Cobden Technical School students with their hosts on Bathurst Island.

The bark painting is a gift to the school.

See 'Talent Afloat'—page 3
This Issue

The long article in this issue is reprinted from Hands On!, a networking newsletter of 'cultural journalism' or school-based oral history projects, published by the Foxfire Project in Georgia, USA. (See details on page 24.)

Wanted

There's a danger in writing about youth and student participation that it can all sound so academic and dull. One of the particularly valuable things is, in fact, the excitement and energy and enthusiasm generated by participation. (That's one of the things I like about the long article in this issue!)

I would like to publish (as an issue of Connect or as a separate booklet) a collection of personal accounts - from teachers, students, parents, administrators - of how student participation came to mean something important and exciting. A sort of 'this experience changed my life' (but without the melodrama).

Are you interested to contribute?

Next Year?

Connect has been published continuously since late 1979 on a shoestring. We get no grants - we're paid for solely by subscriptions.

Thus we pay no wages. It's been produced as a 'labour of love' by a couple of us - in our 'spare' time.

In 1988, I would like to travel.

What about Connect?

Three possibilities occur to me:

1. We suspend publication for a year - no Connect.
2. Someone or someone takes it over and continue to publish it.
3. It's published in Italian!

Now, assuming that Connect is valued, and not wanting to take my typewriter away with me, that leaves me open to offers. Is there someone out there who can make a commitment to bring out six issues and do the necessary administrative back-up? I'm hoping to hear from you - in enough time to make the necessary plans.

Lots of work, no pay ... but satisfaction!

Roger Holdsworth

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Next Issue

Next issue is due in April 1987. We still have not caught up with the schedule, but ... Deadline: early April.

Connect is edited and published by Roger Holdsworth, 12 Brooke Street, Northcote 3070. Phone: (03) 489.9052.
Youth participation has come to mean different things to different people. Group projects which depend on the active participation of students in the planning, funding and execution of their goal, have continued to provide useful models of youth participation, often with remarkable results.

The development of this model of youth participation has continued at Cobden Technical School since 1981. Previous issues of Connect (#17, 20, 25) reported on the student marketing enterprise there, which enabled students to travel.

In this article, we report on two more recent projects. In 1985, a group of students undertook a sailing adventure into Bass Strait and, last year, a work party travelled to Bathurst Island, Northern Territory.

The article begins with a summary of the two projects, and continues with an interview with their coordinator, Merv Edmunds:
A group of year 12 students from Cobden Technical School spent several days at sea in 1985. They crewed two yachts from Port Fairy in a trip of twelve days’ duration to King Island where they were hosted by residents of the Island.

The students devoted much of their time at school to being prepared for the challenge that the trip offered. The study of weather, first aid, sea safety, Bass Strait history as well as swimming, fitness and sail training were essential. They also continued their student marketing venture in order to finance the trip.

The school describes the project as "a useful model of senior schooling that has emerged after several years’ involvement in youth participation and student marketing initiatives." The Regional Director of Education (Barwon South-Western Region), Mr Reg Fisher, stated that the project "... has enormous educational potential and, in fact, embodies many of the principles underlying both the Participation and Equity Program and the Ministerial Review of Post Compulsory Schooling."

The trip represented a 'first' for Victorian students (the Education Department of WA owns a large schooner for similar purposes) and officers of the Region worked with the school to establish state-wide guidelines for similar activities. It also attracted the interest and support of the Regional Board of Education, the International Youth Year Committee, as well as organisations and individuals of the wider school community. The Victorian 150th Anniversary Committee assisted the project in a number of ways, particularly related to the memorial service held by the students midway in the western entrance to Bass Strait. The service, at dawn on Thursday 10th October 1985, honoured those lives lost at sea during the settlement years.

Cobden Technical School has made a commitment to document the entire project in both print and video, to assist other schools planning similar activities. While the notion of ocean sailing may seem inappropriate to many schools, there is much of the project that is readily transferable. The concept, for example, of travel as a valid learning focus, and the school providing the resources to enable students to both prepare for and finance their objective, has relevance to any school seeking to widen young people's options in the post-compulsory years.
Cobden Technical School has had a history of educational innovation. Its focus on developing a wide range of talents in young people and providing a variety of ways for students to succeed, continues.

Details of another exciting project that continues a tradition of remarkable student achievement were released recently. In October, a group of year 12 students spent two weeks working on Bathurst Island.

The project emerged as students considered a range of possible activities based on previous years, and from the early stages, they were intent on spending time with people of a different culture. They considered New Guinea and the Solomon, Torres Strait and Fiji Islands. The decision to choose Bathurst Island was made in August.

Bathurst Island is roughly 60 km long and 23 km wide, with a narrow seaway separating it from Melville Island. It lies about 80 km north of Darwin. The island belongs to the Tiwi Tribe and Nguiu is the only township, where most of the population of about 1200 lives.

The students worked with Duke of Edinburgh Award Scheme participants at the Adult Education Centre, which is administered jointly by the Catholic Education system and the Northern Territory Department of TAFE. A number of activities were considered, and the group concentrated on those that could continue in the community after the group's departure. A selection of workshop projects, including leadlighting, and copper foil glasswork were introduced and lend themselves to development by the Tiwi's renowned artistic traditions.

The Cobden group believes that links established with the island community this year will result in future joint activities of mutual benefit and understanding. The coordinator of the Duke of Edinburgh Scheme in Darwin, Ms Pam Merrington, is keen to see more projects of this type take place and is currently arranging for a group of islanders to visit Cobden later this year.

The students financed the travel costs by continuing the 'Young Traders' marketing venture. Several canoes have been produced for the school and a fibre-glass dinghy developed for the 1985 King Island trip is being produced for sale. A range of model boat hulls, suitable for class projects, has also been developed and some schools have placed orders for these. Additional fund-raising activities included a wake-a-thon and a Talent Quest.

The project represents another example of that quotation used by previous groups of young people at this school: "Kids can do remarkable things if they have remarkable things to do."

Janet Capizzi (R) assisting Tiwi girls in their copper foil and coloured glass work.
Interview: Merv Edmunds

Merv, could you tell us about the way your projects have developed? They have certain similarities, but each are quite different in what students achieve.

The first thing is that they are not 'my projects'. I think if they were, there would be more similarities. After the boat trip, for example, we had boats and skippers available, we had worked through the business of approval and liability - we were, in effect, ready to go again. But the group of kids who were discussing the proposals for 1986 had other ideas.

So how do those ideas from a group of students become reality? How is agreement reached and objectives set for the year?

I wish I could give you a strategy that speeds up the process of setting up a group project for the year. Often we are still exploring possibilities and considering options in June or July. But when we know the trip details, like approval, what we are doing and where we are staying, then you can feel things moving. It always seems to result in us having to work back at school after hours to make up for lost time in the early part of the year. Perhaps we tend to get a bit impatient with young people - the business of defining a realistic and worthwhile goal for the group is for many a new experience.

What is worthwhile and realistic for young people to achieve?

I am often forced to recognise that my concepts of 'worthwhile goals' are a little different. I would like to think that the kids ultimately define what it is they really want to do. My job is to help them in both getting an idea of what they want to do (which is often different to what they are told they need) and working with them to make it happen.

(Later in the interview, Merv returned to this question, with the following comments:)

I think an important requirement in defining worthwhile in relation to young people's activities is that they must be achievable. I remember when our kids were in America, as a result of what they had worked on, they were hosted by kids who had worked just as hard on issues of global significance, like nuclear disarmament and peace rallies. I couldn't help detecting feelings of disillusionment: they had no real way of knowing whether they had achieved anything or not. Kids need tangible evidence of success.

* Another thing that helps me define worthwhile is the value of working with a group. My concept has been influenced by what I have seen young people achieve as a group that would not be possible individually. They crave excitement, they want to test themselves in all sorts of situations, they love a challenge, risks and adventure and they appreciate even years after, what these group experiences did for them. Marshall McLuhan said more than twenty years ago that growing up is our new work, mere instruction will not suffice.

* As I look at each year 12 group, I can't help thinking that more instruction is hardly a worthwhile goal. But something that develops and relies on their physical and emotional as well as their academic potential is worth pursuing.

One of the criticisms of special projects with one group and one teacher is that even if they offer a lot to those involved, they seem to have limited influence on schooling in general. Surely those worthwhile things you mentioned should and could become available to more kids?

You are talking to the wrong guy. I understand the question but I have no answers. There is part of the criticism though, that doesn't make sense to me. In every project I have been involved with it has been said (and the comment usually comes when success is just around the corner and you are running about like a monkey on an ant heap), "This is all very well, but what about the kids who are missing out?" It frustrates me that somehow I am expected to now take on responsibility for kids who have chosen a range of subjects that don't provide for growth and excitement. It bugs me that after you have given almost total control for the kids to work out what they want to do, you cop it for being 'undemocratic' or excluding other kids in your curriculum offering.

At the beginning of last year, working with aborigines on a remote island couldn't have been further from my mind, but one teacher among a group of kids is clearly in a minority position and, unless you pull rank, the preference of the majority is what we do. Innovative projects, it seems, have to withstand some pretty severe scrutiny that 'normal' projects escape, probably because they challenge a lot of accepted inconsistencies in traditional schooling. Much of what we have done
can be questioned and some criticisms are probably valid, but being called 'undemocratic' is not one of them.

Getting back to the differences between the projects you have been involved with, which one do you think will influence future projects the most?

They all have a big influence on future projects. In talking about possibilities for this year, we are using past projects as examples all the time. Probably the project that has the most potential for development is taking the kids to sea. The notions of character development, adventure training and acceptable risk-taking are very appropriate for today's youth. Look how many young people were ready to spend nearly a year of their lives for no pay just for the opportunity to crew a tall ship from England to Australia: 70,000 applied for 16 places. Whatever those young people are doing at the moment, like study or work, can (in their opinion) be left and picked up again later. Why? Because they are placing a value on the experience, the challenge and the excitement that the trip offers.

Is it an appropriate area for schools to be involved in, especially in the light of the cry for more emphasis on the sciences and technology studies?

It has to be appropriate for many schools. I don't think our school is vastly different from other schools. To respond to the call for more academic rigour will only work against any attempt to increase retention to year twelve. Early school leavers are making a statement about what is currently offered and expected at year 12. For years, we said that "they're better off working", that they "wouldn't make it" to year 12, but for almost a decade since work wasn't an available option for many, we have continued to believe that the solution is in offering more of the same - not seriously examining different options. And I mean options that are very different, not just a change in content that still relies mostly on academic competence - options that rely on physical, emotional and social development taking place, in projects that are almost beyond them.

You are talking about character development and taking kids to sea. Do you really think that is an option that other schools could take up?

I don't see why not. If a small rural school that doesn't even own a dinghy can have the use of sea-going vessels to the value of several hundred thousand dollars, plus the expertise of their owners, other schools could do this too. Most big yachts lie idle, not because their owners don't want to use them, but because they need a crew. If the school presents a group of fit and eager recruits, most owners would jump at the chance to teach them and plan on going on a trip with them. That was our experience anyway, and if we could get more boats and skippers than
we could use from a little place like Port Fairy, imagine how the bayside schools would go.

Do you think other schools will take it up now that it has been done, especially after the documentary has been shown?

I don't know. Part of me says 'yes', but perhaps it is unrealistic. The year that we did the boat trip, we were linked with four other schools in a PEP Schools Resource Program and I was forced to recognise how off-beam my thinking was, particularly my notions of student participation, equitable outcomes and effective documentation of programs. Their lack of support resulted in funds being used on things that had nothing to do with kids, and also metres of professionally produced film on the project, the kids, their parents, how they put it together, funded it, got approval - the lot - all on a spool somewhere. We wanted it, but could not use PEP funds already received to pay for it.

Perhaps the notion is too radical. Maybe most schools are already doing what they want to do. They're probably not looking for way-out projects. It would be interesting to do a survey of the schools listed in one of these national registers of related programs and find out how much demand exists from other schools for information about them.

Do you see projects like this continuing at Cobden?

I think so. There is an expectation by the kids that by doing year 12, it will provide the chance to do something different. They expect to be able to use the cooperative, for example, to finance a trip somewhere.

What is being proposed for this year?

A number of possibilities are being discussed. The group is planning to host a group of aborigines from Bathurst Island later in the year. They are all involved in the Duke of Edinburgh Award Scheme and have started up the marketing venture, but where we finish up going and what we do there, is anybody's guess.

To sum up, Merv, could you give a brief run-down on what you think are the essential requirements to get similar youth participation projects up and running?

Probably the first requirement is a manufacturing or marketing structure. This does two important things. Firstly it provides or actually demands a reason for the group to work together, to make decisions, to resolve conflicts and cooperate as a team. People ask me about the risks involved in taking young people into Bass Strait or a remote island, "How can you supervise them?" Once we get to that stage, I can trust them absolutely. So much has taken place in the hard work beforehand, and the trip means so much to the whole group that no-one is going to mess it up.

The second thing is more obvious: to earn money. You can't propose anything that will cost a lot of money and not give kids some way of earning that money. I can't think of any better way to involve young people in adult-world situations than in running a business, especially if it is an integral part of their year's work and it is the means of them doing something exciting or going somewhere exciting.

So, if those basic requirements are in place, the rest is up to the kids to work out, with a little help from the teacher. Never underestimate the capacity of the kids, though, to work out just what it is that they want to devote their energy to and the level of commitment, enthusiasm and determination they have in reaching their chosen goal.

For more information, contact Merv Edmunds (Project Coordinator) or Greg Tippett (Principal), Cobden Technical School, PO Box 82, Cobden 3266. Phone: (055) 95.1202.

**DOCUMENTARY**

A 60-minute documentary of Talent Afloat, the sailing project mentioned here, will be shown on commercial television this year and school copies may be available. Watch Connect for further details.
The ACT Network of the Australian Curriculum Studies Association has identified student participation as a primary focus for its 1987 work.

As a result of the Network's preliminary discussions, it has been resolved that the following tasks should be attempted in 1987:

* Establishing a network of student representatives in the ACT who are members of committees concerned with curriculum issues;

* Identifying and documenting cases of exemplary practice of student participation in curriculum in the ACT;

* Establishing a forum for ex-students from ACT Schools and Colleges with a view to recording their views on student participation and other curriculum issues.

CURRENT INITIATIVES

As an outcome of the Network's preliminary investigations, it is clear that there are several initiatives underway in the ACT promoting the active involvement of students in curriculum. A brief description of a sample of these is provided below:

Out of Line:

This is the title of a student newspaper produced as part of the ACT Non-Government Participation and Equity Program. During 1986, 21 students from ten non-government schools put together two issues of the paper which included articles, cartoons, photos and other items reflecting student perceptions and ideas on a range of issues. Planning is underway to continue the production in 1987.

Contact: Caroline Josephs, Catholic Education Office. Ph: (062) 95.5455.

Peer Support Program:

Several schools in the ACT have introduced this program that involves senior students working with junior students in a range of structured and unstructured activities. Students, together with teachers and parents involved in the program, have expressed very favourable comments regarding its impact. Schools involved in the program in the ACT include Weston Creek High School, Merici College, Canberra CEGGS and Melrose High School.

Contact: Rosemary Walsh, ACT Schools Authority. Ph: (062) 46.9251.

ACT Secondary Students Council:

This is an independent body composed of student representatives from both government and non-government systems.

Student Issues Advisory Committee:

This is an advisory committee of the ACT Schools Authority and is composed of secondary students nominated by SRC presidents.

Both of these groups meet periodically to discuss issues of concern to students in the ACT.

Contact: Keith Joliffe, ACT Schools Authority. Ph: (062) 95.4331.

Student Forums:

As part of the Non-Government Participation and Equity Program, a series of student forums are scheduled to take place in 1987. Secondary students from across the non-government school system plan to take up issues of concern such as: student participation in secondary schools, students from non-English speaking backgrounds and gender equity.

Contact: Caroline Josephs, Catholic Education Office. Ph: (062) 95.5455.

ACSA CONFERENCE

The theme of the biennial conference of the Australian Curriculum Studies Association is "Participation and Access—myth and reality?" The conference will be held at Macquarie University, NSW, 15-18 July, 1987.

NETWORK NEWSLETTER

If you have any comments or suggestions regarding the Newsletter of the ACT Network of the ACSA, or if you would like to draw readers' attention to interesting activities involving students in curriculum in the ACT, please contact Jim Cumming, ACT Network of ACSA, PO Box 1333, Woden ACT 2606.

"Thought should be given to both the systematic development of democratic principles throughout the school year and the development of the attitudes, skills, knowledge and procedures that will enable students to participate more effectively in an open society. In most instances, the two sets of attributes will be closely linked.

"The mere existence of democratic structures in schools does not necessarily mean that appropriate democratic
principles are being developed, nor does it guarantee that students will learn about democracy. Consideration should be given to the needs of teachers for inservice on democratic structures and principles."

Students and Decision Making
Supplement to ACT Schools Authority Bulletin
No. 245, 3rd April 1986

PEACE: IT DEPENDS ON US

"Peace: It Depends on Us" is a video presented by students in the Western and South Western areas of New South Wales. It features a wide range of peace activities that occurred during 1986, together with comments from many students and adults on peace and how individuals can play a part.

The video received funding from the Department of Foreign Affairs through the State IYP Committee. It was produced by the Communication and Resources Project (CARP), an autonomous non-profit communications and public relations organisation administered by representatives from government and non-government schools/institutions, the mass media and community groups.

"Peace: It Depends On Us" "should make a significant contribution in encouraging people who have a genuine interest in peace (and ideally this should be everyone), to make an effort, either individually or in groups, towards the Peace Process. The program is a true reflection of REAL people and EVENTS, all working in their own way towards peace. This is what, we feel, gives the video its appeal. The contents reflect the viewpoints and participation of young people in International Year of Peace. In fact, the presentation of each of the many segments was done mainly by students.... Nearly all the artwork and posters you'll see in this video have been done by children in the Blayney and Bathurst, Orange areas as part of their participation in the Art and Literature Display on Peace held at the Government Office in Bathurst during Hiroshima Week."

CARP

The principal sponsor of CARP to date is The Commemorative Association for the Japan World Exposition 1970 which awarded a grant for the purchase of professional video production equipment.

CARP has close affiliations with the Western Region Media and Resources Unit which has had access to CARP equipment to assist with the production of a weekly television series 'Around the Schools', shown on Mid-State Television.

CARP is a non-profit project, but requires funds to cover the operating and maintenance costs of vehicles plus general administration and developmental expenses associated with the production of resources.

In association with others working in business, publishing, broadcasting, historical studies and community work, CARP has established a network of contacts in many areas, to provide access to local knowledge, educational and technical expertise, to research, develop and produce quality multi-media resources on a local, regional or state-wide basis.

CARP has produced 'Paddlewheels on the Darling-Barwon Rivers', a 60-minute video on riverboat history; 'Wangkumara Language Man', a 30-minute program on Cecil Ebsworth, and a video for the Children's Week Committee on mobile services for isolated communities. It is currently negotiating a contract with the NSW Bicentennial Council for the production of 'Women of the West', a video that will look at the lives and contributions made by women in the outback of NSW.

AVAILABILITY

Copies of Peace: It Depends On Us and the accompanying booklet, are available for $19.50 or by sending a VHS tape and $7 to cover dubbing and postage.

Contact:
Peter Dargin
CARP
PO Box 1014
Dubbo NSW 2830
Ph: (068) 82.8880

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Using Oral History To Bring Students Back to the Real World

Rich McConnell and Malcolm Smith have a combined 20 years of experience working in psychiatric hospitals with adolescent in-patients. They were employed as English and social studies teachers at Menninger Clinic in Kansas (USA) for several years. The following article narrates the creation of an alternative school situation for institutionalised youngsters there at Menninger.

This paper provides insights into dealing with 'other than average' kids and though you may never have in your classes the extreme cases talked about here, you will probably encounter students with similar problems and there may be ideas here you can use. Rich and Malcolm found ways to turn the youngsters' 'disabilities' into skills for their project, and they were careful to point these out to the reader:

DISABILITIES TO SKILLS

Education sometimes has to take place under extreme circumstances. Across our country there are over 100,000 children under the age of 18 incarcerated in mental institutions. Each of these children needs an education and it is mandated by Federal law that each of them is entitled to an education. During the past several years, the two of us have worked in a private psychiatric hospital as teachers. Though this may seem like an extreme example, and what we have to say may not fall into the realm of the normal classroom teaching experience, we have found that good teaching combined with common sense works - no matter what the setting.

Picture a secluded spot which is surrounded by manicured grounds and trees. To the west is a cemetery, to the north an interstate highway, to the east lies the State Hospital and an adult psychiatric treatment centre is on the south border. The buildings which house the hospital are brick. They are well-kept on the outside. Imagine a place that is self-contained - an island - and imagine that the neighbours that live only a few hundred yards away have no idea about what goes on inside. Picture kids and their parents driving down the private road that leads to the children's clinic building. These are people from all over this country and from foreign countries, who are in search of a cure for very real problems which have wrecked their families, destroyed their home life and, in some cases, made social outcasts of their children.

From our desks in the hospital school, we have seen hundreds of kids enter this hospital. The sixty beds in our setting have been filled over and over again by children who were on their last legs in their communities and had exhausted every judicial, social service and counseling agency available to them at home.

Alec

To understand where we have taught, you might take Alec as an example. His case history will tell you that Alec's problems started when he was in grade school. He began, at that time, to isolate himself from his peers. At home, he began to spend more time in his room than with his family. His teachers were concerned about the fact that he was becoming defensive and mean in class and that he was achieving below his level of competency. By the time that Alec hit junior high, his parents were becoming frustrated with him. They suspected him
of using drugs. Money, cigarettes and liquor began to disappear around the house. His parents – both professionals – went to their friends for counseling on how to deal with Alec.

At that point, the junior high principal had called to let Alec's folks know that he had missed a great deal of his first quarter's attendance. A confrontation about the issue followed. Alec and his parents screamed at each other over the issue and this led to his father leaving the house to get a drink, his mother locking herself in the bedroom out of fear, and Alec going outside and cutting his mother's brake lines on her new car. This sounds a lot like a TV soap opera, but over and over we have heard psychiatric professionals and parents recount scenes like this one.

Out of fear and frustration, Alec's parents decided to call a private practising child psychiatrist. This step had been highly recommended by their professional friends. Alec was enrolled in weekly individual therapy sessions which continued for six months. During this period, Alec literally had to be dragged to the psychiatrist's office. He was seldom home and had dropped out of school. On two occasions during the six-month period, the police brought Alec home after a night out with his friends. By this time, it was tough for his parents, the school, his psychiatrist and the community to find anything redeemable about Alec.

Finally, the child psychiatrist gave up. "What Alec needs," he told the parents, "is long-term residential treatment."

Labels

A few weeks later, Alec and his parents had traveled hundreds of miles and were walking outside the windows of our school towards the residential treatment units which would be Alec's new home. From our classroom windows, we could see the weary look of defeat in Alec's father's eyes. He was clutching firmly to his son's arm, as if at any minute Alec might bolt to freedom. Alec's mother was tearful and tired. Alec was presenting himself in a proud and defiant manner. An earring sparkled under his long hair and an array of home-made tattoos stood out on his forearm. It was easy to tell that Alec was not quite sure what goes on inside the brick building he was about to enter, but he wasn't about to ask any questions. Alec seemed to be prepared for a fight.

It didn't take long for Alec and his family to discover that the institutional world is one of labels. Alec had been assigned several before he reached the hospital. His psychiatrist and his school counselor had provided the institution with a comprehensive file on Alec which included the gory details of Alec's behaviour and assigned preliminary names to his 'illness'. This was the groundwork for the hospital's own diagnosis process. The institution begins this process immediately in hopes that if Alec's problems can be labeled as psychiatric, and if a cause can be found, Alec can be cured of his sickness.

Alec sat sullenly in the corner of the plush admissions room, his hair hiding the tinge of nervousness which had crept into his defiant gaze. His parents, under the scrutiny of video cameras, were pouring out their concerns about him to a social worker who had the job of taking care of the necessary intake paperwork. It is important to note that before any test could be administered or any cure prescribed for the problems which had ripped Alec and his family apart, there had to be a clear means of payment established for Alec's 'treatment'. At a rate of $120,000 a year, finances are an important concern to every family which enters our hospital.

In the hospital in which we have worked, payment for the majority of patients is made by insurance companies. Most group policies provide workers with coverage for their families in times of emotional stress. These companies pay a current rate at our facility of $240 per day for each patient. This cost covers only the patient's stay in the treatment units. Added to that expense are such costs as individual psychotherapy at $68 per hour, group therapy at $25 per hour, educational therapy at $40 per hour, $750 per month for school, and a host of tests and evaluations which range in cost from $300 to $600 per examination. There are those, like Alec's parents, who are able to pay for these services without insurance coverage, but they are the exceptions. Some of our students' treatment is paid for by their home state's education systems which don't have adequate facilities to deal with the kids. Regardless of who picks up the bill though, treatment is a costly undertaking.

After these financial matters are settled, Alec's diagnosis process began. He was given a small room on the hospi-
tal's evaluation unit and his parents returned to their home. Alec soon learned that the term 'patient' carried with it a lot of new and scary responsibilities. The language and structure of hospital life were new to him but he discovered that he must learn them quickly in order to communicate his needs and to survive. In this new place, love, attention, courtesy, praise, clothing, food, money and entertainment were doled out for very specific reasons according to the prescribed treatment plan which was being developed for Alec. This plan was in the ultimate control of a supervised MD who was the head of the particular unit on which the patient resided.

Diagnosis

The first step of the treatment plan for any child in our hospital is six weeks of intensive diagnosis. What this process boils down to is questions and interpretations. During this time, each child is under a psychiatric microscope while they are on the diagnostic unit. Each response a child has, such as his reaction to the pressure of being away from home, his longing for his parents, his willingness to become involved with the unit staff, his physical abilities, his competitive nature, his sexual interests and the like are interpreted. To the clinician, there is meaning in everything vaguely connected with the child's existence on the planet, including the child's dress, hygiene, dialect, musical tastes, hobbies, mannerisms, eating habits, food preferences, weight, hairstyle and facial expressions. Even during sleep, careful notes are made of the child's behaviour. After a couple of weeks, each child learns the language of the hospital and either decides to become a willing participant in this exploration of himself, fights it or, in most cases, tries a little of both.

It is during this first six weeks that all of the batteries of psychological and educational tests which will determine the kid's length of 'treatment' are administered. At this point, kids like Alec are only rumours in the teachers' lounge to those who work in the school. We only caught glimpses of the kids on the way to and from their many neurological, psychological and educational testing appointments. Rumours spread quickly and often — before we have ever met the kids, we have heard the various testers discussing the severity of the problems of the kids on the diagnostic unit. This sort of discussion often provided us with real fear of kids like Alec before we ever met them. The only thing we knew for sure about Alec was that he had cut his mother's brake lines.

After six weeks of being questioned, hooked up to an array of scientific machines, being given several tests on paper, and after a lot of missing home, Alec had reached one of the most important days in his 'treatment'. D-Day. Diagnosis day.

This is the day when Alec was given the results of the diagnosticians. His family was at the hospital to hear with him the reports of the people who had become experts on the subject of Alec's shortcomings. Alec squirmed nervously in a chair in his Residential Psychiatrist's office while the MD presented the findings of the testers who had been carefully trained to uncover Alec's 'disabilities'. Alec was assigned several labels during this meeting — words like 'dyslexic', 'myopic', 'paranoic' and the like. He would live with these words throughout his stay in the hospital. After the report had been delivered and Alec's parents spent a lengthy session alone with Alec's doctor, Alec was transferred to his unit — a long-term 'treatment unit'. Here he met with his new treatment staff. One can only imagine the feeling that he had when he was led into one of the unit's small offices, looked at squarely in the eyes by his supervising MD and told that he would be spending the next three years of his life in the small enclosed and locked area called his 'unit'. At that point, Alec became an official inpatient.

In our hospital, once the testing is completed, the reams of paper containing all of the findings of the testers are assembled into an enormous
file which is accessible to everyone who works with a given child. This file contains both the horror stories which brought the child to the hospital and observations about the child’s behaviour from the diagnosticians. Based on this information, the child’s treatment team, which includes psychiatrists, child care workers, teachers, social workers and psychologists, meet to plan the child’s school program. In most instances, none of the people assembled have spent more than a brief session with the child. Out of this meeting, an Individual Educational Plan is prepared. The treatment team, rather than parents, children or educators, determine the kid’s school schedule.

After this meeting, and after the child has spent a couple of weeks becoming acquainted with his permanent living quarters in the hospital, he finally makes the prescribed jaunt to school.

The School

That leads us to our job. As teachers, neither of us was trained to look at kids like Alec as anything but troubled teenagers who were away from home. The job of educating kids in a hospital has its pains and complications. Once a child has been placed in a small dormitory type unit, he is cut off from the world outside the hospital. This is the world that has fostered the child’s failures, but as educators we also see that world outside as one full of wonderful opportunities for learning. That is where the struggle of an educator in a hospital begins.

Each August, a new batch of scared and fragile young people make the short, quick march from the building which houses the living units to the school building. Our school was designed in the late 50s to serve the educational needs of elementary students. Unfortunately, the trend in private institutions in the last three decades has been towards teenage kids. Our population has been, since the opening of the school doors, largely that of Junior High and High School age kids. It is unfortunate that they are forced to put up with the planners’ incorrect look into the future. The water fountains, rest-room facilities, rooms, wall decor and desks were designed on a miniature scale. In spite of this and the fact that our school has few windows or signs that it is the territory of teenagers for six hours every day, the students look forward to coming there. It is, at times, a place to escape from the terribly drab lives they lead in the institution.

Confinement in a hospital often offers a child very little in the way of entertainment. Hours between school and sleep are filled only with an occasional therapy appointment or recreational activity. Besides the constant boredom, incarcerated children are subject in our hospital to such prescribed ‘treatments’ as seclusion (being lock in a small empty room behind a steel door for several hours) and being placed in leather restraints (often times tied to a bed). It is felt that in this setting such measures provide the kids with a chance to work through moments of aggression. Idle hours are ‘thinking times’ during which the kids are expected to ‘work on their problems’. This makes the school special because the kids know that during the hours they are in the school, they will, at least, have something to occupy them and will be allowed to use the restroom and get a drink when they need to.

Students in this type of school have to learn very quickly to adapt to whatever their teachers ask them. Unlike the public schools, where the program is mandated by the district or the principal, each teacher in a treatment classroom decides what type of behaviour will be tolerated.

In this setting, our type of school is, by necessity, isolated from society. Our understanding of this quarantine-like procedure is limited, but it appears that the institution needs full control over the patients’ interactions. It is felt that the kids will be disrupted and made to feel bad if visitors enter the school. This type of approach is often referred to as the milieu or ‘controlled environment’ approach. Accordingly, visitors are rare and always invited or expected. Since in this setting it is generally felt that life must be structured in order for desired behavioural changes to occur, there is very little spontaneous activity. Most hospitalised children, like our friend Alec, have a distaste for public school, so the institution provides them with a small structured classroom and materials developed by educational scientists for ‘remediation’.

First Day

On Alec’s first day of school, he was led into the building by one of his child care workers. The first thing that he noticed was that, unlike his
living area, doors were not locked. He didn't quite know what to expect. He was led to his first hour class where he guardedly moved his desk into a corner of the small classroom and from there he studied the faces of his three classmates. While waiting for his teacher to return from the lounge, Alec's child care worker remained with him. The staff member, whose job it was to make sure that Alec did not bolt out of the school towards freedom, encouraged Alec to start a conversation with the other kids in the room.

Alec chattered and bantered a little with his classmates about his distaste for school. Since the testers saw Alec as 'learning disabled' and Alec knew that, he was cautious not to say too much. Right away though, he found out that Jane, his classmate, also carried a label in her self-concept, and so did Bob. At that point, the most pressing information that Alec and his new-found friends needed to know from each other was what put them in the hospital. Alec gasped a sigh of relief as he discovered that the other kids had gotten admitted under similar family circumstances. The conversation built to a happy and exciting exchange of personal combat stories. For the first time since entering the hospital, Alec felt like a kid, not a patient. The conversation stopped when the teacher entered the room.

At this point, the educational climate in the classroom was ideal. Not only was Alec looking forward to being away from the unit for a full six hours - free from the proddings and prying of psychotherapy - but he had just discovered that he had allies in the school, kids who had been through and understood some of the turmoil in his life. For a few moments Alec even felt a glimmer of the hope that his parents felt when they brought him to the hospital. Maybe he was 'disabled' and maybe his new teachers would be able to help him. He might even find someone who was interested in the things that therapy gave him no time for: sports, cars, fishing, rock and roll music and even horse-back riding.

Unfortunately, it didn't take long for Alec's hopes to be crushed. During the first hour, he was reintroduced to some familiar enemies. The controlled reading machines, the spelling books with pictures of little girls in pinafores and little boys dressed as pirates, maths flash cards, programmed texts with endless sentences that needed periods, and text books with Grade 5 instead of Grade 9 printed on their covers, glared at him from his desk in every classroom.

We can speak as old hands as to how Alec felt, because we had often felt the same way. We had watched the same process that Alec went through happen to hundreds of kids and were unable to do much for them except feel a little disappointed in ourselves. As teachers in an institution, it is easy to get trapped into hiding from the kids behind 'learning' instruments. After all, the students we worked with were supposed to be 'crazy' and we thought we were successful to make it through the hour without one of them flying off the handle at us. Ironically, that's exactly what we got. The kids were disappointed in us and they should have been. We weren't offering them anything except another calculated scientific 'therapy'.

A New Approach

Three years ago, out of frustration with out-dated tests, machine-like methods, and the self-contained hospital environment, the two of us found a way to start teaching. We convinced our principal, staff and the hospital administration that it would be a good idea to combine English and social studies into a two-hour team-taught course for some of the most difficult and 'disturbed' students in the school. One of our motives was to have a chance to work with more than the traditional four or five students at one time in hopes that the kids would have something to offer each other. Since we were the two teachers who worked with the lowest level students - the ones who needed such programs the most - we saw the new class as a chance for our kids to have some good experiences outside the walls of the hospital. We had Foxfire in mind but were cautious to talk about it with Skinnerians and Freudians. Foxfire was as foreign to the clinicians as Freud's theories are to a coon hound.

Our new program wasn't accepted because of its creative merits or its concern for giving these very needy kids a fun and rewarding experience. We got it through the channels, however, because at the time, our hospital was filled with the scariest of patients who were referred to as a 'low functioning' group. The hospital census had dropped earlier that year and in an effort to keep the revenue up, the hospital units had been filled with a number of difficult kids. Many of them had been re-
ferred by the courts and other hospitals who had not been able to handle them. On paper, they looked downright scary and the hospital administration was beginning to question its judgement in taking so many 'troublemakers'. This particular batch of kids had been in and out of enough institutions to scare off any professional 'dogooders'. As students, they rejected and were scared by anything that had to do with reading and writing. These kids carried with them all the professional labels. Their files read like text books on learning disabilities. They had little use for anything the school offered.

Some of this batch of patients came to us through the legal system, like Mark. He had a long history of school problems and had been repeatedly told by his frustrated teachers that he had a learning disability. In his former teacher's report to the hospital, they assured us that Mark would never be able to hold a job unless he learned to read and write. Mark had felt so badly about the possibilities that his future held, that he, with his friend's help, had devised a scheme to make sure he would not have to work. The two high school aged boys set up a system through which they removed items off the show room floor in a National catalogue store and returned these items for cash without even leaving the store. Over several months, they cheated the store out of over $40,000. Mark was a candidate for our new class.

There were also kids like Robert who, for an unknown reason, had been involved in killing a boy his own age - 14. He, too, had a host of school problems and had barely learned to read. Robert was the kind of patient that few teachers looked forward to having in class.

Other kids came to our class after having been referred to the hospital by their school districts. Jerry, a mildly retarded boy, lost interest in junior high school when he learned that his father had a chronic illness. He began to cry to go home from school to be with his dad. Soon, his behaviour at school deteriorated to constant fighting and complaining. As life got tougher on Jerry, he hated and feared school even more. By the time we got to work with him, he was wetting his pants at the mention of school and had physically attacked some of his staff members. He came to us because no-one else could deal with him.

We also had some young people like Sara in the hospital. She was a bright and exceptional student who landed in the hospital because her parents expected too much from her. As and Bs were not good enough for her parents and neither was washing her hands once before dinner. Everything she did at school and around her house was not quite good enough. Sara became mentally paralysed because she tried too hard. She needed some special encouragement and the hospital wasn't quite sure they could offer it to her.

Do Something Drastic

Since we had gotten tired of being afraid of these kids and since we had convinced each other and ourselves that all of the kids in the hospital had something besides their 'disabilities' to share with us, we fought hard for the new class. We had decided that we needed to do something drastic to pull all of us out of the rut of machines and scientific distrust that we were in. We pleaded with the administration to let us try our ideas and we used the hospital's fear of the kids to our advantage. However, nothing in an institution like ours, changes quickly. Our school was filled with the ghosts of all the behavioural theorists who had walked its halls. Kids in treatment, our supervisors told us, needed to be confined and taught programmatically in order to dissect and understand their behaviour. In the end, they decided to let us organise the new class but they would assign the students who would be enrolled.

So, after hours of meetings, reams of paper work, and after we had carefully explained every aspect of what we had in our heads to everyone who would listen, we had permission to team-teach this unusual course in the coming semester. When we shared the idea with our fellow teachers, it scared them.

"You're not really going to take those kids outside the hospital, are you?" they'd ask. "What could that possibly teach them?" And, of course, they'd wonder, "How does all that relate to therapy?"

This lack of support scared us a little, because we weren't sure if what we were about to do would work, but we were willing to sacrifice our careers if needed, to try something, anything, which was different from the expected and monotonous institutional approach.

The first barriers that we knew we would have to break down in order for our project to work, were the locks on the hospital doors. We had to challenge the idea that learning, especially 'therapeutic' learning, couldn't take
place outside the hospital. We knew that it would be too much to ask to have our class meet off the grounds, so we took it in steps. We arranged to have our class meet in one of the hospital's recreation rooms. It was in the basement of another building, away from the school, and although it offered us nothing in the way of desks, proper lighting, electrical outlets or even places for the kids to store their work, we knew it would give us a little distance from all the machines and therapies in the school building. To us, it was worth not having anything resembling proper facilities in order to have a class that didn't resemble anything any of our students had been exposed to in their 'treatment' careers.

We didn't prepare any lesson plans as such; we only knew that we wanted to get our students out into the community and to help them learn some social skills. We were hoping that, for once, we would be teachers, not clinicians and diagnosticians. We learned a lot about what the ten kids who had been assigned to the class couldn't do before we ever got to meet them. We had to get special permission from their living units to allow them to participate in the project and we were expected to justify to the staffs the kids' need for the class. We tried to use these meetings to help prepare ourselves to help the kids but we were surprised to discover that the people who worked closest with our new students knew next to nothing about the kids' hobbies and interests. Instead, the staff members were experts on the kids' limitations. We tried hard to forget everything they told us about the severity of the kids' 'illnesses'.

Starting

Once we dealt with the clinical barriers, the transportation struggles, the space problem, our lack of equipment and the fears of the other teachers, we faced a barrier that we hadn't anticipated. On the first day of the new semester, we sat around our ping pong table to share our ideas with the new group of students. We looked enthusiastically into the eyes of this group of kids and waited for them to return our excitement. All we got were blank stares. At this point, we didn't see any of the magic that Wig (Eliot Wigginton from Foxfire) described in his writings and that the Foxfire books are full of. Our kids were scared by the ideas. They expected this course would not be any different from anything else in the hospital, even though it was billed differently. They didn't have any of their usual 'Special-Ed' reactions. They were caught defenceless.

We made an effort right from the start to drop our institutional personalities. We talked 'country' and tried to be ourselves. When we asked the kids what skills they had that might be useful in writing a small book, they were dumb-founded. They wouldn't readily admit to having any skills. They saw themselves as being sick, as disabled. By the end of the first semester, we knew differently.

We purposely hadn't prepared an outline for the course. We let the kids know that they would be receiving a credit in English and one in Social Studies for their work and that what we did should have something to do with those areas. For the first few class periods, we heard the question, "What are we going to do in here?" a thousand times. We really didn't have the answer. We knew that we wanted to help our students produce something they would be proud of. We wanted them to create something that they could call theirs, which was separate from anything else in the hospital.

The first week of class was spent getting acquainted and laying some ground rules. By the second week, we began to get a little disorganised. We still hadn't broken the barrier of the hospital walls, and the newness of the idea was wearing thin. The kids began to try to find ways to force us into teaching them something that they were used to. We began to get a lot of wisecracks and 'crazy kid' behaviour. Right off the bat, we were contradicting ourselves. We were just sitting around and talking about 'getting out' but not doing any of that.

At the start of the semester, we had gotten hold of about 12 copies of You and Aunt Arie, partly out of our own need to show the other teachers that we would be using a text and partly out of fear that we might need something to fall back on. So, in an apprehensive moment that second week, we passed out THE BOOK. That was another mistake. We had forgotten that out of our group of ten junior high and high school students only two knew how to read or were even interested. They were ready to learn some new skills but, right then, the book wasn't the answer.

At that point, we were faced with a choice. We were afraid that all of the administration's fears about our
project might come true. The normal hospital procedure to deal with outbursts in class was to remove the troublemakers from school. What usually happens once a child is removed from school is that he is sentenced to spend the day in a small room in his living unit, behind locked doors. We didn't feel it right to make the kids suffer for our mistakes, so we decided to change our approach. At that point, we did something a little unorthodox in our setting. We told the live wires that neither of us was interested in dealing with them in a psychiatric way. We told them that we wouldn't remove anyone from school and we promised that we wouldn't use any 'treatment methods' on them. We had work to do, and we let them know that we were about to get after it. This approach worked and we set a school record that semester by not removing one single student from class during the two-hour class.

Where Do We Start?

Since we had decided to produce a publication (and we realised that no one in the room, including ourselves, had any experience in doing that) the question "where do we start?" arose. This is when we saw the first bit of magic. Even though we were starting to get some flack from the kids, we knew something was working because they always showed up and were ready to go to work. About the middle of the second week, one of the meanest, toughest kids in the hospital burst into the room at the start of the hour with a small plastic file box in his hand. He said that he stayed up all night figuring out a system to keep track of the contacts in the community that we were going to make.

"You know, we need to have some way to remember the people in town that we talk to," he blurted.

Right then, one of his buddies piped up with, "I know a way that we can keep attendance." And we were off.

From that point on, business picked up and the real hope that we had started with, began to take shape. The kids started to think that they just might be able to publish something that they wrote. They also began to realise that they needed some skills. They wanted to learn how to talk to somebody on the phone, how to conduct an interview and especially how to use a camera. Instead of dreading a day full of fighting and constant complaining, we both started to look forward to those two hours with enthusiasm. The teaching day started to go very quickly for us and the relentless hours of meetings and paperwork seemed to have some meaning.

Learning Skills

The first skill that the kids realised that they needed was the ability to use the telephone. Though neither of us had thought about it, it was soon obvious that part of being disturbed was not having experiences that are common to the majority of teenagers. No-one had ever taken the time to show those kids how to use the phone, so we decided to play at it. We found that the grade school had an out-dated Southwestern Bell training phone with a speaker and a buzzer. Right then we set the policy that if the students needed something, they would have to ask for it themselves, so the kids negotiated the use of the training phone with the grade school teacher. Many of our fellow staff members, including the grade school teacher, were afraid of our kids, but they got the phone trainer and compliments on their politeness from the grade school teacher. After a little fooling around with the machine, we saw that the kids needed to have a real experience. The trainer approach was too juvenile for them. Instead of wasting their time and ours with a toy, we decided to make our first phone call. The kids had wanted to know if there was some-one in the community who could help us - some-one who made their living on the phone. We thought of a friend who directed a 24-hour hotline service. With trembling fingers and a lot of courage, one 'disabled' student dialed up Suzanne Jones at 'Can HELP' and clearly communicated our need for help. Suzanne was flattered and accepted the invitation to come by the hospital and teach kids how to use the phone.

This was our first bridge between the hospital and the community, and we were excited. As we prepared for our visitor, the kids started working on each other, polishing their manners. They didn't want to present themselves as sick psychiatric patients. When the day finally came, our first interview went better than we had hoped. At the beginning of the hour, we noticed that everyone in the class had taken a little more time than usual to dress themselves. The usual institutional clothes and egg on the face were replaced by dress clothes and well scrubbed skin. Suzanne, who was a little nervous about coming to a mental hospital, was put
at ease by the kids' sincerity. They wanted to know everything about her and her job. By the end of the two hours, we had all learned something. To our guest, there was no craziness in our classroom, only serious learning.

Now that we had one skill under our belts and were able to make appointments, we went to work on other skills. We learned quickly that it was a mistake to assume that kids who couldn't read and write didn't know some things that were valuable to producing a magazine. Even the most illiterate found out that the camera was an important way to communicate ideas and feelings. We found out that many of our kids had picked up various camera skills here and there. Bobby, for example, had been afraid to let anyone know about his interest in photography because he thought the other kids would think he wasn't tough. When one of us brought our own camera from home one morning and were trying to explain its workings to the class, Bobby couldn't resist. He grabbed the camera and began to translate our ramblings into kid talk. Soon, he had trained the rest of the class in how to use the camera. One quick lesson in the darkroom provided three 'nonverbal' students with an exciting and practical way to express themselves. One step at a time, they helped each other remember the names of the chemicals and where they were kept, timings, precautions and temperatures. This kind of thing didn't happen in one class period, but lots of encouragement and a critical eye now and then meant that the rolls of film that the kids shot around the hospital grounds began to look printable.

All of our kids were of the 'Rock and Roll on cassette' generation, so for us to try to show them anything about running tape recorders was ridiculous. They taught us how to use one effectively. Each of them owned or had used machines that were much more sophisticated than the small portables that the school provided, and soon they had our recorders cleaned and sounding better than they ever had.

When we discovered that the hospital had a video tape machine and found out that it was only used to record family therapy sessions, we had the kids use their finesse to talk the technician into letting them use it to sharpen their interviewing skills. How could he refuse the pleadings of a polite 17-year-old who was anxious to learn a new skill? By the time our entire class had interviewed each other about their hobbies and we had watched the playbacks together and giggled over our mistakes, we were beginning to work together as a team.

Going Outside

At that point, we were ready for the world outside the hospital. The kids could see how all of their new skills fitted together and could be applied to our goal of publishing. They were excited and ready to talk with people in the community.

We had decided that our first publication would be about people who, like our kids, had faced some difficulty in their lives and battled the odds to overcome it. The decision for the theme of this first publication was one that we made as teachers. Our first small book, which we called A Special Book of People, took us into various nursing homes, and an Indian alcoholic treatment centre, a condemned ice-cream parlour and, most importantly, into people's homes — real houses, not institutions.

When it came right down to it, none of the hospital fears about the kids came true. Even the most 'disturbed' class members acted totally differently once they were away from the hospital. In class, Don looked lethargic and couldn't even remember our names. But the minute our van left the hospital grounds, Don came to life. We took this boy who had been labeled autistic into an old folks' home to talk with some elderly friends of ours. Instead of withdrawing, Don was truly interested in the stories that these old-timers told him. He made a number of friends who he probably has never forgotten. None of our class members had time for their 'disturbances' on our jaunts because they were professional journalists scooping a story.

In the classroom, our work as teachers became what we thought it should be. We spent our time sharing any skills that we had, helping students research, and using the tapes we made on interviews as tools to help the kids overcome any special reading and writing problems that they brought to us. Our students took care of everything else, right down to keeping attendance and evaluating their own work.

Suddenly, we began to notice that many of the class members' diagnosed problems were assets to our project. One sharp female student who carried the label 'obsessive compulsive' took on the job of editor for the publica-
tion. This characteristic - which had put her in treatment - turned out to be the driving force behind her work. Sara used her need to make things perfect as a tool to check and evaluate the other kids’ writings and to draw together a theme for all the stories in the book. Though her need to do things perfectly and overly carefully was paralyzing to her in some aspects of her life, it was just what our project needed and she felt good about that.

The ‘aggressive’ members of our class, led by Jake (who was labeled as the hospital untouchable), soon found a part of the project that they liked. Though we had little influence on their discovery, the ‘untreatables’ discovered that aggression could be channeled into an effective sales campaign. Jake was soon spending his spare time developing strategies to sell magazines instead of ones to beleaguer his unit staff. He found something he could do well, that took a lot of spare time and energy (which hospital life gave him) and he was good at it. We just shook our heads and smiled when the reports came in at unit meetings and during contacts with his staff members about Jake’s progress.

We, as advisors, learned some important lessons that first semester. The darkroom had become a place for our students who couldn’t read and write to express themselves. It was there that many of our students first saw the importance of visual symbols. We had learned that the project worked. We had completed a quality piece of writing, had made lots of friends of the class in the community, and had gotten some sort of commitment from the administration that the class would happen again.

We also learned that the topic we had chosen for the kids was too close to being ‘treatment’ at the beginning, and we had been so anxious to get started that we had chosen a theme for the kids ourselves. It was one reason that sold the project to the hospital administration. We told them that we would promote ‘treatment’ by having the class talk to people in the community who had overcome some barrier in their lives. As a result, we were around too many people who were suffering and too many institutions. We hadn’t relied enough on the kids’ own interests. In that sense, we, too, were guilty of seeing the kids as sick. We had limited their capacities - sheltered them from too many wonderful things …

Second Semester

The one person that first semester who had really captured the kids’ thoughts was Al Shopette, a Pottawatomie Indian. Al set the stage for the second semester’s work. He runs a centre for Indian alcoholics and is a respected member of his tribe who lives on a reservation north of our city.

"The stories I would tell, if only you had more time," Al told us on our first visit with him.

The second semester started off with a bang. New kids in the hospital had already heard about the class before they came to school. It made the administration a little uneasy to have so many kids wanting to take the course. We knew by then how to channel all that enthusiasm. From the first day, the kids learned the skills of the class while they were talking to the people in the community. Instead of wasting hours practising in the hospital, our first few trips were designed to be exciting and photographic but not vital, so mistakes could be taken lightly. The community folks became our curriculum. Most of our learning took place out of the hospital and during that second semester, our classroom was the Indian community.

We sat by spellbound while Al Shopette told us about the spiritual power of the earth and the legends of his people and their meaning. He brought to life the ancient symbols that his people cherish, and taught us about his people's love for nature. We learned
to listen through Al's patience and powerful speaking.

The kids learned how to be photographers and reporters while Frank Love shared a blessing and friendship ceremony with us amidst cedar smoke. Frank transformed the hospital recreation room into a ceremonial ground with a wave of his eagle feather. He gave this ceremony as a gift to the class because he could see how we needed it. For many nights after, the sterile hospital halls smelled of cedar smoke as the kids used the dried cedar that Frank had given them, to perform the ceremony over and over for their friends.

One of the most exciting moments of that semester happened when Joellen, a female student who was afraid of talking to anyone and had refused to travel with us into the community, made a phone call. On the other end of the line was 96-year-old Lillian Thomas, a Prairie Band Pottawatomi. Joellen's look of worried nervousness slowly became one of fascination as Mrs. Thomas agreed to come and visit the class and tell tales of her recent trip to visit the Canadian Pottawatomi Reservation as a spokeswoman for her people. When Lillian arrived at the hospital, Joellen was so proud and excited that she sat on the floor listening to Lillian, as close to her as she could get. As Lillian flailed her hands in the air, describing pumpkin drying and squirrel hunting on the reservation, we watched and felt the power of community involvement in education and in treatment.

Through this first contact with the real community around us - the community of Northeast Kansas - our students, who had been expelled from their own communities, were warmly invited into a new one. The secretaries in the school were understandably surprised when calls started coming in for the kids themselves. Our peers were amazed to see an array of Kansas characters drop by unannounced, walking through the halls and acting like they belonged there. It became commonplace for us to walk into our classroom and find class already in session, started by Smoke Rice, an elderly Indian who had dropped in while we were on break and had started talking to the kids.

What Topic?

One of the first learning experiences of each semester, which was probably the most painful, was the decision of what topic we would pursue. After two or three class periods of brainstorming and a lot of healthy arguing, we would narrow it down. For the most part, the kids came up with the topic for the semester's study themselves, but to ensure that we would have a rewarding experience and could follow through on their ideas, the two of us had to argue strongly for what was available in the community. Once we finalised our decision, we were off. Our students were welcomed into libraries, businesses, homes and schools, throughout Northeast Kansas. We rode in the back of pickups, roamed through Kansas woodlands and tromped through horse barns. During the seven semesters that the project continued, alternative energy, oldtime Kansas skills, Kansas pastimes, and the Indian way of life, were some of the course's curriculum.

One brisk spring evening, a group of our full-time inpatients became coon hunters. That night, Jim Braden and Scooter Bradley, two of the hardest of the hard-core Kansas coon-hunters, led our entire class, arrayed in a variety of store-bought hiking equipment, into the Kansas wilderness. To our knowledge, this was a first in the psychiatric treatment of children. This hunt was part of a semester-long study of coon hunting and that evening, we made several converts to the sport. Among the wonderful magic moments of that night were: the class 'wimp' cursing for the first time, the disappearance of a teacher as he jumped a fallen log and tumbled 20 feet into a creek bottom, the drenching of a tape recorder, a $10,000 prize coon hound climbing 30 feet straight up a tree, one young person understanding the meaning of his father's love of the outdoors for the first time, and the best time that group of incarcerated children had in their lives.

By then, the class had affected our entire teaching day and the project had many success stories. On coming into the school, everyone would share what rumours they had heard about the class. "Did you really talk to Indians?" they'd ask.

"Will you take us coon hunting?"

And thirty times a day, new students would be asking us if we were the guys who got the kids out of the hospital.

Achieving Goals

Based upon our experiences, it is obvious to us that there needs to be more of this type of learning going on in institutions across the country. What Alac's parents and other parents were seeking as educators, came to life in this project.
In any psychiatric treatment centre, the goals the institution has for the kids are pretty basic. The hospital hopes to help them improve their self-esteem, help them organise their thinking, assist them in learning new skills and remediating their deficiencies, help them improve their abilities to function in a group and, most importantly, reintegrate them into society. What we discovered during the three years of our project was that our special class offered a chance for the kids to improve in all of these areas.

The students worked with improved their self-concepts through the mastery of new and improved skills. A student who couldn't write, and was taunted by programmed learning machines, began to feel better about himself when he mastered the basic structure of an interview. Without the need for any complex diagnosis process, our students received a strong feeling of worth from the constant feedback that our community contacts gave them. When we delivered our finished magazines to bookstores, the feeling of personal pride the kids got when a merchant placed a monetary value on their work could never be equalled by the use of a programmed grammar book.

We found that the sequential process of preparing for interviews, completing them, transcribing the tapes, researching the subject matter, writing and reworking the copy and laying out the magazine, helped our 'disorganised' students to organise. It was often the case that our students did not have the capabilities to participate in every aspect of the process, but each of them understood the steps it took to complete our work. Each aspect of the class required sequential thinking. In the darkroom, for example, a clear-cut sequence had to be followed to make a picture appear on paper.

Not only were our kids learning concrete skills like photography and interviewing, but they were learning real life skills. Included in the practical skills they learnt were bookkeeping, advertising, letter writing, courtesy on the telephone, consumer awareness, and the politics involved in getting what they needed. In the field, they learnt how other people made their living, how people relaxed, and what they were learning in their regular subjects was a living part of the community. Remediation, we found, didn't have to be a complicated process. For instance, once a student found out he could construct a story himself, he began to take interest in what the other kids were writing. That led him to books on the subject and, all of a sudden, he was ready to become a reader.

**Group Process**

Our hospital, like others, prides itself on the fact that 'treatment' is a group process. The institution has developed hundreds of approaches to 'group therapy'. It didn't take long for us to realise that the most efficient and relevant group structure is the one that a project like ours creates out of necessity - the staff. Ideas and problems among our students had to be shared and discussed everyday in order for our work to be completed efficiently. Though our students dreaded their group therapy sessions, they were challenged by our projects' decision-making process. Though we never thought of it as 'therapy', we could see beneficial change in all of our students as a result of finishing a magazine together.

In institutions like ours, the treatment staff struggles the most with the problem of reintegrating the kids into the community. Our project provided our students with a regular opportunity to test out their social skills in the community. Once they found out that the people who were our contacts were not afraid of them, they began to build friendships and working relationships outside the hospital. Our subjects were
understanding of the kids and never hesitated to offer them advice. So our entire project not only supported treatment, but was treatment.

We found that this project not only was beneficial to the kids but had many benefits to us as teachers. Out of necessity, we were given the opportunity to be able to focus on the kids' abilities instead of their disabilities. Since we were providing them with the tools and they were providing the ideas, it gave our students a chance to show us their strengths. Knowing what they could do well, we no longer were scared of the kids. We found that once they were given the chance to feel competent in one area, the kids would later bring to us their learning problems. This happened because we had developed a working trust with them. Since the kids were using what skills they had to take care of the majority of paper work, since they shared in the teaching responsibilities, we found we had the time to work with those students who had special problems.

One important argument for introducing this type of project into institutions is the positive relationship that it builds between the hospital and the community. We found that institutions like ours do very little to make the communities they serve aware of what goes on inside. The kids involved in our class were ambassadors of our closed school once they were in the community. They represented themselves in such a way that our contacts became interested in their treatment. Most importantly for the institution, our class produced good public relations. Articles in the newspaper, speaking engagements, and a growing readership helped to develop a good feeling about the hospital throughout the city. It is also important to mention that this positive public awareness was cost efficient. Every semester, the project broke even.

In Conclusion

In conclusion, it seems important for us to tell you that neither of us is any longer involved in work inside the institution. After three years of work on our project, what we were doing began to affect our ideas about the importance of psychiatric treatment for children. Since our project made us see the work the kids did as meaningful and important, it became harder and harder for us to see or treat the kids we worked with as patients. Through the project, we had changed the focus of our work from that of concern with disabilities to the nurturance of ability in our children. If there was a danger with the work that we did, that was what it was. We saw what had developed as a treatment system in itself and so we stood apart from the rest of the system which demanded so much from our kids. The project reinforced a belief in both of us that teenagers are more concerned with their role in the world around them than they are on dwelling and being tormented by the world inside them. Finally, we saw a need in our professional lives to leave the institution and to help prevent kids from being locked away.

Neither of us has any doubts about the necessity for projects like ours to be developed in every institution which serves children.

Note: the authors have both now left Menninger but are still very involved with kids in Kansas. Malcolm Smith is now the outdoor educator for the Villages, an organization that provides a healthy home setting for children who have no homes. It is a group living situation with emphasis on 'healthy home' instead of insight therapy.

Richard McConnell has taught fifth graders at Lyman Elementary School in Topeka, Kansas, for the past five years, and encourages kids to write about their experiences in their communities. His fifth graders also produce a short radio show over their school's intercon system once a week. Below is a write-up from the Washburn University of Topeka's Bulletin of the Association of the Teachers of Kansas as English describing that activity:
What's This About a Radio Show?

3:30 Friday afternoon: the school week is nearly finished. It is also time for the LBSB show to go 'on the air'. LBSB stands for the Lyman Bulldog School Broadcast. This weekly radio show was named three years ago by the fifth grade class that first tried their hand at producing and presenting a school radio show. The name has not been changed. Each new class likes the old name, so there is some tradition to the program.

Three years ago, I felt the need to develop a language arts exercise that had a practical application and an audience. The ideas was accepted by my principal. The kids were excited. Their ideas on the contents of such a program were wonderful.

Right away, the fifth graders and I decided that this project would be the responsibility of the whole group. Our main job was to present the Lyman news: student music, writing and art projects, PE accomplishments - in general, the learning products of our school.

We would run our show just like the professionals. We had each spent plenty of time listening to radio shows and, besides that, we had all enjoyed the WKRP-TV show. We knew all about it, or did we?

Right away, the need to get organized, to define jobs, make job descriptions, and set deadlines, made perfect sense. We defined the following jobs as necessary to our work: Station Manager, Secretary, Sound Tech, Public Relations, Birthdays, Announcer, Lyman Sports Writer, Art Reporter, Jokes, Lyman News Reporter, Weather, Short Story Reporter, Music Recorder, Interview Reporter and Program Recorder.

The sixteen positions can have more than one person working on the assignment. The important feature in our work is the fact that there is no unemployment - everyone has a job each week.

Monday afternoon, we start with a brief organizational meeting. This meeting is the time students get their job assignments for the week's program.

The secretary from the week before passes his or her notes on to the new secretary. Records are kept and referred to to help us fairly distribute the jobs. Everyone gets to participate in all the positions at one time or another throughout the year. The new station manager sets the deadlines for the work.

Specific time is not allotted for work on the LBSB. Students use this activity to supplement their time when they finish an assignment or have some free time. It is their responsibility.

Thursday at 3:15 is generally the deadline. The station manager has in hand all components of the program. The manager sets the sequence of the program as he or she sees fit. At this meeting, the manager has all contributors read their pieces. The meeting lasts 15 minutes. At the end of this meeting, the announcer is handed the writings and takes them home to practise for the Friday program.

Friday at 3:25, the manager takes 'on air' staff to the principal's office where the school intercom is located. The sound tech and assistant run a brief sound check. They turn on our room only - the announcer talks a few lines, to check levels, the music is checked - and the other classrooms are turned on and we are ready to go to air.

For more details, instructional philosophy and suggestions, contact:

Rich McConnell
Lyman Elementary School
2032 North Kansas
Topeka, Kansas 66608 USA

- reprinted from Hands On, the Newsletter of Cultural Journalism. Hands On is published quarterly by the Foxfire Fund Inc., Rabun Gap, Georgia 30568 USA. Subscriptions are $4 per year, though if you want it airmail, you should probably double that.
GABFEST

The Gabfest Executive Committee, consisting of students elected at the 1986 Gabfest in Darwin (NT), has decided upon dates for Gabfest 1987: 9,10,11 August.

Invitations will be sent to all High Schools and Secondary Colleges and Tertiary Institutions in the Territory, asking them to nominate two students, one of whom has participated in a previous Gabfest. The students selected should be chosen democratically by the SRC or equivalent group. Out of town students will be billeted with Darwin families.

Ideas for issues to be discussed have been requested from schools. Watch Connect for more details.

Contact: Marilyn Owen or Robyn Vincent, Commonwealth Programs NT Secretariat, NT Department of Education, PO Box 4821, Darwin, NT 5794. Phone: (089) 89.5804/5

WORLD OF WORK NEWSLETTER

The first edition of this newsletter, directed towards people with an interest in curriculum and work, has been published by the Curriculum Development Centre. Information for the next newsletter should be forwarded to the CDC by 31st March. Contact: Jim Cumming, CDC, PO Box 34, Woden ACT 2606. Phone: (062) 89.1333.

SCIP

The Student Community Involvement Program (SCIP) is now administered and supported by the Australian Red Cross Society, Victorian Division, where it supplements existing school and youth based programs. Under the auspice of Red Cross, SCIP will enjoy increased financial security, additional support and wider resources, which means a bigger and better service to schools and the community in 1987.

Heather Bane, Project Officer, can be contacted at the Red Cross Youth Department, 171 City Road, South Melbourne 3205. Phone: (03) 616.9911.

EDUCATION REPORT

A new radio program has begun on 3CR in Melbourne. It's called Education Report and is broadcast every Saturday morning at 10.30 am.

Education Report is a broad news and discussion program with an emphasis on the concerns, interests and achievements of teachers, parents and students working in government schools. The program gives a voice to those concerned about the future of public education and draws upon the views of as many groups and individuals in the education community as possible, who are active in defending government schools.

The program will carry information about student participation activities from time to time - listen, support, and contribute.

Education Report: 3CR (855 AM) 10.30 am Saturdays.
Olga Kington, Greg Pond
Education Report, 3CR, PO Box 277, Collingwood

RESOURCE LIST

The Youth Affairs Council of Victoria has published a small pamphlet listing important resources in the area of youth and student participation. The pamphlet lists the most important and available books, booklets, media guides, videos and periodicals. Most are held by YACVic, but some advice is given to alternative sources. For a copy, contact the Youth Affairs Council of Victoria (YACVic), 14-16 Gertrude Street, Fitzroy 3065. Ph: (03) 419.9122.

YOUTH FORUM

Youth Forum (NSW) has published its 1986 Annual Report with descriptions of its activities - Youth Forum 86 (including outlines of presentations and follow-up), Youth Committees, Youth Effectiveness Skills (YES) Workshops, Media Link, Youth and the Law Project and the Youth Forum Youth Group.

If you would like more information about any of these activities or a copy of the Report, contact Nick Manning, Project Officer, Youth Forum, PO Box 1599, North Sydney NSW 2060. Phone: (02) 929.8599.
 Anyone Can – A Fresh Media Manual produced by Express Australia (ExpOz), with the assistance of PEP, is about young people communicating ideas, thoughts, and concerns.

Anyone Can – A Fresh Media Manual is a guide to help focus ideas and produce media material using the tools of the trade. It is designed to help young people:-

- Explore an issue
- Record a group discussion
- Use the telephone effectively
- Tap information
- Develop an informed opinion
- Communicate with adults
- Write an article
- Plan a radio show
- Design a poster
- Produce a press release
- Publicise an event

..... and more

Express Australia an independent Youth Media and Communications Bureau, has created this accessible manual for use by young people both in and out of school. Anyone Can is based on ExpOz’s four years’ experience of producing media and communications material with young people via a carefully developed and successful workshop method.

Anyone Can uses case studies to show some practical ways in which an issue can be addressed by a group of young people.

This Fresh Media Manual features:-

* How to access information, equipment and people
* Clear easy-to-use framework for media and communications work with groups of young people
* Photographs clearly illustrating all areas
* Easyfind section for quick reference
* 70 pages A4 format, black and white with full colour durable cover, stitched binding.

Anyone Can – A Fresh Media Manual is available direct from Express Australia
@ $11.95 per copy and $2.00 postage and handling
@ $9.95 per copy for orders of 20 or more, plus $1.50 per copy postage and handling

Please send me _______ copies @ $ __________ each plus postage.

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Send to: EXPRESS AUSTRALIA YOUTH MEDIA BUREAU
18 ST. ANDREWS PLACE,
EAST MELBOURNE, 3002.

Telephone: (03) 651 2997.
Enquiries: Lesley Adaney,
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<td>304</td>
<td>'Student Forum Day 1986' - report. PEP, Schools Reference Group, South Central Region (Vic) 26 Nov. 8pp; 80¢</td>
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<td>305</td>
<td>ACSA: ACT Network Newsletter, February 1987. 5 pp; 50¢</td>
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Publications Received:

We wish to stress that the following publications received by Connect are not for sale. However, they are available for perusal by arrangement. Contact Connect on (03) 489.9052.

AUSTRALIAN STUDENT PUBLICATIONS

Student Writes (Primary and Secondary issues) (Ballarat, Vic) Vol 2 No 1 February 1987.

OVERSEAS STUDENT PUBLICATIONS

Foxfire (Rabun Gap, Georgia, USA) Vol 21 No 3, Fall 1986.

Other Sources

NIE Update (Newspaper in Education, USA) Vol 13 No 1, Jan/Feb 1987.

PEP Directory of Programs (Victoria)

ACSA ACT Network Newsletter Feb. 1987 "Meeting the Challenge" (Network, Surry Hills, NSW)

Youth Forum Annual Report (North Sydney, NSW)

World of Work Newsletter (Woden, ACT) February 1987

Anyone Can (Express Australia, East Melbourne, Vic)


Communication Research Trends (UK) Vol 7 No 1, 1986.


Hands On! (Foxfire, USA) Vol 8 No 2, Summer 1986.

Letters:

It was comforting to see that your magazine was my first piece of incoming correspondence in my new position here. I will be beginning my work with students here very shortly and I look forward to the continued support of the Connect network.

Zita Pinda
Santa Maria College, Northcote 3070

Unfortunately, we have recently suffered a complete cut in our funding and are therefore unable to afford the renewal fee. All publications received are made available for public access through our library, which has a small, radical magazine reference section. This is heavily used by teachers, educational consultants, tertiary students, community groups and individuals. We thought you might therefore consider it worth the renewal fee to have your publication accessible to such a wide audience.

Rohyne Stacey
Inner City Education Centre
37 Cavendish Street, Stanmore 2048

WRITE!

We rely upon and welcome your letters and contributions. If there's something interesting happening, we want to know about it. Don't ask ... don't hesitate ... just sit down and dash off a brief (or long) description. If you have a photo or drawing, even better. We can't pay ... but we'll send you a free copy!
To: CONNECT, The Newsletter of Youth Participation in Education Projects, 12 Brooke Street, Northcote 3070 Victoria Australia

From: NAME: .................................................................
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* Students and Radio ($2) - Connect reprint #3 ........ $ ...........
* Students and School Governance - Connect reprint #4 - coming SOON (send no money yet)
* Students and Work ($2) - Connect reprint #5 ........ $ ...........
* Ascolta Radio Group 1983 Report ($2) ........ $ ...........
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* 'Youth Radio' issue of CRAM Guide (3CR) ($1) .......... $ ...........
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