many there has been a tendency in the past to place too much emphasis on the physical aspect of the pre-school examination and neglect the emotional. Until this state of affairs is remedied much of the value of the pre-school interview will unfortunately be lost. With a growing awareness of the importance of mental health, more detailed attention will be given to the study of the parent-child relationship, and to sound principles of child guidance.

PHYSICAL HEALTH

A child's physical and mental progress may be retarded by chronic ill-health, and the importance of regular medical supervision cannot be overestimated. Small children attending kindergartens and nursery schools are susceptible to infections until they have acquired some immunity, accordingly, if they develop any childish ailments they should be treated by the family doctor, who will examine them again to ensure that complete recovery has taken place before they return to the Centre. Physical defects should be detected early, so that appropriate remedial treatment can be instituted without delay.

MEDICAL DIRECTORS' COMMENT

The physical defects listed are typical of children 3-5 years of age. It is common knowledge that with the exception of the obese child, the great majority of the children with knock knees outgrow the deformity by the time they are 5-6 years of age. A small percentage of children require their shoes built up on the inner side of an extended heel, together with exercises to correct valgoid ankles, which are usually associated with a general hypotonia.

It was surprising and disturbing to note six cases of intertrigo (chronic eczema in the flextures). Two of the children concerned had been subject to bronchitis which has latterly changed to mild asthma in character.

The condition of the children's teeth was disappointing.

Nasopharygeal defects are by far the most troublesome in the age group under consideration. The constant checking of the child's nose, throat, ears and cervical glands, combined with a consideration of general progress and absence through illness, provides the family doctor or the specialist with a valuable history which often determines the course of therapy indicated.

HELEN DEEM, Medical Director.
MARGARET JUST, Educational Director.

FIRST DIRECTOR — Helen Deem Centre

Miss Hamilton has been a prominent figure in kindergarten affairs since she first came to Dunedin from Wellington in 1941 as director of the Helen Deem Pre-school Centre.

Before coming to the Centre, Miss Hamilton had taught in Wellington where she did her kindergarten training in 1932 and had also spent two years overseas furthering her training and experience in pre-school education, taking the advanced course in child development at the University of London Institute of Education under the late Dr. Susan Isaacs, a world figure in pre-school education. Through Dr. Isaacs, Miss Hamilton was able to visit many leading specialists in this field in the United States.

One her return, Miss Hamilton was approached concerning the establishment of what was to become the Helen Deem Pre-school Centre in Dunedin, and with much assistance from the late Dr. Helen Deem, then medical adviser to the Plunket Society, who instigated the idea Miss Hamilton established the Centre in the grounds of the Karitane Hospital, its purpose being to assist with the training of kindergarten students in child health and Plunket nurses in the understanding of the pre-school child.

Miss Hamilton was director for five years, from 1941, and during that period was sent to Australia with the assistance of the Education Department and the Kindergarten Association to investigate the latest developments in this field in order to advise on the new building for the Centre, which was eventually built in Forbury Road in 1954.

By that time, Miss Hamilton had become principal of the Dunedin Kindergarten Teachers College, a position she filled with her usual zeal and foresight until her retirement in 1966. Miss Hamilton made a significant contribution to the establishing of the N.Z.F.K.T.A. and continued to give of her knowledge and encouragement to the members. In 1967, she was elected the first life member of N.Z.F.K.T.A. in recognition of her services to pre-school education.

On her retirement, Miss Hamilton became director of theCrippledChildren Society (Dunedin Branch) Care Centre.

The Helen Deem Centre: A partnership

DR. BEGG, Director of Medical Services, Plunket Society

The partnership between the Kindergarten Association, which has an educational role, and the Plunket Society, which is traditionally a medical and nursing association, is of great value to pupils, trainees and staff.

The professionals tend to study things in depth, each getting to know more and more about his restricted discipline. An educationist, a doctor or nurse, a social worker each sees a child through the eyes of his special training. There are also clearly defined boundaries between Government departments. In effect, because of our training and because of the form of departmental organisation, we arbitrarily divide the child, like "all Gaul", into three parts. His health is generally cared for by the Department of Health; his social condition is under the eye of the Social Welfare Department and his education — within certain specified age limits — is supervised by the Department of Education.

With admirable foresight, the late Dr. Helen Deem tried to marry the disciplines of education and health by promoting a partnership between the Kindergarten Association in Dunedin and the Plunket Society. The aim was to bring together those who were contributing to the wellbeing of the pre-school child, and to provide a suitable training ground for those young people who had a special interest in young children — whether they were kindergarten trainees, Karitane or Plunket nurses, or medical students.

So the health of the Helen Deem children is supervised by a Plunket nurse. She also has general care of the midday meal and its nutritional possibilities. Over the years a visiting doctor has demonstrated to the various types of trainees the steps used to uncover asymptomatic, or unsuspected disease, by way of routine health examinations. Though many children have benefitted by the prompt treatment such examinations make possible, the greatest value has been to the trainees who take these screening methods into their own future professional lives. Advice to individual parents, seminars with students, group discussions with parent associations have all shown continuing opportunities for health education.

But in a sense this is only the beginning of a fruitful collaboration between the education and health workers. We have to go much further in our interdisciplinary partnership. Educationists who have only recently lowered their age levels to include pre-school education (which is only available to about a third of New Zealand children) should perhaps see the first three years of a child's life as being equally interesting and of even greater importance than the 3-5 year period for the "learning process". And doctors and nurses should attack more strongly some of the barriers which prevent some children from learning. Mental retardation, neurological dysfunctions, sight and hearing deficiencies, emotional problems, socio-economic difficulties and a host of other conditions should be considered as "learning disorders". With appropriate educational, psychosocial and medical assessment and a commitment to co-operative action, preventive and remedial programmes may be implemented to assist young children to reach towards their optimal development.

Medicine has been orientated towards disease and study of the child has often been done according to "systems" or organs. In young children, medicine must come to think and examine in terms of development and function. Preventive medicine relies on such an approach as much as treatment does on a knowledge of disease. And education, which has a developmental approach, may have to pay more attention to the bodily functions of the child. For instance, protein lack in early infancy may retard brain development and greatly reduce a child's learning capacity. However good the learning environment is, adequate nutrition at the appropriate time is even more important. Learning experiences are taken to a child by his eyes, ears and touch and these senses require medical assessment and, perhaps, remedial treatment. A child's thoughts and ideas are expressed to others by the accurate control of the muscles of his larynx, face and fingers. To learn properly, a child has to be properly physically equipped for the task. In many cases the educationist is hampered by the social circumstances which have handicapped the child. The background to learning cannot be ignored.

So, at some time in the future, it is hoped that multidisciplinary institutions such as the Helen Deem Centre for Pre-school Education will bring together people in the field of education, medicine and social welfare, so that the child can be fully assessed and concerted remedial action may be taken where necessary. In such a centre, trainees from all these disciplines would have the opportunity to study the child and his needs in the whole rather than in fragmented parts.

A MOTHER SAYS "thank you"

In 1954, as a young broadcaster, I did a documentary programme for the NZBC National Women's Programme on the Helen Deem Centre for Pre-school Education. I was so impressed with the happy atmosphere and the obvious care and love for the children that I decided that if I should ever have a child I would want him to go there.

It was a long wait, but at the beginning of 1971, Benjamin (aged 3) became a Helen Deem child. In the intervening years nothing, including the director, Miss Margaret Just, seemed to me to have changed. Everything was as fresh, clean, spontaneous and yet well under control, as it had been all those years ago, and my first impressions proved to be correct.

One of the first things the parent notices about Helen Deem is the number of people — Karitane nurses, kindergarten students, medical students, visitors. There are always new faces coming and going, and the children learn quickly to lose self-consciousness. It's a rare Helen Deem child who is shy with strangers.

People in white coats hold no fears either, with the uniformed Plunket Sister part of their everyday life and Dr. Neil Begg dropping in to check on their health from time to time.

No mother under these circumstances can help but feel that her child is safe.

Every child has problems. Ben's particular ones were over-activity, a very strong mind, aggression and a lack of interest in food. Also, although he has a half-brother and half-sister, they are both many years his senior so he is very much like an only child, and at the age of three he was not very used to children his own age.

In his first year, he spent only half-days at the Centre so the food problem was not tackled, but for three hours each morning he set about adjusting to other children with the sympathetic help of the staff. It wasn't always easy, but little by little things improved.

Impressed as I was by the excellent handling, I was even more impressed when, on one occasion, a wrong move was made and I received an unsolicited apology. This is exactly the kind of thing that inspires confidence. Everyone dealing with children must make mistakes, but I have doubts as to how many teachers are willing to reconsider their actions and then say they did the wrong thing. It was something so small that I've even forgotten what it was about, but I have not forgotten that it made me realise both then and in retrospect how much everything matters at Helen Deem.

The child's feelings are always considered. I remember the day Ben decided, as so many other children have done before and since, that having arrived at kindergarten he did not intend going in. Miss Just talked with persuasion, but not quite enough, and she and Dr. Begg earnestly discussed the matter. There was no attempt at forcing him. What was best for Ben was the most important thing. He resolved the issue himself when he saw another child crying and went to comfort him.

One of the good things at Helen Deem is that children come from everywhere. Ben was thrilled to make friends with Chinese and what he called Maori, but were in actual fact Samoan children. From then on, he developed a healthy interest in people with different backgrounds. Another advantage is that it is not purely a suburban kindergarten. Boys and girls are from all over Dunedin, and because of this there is a wider knowledge of the city as a whole and of the different lives the children lead.

Ben's second year brought promotion to the "big room" and an all-day stay from 9 a.m. to 3 p.m., including an excellent midday meal and an afternoon rest period. Gradually, as he sat down to meals with the other children, his reluctance to eat began to vanish, and although today at 5¾ he is still not a big eater he is quite happy to eat every-day meals.

I work as a journalist and it was, of course, a great help to me to know that my son was in such excellent care all day. Not all the full-time children, however, belong to working mothers. There are many parents who realise the benefits to be derived from the good food, rest and companionship offered, and the establishment of a practical daily routine.

● **Continued next page**

Once, when I interviewed a well-known New Zealand-wide crusader for child care centres, I was astounded to learn that she, an "authority" on the subject, had never heard of the Helen Deem Centre. I think she was equally staggered to learn that the very thing she was advocating and which she maintained did not exist in New Zealand was fully operative in Dunedin and my own little boy was firmly established.

In the second half of the second year, I am grateful for the great effort made by staff members to do really creative things with the "big boys" and a group of them did some imaginative small-scale wood-and-glue construction work, constructions using polystyrene, as well as making an impressive robot.

Ben went off to school at the beginning of 1973, happily and confidently. I hate to think how he would have handled this new situation without the two-year period of adjustment at Helen Deem. Certainly he is still somewhat aggressive, and probably this will always be part of his make-up, but this is now being channelled for the most part into socially acceptable activities. For this, I thank Helen Deem.

— BEVERLEY KOVACS

Then — now — and the future

MARGARET JUST and PHYLLIS VARCOE

The Centre is now housed in a building planned initially for children — in grounds which attract them to the equipment strategically placed on flat ground for ease of movement, safety and sunshine. So a change from a converted house sited on the only flat piece of ground on a hilly section, where space and terrain permitted only a limited variety of equipment and activity. Children who attend are drawn from a cross-section of the pre-school population and, not as sometimes thought, because they have problems. The programme is rich and varied in learning experiences, but to this is added for half the roll number a meal and a sleep — essentials for the all-round growth and development of a child.

Increased space and roll have meant more staff who have continued to keep abreast of modern thinking on pre-school education. Every child on arrival was once screened for signs of infection by the pre-school Sister, but now this is assessed from the observations of the Sister and staff. With so many observers and a roll of only 25 children in the early years, children's behaviour often deteriorated because of the presence of so many adults. Today, observers can be in the observation booths, or indoors and outdoors, and so observe from a discreet distance. Now, fifth-year medical students have the opportunity to observe children purposefully engaged in play, as well as observing the medical examination which the children have after they have settled and not prior to admission, as this so often coloured their feelings about the Centre.

What further possibilities do we envisage for the extension of the Centre's contribution to pre-school education? What a need there is for research to be undertaken on New Zealand pre-schoolers — so what better facilities than those available at the Centre.

The moving of the present Kindergarten Teachers College staff and students to the Primary Teachers College will bring exciting developments (we hope) and so open up avenues of progress. Surely it will be desirable for such a unit to be so organised and staffed as to provide education and training, including opportunities to observe and work with pre-school children to a wide variety of persons in training, i.e. care centre personnel, child welfare, psychologists, to mention only a few. Such a unit should provide full-time, part-time, in-service and correspondence courses in early childhood education. Yes, and we hear people saying "Why use the Helen Deem Centre because of its distance from the college campus in Union Street?" Our answer is: Distance is a minor difficulty when a Centre established for this purpose by two voluntary organisations is there, with much to offer (even space for extending the indoor area), which, to some degree, is untapped. Let's make full use of the facilities we have, as was intended by that dynamic, far-sighted person, Dr. Helen Deem, for our New Zealand children.

Miss Just is head teacher of the Helen Deem Centre, a position she has held since 1950. Miss Just was appointed to this position after wide experience in New Zealand and overseas. While in Britain, she taught at the Holland School for the Physically Handicapped and, as a result of her observations in Switzerland, she was able to make recommendations on the building of the Centre.

Miss Varcoe is principal of the Dunedin Kindergarten Teachers' College and a former national president of the N.Z.F.K.T.A. She has had a long association with the Helen Deem Centre.