



Parents as partners in promoting well-being

A short course for
parents on supporting
the well-being of
children with vision
impairment

SESSION 1

What is well-being?

Why is it so
important?

BOOKLET

2

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Session 1:

Programme Guidance

Session 1: What is Well-Being?

Why is it so important?

N.B. Within a given section, timings in brackets refer to the breakdown of the overall time for the section.

Approx. Timing	Prog. Ref.	Guidance	Resources
10 minutes	1.1	<p>Welcome and introduction to the course and Session 1</p> <ul style="list-style-type: none">■ Welcome parents to the course and each facilitator to introduce themselves.■ Before the ground rules are established with the group (see 1.2) and parent introductions are made (see 1.3), a facilitator to briefly outline:<ul style="list-style-type: none">- Purpose of the course (to support parents of children and young people with vision impairment in promoting the well-being of their children).- Background to the course (the course represents the second phase of a Guide Dogs project, which was established in response to a survey regarding the independence and functioning of young people with vision impairment. The survey highlighted that blind and partially sighted children and young people typically do not perform as well as their	<p>PowerPoint: Slide 1</p> <p>Course folders for parents</p> <p>PowerPoint: Slide 2</p> <p>PowerPoint: Slide 3</p>

Approx. Timing	Prog. Ref.	Guidance	Resources
	1.1 (cont.)	<p>peers in terms of confidence, independence, initiative, self-esteem, social skills, mobility and social networks. The initial phase of the project focused on the development of a course <i>Think Right Feel Good</i> for young people with vision impairment, aimed at promoting their well-being).</p> <ul style="list-style-type: none"> - Course approach (based on parent participation and sharing of knowledge and experience rather than a lecture format). - Focus of Session 1 (what do we mean by well-being and why is it so important. In Sessions 2 and 3 the focus will turn to how we can promote well-being). - Domestic announcements (the refreshment break, end time and any other required information). 	<p>(Return to PowerPoint: Slide 2)</p> <p>Handout 1.1: Session 1 Programme</p>

Approx. Timing	Prog. Ref.	Guidance	Resources
5 minutes	1.2	<p>Ground rules</p> <ul style="list-style-type: none"> ■ A facilitator to explain that it will be helpful for the working of the group to establish some ground rules at the outset (e.g. starting and finishing on time) and to negotiate these with the parents. It will be important for the facilitator to make it clear at the outset that the course is not intended to address specific issues linked with health or educational provision, such as diagnosis or eye conditions and statutory assessment. ■ Agreed ground rules to be recorded on a flipchart by another facilitator. (This agreed list to be prepared as a handout for Session 2). 	Flipchart
10 minutes	1.3	<p>Group introductions</p> <ul style="list-style-type: none"> ■ As an 'ice-breaking' activity a facilitator to ask parents to split into pairs (not with a spouse/partner) and to share information about each other e.g. hobbies, ambitions, jobs. (If there is an odd number of parents, one of the facilitators can join in). Each parent within the pair then to be invited to introduce the other to the whole group by name and three agreed statements. 	

Approx. Timing	Prog. Ref.	Guidance	Resources
30 minutes (15 minutes)	1.4	<p>Hopes for our children</p> <ul style="list-style-type: none"> ■ A facilitator to introduce this activity by reflecting that parents inevitably have hopes and wishes for their children. ■ To explore what these hopes might typically cover, the facilitator to ask the parents: <ul style="list-style-type: none"> - to spend a few minutes individually to think of up to 5 'main hopes' for their child with vision impairment; - to write these down on the handout sheet provided or 'Post-its' if preferred; - to discuss their main hopes in pairs or small subgroups, comparing and contrasting the choices made; - to create a combined list for the parents in their subgroup, which also shows how often the main hopes occurred. (If used, the 'Post-its' may aid the transfer of information to the combined list). 	<p>PowerPoint: Slide 4</p> <p>Handout 1.2: Hopes for our children</p> <p>'Post-its'</p>

Approx. Timing	Prog. Ref.	Guidance	Resources
(15 minutes)	1.4 (cont.)	<ul style="list-style-type: none"> ■ After the parents have completed their combined lists, the facilitator to invite a volunteer from each of the subgroups in turn to state their list of main hopes (including the tally of how often they occurred). One of the other facilitators to record these on a flipchart, building up the overall list and tally for each of the main hopes. ■ When the feedback has been completed, the facilitator(s) to comment upon the list: <ul style="list-style-type: none"> - to highlight what appear to be the most common main hopes, and - to discuss which of the main hopes might be regarded as an aspect of well-being. ■ The facilitator(s) to build on this comment by referring to the findings of a survey conducted by Sensory Support Services within the London Region. 	<p>Flipchart</p> <p>PowerPoint: Slide 5 Notes 1.1: Families Survey</p>
15 minutes		<i>Refreshment Break</i>	

Approx. Timing	Prog. Ref.	Guidance	Resources
30 minutes (10 minutes)	1.6	<p>Quiz</p> <ul style="list-style-type: none"> ■ The purpose behind the quiz is to highlight why well-being is important though this is only made explicit after completion. ■ A facilitator to introduce this activity by commenting that Session 1 will be rounded off by a quiz – reassure that this is not a test! ■ To offer a fun, competitive element, the facilitator can suggest that the quiz be completed in teams (pairs or small subgroups) rather than by individual parents. ■ A copy of the Well-being Quiz to be provided to each parent when the subgroups have formed. One parent to record the answers for each subgroup. 	Handout 1.4: Well-being Quiz
(15 minutes)		<ul style="list-style-type: none"> ■ When all the subgroups have finished, the facilitator(s) to run through the answers, providing comment. ■ Each subgroup to give its score and the winning team duly celebrated! 	PowerPoint: Slide 8 Notes 1.3: Quiz answers and comment

Approx. Timing	Prog. Ref.	Guidance	Resources
(5 minutes)	1.6 (cont.)	<ul style="list-style-type: none"> ■ To draw the activity to a conclusion the facilitator: <ul style="list-style-type: none"> - reflects that the information highlighted by the quiz illustrates why well-being is important; the fact that some of the statistics might be depressing is all the more reason for the course and considering how to promote well-being. - opens discussion/adds any comment as appropriate. 	
1 minute	1.7	<p>Next session</p> <ul style="list-style-type: none"> ■ The facilitator to remind parents of the date and time of Session 2, which will focus on how well-being can be promoted. 	
5 minutes	1.8	<p>Session evaluation</p> <ul style="list-style-type: none"> ■ A facilitator to ask parents if they would kindly complete (anonymously) a brief evaluation of Session 1, to help inform future courses, and to put the forms in a box on leaving. 	Handout 1.5: Session 1 Evaluation form
		<i>End</i>	

Session 1:

Handouts

Course Programme

Session 1

What is well-being?

Why is it so important?

1.1 Welcome and introduction to the course and Session 1

1.2 Group introductions

1.3 Ground rules

1.4 Hopes for our children

Refreshment Break

1.5 Defining well-being

1.6 Quiz

1.7 Next session

1.8 Session evaluation

End

Hopes for our children

What are your main hopes for your child/young person?

(List up to 5 – use 'Post-its' if preferred).

1.

2.

3.

4.

5.

Compare and contrast your choice of main hopes with the other parents in your subgroup and then create a combined list, showing a tally of your subgroup's main hopes where they occur more than once.

Defining well-being

The government think-tank 'Foresight' adopted the following definition in the preparation of its 'Mental Capital and Well-being' report (2008):

'(Well-being)... is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'

Whilst this may not be a universally accepted definition of well-being, modern definitions typically encompass 'quality of life', 'happiness' and 'life satisfaction' and there is agreement on two important points:

- Well-being has many dimensions, incorporating all those aspects of life that we need to make us happy, including the physical, material and social.
- Well-being is a positive concept, that is to say it is not merely the absence of negative aspects of life, such as illness or poverty, but it must also account for the presence of all the things one needs to lead a good life, such as good friendships and self-esteem.

A distinction is sometimes made between objective and subjective well-being:

- Objective well-being refers to objective circumstances such as health, wealth and employment which relate, at least to some extent, to happiness. However, objective circumstances are not enough to explain happiness fully.
- Subjective well-being refers to the feelings of happiness or life satisfaction experienced by people, despite their objective circumstances.

Domains and areas of subjective well-being

Domain	Area of well-being	Definition
Self <i>(The main focus of the course)</i>	Self-esteem	Confidence
	Emotional well-being	Good mental health
	Resilience	Whether good at dealing with difficult events
Relationships	Friends	Quality of relationships with peers
	Family	Quality of relationships with family
Environment	School / work	Satisfaction or enjoyment of school / work
	Community	Satisfaction or enjoyment of neighbourhood

Well-being quiz

1. Which of the following rich countries has the highest rating for child well-being?
 a. Germany b. Netherlands c. Sweden d. USA e. UK
2. Which of the following rich countries has the lowest rating for child well-being?
 a. Germany b. Netherlands c. Sweden d. USA e. UK
3. How many of us will experience a mental health problem at some point in our life?
 a. 1 in 2 b. 1 in 4 c. 1 in 8 d. 1 in 15 e. 1 in 20
4. How many children aged between 5 and 16 years have a mental health problem?
 a. 1 in 5 b. 1 in 10 c. 1 in 15 d. 1 in 25 e. 1 in 50
5. How many 15-16 year-olds have self-harmed?
 a. 1 – 4% b. 5 – 8% c. 10 – 13% d. 15 – 18%
6. True or False?
 - a. *Between 1973 and 2006 the Gross Domestic Product (GDP) per head in the UK increased by 100% whilst the Life Satisfaction improved by only 10%.*
 - b. *Raising the self-esteem of primary aged children with reading difficulties can have more effect on progress than extra teaching.*
 - c. *Emotional and interpersonal skills are often more important for achievement than intellectual capability.*
 - d. *There is physiological evidence why feeling good does you good and why positive thinking improves health.*

7. Where did the following quote come from?

'Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'

a. *Winston Churchill's memoirs*

b. *HM Government 2011*

c. *Kylie: The Biography*

Session 1: Evaluation Form

1. Please indicate how much you agree with each sentence:

	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
The session gave me a good understanding of what is meant by well-being.					
The session gave me a good understanding of why well-being is so important.					

2. Do you have any comments you would like to add about the session (e.g. how it could have been improved)?

Thank you for completing the form. Please place it in the box provided before you leave.

Session 1:

Facilitators' Notes

Families Survey

A London regional group carried out a questionnaire survey (www.natsip.org.uk > Document Library > Outcomes Resources > Families Survey Report 2010) which asked parents of children and young people with a sensory impairment to list their five main hopes for their child/young person.

103 questionnaire returns were received, 35 of which were from parents of children and young people with a vision impairment. The main hopes were collated and classified into 34 categories. The parents of children and young people with a vision impairment expressed a total of 173 main hopes, the top ranking being:

Rank (out of 34)	Parents' main hopes for their children	% of entries
1	To develop positive relationships	13.9%
2	To achieve self-help skills, life skills and independence	13.3%
3	To be mentally and emotionally healthy	11.6%
4	To achieve in learning and academically	10.4%
5	To engage in further education, employment or training on leaving school	9.8%

Whilst there is no universally accepted definition of well-being, these top ranking main hopes could all be interpreted as featuring within the aspects of well-being employed by UNICEF in their research work i.e. material well-being; health and safety; educational well-being; family and peer relationships; behaviours and risks; subjective well-being.

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Whilst this may not be a universally accepted definition of well-being, modern definitions typically encompass 'quality of life', 'happiness' and 'life satisfaction' and there is agreement on two important points:

- Well-being has many dimensions, incorporating all those aspects of life that we need to make us happy, including the physical, material and social.
- Well-being is a positive concept, that is to say it is not merely the absence of negative aspects of life, such as illness or poverty, but it must also account for the presence of all the things one needs to lead a good life, such as good friendships and self-esteem.

A distinction is sometimes made between objective and subjective well-being:

- Objective well-being refers to objective circumstances such as health, wealth and employment which relate, at least to some extent, to happiness. However, objective circumstances are not enough to explain happiness fully.
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Domains and areas of subjective well-being

Domain	Area of well-being	Definition
Self <i>(The main focus of the course)</i>	Self-esteem	Confidence
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Quiz answers and comment

Correct answers are highlighted in bold. Score 1 point for each question/part question answered correctly (max. score 10).

1. Which of the following rich countries has the highest rating for child well-being?

- a. Germany b. Netherlands c. Sweden d. USA e. UK

Comment

Research carried out by UNICEF showed that out of 21 rich countries, the Netherlands had the highest overall rating for child well-being. Six dimensions of well-being were employed in the research: material well-being; health and safety; educational well-being; family and peer relationships; behaviours and risks; subjective well-being. (UNICEF, Child poverty in perspective: An overview of child well-being in rich countries, Innocenti Report Card 7, 2007 UNICEF Innocenti Research Centre, Florence).

2. Which of the following rich countries has the lowest rating for child well-being?

- a. Germany b. Netherlands c. Sweden d. USA e. UK

Comment

In the UNICEF research cited above, the UK had the lowest rating for child well-being. (N.B. Germany's rating was 11/21; Sweden's rating was 2/21; USA was 20/21).

3. How many of us will experience a mental health problem at some point in our life?

- a. 1 in 2 b. 1 in 4 c. 1 in 8 d. 1 in 15 e. 1 in 20

Comment

Statistic reported in No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (HMG/DH 02 Feb 2011). The policy document recognises that mental health is central to our quality of life and that mental health problems are relatively common.

4. How many children aged between 5 and 16 years have a mental health problem?

- a. 1 in 5 b. 1 in 10 c. 1 in 15 d. 1 in 25 e. 1 in 50

Comment

Statistic reported in No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (HMG/DH 02 Feb 2011). Highlights the need to promote good mental health and to provide early intervention.

5. How many 15-16 year-olds have self-harmed?

- a. 1 – 4% b. 5 – 8% c. 10 – 13% d. 15 – 18%

Comment

Statistic reported in No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (HMG/DH 02 Feb 2011). Again, highlights the need to promote good mental health and to provide early intervention.

6. True or False?

- a. Between 1973 and 2006 the Gross Domestic Product (GDP) per head in the UK increased by 100% whilst the Life Satisfaction improved by only 10%.

(False)

Comment

Although GDP did rise by 100% over this period, well-being (life satisfaction) showed little overall change. (Office of National Statistics 2008 Social Trends).

'GDP by itself is an inadequate measure of welfare. Since the 1940s GDP in the UK has increased yet the well-being of the population has remained unchanged.....simply encouraging economic growth is not enough to ensure increased levels of well-being once basic needs are met.....as a result there has been growing interest in exploring what it is that makes people happy.....governments have started making policies aimed specifically at improving subjective well-being'.
(Feelings Count. Camilla Nevill, New Philanthropy Capital, July 2009).

b. Raising the self-esteem of primary aged children with reading difficulties can have more effect on progress than extra teaching.

(True)

Comment

Research by Denis Lawrence, Educational Psychologist, has shown that not only do pupils feel better about themselves if taught to read but they read better if they are supported in feeling better about themselves.

In the research, volunteers were trained to counsel (build the self-esteem) of primary pupils with reading difficulties. It was found that the counselling had more effect on reading progress than extra teaching. Lawrence felt that this was because remedial reading work by itself can often confirm a child's feeling of failure and work against progress. (Lawrence, D 1973. Improving reading through counselling. London: Ward Lock).

c. Emotional and interpersonal skills are often more important for achievement than intellectual capability.

(True)

Comment

Research on multiple intelligences and the importance of self-esteem by Howard Gardner and others has shown that emotional and interpersonal skills are often more important for achievement than intellectual capability. (The Self-Esteem Directory, edited by Titus Alexander, Smallwood Publishing, 1997).

d. There is physiological evidence why feeling good does you good and why positive thinking improves health.

(True)

Comment

Research into chemical messengers between the brain, nerve cells, the immune system and emotions is providing evidence why feeling good does you good and why positive thinking improves health. (The Self-Esteem Directory, edited by Titus Alexander,

Smallwood Publishing, 1997).

7. Where did the following quote come from?

'Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'

a. *Winston Churchill's memoirs*

b. *HM Government 2011*

c. *Kylie: The Biography*

Comment

This is an extract from the Introduction and Executive Summary in *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages* (HMG/DH 02 Feb 2011).

'The Prime Minister, David Cameron, and the Deputy Prime Minister, Nick Clegg, have made it clear that the Coalition Government's success will be measured by the nation's well-being, not just the state of the economy' (extract from the Foreword).

DISCLAIMER

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