The strong and mutual interconnection between wellbeing and learning has meant that learner wellbeing has always been an integral part of educators’ work. (DECS 2007:3).

Early this year the DECS Learner Wellbeing Framework from birth to year 12 was launched. It was the result of an extended inquiry involving sites and was developed by the DECS Learner Wellbeing Matrix Team. Leigh Burrows, Project Officer, Learning Difficulties Support Team is a member of the matrix team and has organised and coedited the first six articles in this edition of SERUUpdate. A big thank you to Leigh.

The seventh article was written by a Year 13 student, Irene Gowers as part of a South Australian Certificate of Education (SACE) unit of work. Irene’s personal story provides an example of the development of wellbeing in action…… with a greater understanding of her own hearing loss and improved technology she has journeyed from a young child who repeatedly tried to lose her hearing aide, to a young adult, who views it from a positive perspective.

Jan Kenny, who has been acting Assistant Manager at SERU for the first half of 2007 leaves us at the end of this term. Jan has been undertaking a review of the Negotiated Education Plan as part of this role. Thank you to Jan for all her work. Dymphna James returns to the role in term 3.

The word wellbeing is used in association with safety, diet, fitness, relationships, spirituality, community, caring for our environment and many other health-related matters. Improving wellbeing is one of the goals in South Australia’s Strategic Plan and also in the DECS Statement of Directions 2005-2010.

The term wellbeing means both being well and doing well, but this is a dynamic and changeable state. The factors that influence people’s wellbeing can be related to their community, such as their sense of belonging and socio economic background, their family, such as how many children they have and the degree of warmth and affection at home, individual characteristics, such as resilience and optimism, and educational factors, such as school success.

Feeling well and being able to function well in our world depends on all of these interdependent dimensions developing and working together.

South Australian Thinker in Residence, Professor Ilona Kickbusch, captured this thinking when she gave the keynote address at the launch of the DECS Learner Wellbeing Framework for birth to year 12 on 19 February 2007. Her thought provoking presentation highlighted understanding of a global and holistic perspective of wellbeing.
It emphasised the importance of empowering young people to make decisions about their own health and wellbeing in an ever increasingly complex world. Professor Kickbusch stressed that health literacy, understanding health messages and health promotion is critical for wellbeing. She acknowledged the importance of DECS Learner Wellbeing Framework for birth to year 12 in providing critical systems recognition of the links between education and life coping skills. She also made the point that the world in which young people are now living and growing up is one that is changing more rapidly than ever before and is more complex as we shift from an industrial to post industrial knowledge society.

She referred to globalisation, changing family structures, the changing nature of work and the influence of technologies. For these reasons, a focus on wellbeing is particularly pertinent now. A sense of wellbeing is vital to being able to negotiate this complex world.

DECS Learner Wellbeing Framework for birth to year 12 is designed to help all preschools and schools develop and improve the wellbeing of their children and students. It is a series of models that help schools foster and better understand learner wellbeing. Some preschools and schools are designing their own strategies that draw on existing strengths. A number of innovative approaches for schools are described on the Department of education and children’s services website http://www.decs.sa.gov.au/learnerwellbeing/pages/wellbeing/

Many sites are using the Framework to guide their local inquiry into learner wellbeing during 2007. Children’s Services and schools have vital roles in supporting and promoting learning and wellbeing for children and young people, and for their staff and communities. As Professor Kickbusch said at the launch of the framework, ...they (schools) are centres of wellbeing.

References:

Contact:
Sherylee Dawe, Manager Learner Wellbeing and Drug Strategy
Early Childhood and Statewide Services
Ph 82261581.

INTRODUCING: RECREATING THE CIRCLE OF WELLBEING

A professional development resource to support learners with learning and emotional difficulties

What is required of us is that we love the difficult and learn to deal with it. In the difficult are the friendly forces, the hands that work on us. Right in the difficult we must have our joys, our happiness, our dreams: there against the depth of this background, they stand out, there for the first time we see how beautiful they are.

Selected Letters of Rainer Maria Rilke (Translated Hull, 1946).

Recreating the Circle of Wellbeing (currently in press) has been developed to support educators to assist learners with learning difficulties to access and participate in the curriculum. Clearly, the wellbeing of all learners is important, if they are to achieve their best and enjoy their educational experience. (DECS 2005:8 ).
Wellbeing is a holistic and multi-dimensional concept as shown in the DECS Learner Wellbeing Framework for birth to year 12. The framework suggests that there are five dimensions of wellbeing – cognitive, emotional, physical, social and spiritual. The importance of the emotional dimension of wellbeing is highlighted early in this document by the inclusion of a strong statement by Daniel Goleman:

Gaining the ability to understand our own emotions and using it to shape our own actions are competencies that are not only essential for our emotional and mental health: they are meta-abilities that are highly linked to school and career success (2007: p4)

Emotional wellbeing is closely linked with social wellbeing, and includes the emotional intelligence attributes of: emotional development, self-management, self-knowledge, autonomy, coping skills, self-esteem, trust and attachment.

The resource document, Recreating The Circle Of Wellbeing represents an attempt to restore the circle of wellbeing for those learners with learning and emotional difficulties and differences who find schooling a struggle. This resource is a compendium of ideas, strategies and resources that support the development of positive learning environments, nurture learning and emotional development, enhance resilience and build emotional literacy.

Recreating The Circle Of Wellbeing (in press) combines the issues of learning difficulties and wellbeing providing information, activities for professional development, and strategies and activities for the classroom. The information and activities are linked to the Essential Learnings in the South Australian Curriculum, Standards and Accountability (SACSA) Framework (2001) and are designed to increase engagement, motivation, resilience, optimism and self-esteem in learners and to assist educators to increase their understanding of individual learning and emotional differences.

The resource was developed as a result of requests to the Learning Difficulties Support Team for specialised information, advice, workshops, practical strategies and resources for educators, learners, parents and district support staff. The information sections in the resource are informed by extensive research into emotional intelligence, wellbeing and learning difficulties.

Professional learning activities focus on developing educator sensitivity to individual learning and emotional needs while the section on supporting learners contains a range of strategies, activities and links to assist educators in planning and programming for diverse learners and creating a positive learning environment and circle of support for learners and families.

The resource is designed to be used in a flexible manner, appropriate to the needs of individuals and their contexts. Topics discussed include: developmentally appropriate classroom management strategies; the importance of the language we use as educators; student voice; wellbeing and the physical environment; the Quiet Place approach and communication strategies to support working with parents. Activities for the classroom focus on ways to enhance learner wellbeing through expressing emotions, listening to others, communicating, altering emotional states, flow and goal setting.
A series of case studies: Jonathon (reception); Travis, (year 4); Sam, (year 9) and Kayla (year 10) demonstrate how some of the ideas, strategies and activities have been implemented in classrooms. The resource also includes links to resources such as useful websites and references.

A copy of the resource document Recreating the Circle of Wellbeing (in press) will be distributed to all sites later in the this year.

References


Fostering Wellbeing for Secondary Students with Vision Impairment

In 2006, 9 students in the Seaview High Vision Support Program participated in a Personal Development Course to strengthen their wellbeing. This was initiated in response to concerns they expressed about their relationships with other students, and how their disabilities were perceived in the regular school setting. In collaboration with community professionals, vision support teachers, Bev Priest and Fiona Bignall, delivered group teaching sessions to build student resilience and optimism, social and communication skills, and increase knowledge about sexual and physical health. The students were aged 15 – 18 years and were all legally blind with varying eye conditions. Two used Braille as a primary medium. The students were attending Seaview High School and studying a regular school curriculum with specialist support in mainstream classes, and additional individual instruction in the expanded core curriculum for vision impairment.
The strong friendship bonds between the identified group of students, and their similarities in age and psychosocial development, encouraged a group counselling model with sessions delivered by a range of providers from social work, counselling, health and teaching backgrounds (Johnson and Johnson, 1991). Literature supported the need to develop the students’ personal ability to initiate and maintain positive friendships, relationships and social supports while encouraging a healthy lifestyle to promote their long-term wellbeing (Koenes and Karshmer, 2000; Stuart et al, 2006). Research also supported collaborative programs where community health professionals work in school settings with teachers (Rowling, 2003).

The key principles, documented in the draft Towards a Learner Wellbeing Framework for birth to year 12 (2006) affirm that all educators influence student wellbeing. Fostering wellbeing is viewed as protective. Fuller (2001:1) writes:

“The development of resilience, emotional intelligence and social competencies in young people is not only linked to long-term occupational and life success but is also associated with the prevention of substance abuse, violence and suicide.”

He advocates strongly for the recognition of the importance of social competency in schools and in the community.

The Personal Development Course was implemented in the context of Seaview High School’s Student Wellness Policy and the national Mindmatters curriculum (Cahill 200, Cahill & Morrison 2000, Vaughan 2001).

Prior to commencement of the program, students were interviewed about their personal attitudes to and experiences of disability, and some of their social interactions. Students recognised the importance of support from friends and family, and the need to make friends and have contact with people who understood their vision. All students referred to the importance of friendships and, in some cases, the difficulties involved.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure students’ own perceptions of their self-esteem. Students responded to 9 questions, rating their confidence in a range of situations. Half of the students were within the normal range.

Scaled responses from the students to 9 confidence rating questions, designed by the Seaview High School Vision Support Program (SHVSP) staff, about confidence in a range of situations, assisted in decision making for session content. Scores of the total student response indicated lowest confidence in meeting new people, with only moderate confidence in success after school, explaining about one’s own vision impairment and making decisions.

These responses, and discussions with health professionals, assisted the vision support teachers in decision making for the program goals and session content.

The program goals were:

- Responding proactively to student concerns about school and wider relationships
- Strengthening peer support within the target group of students
- Informing students about community agencies as potential sources of support for ongoing wellbeing
- Empowering students to be able to initiate future contacts with community services
- Increasing students’ knowledge and skills to manage life with a disability.
Fortnightly group sessions at the school were presented by community professionals on:

- Optimism
- Resilience
- Mindfulness
- Defusing Emotions
- Social Skills
- Sexual Health
- Drug Awareness
- Optimism Revisited.

Teachers organised additional activities to extend students’ understanding of how others see them, and how they respond to others with disabilities:

- Group attendance at a Higher Education Seminar for secondary students with disabilities
- Shared lunches at school
- Small group lessons with vision support teacher to teach concepts related to social construction of disability, and diversity within the community
- Discussions with vision support staff to promote further reflection about issues raised in group sessions
- Each student received a copy of Power Tools for Positive Living (McLean and Redman, 1999) for personal follow-up reading. Everybody’s Different (Miller and Sammons, 1999) was a valuable teacher and student resource which facilitated exploration of students' attitudes to their own disability and to others with a range of disabilities.

Activities to promote physical health were also included:

- Diet and Exercise Diary, which recorded all food, drink and exercise over any 3 days in the week, along with a self-rating of mood and energy levels. On completion, a teacher discussed, with each student individually, the strengths and areas for improvement evident in her/his diary.
- Strength Tests – squats and pushups. After the initial test, students were given a basic strength program, designed for individual needs, for home use. After 4 weeks, students were retested.

Course Assessment Tasks were:

**Situated Learning Task**
- Real-life practice – oral report on using new social skills in everyday life
- Role play of group social scenarios – opportunities to practice new strategies.

**Collaborative Learning Task**
- Folio of Evidence: Group project – display and share their learning with others (poster, flyer).

**Portfolio and discussion**
- Annotated reflective journal that shows critical evaluation of personal growth.

Teachers observed positive outcomes from the course:

- Positive student engagement
- Development of stronger friendships
- Increased peer support for vision and student learning
- Increased student initiatives to improve personal health
- Increased student confidence to engage in transition activities.

Students rated the following sessions as the most helpful:

- Optimism and Resilience
- Stress Management and Defusing Emotions
- Drug Awareness
- Sexual Health.
Students identified these areas of significant learning:

- Sexual health, including contraception
- Drug awareness
- 4D approach to disability (Miller and Sammons, 1999)
- Optimism & resilience
- Strategies for defusing emotions
- How and where to seek help.

Future Research

Outcomes suggest more longitudinal studies and case studies about what works to develop social competence for students with vision impairment would be useful.

References:


Contact:

A friend of mine was walking with others in the Papua New Guinea (PNG) highlands to a distant village to conduct some business. At a crossing of the paths sat a man. They greeted each other, storied on for a time, and continued their journey. Returning later in the day, after completing their business, they found the same man still sitting at the same spot. My friend, looking at this man through his western eyes, felt some annoyance and wondered whether this man didn’t have something better to do than sit idly at this spot all day. As his understanding of the culture grew, my friend came to realise that what was important to this man was not how much he got done in a day, but how many relationships he cemented.

In a manner similar to my friend’s experience, I find my mindset is confronted and challenged in a special school I have joined in recent years, first as a chaplain and more recently as a teacher. Shaped by twenty plus years of teaching science and maths from year 8 to 12, I find myself having to reassess and how I engage students in the educative task.

The school’s motto Educating for Ability sets a very positive direction for all that happens in the school. It allows the focus to be on what students are able (to learn) to do, rather than on their limitations. It does however place the focus on doing rather than being. The latter directs attention to self-esteem, self-image and wellbeing.

The arrival earlier this year of the DECS Learner Wellbeing Framework from birth to year 12 has sharpened my thinking about how I go about my various responsibilities in the school and my interactions with students. It has provided me with some extra questions, but also some tools with which to approach my rethinking and revaluing.

Volunteering one Thursday morning to introduce a new circular dance to the whole school, I invited all of the students in a middle school class to come forward to be taught the steps. My mistake came crashing in on me with the enthusiastic arrival into the centre of the room of one student in her motorised wheelchair. I realised that I could not conceive how she could participate. Her tears of disappointment only made my guilt sharper, as did my knowledge that she had for some time been struggling with an array of depressive feelings connected to her dependence on her motorised chair. Nor did castigation by other staff help my self-flagellation. A way was found for her to participate.

Her teachers encouraged her to confront me at recess time to explain her disappointment and hurt feelings (a helpful strategy to assist the student to own her feelings and her mobility limitations). The student graciously accepted my heart-felt apology. It was a painful experience for me. It was for the student too. Yet it may have been another step for this student in learning ways to respond to her feelings that strengthen her sense of wellbeing. Being able to confront a teacher to express her hurt feelings, and her disappointment at the teacher’s thoughtless / inconsiderate / unthinking action, was hopefully an empowering action.

The depression that this student was experiencing was undoubtedly linked to her growing sense of loss connected to her mobility limitations. As a wheelchair athlete visiting the school said to the young boys careering around the basketball court in wheelchairs, It seems like fun until you realise that this will be your everyday experience for the rest of your life. The strategies her teachers were helping her to learn, to deal with her negative feelings, strengthens wellbeing. It focuses on the internal response to the frustrations and challenges this student experiences daily. A key principle applied here is: shifting the focus from what happens to us to what happens in us.
This student is unable to change her dependence on her wheelchair, but has the power (to learn) to control how she responds to it. Or at least she can be helped to develop positive ways of responding that will grow her emotional wellbeing and resilience.

Concern for emotional wellbeing of students has always been part of my role as a teacher, albeit at times peripheral. Yet I can remember how my own school experiences of teachers, particularly how I felt they felt about me, having both positive and negative effects on my interest, performance and results in the subjects they taught. Many school experiences have indelibly left their mark on the person I am, and for many years were very significant in my sense of wellbeing.

Yet as I review my fifty plus years I acknowledge I have often learned more through the hard experiences of life than those times when things were flowing smoothly. Those times when I felt that I would rather be anywhere else than in the middle of emotionally stretching circumstances have been the very experiences that have enlarged my soul. But is this the only way to experience growth as a person and cement new insights and perspectives into ones being?

The students in our school rate high on the risk factors for wellbeing. In the school they experience many protective factors. DECS Learner Wellbeing Framework for birth to year 12 (2007:6) lists – belonging as one of the protective factors influences wellbeing. Mind Matters, a national program that supports secondary schools to protect and promote mental health defines mental health as...

...emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of wellbeing and underlying belief in our own and others’ dignity and worth.’ (Mindmatters in DECS 2005:6)

An important part of our task in ensuring learner wellbeing is to assist students to develop the skills that will enlarge/enhance their resilience – suggesting another R be added to the original three. This further raises the question of how teachers will be equipped for this task.

Working with the Vocational Education and Training (VET) class recently I was engaging the group of reasonably articulate students in discussion on matters that relate to mental health. As we considered the messages we send ourselves, I encouraged them to verbalise a sentence of positive self-talk. One young woman, no matter how her classmates and I encouraged her, was unable to offer any positive statement about herself, her capabilities or her achievements. Knowing she is able to express her feelings and thoughts in other situations, I wondered at her inability to make a positive statement about herself in this instance. I wondered about this young woman’s self-image and how I might engage her in ways that will encourage her growth in developing a positive self-image and hence her wellbeing.

Wellbeing is not peripheral to education. The DECS Wellbeing Framework for birth to year 12 (2007) document has as its first principle: Wellbeing is central to learning and learning is central to wellbeing....The influence of continuous and rapid change upon today’s learners and the consequent complexity of their lives require educators to inquire into [new ways] of working that support the wellbeing and learning connection.

The nature of this task is no different than the rethinking and re-valuing my friend had to do in the highlands of PNG.
Postscript: A few weeks later, the student who had confronted me about her pain, joined my VET class for the day. At the end of the day it was reported to me that she had described the day as her best ever at school. What this day had done for her was evident in her exuberance, for me, her report/response (and the fact that another staff member had gone to the trouble to pass onto me this positive story) enhanced my wellbeing. Staff wellbeing is central to learner wellbeing too.

References:


Contact:
Kevin Hull, Teacher, Riverland Special School
Ph: 8582 3215

Leigh Burrows, Project Officer Learning Difficulties conducts a conversation with Anne Bawden, a parent of 3 children with a disability.

Leigh: ‘Anne, I thought it would be great to get a parent perspective on wellbeing for this edition of SERUpdate which focuses on wellbeing and students with disabilities. What do you think about this, from your perspective as a parent of three children with disabilities who have experienced some challenges in their schooling?’

Anne: ‘Are you asking me if I think we’d be putting the child’s wellbeing at the forefront, to increase the capacity for learning and enjoyment of school? Absolutely! I guess my question would have to be: *Where is this magical place where my child will fit in?* I think it exists but mainly in the minds of those with enough diligence and creativity to make it happen.’

Leigh: ‘This certainly sends out a wonderful challenge to those special educators out there who do have diligence and creativity in abundance. I know that one of your children is very creative and he has responded very well to a creative approach. What links are there do you think between wellbeing and creativity for him?’

Anne: ‘I believe we are all creative beings but we utilise different areas to express this creativity. My daughter used music, poetry and words, my elder son manipulates digital images and uses mathematics to create 3 dimensional animations and my youngest son utilises the media of drawing, creative cooking and photography as a tool for his impaired verbal communication. Although my two eldest have been able to express themselves effectively through literacy based work my youngest hasn’t been inherently gifted in this area. It doesn't mean that he doesn't have anything to say however or that his learning and ideas are not to be as highly valued just because he does not have the literacy based abilities that many take for granted.’

I see true individual creativity as being the way for him to express things that are just far too complicated and stilted for him to express through any other means. I think it is important for children’s wellbeing that they are able to make connections with others and feel understood and appreciated for who they are.

After numerous years of trying to fit him into the regular ideas of schooling with very limited success it has been crucial to reinvestigate the creative approach for my son.
Before the reintroduction of utilising his creativity my son was considered a severe behavioural problem, did not want to go to school, was experiencing mental health issues, stopped learning, and was highly anxious. It's not a miracle cure, but with him utilising a creative method again that he is in control and confident with, has meant that he is much more resilient, has less stress, appears to be improving in short term memory problems, is learning again, experimenting, confident, happy to go to school without the past aggressiveness and able to cope much better with the environmental changes and stressors. He is also rediscovering relationships with children and adults alike – as a child with difficulties in connecting socially it is the first time he has experienced success in this area.

Leigh: ‘What do you think is the role of the parent in all of this? How do you think parents can support teachers to work in creative and diligent ways with students with disabilities to support their wellbeing and learning?’

Anne: ‘Parents can support teachers to work in creative and diligent ways in encouraging their students’ with disabilities wellbeing; as well as learning by becoming involved in all aspects of their child’s education and being respectful of the teacher’s experience. There is a saying that it takes a whole village to raise a child and your child’s teacher is an important part of that community. Your child will appreciate the value you place in their teacher and respond positively.

Sometimes parents can have set ideas on academic and educational achievements that they want for their child. Unfortunately the dreams they have may not match the child’s abilities and may need a rethink. Teachers can be a good source of investigation into what works for your special child if given the support. For those children who do not fare very well in straight literacy and numeracy subjects their child’s understanding, competence and productivity can be greatly enhanced through creative means if their parents can accept that their child’s journey in learning is not always the culturally expected path and support the outcomes the teacher is trying to achieve.

Positive feedback to the teacher when you see something working for your child is a crucial key as it will encourage teachers to understand what is making a difference and react accordingly. Building on and complementing their school learning can also serve as an important process in your child’s progress. If there are problems make sure you go to the source and try to positively work through the issues and do not allow your child to witness your disagreements. I think by realising that both teachers and parents have a vital role in the growth of a child and respecting each other in all things that the majority of issues can be worked around and even be seeds for breakthroughs.

I think it is time for both teachers and parents to leave behind their past hurts and preconceptions that keep them divided and work together - for the good of the children.’

Leigh: ‘Thank you so much Anne for taking the time to have this conversation with me!’

Contact:
Leigh Burrows, Project Officer, Learning difficulties Support Team, Disability and Statewide Programs
Ph 8226 1764
Email burrows.leigh@saugov.sa.gov.au
Stories deal with powerful realities.
Realities that cannot be dealt with in other ways.

(Kornberger, H, 2006).

I have long had an interest in stories and have always associated stories with a sense of inner or spiritual wellbeing.

As a Steiner school teacher I quickly embraced the idea of addressing issues in the class through story, rather than directly. I found that eleven year olds were quite open to learning about morality through the antics of Greek gods and goddesses, or Romans at war. I also successfully wrote stories to assist in situations of bullying occurring within the class, which in many cases reduced the need for direct confrontation of those involved.

My love of stories has found expression throughout my life in my love of plays, poetry novels, and short stories. As a high school English teacher in a Department of Education and Children’s Services (DECS) school I developed a unit of work for year 10 students that used the 13th century chivalric love poem Tristan and Iseult as a basis for looking at the differences between rules of love in the 13th century and the 1990s. It was a wonderful way to reflect on relationships, and love, without moralising.

For a while after that though, I was drawn only to real life stories, to documentaries, biographies and autobiographies. As a high school English teacher in a Department of Education and Children’s Services (DECS) school I developed a unit of work for year 10 students that used the 13th century chivalric love poem Tristan and Iseult as a basis for looking at the differences between rules of love in the 13th century and the 1990s. It was a wonderful way to reflect on relationships, and love, without moralising.

For a while after that though, I was drawn only to real life stories, to documentaries, biographies and autobiographies. I returned to working with therapeutic stories as I began to encounter so many children experiencing high levels of stress, anxiety and obsessive, attentional or oppositional disorders. This work is described in the resource Recreating the Circle of Wellbeing (DECS, 2007, in press). More recently I have returned to the art of story through writing a therapeutic story for a child in a country centre in South Australia. This child was experiencing a range of physical and psychological symptoms arising form possibly autism or language disorder, with accompanying memory loss, anxiety, difficulties with expressive and receptive language, with social skills and with anger. Medical professionals suggested that these conditions may be associated with a degenerative neurological condition.

I was concerned that this young person must be feeling so confused while this degeneration was occurring. I suggested to the parent that perhaps it would be worth filling him in on his suspected condition. She was wary of this however, as she did not want to overwhelm him with an unduly negative prognosis.

I suggested that I could write a therapeutic story, in which some of the information I felt it was important to share could be presented in a fictional way through a character and his adventures. She was really open to this and so, Max and the Knight was born.

The story begins with Max, a young boy, having a dream in which a wise woman tells him she is going to entrust him with a little wooden knight who will be able to help him whenever he needs it, if only he feeds him sunflower nuts and pumpkin seeds. The knight is wooden, but comes to life if he is fed by Max. He is small enough to fit in the little boy’s pocket and would sometimes jig around if he had something to say. At times, when he was really needed, he would spring to life and make suggestions such as Max needed to take a break and have a nap, by a beautiful willow tree, to feel the sunshine on his skin, and hear the swishh of the leaves above him.
The knight was also able to supply forgotten words and generally help in classroom situations, as needed, providing reassurance when Max felt as he sometimes did, that things were getting just too hard. When Max expressed doubt about being able to complete some task or other, the knight would say ‘Codswallop! You learnt to walk, didn’t you, you learnt to talk, and you learnt to swim!’ Of course you can do it!

When the story was written I asked the child if he would like to illustrate it. He spent two whole weeks (in the holidays) carefully illustrating it in the way he visualised it. He said his favourite part was when the knight was suggesting to Max that he have a nice relax by the willow tree near the stream. He ended up dreaming about Max, in particular about the part in the story where Max felt like he was in a bubble with faces pressing in on him, but he couldn’t understand what they were saying. The child even ended up bringing the story into his imaginative play where he was heard telling the knight ‘I can do it, I get up again, I pick myself up and I do it.’ This story was truly co-constructed with input from the child, and parent, through the writing and illustrating process, where the reader becomes the teller and the writer, the listener.

I believe the story worked so well because of its focus on accessing that place of strength, safety and power within us all which, when we tap into it, builds capacity and a sense of inner wellbeing. Through metaphoric means it planted the seed in the child’s mind that he could be successful and that help was there when needed. I knew of his ability in drawing and had a sense he would be able to bring my simple story to life.

I believe that we do not always pay enough attention to what children and young people are actually experiencing, in their body, mind and soul. Their stories, drawings, dreams and statements can tell us a great deal about what this mysterious life on earth is like for them, and how we can help them in their journey through schooling. For me, wellbeing is not only an idea, it is a state of being. While we need our wellbeing frameworks, programs and supports it is also important to tap into individual children’s strengths and interests, which are a rich resource that can assist them (and us) to find solutions to their own problems and increase their sense of wellbeing.

Max and the Knight as this child ended up naming the story, became a fully fledged book, which we had bound and printed. It was launched by a local historian and copies were autographed by the illustrator. People from a wide range of backgrounds attended the launch: educators, leaders, social workers, the local minister and his wife, domestic violence workers, disability workers, Out of School Hours Care coordinators, family and extended family all enjoyed hearing the story. Somehow, this simple little story drew people together, creating a metaphorical space where education, health and welfare workers and the family could begin to transcend their territories of perspective and celebrate the achievements of a little boy struggling to make his way in the world.

This story somehow opened the way to a more positive approach. The parents have noticed that their child is now singing again as he goes to sleep, is happier, more relaxed, more trusting, that his memory is improving, rather than deteriorating. They feel they have their little boy back. The medical professionals have said ‘We have no way of explaining this change’. 
Of course stories do not provide a magic wand, but they can be a very strong healing tool. As the child’s principal said recently, ‘We are faced with a new issue, is there another story coming on?’ Stories, or story medicine as it is also sometimes called, can be very healing. We don’t necessarily need to be great writers of literature; it is the very act of writing a story for a particular person that is so powerful. I wrote another story for this child’s mother, last week: Jane and Esther, about an artist and a writer. She wrote in an email to me that ‘Nobody ever wrote a story just for me before.’

And the strange and mysterious thing is... the stories are usually just as healing for the writer as the reader. After all we can all use a friendly knight in our pocket to help us on our way. For me, the knight represents the transformative potential of the inner self in us all.

Reference:
Kornberger, H, 2006. Story Medicine, Integral Arts Press, WA

Contact:
Leigh Burrows,
Project Officer Learning Difficulties,
Department of Education and Children’s Services Lecturer, School of Education,
Flinders University of South Australia
Ph 8226 1764
Email: burrows.leigh@sa.gov.au

Leigh’s PhD is focused on a wholistic approach to supporting children who challenge the system. Healing stories are one part of the approach. If you are interested in participating in her research, please contact Leigh.

The ear is a useful, wonderful thing that enables us to detect and respond directly to audio stimulus. This process is a lot more complex then we might suspect, and in the space of only one second your ear is functioning on several different levels.

When a wave of sound passes through your ear, it travels first through your outer ear (near the pinna, or earlobe) and down your ear canal to your eardrum, which then in turn vibrates as the soundwave hits it. The eardrum is in direct physical contact with a series of three minuscule bones which are made precisely for the job of aural transmission: the hammer, the anvil and the stirrup, collectively known as ossicles. The vibrations travel down these tiny bones to the oval window and through to the cochlea. The cochlea is best described as a spiral shaped organ, the inside of which is covered in tiny fine hairs that are important in the last stages of aural detection. These fine hairs in their undamaged state stand erect and upright; however, through the contraction of some illnesses or through constant exposure to extremely loud noises, they can become damaged and consequently lie flat, unable to detect sound any longer. The presence of the soundwaves is detected through the effective recognition by the cochlea, and it sends a signal directly to the brain via the auditory nerve. The brain will prompt you to respond appropriately according to what you associate with that sound, such as flinching at a high pitched scream, or smiling at the sound of soft music.
There are three kinds of hearing loss: conductive, sensorineural and mixed.

Conductive
Conductive loss occurs when sound can no longer be conducted efficiently from the outer ear to the eardrum and the ossicles in the middle ear. Usually this results in the inability to hear soft or whispery sounds, but this is dependent on the level of loss and the cause. It can be surgically fixed in most cases.

Sensorineural
Sensorineural hearing loss is usually the more severe level of loss in most cases. It happens when the cochlea or the nerves leading from the cochlea to the brain are damages in some way. This type of loss can be caused by diseases, damage during the process of birth, drugs that are known to damage the auditory system, and also syndromes that are hereditary. However, there are lifestyle causes of this type of hearing loss as well, such as loud volume exposure on a consistent basis. Age, cancer and trauma to the head can also contribute significantly to later hearing problems.

Mixed Hearing Loss
Finally, there is mixed hearing loss. This refers to the combination of both conductive loss and sensorineural loss at the same time. In these cases, this is most likely to mean that there is some level of hearing loss in all parts of the ear: outer, middle and inner.

My own hearing loss is sensorineural; it resulted from becoming extremely ill with the meningococcal virus as a very young baby. Consequently, all the hairs in the cochlea of my left ear lie flat, and can do no more than feel vibrations from significantly loud noises; I sense the vibrations but cannot tell anything about the pitch or what kind of noise it is. In my right ear, I also have slightly diminished hearing. The level of hearing loss in that ear is labelled as mild to moderate, whereas my left ear is labelled as having severe to profound hearing loss.

As an eighteen year old high school student at a girls’ school, I can tell you that it’s not an easy time of it, trying to hear all the things that you miss. The technology available even when I was a young child in primary school was nothing in comparison with what we have now. I can distinctly remember the first hearing aid I ever had – a large, awkward and (in my opinion, anyway) ugly thing that hooked over the back of my tiny right ear. I hated it and managed to lose it quite consistently in as many places as possible – this problem was fixed by my mother for a little while by tying a thread from it to my school shirt. This was relatively ineffective after about two years, because I discovered that I could break the thread tying me to the hated and ungainly piece of technology on my ear.

I think that the changes in technology have also allowed for the social embarrassment that hearing aids seem to arouse in modern society; in-the-ear hearing aids are now not only commonplace, but in fact starting to become a little old, as newer and more modern pieces are beginning to take their place. Nonetheless, these tiny hearing aids that sit inside your ear, virtually invisible, were my salvation. I never liked a hearing aid up until that point; the smallness and relative neatness of the piece were accompanied by what I felt was a greatly improved sense of physical comfort. Still, I didn’t like it very much and tried to avoid wearing it whenever I could, if I hadn’t already lost it.
A SILENT WORLD—A WINDOW INTO LIFE

I think I have had about fourteen replacements in my short life so far, and only a few of those were related to it being too small for my ear. Still, there are newer things that help hearing loss – a cochlear implant can be placed in the cochlea, although this is usually in the case of people who are extremely deaf or totally deaf. There are newer and tinier FM systems, which are worn by the hearing impaired person (they have their hearing aid connected to it) and by another person (a teacher, friend, lecturer etc) who speaks into the tiny microphone on the FM system. They usually hang around the neck on a cord or a loop similar to a lanyard; again, as technology has advanced, they have gotten smaller and smaller, tending to resemble MP3 players.

These days I appreciate my hearing aid much more, and I think that with a greater understanding of my own hearing loss, as well as the technology that aids it, I have learned to use it and view it with a much more positive perspective. Our improved technology and our increased understanding of our hearing have enabled us to open a window into life from a silent world.

Contact:
Irene Gowers
SACE Student
Stage II Community Studies
Hearing Impairment and the Community
Health, Recreation and the Community

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Advice from:
Jan Cowan, Disability Coordinator, Hearing Impairment, Department of Education and Children’s Services
Sue Herbert, Disability Coordinator, Hearing Impairment, Department of Education and Children’s Services

RESOURCES RELATED TO WELLBEING

This Australian fine motor skills program for the early years is a small group rotation program that uses fine motor-based activities and a self directing CD called Fingeryngles to target many of the wide array of skills necessary to help learners become more independent in the classroom.

This book includes reproducible worksheet activities and picture scenes that can be used to help adolescents develop problem solving skills designed to make it easier for interaction without conflict and to achieve personal goals.

Play and Imagination in Children with Autism, Wolfberg, P. 19-0196-01.
This book, based on research, examines the complex problems learners’ with autism experience in reciprocal social interaction, communication and imagination.
RESOURCES RELATED TO WELLBEING

The SMART program (Skills, Mentoring and Resilience Training) was designed to: increase resilience in young people 10—17 years of age; to mediate the impact of drug and alcohol use and associated problems; increase young people’s personal skills to encourage greater resilience; facilitate a relationship with an adult mentor.

The Heart Masters Resilience Cards—Behaviours, Inyahead Press. 66-1164-01.
These cards, an adaptation of The Heart Masters: Coping Cards, have been developed for primary aged learners and can be used to develop: Resilience; Coping; Emotions; Teamwork; Friendship; Supportive Relationships; Bullying; Problem Solving.

This book contains practical activities designed to assist learners aged between 5 and 11, to develop an awareness of their feelings and to help them share those feelings. The activities are particularly useful in programs for learners with communication disorders.

The Early Childhood Sensory Motor Development Screen has been designed to identify motor coordination abilities/difficulties in learners aged four years up to their eighth birthday.

This book describes methods of support and intervention educators can use to create social inclusion in preschool and primary school.

This set of school drug education resources for parents is focused on preventing and reducing the harm that drug use can cause by building more resilient young people.

This book, aimed at 4 to 9 year olds provides educators with a range of ideas designed to enhance learners self-esteem. The 10 sections in the book are designed to help learners to: develop relationships; take responsibility and feel positive about themselves.

This book is about helping young learners to learn about keeping safe—to understand the people who help to keep them safe and the role they themselves have to play.

This book contains 25 meditations for children. These simple, imaginative stories are designed to lead children through visualization into worlds in which they are released from fears, discover peacefulness and stillness and experience adventures.
RESOURCES RELATED TO WELLBEING

The Optimistic Classroom—Creative Ways to Give Children Hope, Hewitt, D; Heidemann, S. 66-1162-01.
This book highlights ten strengths that allow learners to cope with stress: Self-Esteem and Competence; Cultural Competence; Identification and Expression of Feelings; Empathy; Perseverance; Responsibility; Cause and Effect; Reframing; Problem Solving; Optimism and Hope.

How to Take the Grrr ... Out of Anger, Verdick, E; Lisovskis, M, 2003. 66-0993-01.
Written for learners ages 8—13. This book offers strategies learners can start using immediately. Blending solid information and sound advice with jokes and funny cartoons, it guides young people to understand that anger is normal and can be expressed in many ways—some healthy, some not.

This book, designed for educators, contains ideas to teach middle year learners about drawing, social, emotional and thinking skills. It explores what it takes to be a cartoonist showing how to draw cartoons in a series of steps and has activities covering being positive, risk taking, empathy, beliefs, listening, spatial thinking, perspective taking, “What ifs?”, thinking in metaphors and imagining.

This read aloud book, designed to build empathy in learners includes a section for adults, has discussion questions to share, ideas to explore and empathy games to play. Easy to understand text and supporting illustrations assist the learner to understand that others have similar and also different feelings to theirs.

This book has been written especially with teenagers in mind and the discussion on human issues is designed to open the way to more effective communication. The book aims to increase awareness of available choices and offers some useful and practical exercises for managing these choices in a responsible way. Included are simple stress management and relaxation techniques which can help us to relax and enjoy life more.

This pack contains a guidebook and a book containing a story for children who are anxious or obsessional. Included are enacted stories and statements made by children about what it is like to cope with the problems addressed in the story. There are photocopiable exercises designed to help children to think about, express and further digest the issues raised.

A Wibble Called Bipley, Sunderland, M; Armstrong, N. 66-0760-01.
This pack contains a guidebook for educators and a storybook for children who have hardened their hearts and become bullies. Included are enacted stories and statements made by children about what it is like to cope with the problems addressed in the story. There are also photocopiable exercises designed to help children to think about, express and further digest the issues raised.

Deep Speak is a set of 120 questions, each with its own individually designed card, plus a 32 page booklet of suggestions to explore the power of simple questions. This resource is designed to encourage young people to tell their stories, offer their opinions and to listen to others.
This book contains a twelve-month curriculum, for early years learners, that integrates motor skill development with communication, socialisation and cognitive skill development. It emphasizes four key elements in a learning environment: Routines and Music; Repetition; Play; Social Interactions.

This 47 minute video shows parents of a newly diagnosed child with autism how to begin immediately to keep their child engaged through play. Teaching how to explore and enjoy objects in the daily environment through Object Focused Play, can set the foundations for communication and development.

The kit comprises 10 sections covering a range of topics to assist school staff to increase their knowledge and skills in understanding alcohol and other drug use and in supporting students at risk.

This book may be used for ordinary relation times or as a resource for dealing with the problems of tension, restlessness and inattentiveness. It features 11 child orientated stories for relaxation, 35 helpful strategies to induce relaxation, 23 action rhymes for relaxation and 16 child-centres poems for quiet feelings. Although the activities are designed for use with young children, many can be used with an older group also.

The first half of this book relates to the understanding and development of skills in the area of self-esteem, socialization awareness and interpersonal relationships. The second half focuses on specific areas of human sexuality and sex education.

This book is a compilation of writings on approaches to young child guidance and is designed to aid in understanding and managing childhood behaviours. Contents include: Patience or Understanding?; Misbehaviour or Mistaken Behaviour?; Partnerships; Sustaining the Encouraging Classroom; Guidance with Boys in Early Childhood Classrooms; Societal Violence and Guidance; Strategies for Crisis Management.

Skillstreaming In Early Childhood, Goldstein, A, 1990. 25-0108-01.
This book shows how to teach pro-social skills to young children, especially those who exhibit withdrawal, aggression, behaviour problems or learning disabilities. See also: Skillstreaming The Adolescent—25-0110-01; Skillstreaming The Elementary—25-0109-01.

Friends for Youth: Prevention of Anxiety and Depression, Barrett, Dr P et al. 66-0715-01.
This program is designed to assist children and youth in developing life skills to effectively cope with difficult and/or anxiety provoking situations; normalise the emotional state of anxiety; build emotional resilience and problem solving abilities; encourage peer learning and building peer support networks; promote self confidence in dealing with difficult or anxiety provoking situations.
This multimedia package explores issues related to stress and coping. It considers stress in relation to the types of stress facing the growing child, individual differences in responding to stress.

Keep Cool—Strategies for Managing Anger at School, Galey, P. 66-1047-01.
This resource has been developed to assist people who are working with students who respond to conflict or challenges with inappropriate levels of anger/aggressive behaviour. Students learn to understand what triggers their anger and how to respond.

**NEW RESOURCES**

**Maths Trackers Giraffe Level (8+ Years), Oxford Uni Press, 2006. 64-1358-01.**
[Maths Trackers] is a structured context-based resource for learners between 7 and 12 experiencing difficulties with acquisition of basic mathematical concepts. Basic mathematical concepts, vocabulary and resources can be re-taught, reinforced and applied in contexts with age appropriate illustrations and print in a variety of typefaces. See also: 64-1357-01—Maths Trackers Parrot Level (8+ Years).

**Vocabulary of Community and Living (vocal), Academic Communication Associates, 2001. 66-1193-01.**
This book, designed to assist learners between 10 and 17 years to strengthen listening, vocabulary and critical thinking skills relevant to daily life experiences, includes worksheet activities and vocabulary challenges.

**High Impact Readers (reading age 6.3 to 7 years), Heinemann. 63-3102-01.**
This set of high interest low vocabulary books, is part of the [High Impact] series designed for the full secondary age range of reluctant readers. See also 63-3101-01 High Impact Plays 1; 63-3101-03 High Impact Plays 3; 63-3101-02 High Impact Plays.

**Too Much, Too Little, Just Right: A Social Communication Game, Creative Therapy Associates, 2006. 61-0813-01.**
This game, for 5-12 year olds, is designed to assist players to pay attention to tone of voice, observe body language and note how these cues affect the message.

**Incorporating Social Goals in the Classroom, Moyes, R. 2001. 19-0107-01.**
This book provides practical, hands-on strategies to teach social skills to learners with high-functioning autism and Asperger Syndrome. It covers difficulties with understanding idioms, taking turns in conversation, understanding/using tone of voice and body language in a classroom context.

Containing photocopiable backline masters, this book explores the notion that learners always do better when they are encouraged to stretch their self-awareness and independence. Using Cognitive Behavioural Training (CBT), and explicit teach to support learners to acquire new skills and solve problems with organisation, planning, remembering, perseverance, motivation, confidence and more.

**Day to Day Life Skills Writing, McPeek-Glisan, E. 2002. 67-0526-01.**
This book on writing, is one in the [Day-to-Day Life Skills] series, suitable for learners between 11 and 17 years of age and targets life skills in a specific academic area using conceptualized activities.