

Well-Being Newsletter

Term 1 2023

Here we are at the beginning of a new year. It seems to be a more stable and settled year so far but with the remnants of the past few years still visible and present in many ways.

This year seems to be the year of regaining strength we may have lost over the past few years. Re-establishing our social lives and re-evaluating what we want our families and lives to look like. It seems to be a year of regaining confidence in ourselves as parents and decisions we need to make for our families. Sometimes these differ from others, sometimes they conflict with what other people think we should be doing for our children. At the end of the day, we each have different struggles, values and approaches to parenting and that is ok!

This year our wellbeing focus will be to help parents find strength in making the right decisions for their families. We are hoping to reengage the incredible Building Better Brains team to supply us with some strategies on parenting and managing our families with confidence. If you would like to look at the courses these incredible facilitators offer check out the link below.

Parent Training and Capacity Building Support Programs

<https://buildingbetterbrains.com.au/>

We LOVE contributions to our newsletter so please send through anything you have to contribute.

Alesha x

Dates to Remember

12TH APRIL 2023-

CHILDREN'S MIND
DRAWING WORKSHOP

14TH APRIL 2023-

DIY PUPPETS WORKSHOP

3RD MAY 2023-

1ST NEURO D AND ME
WORKSHOP (inquire below)





Don't forget to email any contributions for next terms wellbeing newsletters to me at indigo.sangster@education.vic.gov.au and to please make the subject- Wellbeing Newsletter. Examples of contributions include; poems, recipes, articles, artwork, information on a topic important to you, or anything you feel like sharing to our community! Thanks so much!!

- Indigo 😊

THAT CHILD...

I know many of you have read this letter before I put it in at the start of every year (I'm not sure of the source as its been on my computer for a while), I think it is great to re-read it every year. So much goes on behind the scenes at a school, you wouldn't believe it if I told you. Hours and hours of work and care that have nothing to do with the day-to-day work that happens in the classroom. Like this article says, it is work that you will never know about. Sometimes as teachers, vice principals and principals we become emotionally and physically exhausted. We have so many children that we care deeply for and help on a daily basis, from lost jumpers, academic issues, social issues to issues that break your heart and soul and keep you awake at night. It is not uncommon to have a teacher just break down at the end of a day, because sometimes we are just emotionally exhausted. All our teachers, leadership and ES staff put their HEART and soul into helping and guiding our Patch kids, we do it until we basically drop. I wish I

could show you just what happens when you all go home, but I can't. Just know that when your child falls in the playground or falls in life, we are all here watching, listening, and doing everything we can to help them, you may not see it, but I can assure you we are.....

Dear Parent:

I know. You're worried. Every day, your child comes home with a story about THAT kid. The one who is always hitting, shoving, pinching, scratching, maybe even biting other children. The one who always has to hold my hand in the hallway. The one who has a special spot at the carpet, and sometimes sits on a chair rather than the floor. The one who had to leave the block centre because blocks are not for throwing. The one who climbed over the playground fence right exactly as I was telling her to stop. The one who poured his neighbour's milk onto the floor in a fit of anger. On purpose. While I was watching. And then, when I asked him to clean it up, emptied the ENTIRE paper towel dispenser. On purpose. While I was watching. The one who dropped the REAL ACTUAL F-word in gym class.

You're worried that THAT child is detracting from your child's learning experience. You're worried that he takes up too much of my time and energy, and that your child won't get his fair share. You're worried that she is really going to hurt someone some day. You're worried that "someone" might be your child. You're worried that your child is going to start using aggression to get what she wants. You're worried your child is going to fall behind academically because I might not notice that he is struggling to hold a pencil. I know.

Your child, this year, in this classroom, at this age, is not THAT child. Your child is not perfect, but she generally follows rules. He is able to share toys peaceably. She does not throw furniture. He raises his hand to speak. She works when it is time to work, and plays when it is time to play. He can be trusted to go straight to the bathroom and straight back again with no shenanigans. She thinks that the S-word is "stupid" and the C-word is "crap." I know.

I know, and I am worried, too.

You see, I worry all the time. About ALL of them. I worry about your child's pencil grip, and another child's letter sounds, and that little tiny

one's shyness, and that other one's chronically empty lunchbox. I worry that Gavin's coat is not warm enough, and that Kylie's dad yells at her for printing the letter B backwards. Most of my car rides and showers are consumed with the worrying.

But I know, you want to talk about THAT child. Because Kylie's backward B's are not going to give your child a black eye.

I want to talk about THAT child, too, but there are so many things I can't tell you.

I can't tell you that she was adopted at 18 months.

I can't tell you that he is on an elimination diet for possible food allergies, and that he is therefore hungry ALL. THE. TIME.

I can't tell you that her parents are in the middle of a horrendous divorce, and she has been staying with her grandma.

I can't tell you that I'm starting to worry that grandma drinks...

I can't tell you that his asthma medication makes him agitated.

I can't tell you that her mum is a single parent, and so she (the child) is at school from the moment before-care opens, until the moment after-care closes, and then the drive between home and school takes 40 minutes, and so she (the child) is getting less sleep than most adults.

I can't tell you that he has been a witness to domestic violence.

That's okay, you say. You understand I can't share personal or family information. You just want to know what I am DOING about That Child's behaviour.

I would love to tell you. But I can't.

I can't tell you that she receives speech-language services, that an assessment showed a severe language delay, and that the therapist feels the aggression is linked to frustration about being unable to communicate.

I can't tell you that I meet with his parents EVERY week, and that both of them usually cry at those meetings.

I can't tell you that the child and I have a secret hand signal to tell me when she needs to sit by herself for a while.

I can't tell you that he spends rest time curled in my lap because "it makes me feel better to hear your heart, Teacher."

I can't tell you that I have been meticulously tracking her aggressive incidents for 3 months, and that she has dropped from 5 incidents a day, to 5 incidents a week.

I can't tell you that the school secretary has agreed that I can send him to the office to "help" when I can tell he needs a change of scenery.

I can't tell you that I have stood up in a staff meeting and, with tears in my eyes, BEGGED my colleagues to keep an extra close eye on her, to be kind to her even when they are frustrated that she just punched someone AGAIN, and this time, RIGHT IN FRONT OF A TEACHER.

The thing is, there are SO MANY THINGS I can't tell you about That Child. I can't even tell you the good stuff.

I can't tell you that his classroom job is to water the plants, and that he cried with heartbreak when one of the plants died over winter break.

I can't tell you that she kisses her baby sister goodbye every morning, and whispers "You are my sunshine" before mom pushes the stroller away.

I can't tell you that he knows more about thunderstorms than most meteorologists.

I can't tell you that she often asks to help sharpen the pencils during playtime.

I can't tell you that she strokes her best friend's hair at rest time.

I can't tell you that when a classmate is crying, he rushes over with his favourite stuffy from the story corner.

The thing is, dear parent, that I can only talk to you about YOUR child. So, what I can tell you is this:

If ever, at any point, YOUR child, or any of your children, becomes THAT child...

I will not share your personal family business with other parents in the classroom.

I will communicate with you frequently, clearly, and kindly.

I will make sure there are tissues nearby at all our meetings, and if you let me, I will hold your hand when you cry.

I will advocate for your child and family to receive the highest quality of specialist services, and I will cooperate with those professionals to the fullest possible extent.

I will make sure your child gets extra love and affection when she needs it most.

I will be a voice for your child in our school community.

I will, no matter what happens, continue to look for, and to find, the good, amazing, special, and wonderful things about your child.

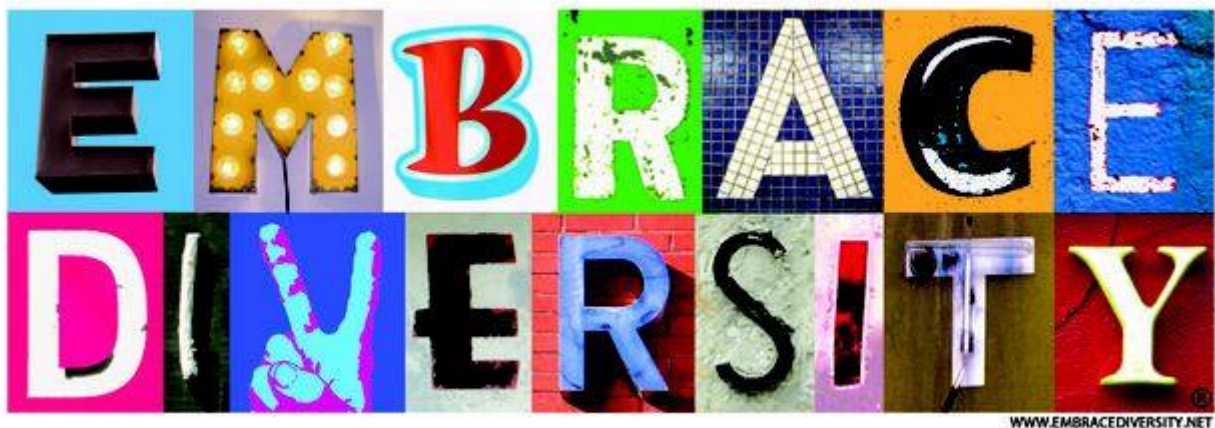
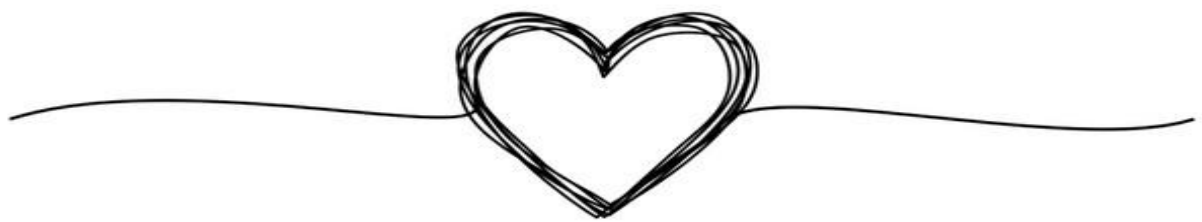
I will remind him and YOU of those good amazing special wonderful things, over and over again.

And when another parent comes to me, with concerns about YOUR child...

I will tell them all of this, all over again.

With so much love,

Teacher



WWW.EMBRACEDIVERSITY.NET

CUST – COMMUNITY UNDERSTANDING AND SAFETY TRAINING

Our staff have been involved in the CUST program. Here is some information about the program...

'Community Understanding and Safety Training (CUST) is professional learning for school staff to increase their understanding of Koorie culture, history, and experiences. The purpose of the training is to ensure a strong foundation for culturally inclusive schools and practices, which can have a positive impact on Koorie students' health and wellbeing. CUST aligns with the Framework for Improving Student Outcomes, particularly the state priority of 'Positive Climate for Learning'.

CUST is typically delivered to schools by Koorie Engagement Support Officers in collaboration with the Local Aboriginal Education Group where possible. The training is intended to be delivered to the whole school community, which may include leadership groups, teachers, education support staff, parents, and the school council.'

- <https://www.education.vic.gov.au/school/teachers/health/mentalhealth/mental-health-menu/Pages/Menu-Item.aspx?queryid=13>



**Community
Understanding and
Safety Training
(CUST)**

ADHD

MYTH

VS

FACT

ADHD isn't a real medical condition.



ADHD is listed in the DSM-5 and extensive research has shown a genetic component that makes it very hereditary.

ADHD is the result of bad parenting.



A study by Michigan University found that while different parenting did make an impact on symptoms, ADHD is linked to a combination of genetic and environmental factors.

Kids with ADHD just need to try harder.



As with other psychiatric conditions, the brain makeup and chemistry of a person with ADHD makes tasks like focusing, prioritising tasks and executive functioning much more difficult.

All kids with ADHD are hyperactive.



There are three recognized 'types' of ADHD in the DSM-5: hyperactive-impulsive type, inattentive type, and combined type.

Only boys have ADHD.



ADHD affects people of every age, gender, IQ, religious and socio-economic background. Less disruptive behavior in women with ADHD often leads to underidentification and lack of treatment.

Girls with ADHD never experience hyperactivity.



Hyperactive behavior in girls and women may manifest in ways that are not recognised as 'typical' signs of ADHD, such as hyper-talkativeness, fidgeting and emotional reactivity.

ADHD is caused by too much TV / too much gaming / too much sugar.



ADHD is a neurological condition. Studies from Harvard University show that there's no definitive proof that diet or activity has an impact on, or can even cause, ADHD symptoms.

Kids with ADHD will outgrow it.



Studies suggest that 30-60% of affected individuals continue to show significant symptoms of the disorder into adulthood.

Making & sustaining friendships is easy for someone with ADHD.



Many studies have found that children with ADHD experience more peer interaction problems and are at a higher risk of peer rejection and victimisation than their neurotypical peers.

Medication is the only way to treat ADHD.



Testimonials and clinical studies have shown the best treatment for ADHD is a combination of medication and therapy, differing for each individual.

ADHD is overdiagnosed and overtreated.



According to many studies, there is no sufficient evidence that ADHD is systematically overdiagnosed. Many people, especially women and adults, are considered to be underdiagnosed and undertreated.

There is no relationship between ADHD and depression.



Researchers have found that 16 percent of children with ADHD suffered from depression, 10 times the rate of those without ADHD.

ADHD only has negative aspects.



The cognitive dynamism of ADHD has been linked to creativity, energy, hyperfocus and drive. Celebrities with ADHD include Simone Biles, Jim Carrey and Richard Branson.

FROM OUR WELLBEING COORDINATOR, ANNE...

Anxiety - Primary School Aged Children

Recently I came across the following article on anxiety in primary school aged children put out by The Royal Children's Hospital Mental Health department in 2022. I hope that it may prove to be a helpful resource.

Please continue taking care of yourself and your loved ones.

Anne Lawry (*Wellbeing Support Officer*)

Feeling worried or anxious sometimes is normal. But some children have excessive or repeated fears, worries and anxious feelings that can last for weeks or more. These strong feelings can interfere with typical daily activities, such as going to school or seeing friends, which children may try to avoid. When children's anxiety is severe or long-lasting it may be an anxiety disorder.

For parents, it can be hard to spot the signs of anxiety as it can show up in a variety of ways. It can be difficult to know what a 'normal' amount of worry is, and when to seek further help. Avoiding a situation that makes your child anxious may seem best, but it can quickly become a pattern that is hard to break.

Common Signs and Symptoms

- Regularly avoiding everyday experiences and situations, such as school, social events, playing, sport, eating or sleeping
- Frequent physical complaints, such as tummy aches and headaches
- Sudden emotional or angry outbursts, tantrums or 'meltdowns'
- Difficulty sleeping
- Changes in appetite
- Seeking reassurance often
- Being preoccupied or unable to concentrate
- Overplanning situations and overthinking things

Many children will show these signs from time to time, and they may not be related to anxiety. When these signs appear frequently, in an ongoing pattern and cause your child to struggle with everyday life, they may be indicators of an anxiety condition or disorder. Common types of anxiety disorders in children include social anxiety, separation anxiety and generalised anxiety.

When and Where to Seek Help

If your child regularly shows signs of anxiety, you can discuss this with their GP or another health professional, or their teacher. Some indicators that it is time to seek help include:

- if your child seems excessively worried or anxious, or feels anxious more often than not

- if anxiety stops your child from taking part in typical daily activities, such as attending school, socialising, playing or eating and sleeping well.

Your child's school will be able to assist. Schools have support for children who feel anxious or don't want to attend school, including trained staff members. In many cases they can connect children to psychologists or counsellors.

Diagnosis and treatment of an anxiety condition or disorder in a child can be provided by a trained and experienced health professional. If needed, a GP can arrange a referral to a paediatrician, child psychologist or other mental health professional to assess and support your child.

You could try an online treatment program for anxiety – see 'Useful Resources' below.

How to Help Your Child at Home

If your child is showing ongoing signs of anxiety, you can support them at home in the following ways:

- Encourage your child to talk about their feelings and let you know when they get overwhelmed. It might help to explain these feelings are common – we all feel worried or scared sometimes
- If there is a particular situation your child finds challenging, support them to gradually do the thing that makes them anxious. For example, if going to a crowded shopping centre makes them anxious, start with short trips to the local shops, building up to visiting a shopping centre in a quiet period
- Make a practical plan together for coping with anxious feelings in the future, such as breathing techniques or reassuring phrases to focus on
- Take time out to have fun together and take the focus off feelings of anxiety
- Help your child to have healthy routines that include enough good-quality sleep, regular outdoor exercise, eating well and avoiding excessive screen time
- Prioritise your child attending school. Attending and participating in school will help your child develop important skills and knowledge to help them learn, as well as building their social and emotional skills.

If you are a parent or carer with anxiety, it is important to also care for your own mental health and seek help when you need it.

Useful Resources

- [The Brave Program](#): An interactive online program aimed at 8–12 year olds to help them overcome worries and learn coping strategies.
- [Fear-Less Triple P Online Course](#): A toolkit to help your child manage anxiety and become more emotionally resilient.
- [Cool Kids Program](#): An interactive online program aimed at 7–12 year olds to help them overcome anxiety and build confidence.
- [The Beyond Blue Child Mental Health Checklist](#): A general tool to check your child's symptoms and whether to get professional help.
- [Kids Help Line](#): A free, confidential 24/7 online and phone counselling service for young people.
- [Smiling Mind Kids Care Packages](#): A series of calming activities and audio recordings for children based on mindfulness meditation.

- [Mental health and wellbeing toolkit](#): Advice to support student mental health and wellbeing, aimed at students, parents and caregivers, and schools.
- [Parentline](#): A free phone counselling service where you can discuss parenting challenges and get support.

Key Points to Remember

- It's normal for children to feel anxious, worried or fearful some of the time.
- Anxiety can be hard to recognise in children, as the signs are varied and include common things such as tummy aches, recurrent headaches, tantrums and difficulty sleeping.
- It's time to seek help if your child has severe, frequent or ongoing symptoms, and if they are avoiding daily activities and situations that provoke their anxiety.
- For help, discuss your child's feelings and behaviour with their teacher, GP or another health professional such as a nurse, paediatrician, counsellor or psychologist.
- There are ways to support your child at home and online resources that may help.

For More Information

- Beyond Blue: [Healthy families: Anxiety \(6–12 years\)](#)
- Raising Children's Network: [Anxiety and fears in children \(0–8 years\)](#)
- Raising Children's Network: [Generalised anxiety in children \(3–8 years\)](#)
- Raising Children's Network: [Anxiety: the stepladder approach \(3–8 years\)](#)
- Healthdirect: [Anxiety in children](#)

Common Questions our Doctors are Asked

What causes anxiety in children?

Occasional worry or anxiety is a normal physiological response to changes in our world or environment. For some children, anxiety can become frequent and long-lasting and affect their everyday life. There are lots of different things that can cause this to happen, including triggers and stressors in life and an inherited tendency towards anxiety. If parents are experiencing anxiety themselves, this can make it more likely for a child to develop anxiety so it is important for parents to get help for their own mental health and wellbeing if needed. For many children it is not clear why they develop an anxiety disorder when they do.

Do children grow out of anxiety?

Some anxious children will grow out of their fears, but others will keep having trouble with anxiety unless they get professional help. When children's anxiety is severe or long-lasting and affecting their everyday life, it is described as an anxiety disorder. In these situations, it is important to seek professional help to support your child to manage their anxiety.

Does anxiety in children need treatment with medication?

Most anxiety in younger children can be managed with support and strategies from a Psychologist, Doctor or other health professionals. In some situations, medications are also used to help treat anxiety disorders. Anxiety medications can be prescribed by doctors with expertise in child mental health, such as a paediatrician, a Psychiatrist or some GPs. Psychological treatments are also very effective for most young children and usually directly involve carers. These treatments may be available from community health centres, or at private clinics with Medicare rebates available.

Yummy Soup Recipe...

As the weather is starting to cool, here's a yummy Veggie Soup you make like to make over the hols.

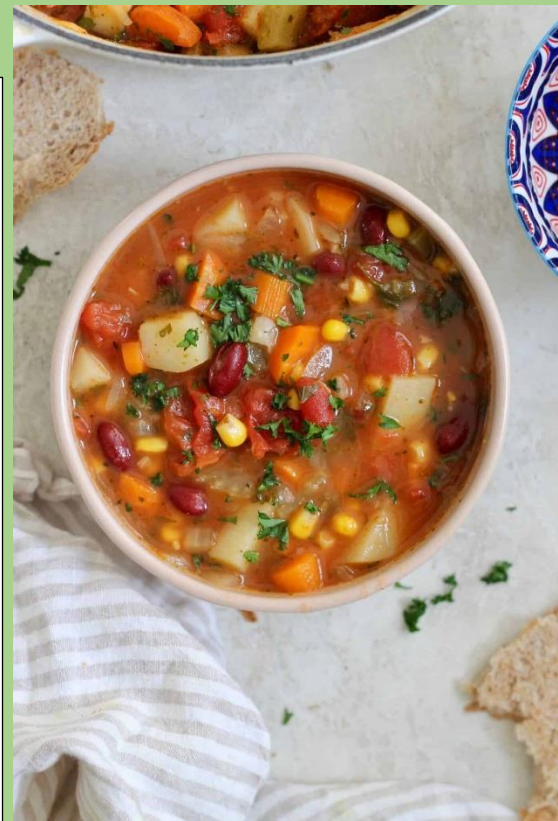
LOADED VEGGIE SOUP

Ingredients:

- 2 tbsp extra virgin olive oil
- 1 large onion, diced
- 4 cloves garlic, minced
- 3 medium carrots, diced
- 3 stalks celery, diced
- 2 medium potatoes, peeled and diced
- 2 tsp Italian seasoning
- 4 cups vegetable broth + 1 cup water
-
- 2 15oz cans diced tomatoes
- 1 cup corn kernels
- 1 15oz can kidney beans, drained and rinsed
- 1 bay leaf
- ¼ cup fresh parsley, chopped
- 1 tbsp freshly squeezed lemon juice, or to taste
- 1 ½ tsp kosher salt + ground black pepper

Method:

1. Heat oil in a large dutch oven over medium-low heat. Once hot, add onion and 1 tsp kosher salt and cook for 5 minutes, stirring often. Add garlic, carrots, celery, and potatoes and cook for 5 more minutes, stirring often. Add Italian seasoning and cook for 1 more minute.
2. Add broth, water, tomatoes, corn, beans, bay leaf, and several grinds of black pepper. Bring to a boil and then reduce the heat to low and simmer, covered, until the vegetables are tender, about 35 minutes.
3. Remove from heat and stir in parsley and lemon juice. Remove bay leaf and season to taste with salt (don't be shy, I added lots of salt!) and pepper. Serve hot with crusty bread.



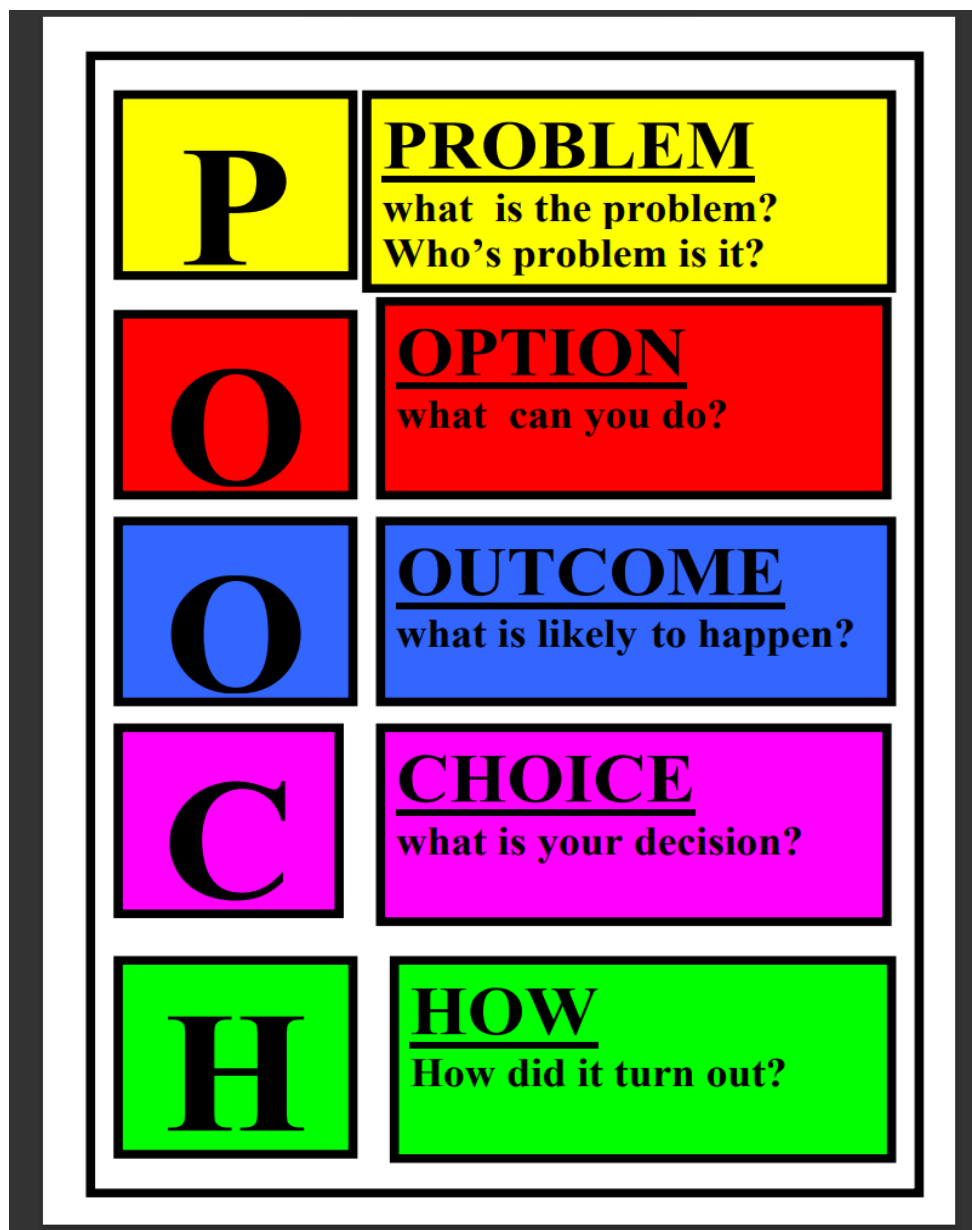
Link to recipe page:

<https://www.hummusapien.com/vegetable-soup/>

POOCH your problem

You may have heard the words 'POOCH your problem' it is a strategy we use in Prep to encourage students to stop and think about the solutions to their problems themselves. We work through the model and then the phrase simply becomes, 'you can POOCH that problem'. It empowers them to believe they can solve some problems independently. E.g. Where does this pencil go? Which bin does this go in? I had no one to play with? (we would ask 'how could you POOCH that problem').

Great to use in your home too!



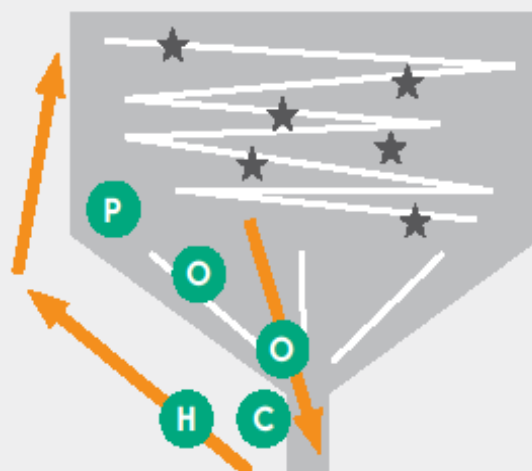


FACT SHEET

POOCH OVERVIEW

POOCH is a problem solving process that can be used in any number of different contexts. It is a broad framework that can be applied to intentional conversations with young people who are asking for help with an issue of concern. Each stage of the process has certain questions that need to be addressed before moving on to the next stage, although it is not uncommon to move back and forward through the stages as the process progresses.

The POOCH process is like a funnel. Often, a young person comes to ask for help with a problem they are experiencing. As they talk about it they begin to feel better and get some clarity, often resulting in a plan of action. Through this process the listener gains an understanding of the person and the problem, placing themselves in a better position to be of help. Once there is a shared and agreed understanding of the problem the various options available and the possible outcomes of each option can be explored. Then a choice or plan can be made to try this solution. The plan can then be carried out and the progress of this reviewed at a later time.

PROBLEM SOLVING ORIENTATION⁵

Different people approach a problem in different ways. For some their approach is positive and generates options for solution, while for others, their negative approach can lead to frustration and a poorer outcome.



PEOPLE WITH A POSITIVE PROBLEM ORIENTATION TEND TO:

- Believe that problems are solvable (optimism).
- Appraise a problem as a challenge rather than a threat.
- Believe in their personal ability to solve problems successfully (self-efficacy).
- Believe that successful problem solving takes time, effort and persistence.
- Commit themselves to solving problems, rather than avoiding them.



PEOPLE WITH A NEGATIVE PROBLEM ORIENTATION TEND TO:

- Become frustrated and upset when confronted with problems in living (low frustration tolerance).
- Blame themselves for the problem and think that it means there is something wrong with them (e.g. thinks that they are abnormal, incompetent, stupid, bad or unlucky).
- View a problem as a significant threat to their wellbeing (physical, emotional, social, and economic). The person minimises the benefits of solving the problem and exaggerates the harms or losses that may result from failure to solve the problem effectively.
- Doubt their personal ability to solve problems successfully (low self-efficacy), and regard problems as unsolvable, resulting in avoidance of the problem or waiting for someone else to solve it.

⁵ Based on Mynor-Wallis's Problem-Solving Treatment for anxiety and depression. Mynors Wallis L. Problem-solving Treatment For Anxiety and Depression: A Practical Guide, University of Southampton; 2005.



POOCH OVERVIEW

THE STAGES OF THE POOCH PROCESS

While supporting a young person through the POOCH process some communication skills should be more prominent and purposefully applied than others, so that the goals of each stage can be achieved. Here is a guide to what can be helpful at each stage.



Identify the PROBLEM

At this first stage of the process the main goals are to identify:

- What is the problem or issue?
- What is the nature of the problem? What is it like to have this problem?
- Whose problem is it? Who else needs to be involved? What other factors are involved?
- How many different ways can the problem be understood and explored?

Encourage the young person to think and speak freely using encouragers, reflection, paraphrasing and open questions.



Explore the OPTIONS

Once the nature of the problem is well understood by the person and the listener, it is then time to explore different ways to resolve it. At this stage, it is important to work out:

- What has already been tried?
- What other options have been considered but not tried?
- What hasn't been thought of yet? (Brainstorm – no matter how crazy it seems).
- What would the situation or circumstances look like if the problem was resolved? What would the steps be from where things are at now, to this preferred future?

Ask direct, open questions to facilitate this process, and complement this with reflection and paraphrasing to clarify the nature of the options being discussed.



Discuss the OUTCOMES

Once all the options have been identified, the possible outcomes of all these options need to be evaluated. This is basically a risk assessment of each of the options with the view to determining which is the most likely to succeed. Some questions that might be asked at this stage are:

- What are the consequences of pursuing each option? Are you prepared to live with those consequences?
- What are the pros and cons of each option?
- What are the strengths, weaknesses, opportunities and threats involved in each option? (A SWOT analysis).

Continue to ask direct, open questions and seek to clarify the potential outcomes of each of the options through reflection and paraphrasing.



CHOOSE an option

Once all the outcomes have been identified it is time to choose a course of action to pursue if the problem is to be resolved. Once a decision has been made:

- Re-look at consequences of that option.
- Work out what "Action 1" is.
- Set a reward for carrying out "Action 1", regardless of the outcome of this first step (just for being brave).
- Set a time to get together to talk about how it went.

Help the young person to make their choice through the use of more closed questions than has been used in the previous stages. Open questions, reflections and paraphrases will also be helpful at this point.



HOW did it go?

This is the review stage of the process. Review the choice that was made and how it went (particularly "Action 1"), as well as the process that was used to make the choice. At this stage, it is important to find out:

- How did "Action 1" go?
- What worked and didn't work?
- Do we have to work out a new "Action 1" or are we on track to keep going as planned?
- Do we need to work out a whole new plan and start our POOCH process all over again?

Find out from the other person how things have gone with "Action 1" of their plan. This involves encouraging the other person to talk about it with encouragers, reflections, paraphrasing and open questions.



Taking expressions of interest for NeuroD and Me-Term 2.

This group runs fortnightly and is open to prep -grade 4. This is a creative arts group for Autistic, ADHD and sensitive kiddos to explore identity, self-esteem and community. The group is facilitated by a Neurodivergent Therapist with 20 yrs clinical experience and is delivered from a Neuro-affirming and radical acceptance framework.

First group starts:

Wednesday 3rd May (week 2, term 2, 2023)

3.30-4.30pm

\$50 per session.

Limited places

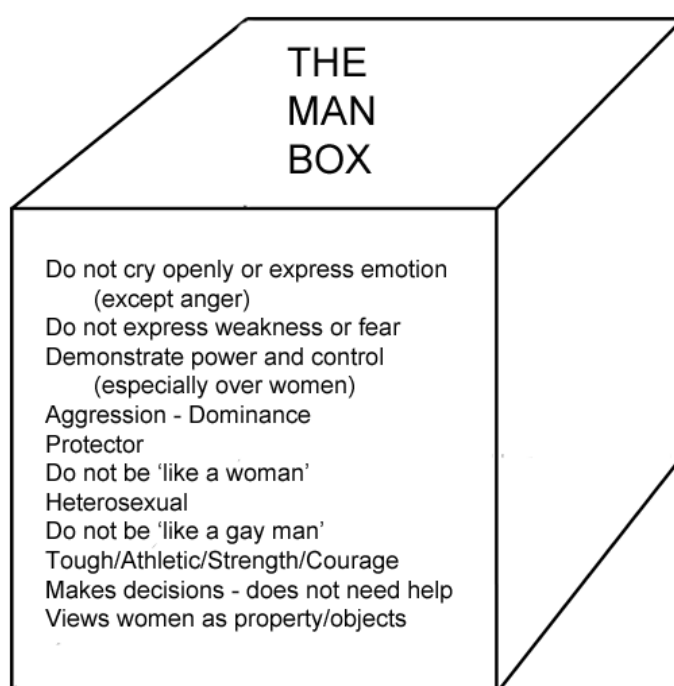
info@thesecurebase.org

THE MoRE TRAINING (Modelling Respect and Equality)

This term, we also had two of our staff members attend a staff MoRE training. Below is some information from their training that may be interesting to you...

What does it mean to be a man now?

In this day and age, society still clings to traditional male stereotypes – strong, fearless, not allowed to show our emotions. But in the past few decades, these notions of masculinity have been challenged over and over again. Unfortunately, while women have made great strides in overcoming hundreds of years of discrimination based on their gender (though there is still plenty of work to be done), men, and society at large, struggle to redefine what being a man really means in the 21st century. The “Man Box” study is a representation of results from group discussions and a survey conducted with young men between the ages of 18 and 30, from all walks of life.

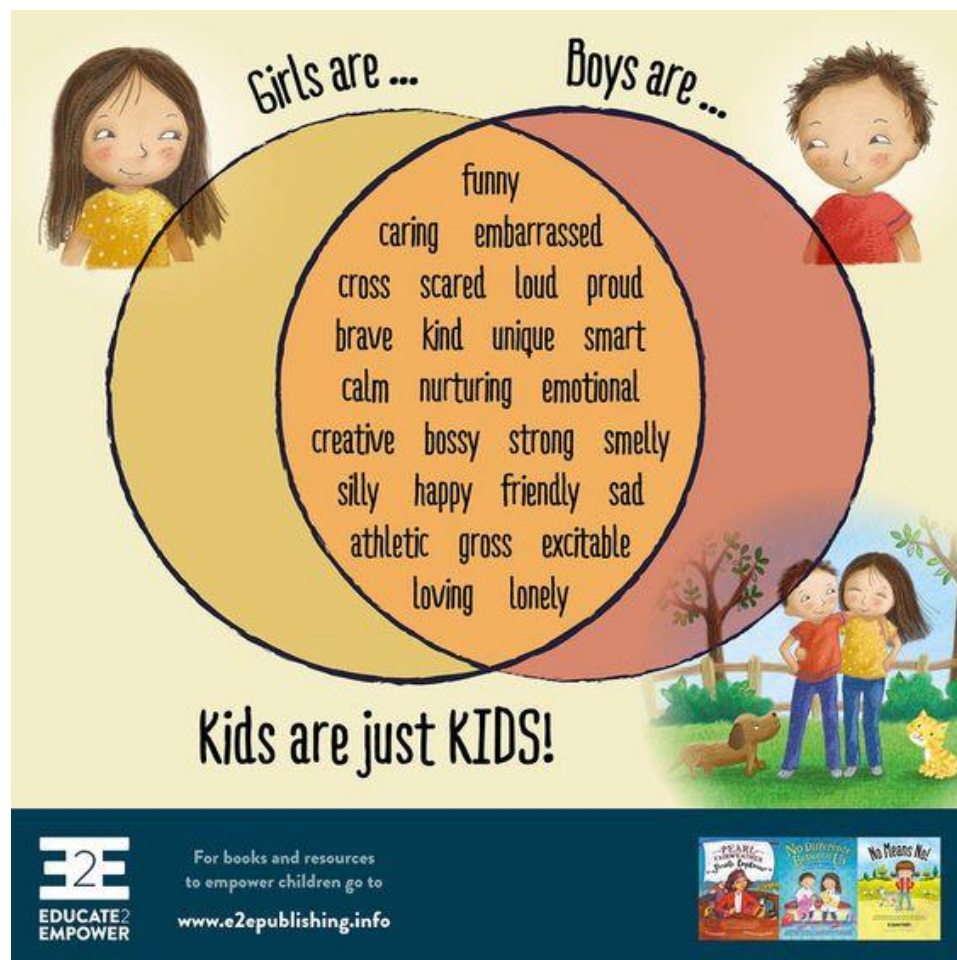


We can help boys and men break out of the “Man Box.” Start by rejecting the gender norms and expectations that put boys and men into the “Man Box.” We can all work on acknowledging feelings, and allowing children to express a full range of emotions. By working to make a change, we can end these cycles of destructive behaviour and violence — and make a difference in our community.

- Allow boys to embrace and express a full range of emotions
- Allow men and boys to cry
- Validate men and boys’ feelings
- Allow men and boys to be and act afraid
- Let men and boys ask for help

For men and boys:

- Value women and treat all people equally
 - Never use power, control or violence
 - Never use gender-based attributes to bully or discriminate
 - Do not make or laugh at sexist jokes
 - Don’t perpetuate negative stereotypes
 - Listen to women and validate their experiences
 - Embrace female friendships
-
- Model a healthy, respectful manhood to other men and boys



• TIPS TO PROMOTE • Gender Equality IN THE CLASSROOM

Use gender-neutral language when referring to children, e.g. instead of saying, 'Choose a boy' say, 'Choose a friend'.

Avoid stereotyping children, e.g. boys are noisy and loud, girls are calm and sweet.

Monitor your own interactions with the children. We tend to comfort girls more and send boys on their way earlier.

Jumble together all the dress-ups, toys, games, blocks, etc. so all genders have an equal opportunity to use the equipment.

Children may come to school with traditional ideas about gender, e.g. if a child says, 'Marnie can't play. This is a boy's game.' Use the 'teachable moment' and unpack the comment.

Provide a wide range of diverse stories about the genders in non-stereotyped roles. If such books are limited, change 'he' to 'she' so girls have a leadership role.

When reading books where the tiger or bear is often a 'him' and the butterfly or bird is a 'she', change the gender around. Alternatively, use the gender-neutral term, 'shim'.

Hold a parent night to unpack the school's gender-equality policy.

Ask children to draw a fire fighter, police officer and nurse. Invite a female fire fighter and police officer, and a male nurse into the classroom. Have them talk about their jobs and unpack the children's drawings and expectations about the visitors.

Always use non-gender specific terms when referring to occupations, e.g. chairperson, flight attendant.

Devise a school gender-equality policy that promotes gender-neutral language and encourages non-traditional gender roles and activities.

Try not to assign classroom tasks that traditionally relate to a specific gender, e.g. boys moving desks, girls tidying up the home corner.

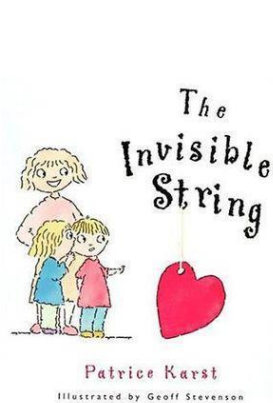
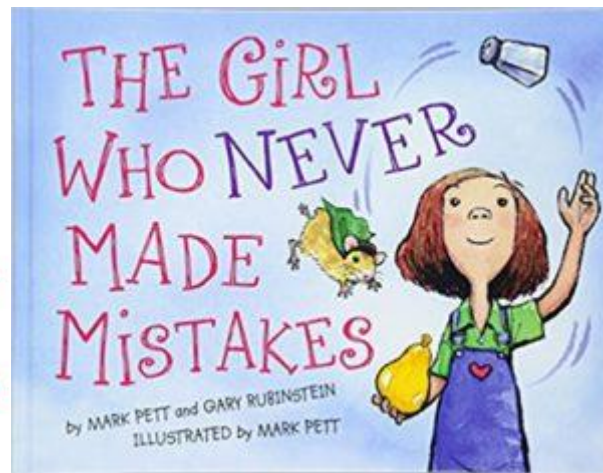
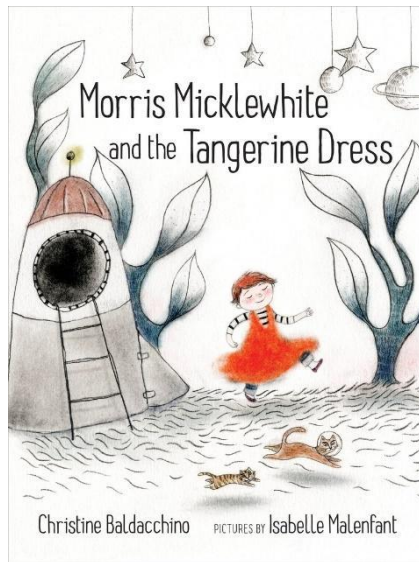
Be inclusive of a child who identifies as another gender to the one they were assigned at birth. Refer to the child in the gender they prefer. Your modeling of how this child is included and referred to will be paramount to the attitudes of the other children and their families.

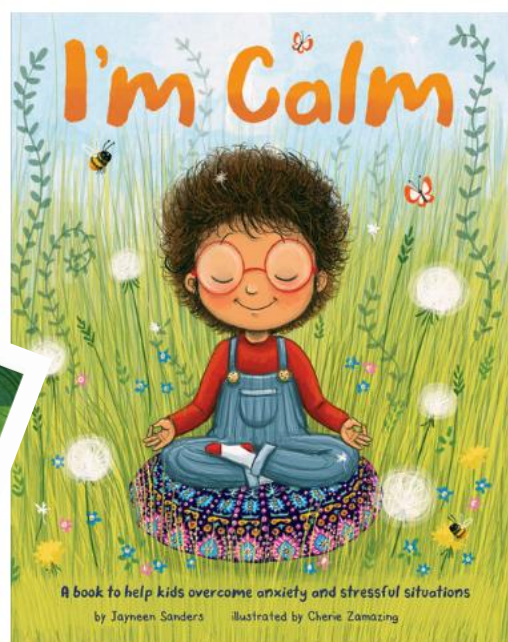
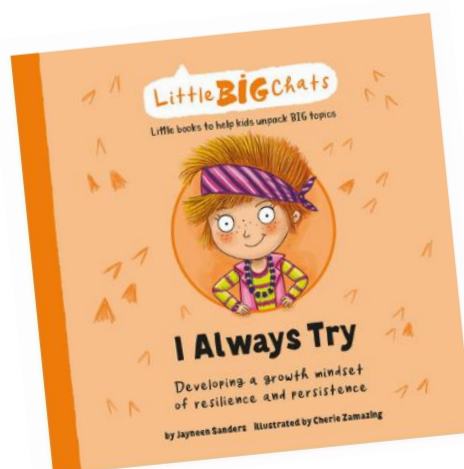


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Books





1800RESPECT

NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE

If you're always
trying to be **normal**
you will **never know**
how **amazing** you can be.

- Maya Angelou

podcast



Your Vibe
Attracts
Your Tribe.



DEVOTE YOURSELF

TO YOUR COMMUNITY AROUND YOU

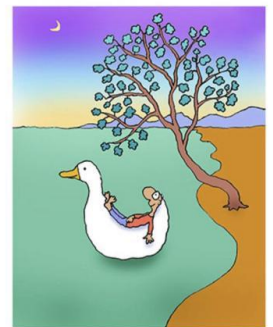
& DEVOTE YOURSELF to creating SOMETHING

THAT GIVES YOU
purpose & meaning.

MITCH ALBOM

JOMO (Joy Of Missing Out.)

Oh the joy of missing out:
When the world begins to shout
And rush towards that shining thing;
The latest bit of mental bling -
Trying to have it, see it, do it,
You simply know you won't go through it;
The anxious clamouring and need
This restless hungry thing to feed.
Instead, you feel the loveliness;
The pleasure of your emptiness.
You spurn the treasure on the shelf
In favour of your peaceful self;
Without regret, without a doubt.
Oh the joy of missing out.



Leung

CAMP FOR BUILDING SELF ESTEEM & CONFIDENCE FOR KIDS!



HELPING KIDS BUILD SELF-ESTEEM AND CONFIDENCE WHILE ANXIETY AND LONG COVID IMPACT THEM STILL

KIDS OF GOLD, 323 MONBULK RD SILVAN VIC 3795 – ABN 57 327 231 83

Open to Primary kids in grades 4-6 in 2023 (and 9 year olds in grade 3). We have 2 camps coming up- one in May and one in October. The May camp is primarily for kids going on to do their Level 3, with October being a Level 1 camp, for all newcomers. Under special circumstances some can do their Level 3 first, but ring 0415 427 396 to discuss this with us, if you are keen to enquire.

The second one is a Level 1 camp for newcomers, running Fri 27th – Sun 29th Oct 2023, with reservations being taken now to reserve a place until applications are issued after the Level 3 May 23 camp above.

Activities are fun: from low ropes, initiative activities, wall climbing, games, drama and challenging interactive sessions.

Starting in Feb 2003, this camp has continued for one reason – because it works! It builds kids to be much more confident and increases their self esteem, confirmed through a documented study we conducted a few years ago through a research study, available on request.

Contact: 0415 427 396 04 0403 271 987 to hold a place.

Google kids of gold to see who we are, what we do and to apply online or download a form for the Level 3 May 23 camp (for those eligible).

The form and website have more on how the camp started and where it is situated in the beautiful Yarra Valley.

Next camp is the Level 3 May Camp

Fri 26th – Sun 28th May 2023

\$75 Full Fee *

www.kidsofgold.org.au

Held at Lyrebird Park

Beenak Rd, Yellingbo

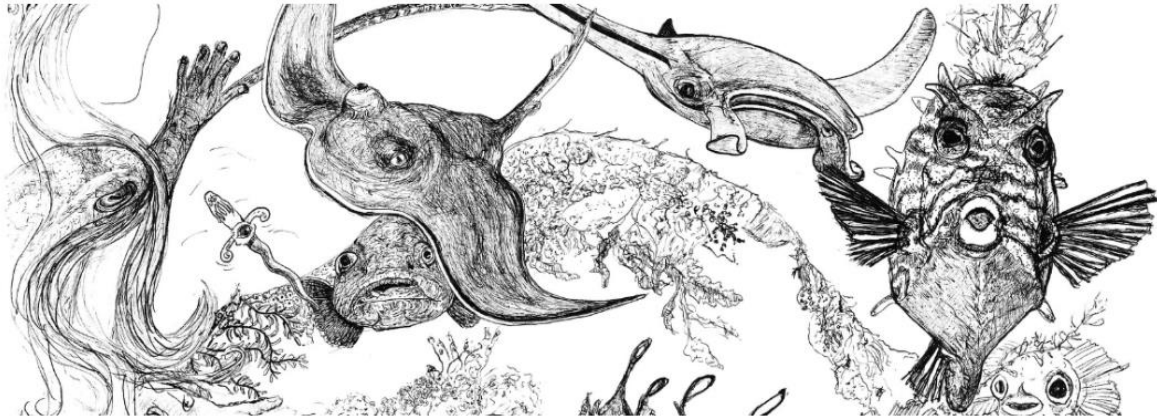
Melways 307 K10

*Cost of \$75 is subsidised by sponsors such as Bendigo Bank, Bunnings and Yarra Ranges Council.

Upcoming holiday activities from the Yarra Ranges Council.....

Mind Drawing Children's Stories Workshop

Next date: Wednesday, 12 April 2023 | 01:00 PM to 02:30 PM



Are you looking for some holiday fun with children's stories and art? Jenni Ivins has designed a relaxed, yet intriguing workshop to accompany her interactive exhibition at The Memo, Healesville.

There is bound to be laughter when kids guide their blindfolded adults in creating a particular drawing. This is just one of many activities in the workshop and exhibition.

LINK FOR MORE INFO: <https://www.yarraranges.vic.gov.au/Experience/Events/Mind-Drawing-Childrens-Stories-Workshop>

DIY Dragon Puppets

Next date: Friday, 14 April 2023 | 11:00 AM to 12:00 PM

If I had a dragon...use your imagination to make your own sock puppet dragon that can fly, breath fire or be your friend.

Suitable for children aged 4 years and over.

All resources are provided.



LINK FOR MORE INFO: <https://www.yarraranges.vic.gov.au/Community/Family/School-holiday-activities/DIY-Dragon-Puppets>

LINK TO MANY MORE HOLIDAY ACTIVITIES:

<https://www.yarraranges.vic.gov.au/Community/Family/School-holiday-activities>

Head over to the Positive Psychology website and read about the emotion wheel and how you can use it!

[illegible]

Do you want to raise awareness about something that impacts your child? Send me an email with your idea! It doesn't always have to be about raising money. Free Dress days are great ways for your child to know they are supported and free to talk about what makes them unique with their friends teachers and community.

alesha.sangster@education.vic.gov.au

Or

indigo.sangster@education.vic.gov.au

**No act of kindness,
no matter how small,
is ever wasted.**

—AESOP



Remember, it's ok to not be ok...

Some helpful contacts for those who may need them:

If you or anyone you know needs help:

- [Lifeline](#) on 13 11 14
- [Beyond Blue](#) on 1300 224 636
- [MensLine Australia](#) on 1300 789 978
- [Suicide Call Back Service](#) on 1300 659 467
- [Kids Helpline](#) on 1800 551 800
- [Headspace](#) on 1800 650 890
- [QLife](#) on 1800 184 527
- [Relationships Australia](#) on 1300 364 277
- [ReachOut Australia](#)

Specifically for men:

No To Violence: Male Family Violence Prevention Association

Peak body for individuals and organisations who want to contribute to male family violence prevention.

03 9487 4500

www.ntv.org.au

Men's Referral Service

Anonymous and confidential telephone service provided by men for men. It offers a central point of contact for men who want to stop violent or abusive behaviour towards their family members.

1300 766 491 (Mon-Fri 8am-10pm, Sat-Sun 10am-4pm)

MensLine Australia

Professional telephone and online support, information and referral service for men, specialising in family and relationship concerns.

1300 789 978

www.mensline.org.au

Specifically for women:

Women's Safety After Separation

Information for women facing separation, particularly where there is violence and abuse.

ncsmc.org.au/wsas/welcome.htm

WIRE (Women's Information and Referral Exchange) is a Victoria-wide free generalist information, support and referral service run by women for women.

1300 134 130 (9am – 5pm)

wire.org.au

Women's Health Victoria

Free, confidential and statewide health service offering information, support, a library and referral options for women. Run from the Royal Women's Hospital.

thewomens.org.au/WomensHealthInformationCentre

Centres Against Sexual Assault (CASAs)

Centres offer 24 hour crisis support to recent victims of sexual assault, as well as counselling, legal and medical support and information.

www.casa.org.au

1800 806 292 (all callers are automatically transferred to their local CASA within Victoria)

(Eastern CASA is in East Ringwood – 9870 7330)

Adults Surviving Child Abuse (ASCA)

Counselling support line, information, support, referral for survivors, supporters and health professionals.

1300 657 380 (7 days, 9am-5pm)

For Children and Young People:

DHS Child Protection Crisis Line

131 278 (24 hours/7 days) – statewide

Australian Childhood Foundation

www.childhood.org.au

1800 176 453 or 03 9874 3922

Parentline Victoria

www.parentline.vic.gov.au

132 289 (8am-midnight, 7 days)

Kids Helpline

<https://kidshelpline.com.au/>

1800 551 800 (24 hours/7 days)

Australian Childhood Foundation

Works to protect the rights and ensure the safety of children. Provides trauma counselling, professional training, advocacy, research and parent support.

www.childhood.org.au

For LGBTQIA+:

QLife Australia (formerly Switchboard Victoria)

Australia's first nationally-oriented counselling and referral service for people of diverse sex, genders and sexualities. Provides nationwide early intervention, peer supported telephone and web-based services to support LGBTIQ people of all ages.

[www.qlife.org.au](http://www qlife.org.au)

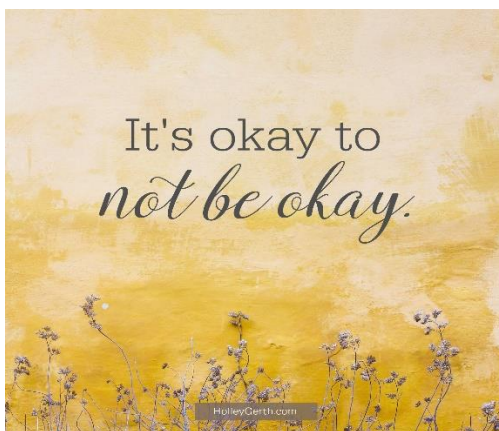
1800 184 527 (3pm-midnight, 7 days)

Gay and Lesbian Health Victoria (GLHV)

GLHV is a lesbian, gay, bisexual, transgender and intersex (LGBTI) health and wellbeing policy and resource unit.

www.glhv.org.au/

03 9479 8760



Outer Eastern Melbourne

1800 271 150

oema@orangedoor.vic.gov.au

4-16 Devon Street

(Corner Pierson Drive and Railway Grove)

Croydon, 3136

Who is The Orange Door for?

The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children.