

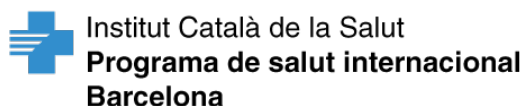
Cultural
and linguistic
tools to work
c r o s s
culturally
with health
and social work
service
users



KNOWLEDGE
IDENTITY
LANGUAGE
TOOLS



Lifelong
Learning
Programme



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Introduction

The KILT project resulted from observation of the difficulties experienced by health and social care workers in delivering effective care to diverse population groups who face barriers in accessing mainstream services.

A number of partner agencies from five European countries, including educational and cultural organisations as well as health, came together to explore these issues, and consider ways to develop skills in person centred and cross cultural working.

The result was to develop a programme, or suite of training exercises, which would focus on these important aspects and complement the training currently offered to health and social care professionals in the different countries. The ultimate aim is to improve the provision of care by developing the capacity of health and social care professionals to take account of the complexity of people's lives, and develop the skills to work effectively cross culturally within their specific local contexts.

The work will be continued under the auspices of the **"KNOWLEDGE IDENTITY LANGUAGE TEAM"** which was established at the end of the project.



KILT – training and transformative process

Core objectives and guiding principles of the KILT programme

The KILT training is designed as an interactive process which leads the participant through a series of exercises that aim to challenge and promote critical reflection at a personal and professional level. The more theoretical elements of the programme are intended to support the implementation of these practical exercises, which are the cornerstone of the programme.

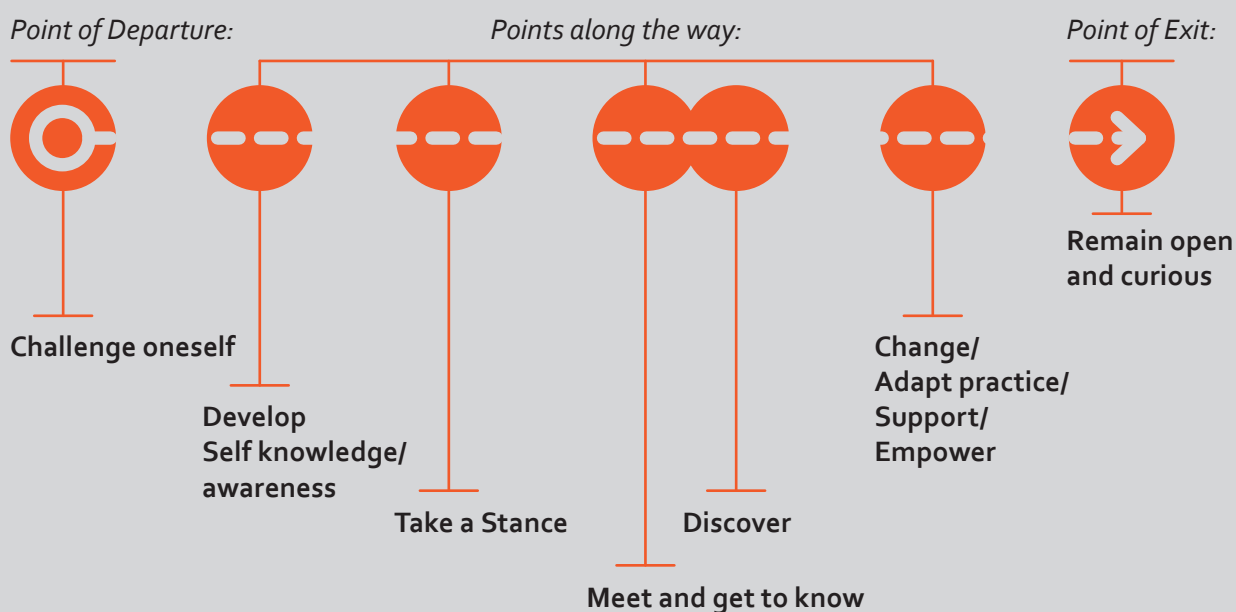
The programme aims to promote change, the ability to adapt and an increased and ongoing awareness with regard to one's own identity and that of the person (or the community) being supported.

KILT is based on the assumption that being challenged, critically reflecting and being willing to be open to new perspectives on the part of the practitioner encourages an easier and more open and sharing relationship with the service user.

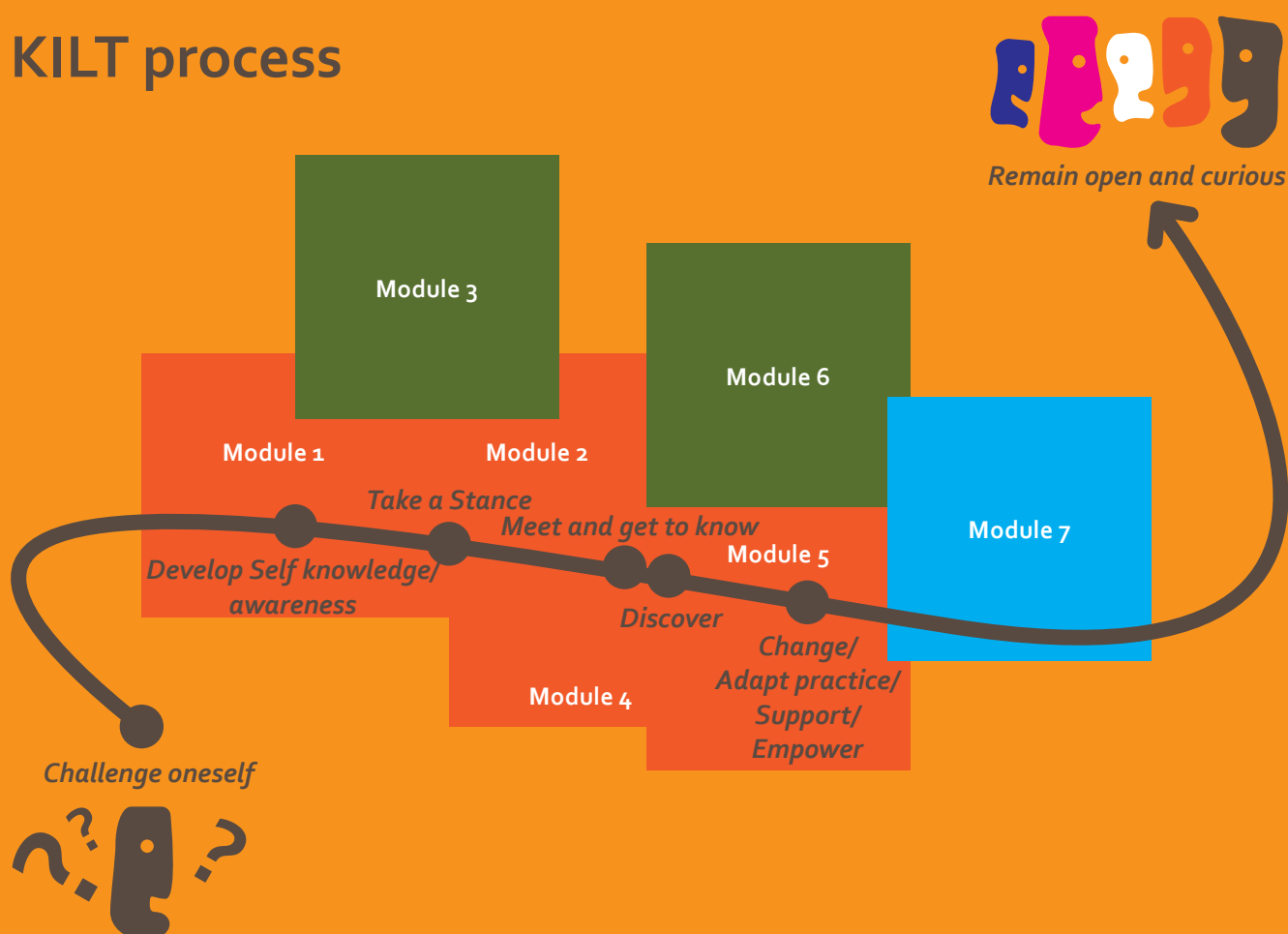
KILT is a transformative process which promotes individual change through encouraging both self-reflection and an exploration of the way we relate to others. It is a process that involves a reframing of sense and meaning. This is reflected in the training approach, and the premise that each participant undergoes a process of reconstruction and reaffirmation at their own pace.

KILT is a pathway for transformation and change.

We propose setting benchmarks for the construction of the change, through “**key transformation verbs**”:



KILT process



With reference to how the programme has been designed as a teaching tool and how it will be delivered, the choice of the various modules and the way in which they interact with each other has been informed by the end goal of leading to and delivering change.

Equally, **each tool** (by 'tool' we mean a period of time spent in a given situation e.g. in a professional environment or embedded in a team, or a period of time consisting of simulation exercises or role-playing) **has been designed with a view to enabling the participant to progress through the various stages involved in this process of change** (question/challenge oneself; develop self knowledge/awareness; take a stance; meet and get to know; discover; change, adapt practice, support, empower; remain open and curious).

For ease of presentation, the content and structure of the training programme has been presented in a standard linear fashion. However this is a process of transformation that is more 'circular' in reality: advancing before going back over ground already covered to advance once again, resulting in a progressive process of change involving self-interrogation, which challenges representations and preconceptions and consequently our individual and collective attitudes.

KILT training programme – content and structure

MODULE 1 – Keys to Understanding Anthropology & Sociology

Objective: To develop a basic understanding of the anthropological and sociological aspects of identity

Total time indicated for this module – **12 hours** consisting of 1 session of 30 minutes each, 1 session of 2 hours and 3 sessions of 3 hours

Sequence 0 – “Introduction to the KILT pathway”

Introduction to KILT – 30 minutes.

Background to the training programme :

- purpose (context and principles),
- rationale ('the key transformational verbs'),
- format and delivery .

Sequence 1.1 – “Research journal for field notes: a method which underpins and runs through all the KILT programme elements”

30 minutes for presentation of method.

Learning outcomes:

- Develop observation techniques for accurate recording.
- Develop awareness of individual bias and perspective and how this affects interpretation of findings.

The following four sessions aim to challenge participants and contain material designed to explore issues relating to:

- (from a very general point of view) - identity, culture, society, religion, gender issues, equality,
- from a practical perspective - the home, ill-health, old age, death, family and family history, emotions, the physical body, work, material circumstances, our relationship with the wider world.

Sequence 1.2 – “Living in an area: A question of perspective”

3 hour workshop.

Learning outcomes:

- Raise awareness of the ways in which participants perceive and define the physical, social and cultural landscapes where they live, and how those with whom they work may do this very differently.
- Raise awareness of the possibility of different perspectives. Two people living in the same area may view and experience it in such different ways that we may even wonder if they really live in the same place. An area or community exists through the way we see it, but this perspective is informed by a number of factors, such as level of education (knowledge and understanding), level of income (e.g. affecting ability to travel outside the area) or individual psychology.

Description:

Discussion based workshop in which participants describe their area using chosen materials (e.g. photo).

Sequence 1.3 – “My area: how I choose to live my life here”

3 hour workshop.

Learning outcomes:

- Identify personal life priorities (family, work, time with partner, friendships, organised group or social activities) and networks of relationships: Do I live alone or in a group? Which ‘spaces’ do I use most? Who do I spend most time with? Etc.
- Review and confront personal prejudices or stereotypes.
- Become aware of different lifestyles and different choices.

Description:

Participants define a typical day using the organisational chart supplied, specifying the different places, activities and interactions which make up their routine, as a way to identify, contrast and compare differing needs and priorities.

Sequence 1.4 – “Why I live where I do! – Migration stories”

3 hour workshop.

Learning outcomes:

- Become more aware of the ‘inherited memory’ or legacy of migration histories.
- Consider that people have throughout history felt the need to leave their homes and emigrate.
- Consider what this can illustrate about differences and similarities in perspective between one’s own and other cultures.

Description:

Debate/discussion based on the mapping of family migration and personal migration histories.

Sequence 1.5 – “Where I live – my dream of home”

2 to 4 hour workshop (depending on whether or not participants produce their own audio or video materials).

Learning outcomes:

- Consider different types of housing and living arrangements in the local area.
- Raise awareness of different possibilities: what are the circumstances which could have led me to live in other places, the people around me who live in completely different housing, circumstances etc.
- Consider the relationship between identity (belonging to an area) and living in an area: would living in a different area, place or type of housing affect the way I live? To what extent can the “outside” influence the “inside”? What links the identity of an area, the type of housing, its location and the possibility of creating social ties, the feeling of belonging and living together in harmony?

Description:

Discussion based workshop drawing on street interviews carried out prior to the training session, either by the facilitator or the trainees. In the latter case, time for filming should be allowed.

MODULE 2 – Reality of the Social & Healthcare System

Objective: To acquire tools to analyse the different contexts in which health and social care is delivered.

Total time indicated for this module– **6 hours** (2 hours training and 4 hours 'placement' or observation)

The context for health and social care and consequently the way in which it is organised and delivered varies greatly between the participating KILT countries, such that this part of the programme must take account of how these specific aspects differ in each case.

Participants must understand in relation to their own health and social care systems:

- political, economic and social context,
- establishment and operation of the current system,
- barriers and facilitators for different population groups in accessing services.

Sequence 2.1 – “Learn by observation”

Workshop based on participant observation (4 hours minimum) followed by discussion (2 hours).

Learning outcomes:

- Become positively aware of participants' own preconceived ideas.
- Explore ways to analyse and challenge these.
- Identify participants' own approach as a learner and/or future professional.
- Consider participants' own sets of values and how these relate or may be adapted to specific professional value systems or codes of conduct.

Description:

Facilitated discussion drawing on participants' reflections on the service observed

MODULE 3 – The Role & Place of Professionals

Objective: to raise awareness of individual professional roles and contributions within the health and social care system .

Total time indicated for this module – **5 hours**: 1 session of 3 hours, 1 session of 2 hours.

Sequence 3.1 – The “fluxogram” or how to analyse the process of care

3 hour workshop.

Learning outcomes:

- Identify and appreciate the role of different health and social care professionals within a multidisciplinary team.
- Undertake the analysis of the process of a particular care pathway.
- Develop an appropriate response (e.g. team re-organisation) to address problems identified.

Description:

Exercise based on flowchart designed to facilitate the mapping in graphic format of a specific process or care pathway, with a view to improving its implementation.

Sequence 3.2 – “Communicating clearly with patients and colleagues”

2 hour workshop.

Learning outcomes :

- Clarify participants’ professional role and place within a team/organisation.
- Know how to communicate and explain this role to others.

Description:

Each participant, in group discussion, is required to produce a description of their professional role and place (within team, organisation), in an accessible and user friendly format which could be replicated with a patient or service user.

The resource produced should take account of the type of organisation or target audience, and include:

- the purpose of the organisation,
- the type of people who work within it,
- their own role and function as a professional,
- the specific things they will be able to do for the patient/service user,
- the interactions and expectations which should inform the relationship between the service user and the care provider.

MODULE 4 – Social Factors in Health

Objective: To raise awareness of the impact of social determinants of health the cumulative effect of multiple deprivation.

Total time indicated for this module – **2 hours**.

Sequence 4.1 – “Around Me”

2 hour game based workshop.

Learning outcomes :

- Acquire knowledge about the determinants of health.
- Evaluate information about health determinants.
- Share knowledge, feelings, ideas and beliefs about individual health – what contributes to and detracts from it.
- Build a realistic picture of individual lives based on the wider social and global context around them.
- Identify and acknowledge values and beliefs held within the group.

Description:

Participative board game, and discussion led by a facilitator with appropriate knowledge and expertise.

Country specific materials may be developed to complement the game.

MODULE 5 – Individual trajectories

Finalité : Appréhender la trajectoire individuelle de l'autre et perdurer en curiosité de soi et de l'autre.

Total time indicated for this module – **7 hours**: 2 sessions of 3 hours each and 1 session of 1 hour .

Sequence 5.1 – “The Game of Life”

3 hour workshop.

Learning outcomes:

- Develop skills in describing and relating events.
- Develop active listening skills.
- Promote self-reflection.
- Confront and address personal prejudice.

Description:

Game based exercise encouraging participants to use selected resources to narrate life events and life stories.

Sequence 5.2 – “Storytelling Café”

Workshop based on producing scenarios/case studies from filmed interviews with volunteers.

Learning outcomes:

- Develop understanding of social and other factors that influence health, and peoples’ access to and use of health services.
- Develop skills in listening to and recording personal histories.
- Reflect on ways to deliver person centred care which takes into account the complexities of each individual’s identity and situation.

Description:

People are invited in to talk (quite informally) about their lives and personal histories with a student /trainee. This interview is filmed, and then used to generate scenarios for students to discuss in groups the following points:

- how the person’s life has shaped their health and views of healthcare,
- how they as future health and social care professionals would respond to the person and their healthcare needs.

Sequence 5.3 – “Mapping life trajectories”

3 hour workshop.

Learning outcomes:

- Identify significant events in participants’ personal development, and appreciate the potential for common elements between very different life trajectories.
- Develop a better understanding of other backgrounds and cultures as a result.

Description:

A workshop-based game using a visual resource to trace individuals’ life stories and physical journeys (e.g. immigration) by means of images symbolising significant events and key phases of their life.

MODULE 6 – Communication skills

Objective: *To help participants develop a person centred approach in their professional role that takes into account the complexity of each person's different needs and circumstances.*

Total time indicated for this module – **10 hours**: 2 sessions of 2 hours and 2 sessions of 3 hours.

The two sessions in this module build on the previous modules and aim to help participants to develop the capacity as future professionals to:

- recognize the diversity of peoples' backgrounds,
- initiate a relationship with people from other backgrounds based on dialogue and a person centred approach,
- identify barriers to communication,
- develop effective communication skills, and facilitate other professionals to adapt their approach, if appropriate,
- build relationships with service users which support their path to recovery and personal autonomy.

Sequence 6.1 – “First point of contact: improving communication with users and patients”

Role-play based workshop – 3 hours.

Learning outcomes:

- Raise awareness of verbal and non-verbal communication.
- Identify barriers to communication.
- Explore ways to improve communication and develop a person centred approach to communicating with patients/users.
- Explore ways to adapt existing protocol or practice, if appropriate.

Description:

Role play simulating a first clinical encounter or a first appointment.

Sequence 6.2 – “Non-violent communication: keys for opening up to the other person”

2 hour workshop.

Learning outcomes:

- Experiment with observation methods without evaluating or judging the other person.
- Recognise the needs of the other person.
- Express feelings and formulate requests.

Description:

Role play based workshop exploring responses to situations.

Sequence 6.3 – “Prejudices, self-esteem and feelings of superiority”

Role play based workshop – 2 hours.

Learning outcomes :

- Identify and analyse the underlying causes of social phenomena and reactions.
- Reduce stereotypical thinking.
- Apply critical thinking in the evaluation and characteristics of social phenomena.
- Develop the capacity to recognise, and question appropriately and be able to express own opinion.

Description:

Discussion based workshop.

Sequence 6.4 – “Getting to know others”

3 hour workshop.

Learning outcomes:

- Share and learn about different cultural backgrounds, to develop understanding of similarities and points of contact as well as differences.
- Identify barriers to communication, and explore how to address these.
- Consider how to apply the exercise within their own work context.

Description:

In this exercise participants are asked to introduce themselves to others through the demonstration or description of a ritual, or cultural practice, which is important for them: cooking, music, dance, etc. The aim is to facilitate relationships through encouraging people to recognize the familiarity in what initially appears foreign, and share common experiences across cultures and boundaries.

The aim of carrying out this exercise with a group of students in health or social care disciplines is to encourage them to develop a targeted training session which builds on their own experience as participants.

MODULE 7 – Communication and problem solving in a group

Objective: To raise awareness of how access to services may be facilitated and improved for specific groups or communities.

Total time indicated for this module – **5 hours**: 1 session of 3 hours and 1 session of 2 hours .

This last module (which may be delivered before module 6) is designed to assist the health or social care professional to:

- take a genuine and open-minded interest in finding out more about a group or a community,
- identify and work with individuals who can provide a link into the community,
- identify and promote opportunities for people from different cultures and value systems to interface and dialogue with each other in order to promote intercultural understanding in the local community,
- adopt a person centred approach and develop skills in cross cultural working,
- work towards the removal of barriers by agencies and services in order to offer a responsive and accessible service for all.

Sequence 7.1 – “Aquarium or Fishbowl”

3 hour workshop.

Learning outcomes:

- Facilitate group dynamics and collaboration.
- Promote decision making and problem resolution based on consideration of all views and possible solutions.
- Promote creative collaboration.
- Develop facilitation skills.

Description:

Simulation workshop focused on problem solving.

Sequence 7.2 – “Focus Group”

2 hour workshop.

Learning outcomes:

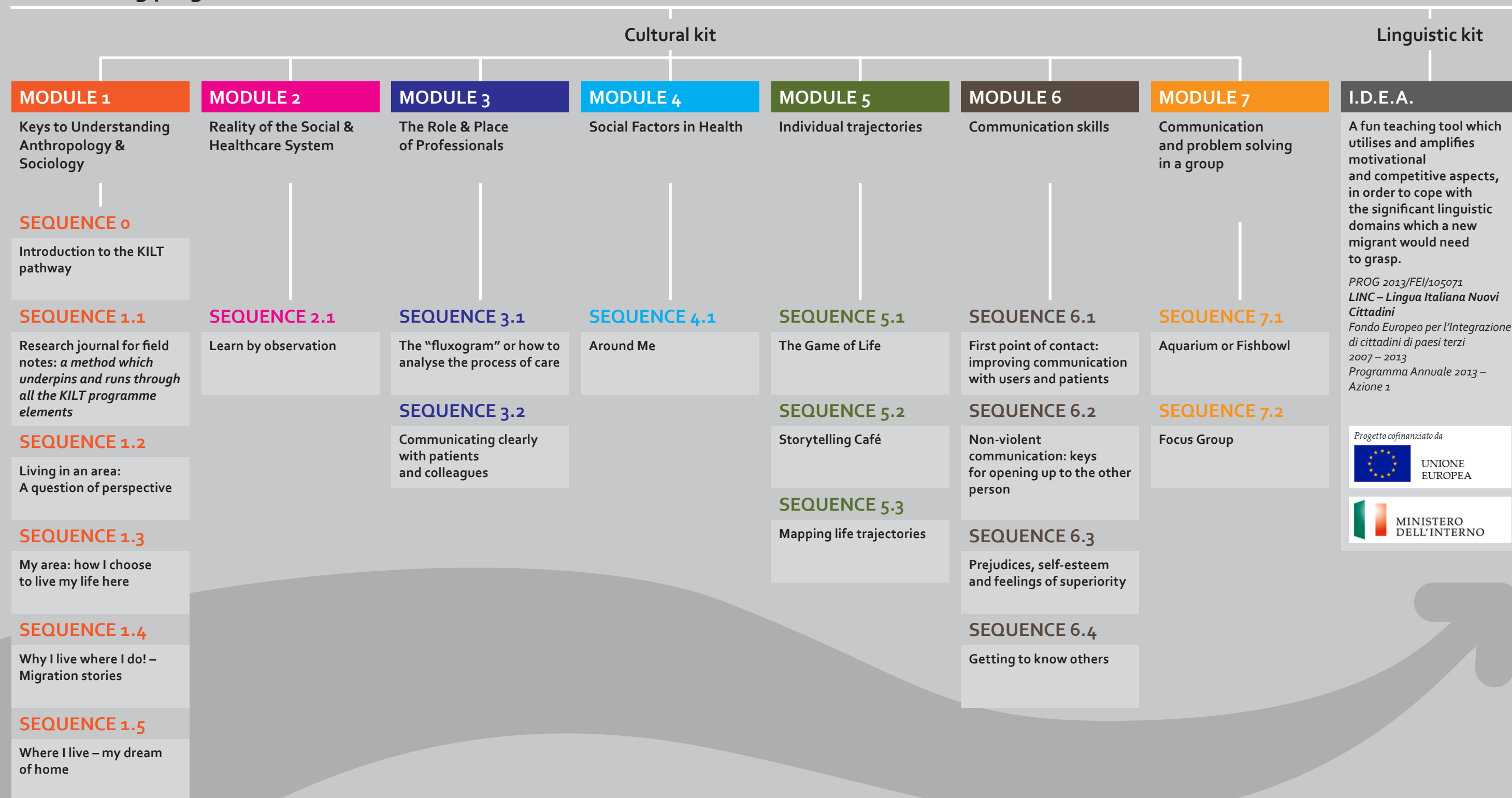
- Develop skills in recording and interpreting information collected in group discussion.
- Develop skills in analysis of group dynamics.
- Develop skills in facilitation and promoting participation.

Description:

Participative workshop .

Existing materials and examples of good practice relevant for specific contexts can be used to complement this module (some produced by Vall d’Hebron hospital in Barcelona include SIDAJOCA, a game about AIDS awareness and prevention, and an educational DVD on TB, for example).

KILT training programme - structure



State of structure in October 31, 2015

Cultural kit Tools



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MODULE 1

Keys to Understanding
Anthropology & Sociology

SEQUENCE 0

Introduction to the KILT pathway

Practical details

Number of participants (min/max):	15 to 20
Duration:	30 minutes of general introduction and presentation of the KILT training mechanism and 3 hours of interactive game.
Materials:	<ul style="list-style-type: none"> pre-printed task sheets, (ideally) mobile phones equipped with an internet connection, map of the city, pens, markers, buffers, scotch tape, etc.
Recommendation of place:	A room for the presentation and then a public space (a square, a shopping centre, a street, etc.) where it will be possible to intercept the public and to involve anonymous volunteers in activities.

Background

The KILT project was originally based on the shared acknowledgement of difficulties experienced on a day-to-day basis by European professionals in the health and social care sectors, in developing a genuine person centered therapeutic relationship with some of those for whom they care.

The KILT training is designed as an interactive process which leads the participant through a series of exercises that aim to challenge and promote critical reflection at a personal and professional level

The KILT framework is supported by a theoretical foundation to support the active learning process of change and discovery. The training will develop awareness about identities, both at a personal level and in relation to the people or communities which they will be working with.

KILT is based on the assumption that being challenged, critically reflecting and being willing to be open to new perspectives on the part of the practitioner encourages an easier and more open and sharing relationship with the service user.

KILT is a transformative process which promotes individual change through encouraging both self-reflection and an exploration of the way we relate to others. This is reflected in the training approach, and the premise that each participant undergoes a process of reconstruction and reaffirmation at their own pace.



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Because KILT is a pathway for transformation and change, we actually propose setting benchmarks for the construction of the change, through “key transformation verbs”:

<i>Point of Departure:</i>	Question / Challenge oneself
<i>Points along the way:</i>	Develop Self knowledge / awareness Take a Stance Meet and get to know Discover Change / Adapt practice /Support / Empower
<i>Point of Exit:</i>	Remain open and curious

Learning outcomes

- Understand the issues and contexts which have led to the KILT project.
- Deliver the training in an accessible and fun format, which transforms a formal presentation into a truly immersive and reflexive experience.
- Experiment in a fun way with one’s own capacity for questioning, listening and interaction within the practice context.
- Browse and discover the stages of the KILT training journey.

How the sequence works

After presentation of the context and objectives of the project, the participants in the introductory sequence of discovery are divided into teams to approach tasks individually and collectively, allowing them to metaphorically trace the main stages and key verbs of the KILT training journey (Question /Challenge oneself, Develop Self Knowledge / Awareness - Take a Stance - Meet and get to know - Discover - Change / Adapt Practice / Support and Empower and Remain Open and Curious). The interactive exercises aim to change individuals and stimulate their capacity to bring their interpersonal and communication skills into play.

The stages of the sequence

- Welcoming of participants and briefing on the KILT project (using the KILT Structure document) (30 minutes)
- Presentation of the flow of the game and setting ground rules (10 minutes)
- Tasks and challenges (2 hours 20 minutes)
- Conclusion of the sequence and introduction to the commitment of KILT (30 minutes)

The principle of the game:

The group is randomly divided into teams, ideally of equal numbers of people. All teams will have to play out five tasks simultaneously in 3 different places.

Each task results in an act of communication. The results of the tasks accomplished will be displayed and updated online on the KILT Facebook group through an image, video or text describing the challenge completed. Feedback methods are detailed in the description of the mission.

A jury will be composed of ordinary people - anonymous general public participants. The jurors, each connected from his own computer at home, at his place of work, or via his Smartphone, will see on the KILT Face book page the results of completed missions and will give a mark in real time between 1 and 5 for each team depending on previously-agreed criteria (*originality, the number of actors involved, etc.*).

The moderator of the sequence, head judge of the results, will be responsible for the continuous update of the total score for each team, and may therefore indicate in real time the team in the lead.

After completion of missions, allow time for reflection on the meaning and the interests of missions conducted in the light of the professional context, attitude and values (*how are the skills that I have put into play today useful for my work?*).

At the closing of the event the jury will issue a symbolic prize to the team with the most points. It is suggested that provision be made for all participants to receive a prize / gadget / certificate of participation.

The phases of the game - tasks to accomplish

- **Develop self knowledge/awareness: Who are we? (20 minutes)**

All participants are invited to write to what profession outside of their usual activity they could compare their work to and why (*for example: the teller because I see a lot of people each day, the butcher because I work with blood, the goldsmith because I work in a protected space, security staff because I am vigilant, etc.*).

All sheets are placed on a board and divided into three or four main categories or themes. (If this is impossible because of the variety of responses, always choose the three or four most representative major categories / themes. All participants are then asked to choose the theme / category closest to their profession/ work role.

Each macro-category then becomes a team. (Teams must not exceed five participants.) Each team is then asked to find in a few minutes an unusual feature shared by all its members (*we all have the same shoe size, we all learned to ski when we were children, etc.*) and to take a photo with a central sheet saying what they share.

The photos are displayed on Facebook and the jury votes on the basis of originality (*"we like football", probably to be graded lower than a suggestion like "sometimes we put on two different coloured socks", etc.*).

- **Take a Stance: The place and the context in which we move. (40 minutes)**

Each team must develop a questionnaire (a maximum of 2 questions) through which it will be able to discover something that it does not know in terms of habits and lifestyle practices in the city in which the participants reside. They will need to examine a sufficient sample to obtain a reliable answer. Once the data has been collected, the results will be outlined in a two-minute video to be posted on Facebook. The jury will assign a score based on the originality and the interests of selected questions and the quality of the conclusions.

For example: What is the place or public space that you attend most during your free time? Find out if it is true that the citizens of XXX (name the town concerned) have a poor perception of their town. Where do they buy fruit and vegetables? What are their views on vaccines? Which place would I never go to in XXX? ...

- **Meet and Get to know: I put myself in a relationship with those who live in this space. (30 minutes)**

Each team is assigned a card for a neighbourhood of the host town. The mission is to find people from that neighbourhood and ask them to write on the card:

- Who in this neighbourhood could provide information on the needs and resources of the district (*the newsagent, the man at the counter of the cafe, the factor, the municipal agent, the local elected official?*)
- What are the meeting places in the neighbourhood?

When the team considers that sufficient information has been collected, it will be able to comment on the results of its research in a short video. The jury also awards points based on the quality and quantity of the information collected.

- **Discover** (20 minutes)

The team must try to guess: the family, the geographical origin, the profession, the educational level, the interests, the evening plans, etc. of any person who is shopping or walking without communicating with them. To do this the team must exercise discrete observation.

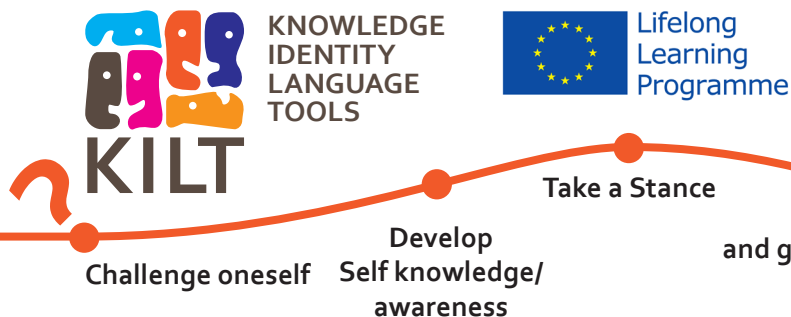
When the task is completed, the team must find a way to check with the person selected, the information that they have tried to guess.

At the end of the task, the team will publish a photo of the person chosen (with their agreement) and the photo of the assumptions and the verification made. The jury will assign a score.

- **Change, Adapt practice, Support, Empower** (30 minutes)

The team will have to convince the largest number of people possible to sing a popular song as a choir. Afterwards, the team must shoot and edit a video of the performance.

The jury will evaluate depending on the participation of the group.



MODULE 1

Keys to Understanding Anthropology & Sociology

SEQUENCE 1.1

Research journal for field notes:
a method which underpins and runs through all the KILT programme elements

Practical details

Number of participants (min/max):	no limit
Duration:	30 minutes (recording of observations, but dependant on context and material provided)

Learning outcomes

- Develop observation techniques for accurate recording.
- Develop awareness of individual bias and perspective and how this affects interpretation of findings.

Background

Participant observation is a qualitative method with roots in traditional ethnographic research.

As a method it can provide insights into the intricacies and inner workings of a community, and people's lives and customs in a way that would be difficult to obtain from other sources such as literature or self reported behavior. Participant observation is also helpful in illustrating the difference between what people do and what they say they do.

As participant observer the researcher lives within a certain community, developing relationships with local people and taking part in their activities.

Data usually consists primarily of the detailed field notes that the researcher records. This may include numerical data, for example, the number of people who enter a particular space and engage in a particular activity during a specified period of time.

How the sequence works

This tool develops participants' ability to observe and take extensive and elaborate notes, and to 'see' the culture or context being observed without imposing their own meaning or frame of reference.

Ethnographic data are typically textual, but in this tool participants may also make use of maps and other diagrams, such as organizational charts, to aid observation.

It is suggested that this tool would be useful for students on placement, to record observations 'in the field' of organizations or groups they will be working with in the future.

A practice run beforehand is possible through staging a simulation exercise, using a role play or video clip, for example, as a basis for observation.



FIRST STAGE

Participants are asked to simply record what they consider to be important, with no further guidance, as in the table below.

Table 1

Event 1: ...	Number of subjects: ...	Date: ...
Duration of the action:		
Description of the event: ...		

This type of observation helps the participants to understand how many things escape observation.

SECOND STAGE

Participants are asked to observe the same situation or event using a more structured approach, for example:

Table 2

Place/date/period of the event
Describe the general context in which the event takes place
Describe the physical environment, paying particular attention to the boundaries of the action and to the objects that are used by the participants. If you want, you can take a picture.
Describe the participants (subjects) involved in the event (appearance, role, etc.)
Subject 1:
Subject 2:
...
Describe how the subjects occupy the space. If you want, you can take a picture.

Describe how the subjects communicate with each other (in formal or informal ways).

For example, pay attention to which individuals talk most frequently, don't talk, dominate, lead and so on. One of the following schedules can be used, if wished:

SCHEDULE 1

Activity: ...		
Subject 1	Subject 2	Observer comment
<p><i>Describe the behavior (record significant sentences verbatim):</i></p> <p><i>What is he/she doing?</i> <i>What is he/she saying?</i> <i>How many times does he/she talk to subject 2?</i> <i>Does he/she use positive or negative reinforcement?</i> <i>What is his/her tone of voice/posture?</i> ...</p>	<p><i>Describe the behavior (record significant sentences):</i></p> <p><i>How does he/she react?</i> <i>What is he/she saying?</i> <i>What is he/she doing?</i> <i>What is he/she saying?</i> <i>How many times does he/she talk to subject 1?</i> <i>Does he/she use positive or negative reinforcement?</i> <i>What is his/her tone of voice/posture?</i> </p>	<p><i>What are the results of the interactions?</i></p> <p>....</p>

SCHEDULE 2

Time	Activities	Interactions between subjects/relationship	Observer comment
...

THIRD STEP

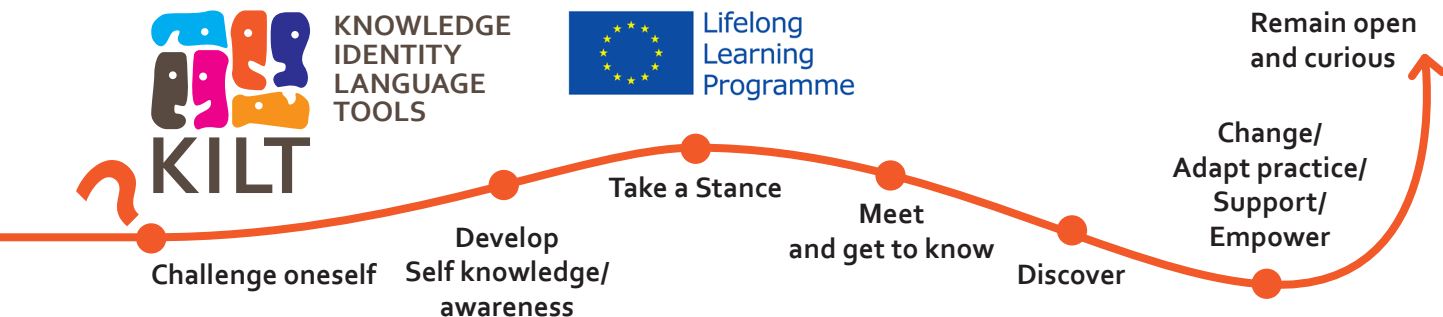
The participants are required to use this more structured approach to observe a real life situation, but may adapt it to comply with their own objectives.



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MODULE 1

Keys to Understanding
Anthropology & Sociology

SEQUENCE 1.2

Living in an area: A question of perspective

Practical details

Number of participants (min/max): between 5 and 15

Duration: 3 hours

Materials:

- a range of photos representing the diversity of the area
- A3 sheets and large felt-tip pens
- somewhere to display the A3 sheets
- quiz

Background

How do I experience (physically, mentally and culturally) the area where I live? What do I feel about it and what do I know about it?

This sequence is based on the premise that we all build our own image of the area where we live, as well as ideas of what other peoples' experience might be. In the Basque Country, for example, the house plays a pivotal role in how people construct their identity and belonging, and also imposes a certain experience and way of using space.

The aim of this tool is to challenge ideas and confront myth with reality, i.e. the fantasy with actual lived experience. In order to be an effective practitioner it is helpful for the individual to be aware of the emotional significance of home as well as the reality of every day life in a given community, both for themselves and others.

Learning outcomes

- Raise awareness of the ways in which participants perceive and define the physical, social and cultural landscapes where they live, and how those with whom they work may do this very differently.
- Raise awareness of the possibility of different perspectives. Two people living in the same area may view and experience it in such different ways that we may even wonder if they really live in the same place. An area or community exists through the way we see it, but this perspective is informed by a number of factors, such as level of education (knowledge and understanding), level of income (e.g. affecting ability to travel outside the area) or individual psychology.



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How the sequence works

NB. *The facilitator must have a selection of photos illustrating diverse aspects of the local area and communities.*

A Personal work (15 minutes): how do I see my area?

Each participant:

- Shows/describes the area where they live (on a sheet of A3 paper with large felt-tip pens).
- **Includes a word** which expresses how they feel about living here.
- Chooses a **photo** which evokes the area for them.

B Whole group exercise (40 minutes)

- Each participant displays their own sheet of paper and photo on the table or wall and explains to the rest of the group why they did it in this way.
- Following this, each participant responds to the question:
Is my perspective the result of things I have been taught, things that I have read, my own experience or a combination of all of these?

NB. *The facilitator should take notes, record or film these comments.*

C Pause (10 minutes)

D Work in pairs (30 minutes): Quiz

The aim of a quiz would be to highlight specific aspects of the local area in which participants will be working, relevant to their role as caring professionals.

In this context, the quiz could cover subjects such as:

- Population groups in the area, including minority groups, migration patterns
- Patterns of health/social care service use
- Barriers and facilitators to accessing services
- Health issues for specific groups
- Inequalities in health

E A sheet with the answers is then handed out so that participants can individually check their knowledge and identify any gaps. (15 minutes)

F Pause (10 minutes)

G Conclusion & additional comments (60 minutes)

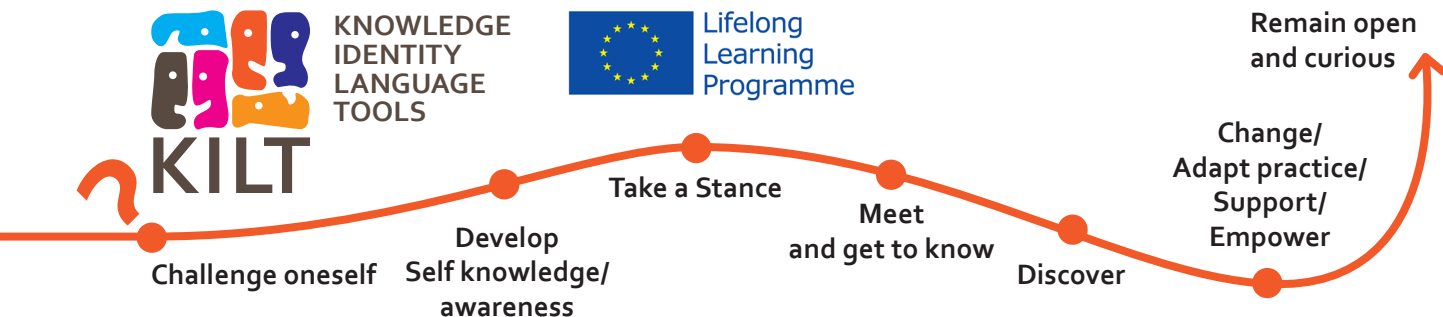
Conclude the session with a discussion on the main themes highlighted by the different exercises.



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MODULE 1

Keys to Understanding
Anthropology & Sociology

SEQUENCE 1.3

My area: how I choose to live my life here

Practical details

Number of participants (min/max):	between 5 and 15
Duration:	3 hours
Materials:	
	Prepared tables.
Additional requirement:	
	Specific contribution of an expert speaker in the final part (F) of the exercise.

Background

What do I do in the area I live in? What are the places I visit during the day and at night, both inside and outside my home? What is my relationship with my area, whether in terms of space, activities or interactions with others?

This sequence was developed to study the specific and singular way in which we all relate to our living space (home and local area or community): how do we use it, how do we spend our lives there, with whom, how do we use these different places? Etc.

Learning outcomes

- **Define a typical day in the organisational chart supplied**, specifying the different places, activities and interactions which make up the day.
- **Identify my priorities** (family, work, time with partner, friendships, organised group or social activities) and my network of relationships: Do I live alone or in a group? Which 'spaces' do I use most? Who do I spend most time with? Etc.
- **Review and confront any prejudices or stereotypes I might have.**
- **Become aware of different lifestyles** and different choices.

How the sequence works

1 hour of personal work where everyone describes their routines and priorities in their day-to-day life, the degree to which their needs are met, followed by feedback, discussion and analysis (1 hour 30 minutes).

A Everyone introduces themselves: origins, how they came to be in the area, how well integrated they feel etc (15 minutes).



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B Personal work on tables (30 minutes)

In each table record **the type of activity, with whom and where.**

TABLE WORKING WEEK / TABLE WEEKEND									
TIME	ACTIVITIES	RELATION						PLACES	
		Alone	With spouse	With family or children	With colleagues	With friends	Others	At home	Outside the home
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

NB. Important instructions for completion of the table:

The activities can be as follows: sleep, rest, domestic activities (housework, cooking, washing, paperwork, etc.), helping other family members (caring for a parent or relation with a loss of autonomy), other household activities (DIY, gardening), meals, leisure at home (TV, reading, games, internet, etc.), work or professional activity, outside leisure activities, organised group or social activities, travel, other (specify).

Sleep can be considered, as each person wishes, as individual time (alone) or shared time.

Take care to fill in **each time period** (even if you do the same activity for several hours).

C With regard to exercise B with the tables, answer the following 3 questions (15minutes) :

How would you rate the time you spend doing the following activities?			
	Insufficient	Sufficient	Significant
Alone			
With spouse			
With children or family			
With colleagues			
With friends			
Others (please specify)			

How would you rate the time you spend?			
	Insufficient	Sufficient	Significant
At home			
Outside the home			

On a scale of 0 to 4, to what extent would you say that the following needs are satisfied in your life currently?					
	0	1	2	3	4
Basic physical needs <i>(Eating, accommodation, hygiene, sport, feel safe)</i>					
Emotional needs					
Material security					
Job fulfilment					
Intellectual and cultural fulfilment					
Social life					

D With regard to exercises B and C, write at least three observations about your life (15minutes).

...

...

...

E Go round the group (30 minutes)

Everyone describes their observations (written work from exercise D acts as a resource for this exercise).

Pause (15 minutes)

F Summarise the collective discussions with additional theoretical contributions by a speaker (45 minutes)

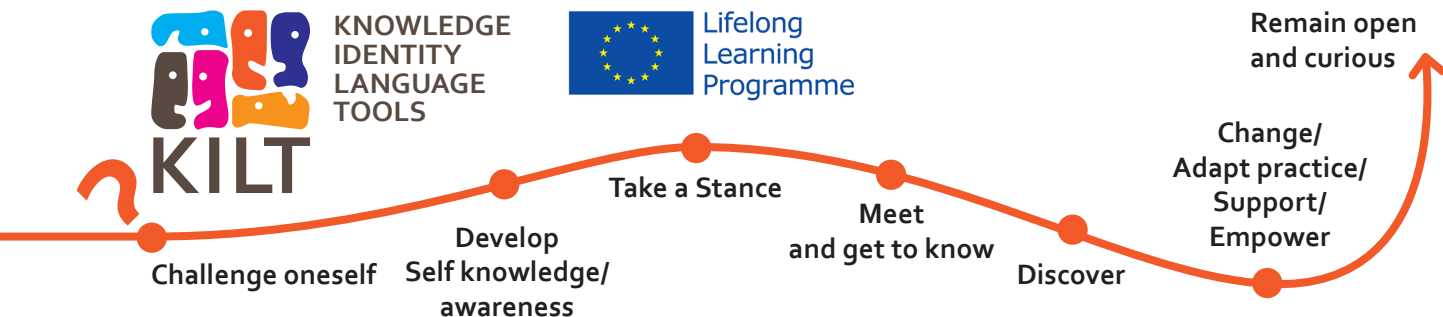
on the relationship between time, action, power, work, fulfilment (balance between personal identity and aspirations and the constraints of real life), as well as choices, responsibility, etc. The aim is to consider possible solutions and different approaches in order to encourage participants to feel more at ease with their choices.



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MODULE 1

Keys to Understanding
Anthropology & Sociology

SEQUENCE 1.4

Why I live where I do! - Migration stories

Practical details

Number of participants (min/max):	between 5 and 15
Duration:	3 hours
Materials:	
<ul style="list-style-type: none"> family tree (A4 or A3) A3 maps (world, Europe, country, local – two for each participant) drawings/symbols for map illustrations coloured pens 	

Additional requirement:

It may be helpful to bring in an outside speaker to provide further details about the sociology of migration.

Background

The fact of living in a particular type of accommodation, location or area is not just an accident. It may be chosen or imposed, but whatever the case it is always full of meaning and history. After working on the previous modules relating to home, the third challenge is to ask: "What is my history? What brought me here?"

This sequence includes both origins and movement in the construction of participants' stories and their particular identities: the history of personal and family lives, and migration histories. The story of how we arrived at the place we live in may unconsciously influence our relationships with others.

Learning outcomes

- Work on the history of migration (both recent and historical) in participants' family.
- Work on participants' personal migration history.
- Become more aware of the 'inherited memory' or legacy of this history.
- Consider that people have throughout history felt the need to leave their homes and emigrate.
- Consider what this can illustrate about differences and similarities in perspective between their own and other cultures.



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How the sequence works

Debate/discussion based on the mapping of family migration.

A Individual work on family migration history (total 40 minutes)

Exercise 1: Fill in the family tree.

NB. This exercise must be done without any preparation, based on what participants know or have learnt about themselves. At a later stage they may wish to research their parents and grandparents stories.

Maternal grandfather	Maternal grandmother	Paternal grandfather	Paternal grandmother
First name	First name	First name	First name
Place of birth	Place of birth	Place of birth	Place of birth
Where lived	Where lived	Where lived	Where lived

Mother-in-law	Mother	Father	Father-in-law
First name	First name	First name	First name
Place of birth	Place of birth	Place of birth	Place of birth
Where lived	Where lived	Where lived	Where lived

Me
Place of birth
Where lived

Half brother / Half sister	Brother / Sister
First name	First name
Place of birth	Place of birth
Where lived	Where lived

Exercise 2: Map your own migration and movements, including recent examples: job, study, etc, in a visual format.

This exercise requires two maps:

- the first map is a “wide angle” map (world, Europe or national according to the story of each participant) in order to trace the route from the furthest point to the current point (this map is important even if the point of departure is identical to where participants currently live),
- the second is a regional or local map to highlight current mobility and the area where the participants live today.

On both maps, participants link the different points (places) in their lives with arrows to show direction and identify with circles of different sizes the different places where they have lived.

For each place where participants have lived, two or three illustrations or symbols can be associated to represent different activities (school, sport, etc.) or moments in their lives (wedding, birth, etc.) which are key factors in the construction of their identity.

B Collective exercise: presentation & discussion (80 minutes)

All the family histories and personal itineraries are presented and used as the basis for a facilitated discussion, designed to enable participants learn about each others’ different experiences.

Below are some examples of questions:

- Over three generations, was there immigration or emigration, from where to where? Why? How? Did it create any trauma? Did the person return to their country of origin? What were the feelings of belonging and identification with regard to different places?
- In the case of individual histories, what are the memories, landscapes, encounters that have remained? Were there any unexpected consequences or experiences? What lessons were learnt?

C Additional work which may be undertaken to support the module (60 minutes)

Collection of audiovisual material, songs, letters, books, migration stories etc from internet or other sources.

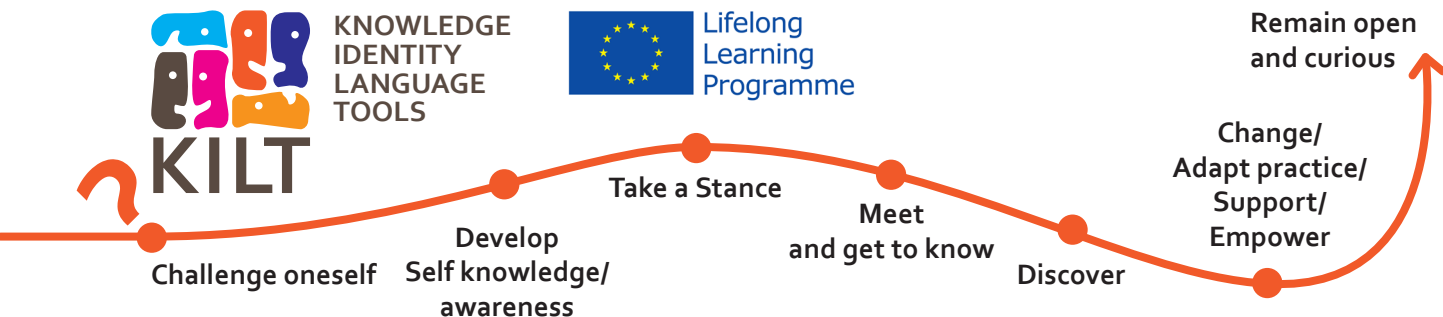
Accounts by living immigrants.



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MODULE 1

Keys to Understanding
Anthropology & Sociology

SEQUENCE 1.5

Where I live - my dream of home

Practical details

Number of participants (min/max):	between 5 and 15
Duration:	2 hours
Additional requirement:	
Street interviews must be filmed prior to the training session	

Background

Where do I live, what is my base? What type of housing do I live in – single occupancy, shared, mobile (caravan), squat, street? Was it chosen or imposed (retirement home, prison, nursing home, etc.)? Owned or rented? How do I see the place where I live at the moment in terms of comfort, aesthetics, location and accessibility? How well is it integrated into the local community and culture? How do I feel there? Would I be prepared to share my home?

Could I conceive of living in another type of housing? Could I live elsewhere?

Do I dream of a different type of home? What other type of housing would I choose to live in and where else would I choose to live?

The aim of this sequence is to broaden participants outlook on 'home' and the meaning that they and others attach to it, to consider the idea that there are different ways of life and living in a place.

Learning outcomes

- Look at different types of housing round where I live.
- Raise awareness of different possibilities: including, the circumstances which could have led me to live in other places, the people around me who live in completely different housing, circumstances etc.

Consider the relationship between identity (belonging to an area) and living in an area: would living in a different area, place or type of housing affect the way I live? To what extent can the "outside" influence the "inside"? What links the identity of an area, the type of housing, its location and the possibility of creating social ties, the feeling of belonging and living together in harmony?



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How the sequence works

View street interviews followed by a discussion and a brainstorming exercise.

The street interviews must be carried out prior to the training session, either by the facilitator or the trainees. In the latter case, time for filming should be allowed. This may vary according to the location (including travel time) and the time required to produce the film.

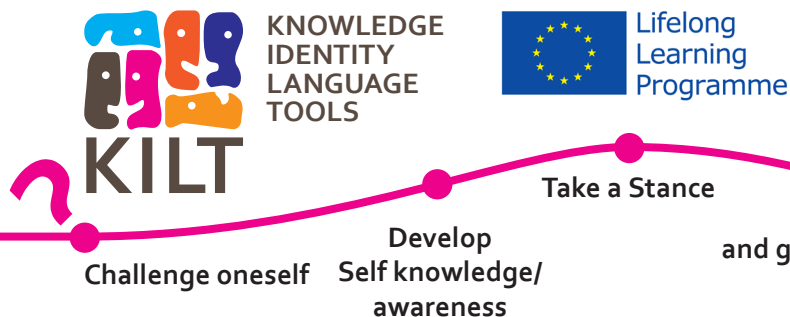
A View or listen to the audiovisual or audio street interviews (15 minutes) where different people are asked about the following:

- Where do you live and in what type of housing? (variables to be taken into consideration: rural or urban, collective or individual, shared areas, safety)
- Do you own or rent?
- Do you live there by choice?
- Are you involved or do you intend to get involved in the local community?
- Are you satisfied with your home (comfort, aesthetics, neighbours, location, etc.) and why?
- Would you like to change? Do you dream of something else? If so, what is your ideal home?
- If you don't want to change for the moment, could you envisage living in another type of housing? Could you conceive of living elsewhere?

B Discussion based on the street interviews (75 minutes)

All the participants respond to the questions and answers given in the documentary.

C By way of a conclusion, everyone writes three characteristics which they consider as essential in order to live well in a given place and then explains their choice to the other participants (20 minutes).



MODULE 2

Reality of the Social & Healthcare System

SEQUENCE 2.1

Learn by observation

Practical details

Number of participants (min/max): between 5 and 25

Duration: 2 hours

Materials:

coat of arms with a list of features or characteristics which represent the organisation/service observed

Learning outcomes

- Become positively aware of participants' own preconceived ideas.
- Explore ways to analyse and challenge these.
- Identify participants' own approach as a learner and/or future professional.
- Consider participants' own sets of values and how these relate or may be adapted to specific professional value systems or codes of conduct.

Background

This tool was inspired by methods designed to challenge perceptions and preconceptions. Its aim is to make explicit the initial feelings and reactions to an experience and to share this with peers, with a view to developing a shared analysis. This method is often used to explore different interpretations of place and use of space; here it is transposed into the field of health and social care work, with a specific focus on emotions.

First encounters within the institutionalised space of an organisation or service often give rise to anxiety, surprise and frustration. For health and social care professionals in training these may provide the first occasions for meeting and interacting with other working professionals, as well as people receiving support or care, and with whom they will work.

What should their initial stance be? How can they learn to see beyond their own immediate reactions and judgments, and take into account the whole context of people's stories, needs and lived experience?

How the sequence works

Following a period of immersion in a health or social care service, participants will work as a group to produce a list of features or characteristics which represent the organisation/service observed.

A Prior immersion time in a health, social or medico-social service (*minimum 4 hours*)

After this period of immersion, each participant completes a sheet with the following items:

(It is suggested that this could be in the form of a coat of arms).

- the defining image or emotion from your visit,
- three key words which you think best reflect the way the service works,
- three key words which you think best reflect the approach of the professionals and workers that you were able to observe,
- a view or perception of the service which you found to be untrue following the period of observation,
- an outstanding question which you have.

B Presentation - small group exercise (*35 minutes*)

Each participant relates his/her immersion experience based on the above - other group members may question points of understanding or ask for further details.

C Identify common ground and points of disagreement - small group exercise (*40 minutes*)

Participants identify shared views and common points of understanding from their observations.

Where opinions diverge participants may wish to explore the tension between their individual feelings and reactions, and the requirements of the specific context or structure of the service – and how these differences may be resolved or reconciled.

D Agree common ground - whole group exercise (*30 minutes*)

Participants work as a whole group to identify shared values or characteristics and agree a common list.

E The best approach to adopt when new in a service or establishment - whole group exercise (*15 minutes*)

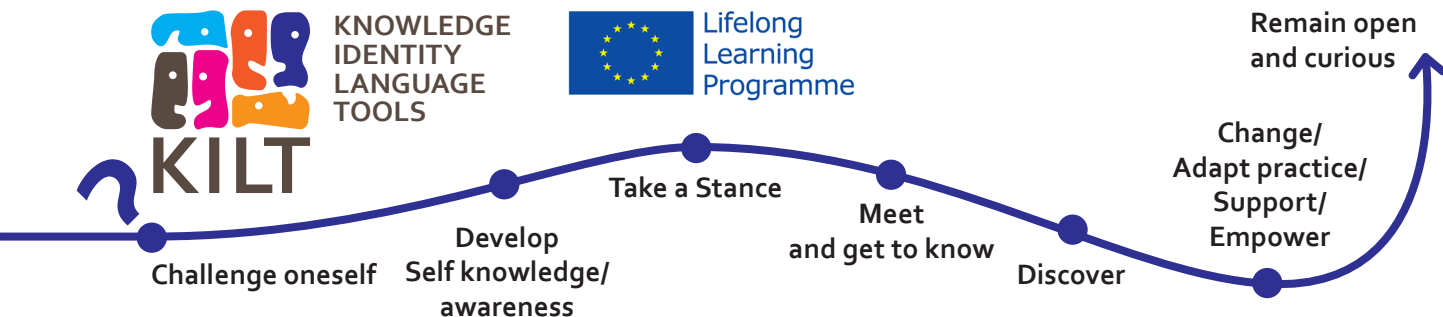
Participants conclude by agreeing five essential features of the “ideal” health or social care professional, and how to approach being new in a service or organisation.



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MODULE 3

The Role & Place of Professionals

SEQUENCE 3.1

The “fluxogram” or how to analyse the process of care

Practical details

Number of participants (min/max):	between 5 and 10
Duration:	3 hours
Materials:	<ul style="list-style-type: none">blackboard, whiteboard or some other way to display the resultsmarker pens

Learning outcomes

- Identify and appreciate the role of different health and social care professionals within a multidisciplinary team.
- Undertake the analysis of the process of a particular care pathway.
- Develop an appropriate response (e.g. team re-organisation) to address problems identified.

Background

The fluxogram method is designed to help analyse work processes in the field of healthcare, and to help provide evidence to indicate how these might be improved. A good evidence base is a crucial element in the assessment and transformation of healthcare models and processes. (Merhy, 1997, 2002; Franco & Merhy, 2004; Franco & Merhy, 2014).

This tool is used to support the design of interventions by analysing the process of how care is delivered.

Similar to a flowchart, a fluxogram is a graphic representation of care pathways and/or work processes. By illustrating the ways in which care is delivered it allows workers to examine their own part in the process. The method facilitates analysis and identifies the key factors in delivery of care; it also reveals possible weak points through helping professionals to see clearly how their work is configured within the process as a whole.

It is a method which can be used to help service re-design, in the implementation or planning of new services.

How the sequence works

Similar to a flowchart, the *fluxogram* is the graphic representation of a process. It aims to expose the ways in which team members work together within a given process, with a view to identifying any challenges or difficulties which might impede its smooth operation, and find solutions to resolve these.

The objectives are to:

- represent the chosen care pathway in graphic format, and make explicit process as it happens in reality,
- identify critical issues for work dynamics and organisation,
- contribute to the planning and reorganisation of work practices,
- analyse the results at team level,
- develop appropriate team responses.



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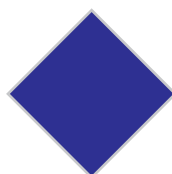
Creating a *fluxogram*

- Provide materials: sheets of paper, marker pens, display boards.
- Identify the work team.
- Explain the fluxogram and the purpose of the exercise.
- Define the care pathway to be worked on.
- Identify sources of data (workers' experience, views/feedback from patients, other).
- Develop the *fluxogram*, keeping the interaction between professional and patient at the centre of discussion (The facilitator should ensure discussion amongst participants about their work practices, processes etc).
- Record all details which might be pertinent in relation to the smooth running of the process, such as breaks, waiting times, procedures, etc.

Analysis

Analysis of the *fluxogram* requires in-depth knowledge about the process under consideration. If certain aspects are unclear, it may be helpful to hold more in-depth interviews with the relevant professionals involved in delivering the pathway.

Symbols to be used

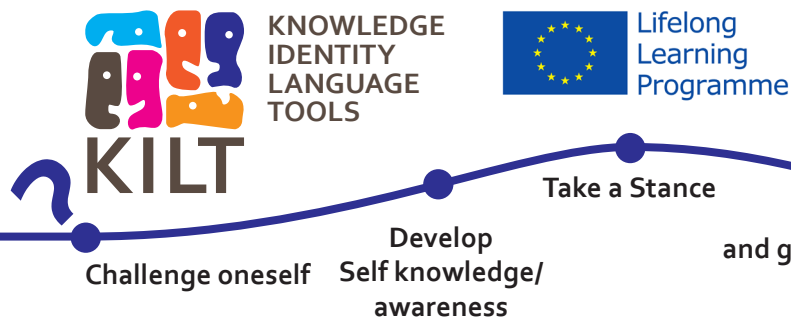


Oval	Diamond	Rectangle
Point of entry into a service	Decision & questions	Actions
<i>Record what happens – how is the service user received?</i>	<i>Record the assessment process, and decisions made as a result (e.g. other professionals contacted/ informed).</i>	<i>Record actions carried out (e.g. team meeting called, procedure initiated).</i>

It is important to record in the margin with an asterisk (*) how decisions and actions were taken, and implemented.

Any other data, observations or factors considered as having a significant impact on the pathway or on the way the team functions should be similarly highlighted.

Where possible, a second session should be organised with the team to analyse the *fluxogram* and produce a collective response and recommendations.



MODULE 3

The Role & Place of Professionals

SEQUENCE 3.2

Communicating clearly with patients and colleagues

Practical details

Number of participants (min/max):	between 5 and 15
Duration:	2 hours
Materials:	
Different creative methods can be used (drawings, photographs, toys, Lego, videos ...).	

Learning outcomes

- Clarify participants' professional role and place within a team/ organisation.
- Know how to communicate and explain this role to others.

Background

This tool was created in response to criticism expressed by service users who are surprised by or question the role or presence of some professionals within certain care contexts.

The tool is in line with the integrated social action approach which places users at the heart of the system, treating them as partners in the progressive recovery of their autonomy or greater well-being, and aims to help ensure continuity of treatment and care.

Clarifying and specifying the roles of professionals is important in any social care or healthcare situation, both for patients and users as well as for professionals who are part of a multidisciplinary team working with the same person. Health and social care workers must be clear about their role and how their particular skills are integrated within the care pathway as a whole, in such a way as to complement the contributions of their colleagues. In order to provide safe and efficient care, it is essential that those on the receiving end of care also understand the situation and the purpose of what is provided for them.

How the sequence works

Each participant, in group discussion, is required to produce a description of their professional role and place (within team, organisation), in an accessible and user friendly format which could be replicated with a patient or service user.

The resource produced should take account of the type of organisation or target audience, and include:

- the purpose of the organisation,
- the type of people who work within it,
- their own role and function as a professional,
- the specific things they will be able to do for the patient/service user,
- the interactions and expectations which should inform the relationship between the service user and the care provider.

Special attention should therefore be paid to the vocabulary and/or pictograms so as to convey the information in an accessible and appropriate way. (***This can be checked out with service users themselves at a later date.***)

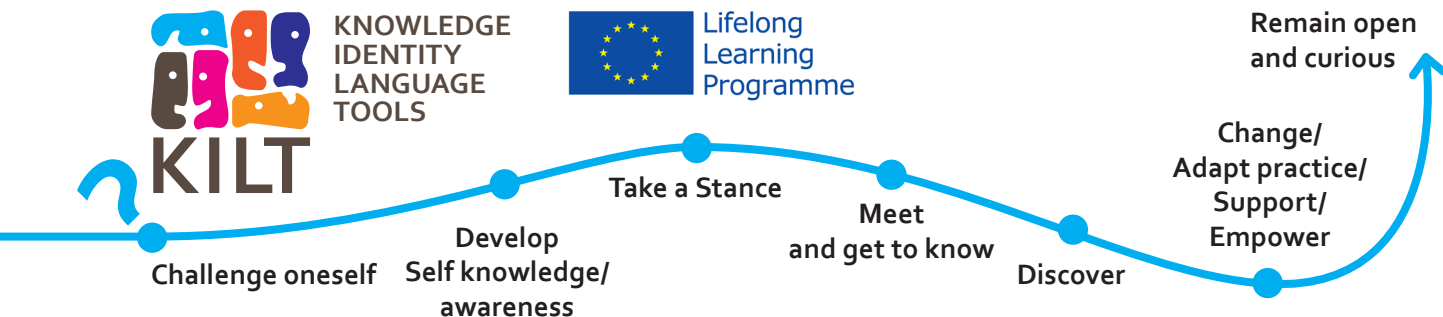
During the exercise, the facilitator will provide further information about different types of health or social structure, professional roles etc, as necessary.



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MODULE 4

Social Factors in Health

SEQUENCE 4.1

Around Me

Practical details

Number of participants (min/max):	between 4 and 12
Duration:	2 hours
Materials:	
The game includes a board, 4 numbered cards, a dice and instructions.	

Background

'Around Me' is a game that was designed to educate community outreach workers about the determinants of health, in a fun and interactive way. The game promotes learning through discussion and interaction; participants share knowledge, ideas and feelings about health and what determines it. The aim is to build up a picture of what is 'Around Me' – at individual, community and global level – and explore health beliefs.

Learning outcomes

- Acquire knowledge about the determinants of health.
- Evaluate information about health determinants.
- Share knowledge, feelings, ideas and beliefs about individual health – what contributes to and detracts from it.
- Build a realistic picture of individual lives based on the wider social and global context around them.
- Identify and acknowledge values and beliefs held within the group.

How the sequence works

Contents: The resource includes the following material:

- a game board,
- 4 different coloured cards,
- a dice
- and instructions.

'Around me' is more than just a question/answer game, it is game to promote debate and discussion. The game can be used with a group or individually, although a group setting is recommended. The number of players may vary, but experience shows that the ideal number is between 8 and 12 participants, playing in small groups of two or three players. This enables a good level of discussion and participation. The game is best facilitated by a community worker or other trained professional from a relevant discipline, and with the appropriate skills to establish a relaxed and conducive atmosphere.



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The game consists of a board where different determinants which influence the health of individuals are divided into three categories in the form of concentric coloured circles:

Personal determinants (local sphere)

Social determinants (wider community/regional sphere)

Global determinants (world level)

These three categories (circles) are divided into sections:

Personal determinants

- Genetics and physiology
- Lifestyles
- Community social resources
- Housing
- Access to food, water and public sanitation
- Education
- Living/working conditions
- Workplace
- Human rights
- Health services

Social determinants with an inter or trans-territorial dimension

- Local environment/ecosystem
- Social networks and infrastructure
- Trade and economic development
- Health policies

Global determinants with a universal dimension

- Global environmental conditions
- Global cultural conditions and policies
- Global socio-economic conditions
- Global political conditions

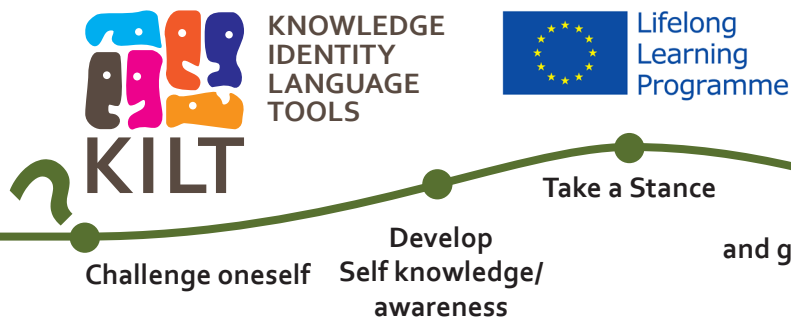
Each individual path traverses the different categories. Each participant (or player or group of players) has a card and a dice to start playing and make progress along the different sections of the path.

Questions or topics are selected at random. Players begin by throwing the dice and move from one circle to another according to the figure shown on the dice. The facilitator asks the player/group a question to promote discussion about the type of determinants which correspond to the player's position in the game e.g. if the player is on the pink coloured star in the category on personal determinants belonging to the group of factors linked to lifestyle, possible questions are:

- Does diet affect health?
- How should meals be eaten throughout the day?
- In our local community what affects access to healthy food e.g. for different population groups?

During the game the groups may come up with similar or very different ideas from each other – the facilitator can use this to promote wider debate within the whole group.

The exercise can be further extended through participants undertaking background research into their local area (e.g. provision of health services, housing mix and so on.)



MODULE 5

Individual trajectories

SEQUENCE 5.1

The Game of Life

Practical details

Number of participants (min/max): between 6 and 15/20 participants

Duration: 3 hours

Materials:

A number of images, selected with the intention of eliciting a reaction.

Background

The autobiographical, or narrative, approach represents an effective way of helping people to become aware of needs and feelings in relation to particular issues.

This tool requires participants to recall episodes and experiences that are part of their personal identity and life history; it aims to raise awareness of unconscious prejudice and discriminatory behavior, and promote reflection on ways to counter such reactions and avoid acting on them.

Learning outcomes

- Develop skills in describing and relating events.
- Develop active listening skills.
- Promote self-reflection.
- Confront and address personal prejudice.

How the sequence works

The '*game of life*' consists of a 'path' of consecutively numbered spaces, each containing an image with emotional impact (a mum with a child, a person in a hospital, elderly people, and so on). Each participant chooses an image which is emotionally significant for them, and explains to the rest of the group why they have chosen it. It is important that each person is allowed sufficient time to tell their story in the way they wish.

The facilitator asks each participant to:

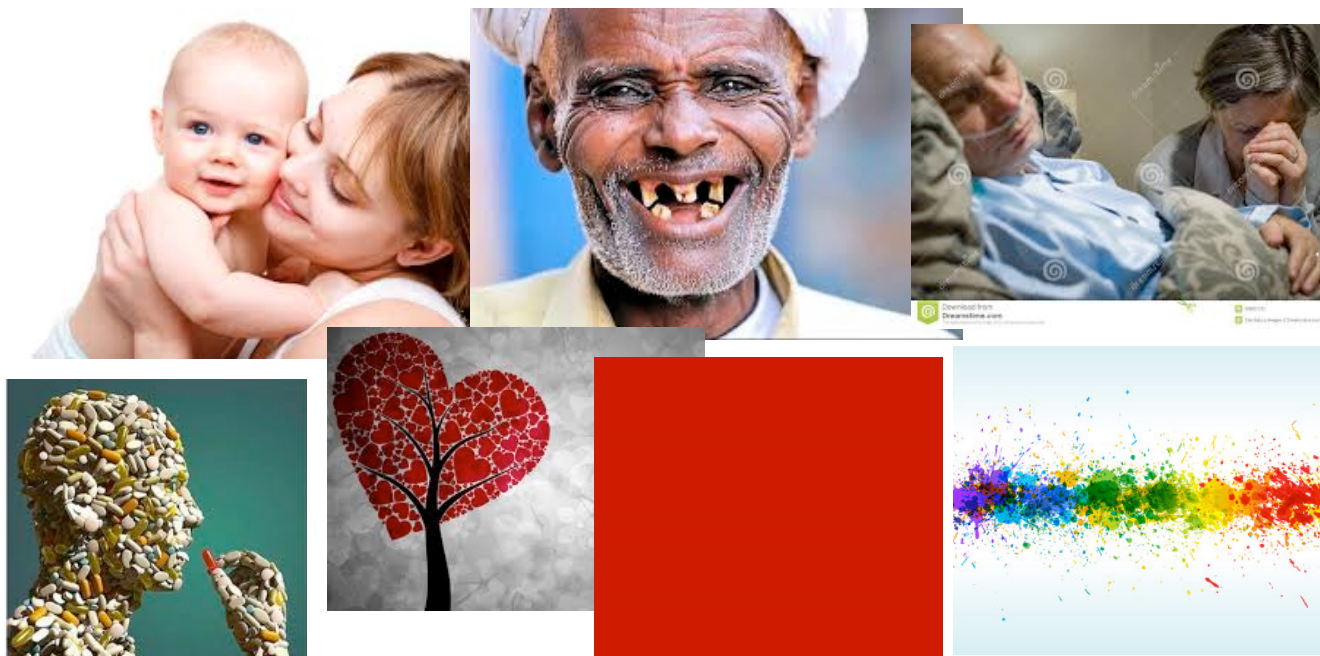
- describe the image,
- explain their choice, and describe the emotion they feel when they look at the image,
- link the image to an event in their own life and describe it,
- describe the first time they remember feeling this emotion.

Finally, the facilitator should invite the participants to think about the range of different responses that can be evoked by the same image, and encourage reflection on how these may sometimes arise from unconscious prejudice or stereotyping (such as ageism or racism).

NB Care should be taken to ensure that participants do not feel obliged to relate any experience that they are not comfortable with sharing.



Examples of images:

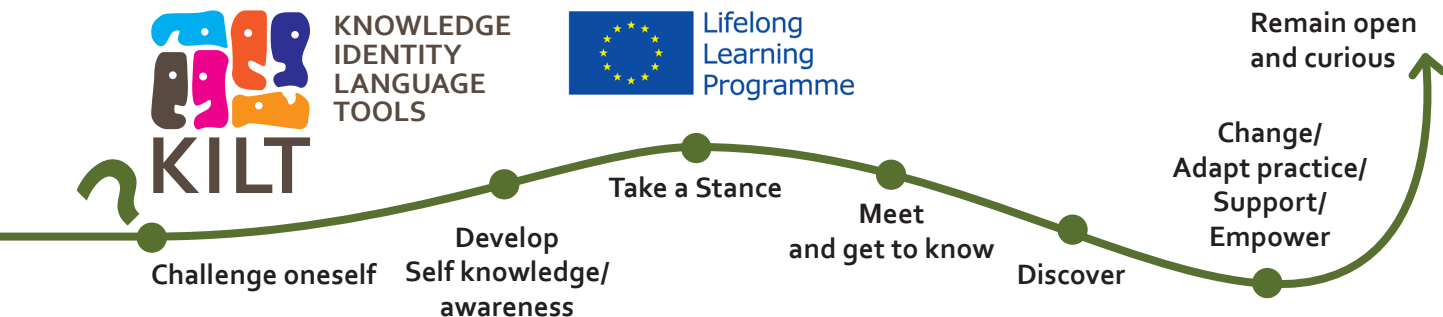




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MODULE 5

Individual trajectories

SEQUENCE 5.2

Storytelling Café

Practical details

Number of participants (min/max):	3-4 at the storytelling café where the stories are filmed and 12-14 in sessions to discuss the cases
Duration:	Discussion session = 1 hour; Storytelling café = as long as necessary.
Location:	The storytelling café needs to be established in a quiet place where the subject can tell his or her stories without being overheard.
Materials:	<ul style="list-style-type: none"> • recording/filming equipment • written scenarios/case studies • tutor notes

Background

The way in which individuals approach and use health services is informed by more than their immediate health care needs, but is shaped by a variety of factors such as their health beliefs, the circumstances of their daily lives, their expectations about what they are entitled to, or not, their own assessment of their needs, and their previous experience of services, both in their country of residence and/or origin.

Similarly, there are huge differences in peoples' views and perceptions of what affects their health, both positively and negatively, and the ways in which they manage ill-health within the context of their lives as a whole.

All these factors influence how people understand and experience health treatment and care, and their relationship with the care provider.

The therapeutic relationship is a two way process. The purpose of this exercise is to highlight for medical students the many aspects which affect health and access to/use of healthcare services, and encourage them to reflect on how they might best respond to the needs of different patients in a way which takes into account these complexities.

This tool recognizes the power of people's real life histories.

These serve as a way to illustrate not only the myriad factors which influence health and illness, but perhaps more importantly peoples' different perceptions and understanding of health and well being.

This in turn can be used to highlight the fact that the principle of person centered care only becomes possible in practice when it is based on an understanding of the persons story, and the broader context of their life circumstances.

Consequently, the priorities of patients may in some cases differ from that of healthcare practitioners, and students are encouraged to recognize and reflect on the implications of this for practice.



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Learning outcomes

The scenarios which are developed on the basis of the filmed interviews will focus on specific points within the narrative which would bring the individual into contact with the doctor (a crisis, a particular illness episode).

In this way, the scenario is based on an actual case and is relevant to medical practice. The task of the students in the discussion is to unpick and understand the patient's background story and circumstances. They need to consider the implications for how they, as practitioners, will respond to and work with the patient in order to meet their needs as to provision of care.

Participants will:

- **Develop their understanding of social and other factors that influence health, and peoples' access to and use of health services.**
- **Develop skills in listening to and recording personal histories.**
- **Reflect on ways to deliver person centred care which takes into account the complexities of each individual's identity and situation.**

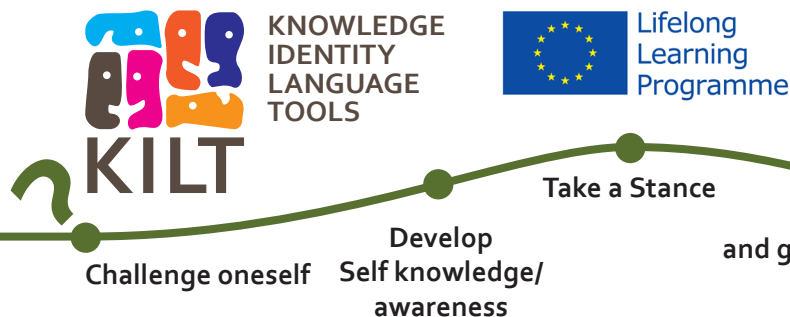
How the sequence works

People are invited in to talk (quite informally) about their lives and personal histories with a medical student (as far as possible, include individuals from a range of backgrounds, i.e. different ages, ethnicity, income level, gender etc.).

This interview is filmed, and then used to generate scenarios for students to discuss in groups the following points:

- how the person's life has shaped their health and views of healthcare,
- how they as future doctors would respond to the person and their healthcare needs.

The scenario takes the form of a written case study, which is distributed to the participants and used as a basis for discussion within the group. These scenarios should be accompanied by tutor notes, in order to make sure that the discussions are structured and key points highlighted (notes might include something about the historical and social context for different population groups in relation to health status and health service use/ access, for example).



MODULE 5

Individual trajectories

SEQUENCE 5.3

Mapping life trajectories

Practical details

Number of participants (min/max):	between 5 and 15
Duration:	3 hours
Materials:	<ul style="list-style-type: none"> A3 format maps (world, Europe, national, local, two per participant) drawings/symbols for map illustrations colour pens

Background

There are moments in every person's journey through life which are remembered as significant occasions or turning points – a particular encounter, a new discovery or experience for example. These instances are part of what makes us who we are, and contribute to our sense of personal identity as well as our social and cultural background.

These events can be highlighted or illustrated in different ways; this tool takes the form of a workshop where participants are asked to trace their own trajectories on a geographical map, linking significant places and events in time. The aim is to facilitate communication across cultural and/or language barriers through the sharing of personal histories.

Learning outcomes

- Identify significant events in participants' personal development, and appreciate the potential for common elements between very different life trajectories.
- Develop a better understanding of other backgrounds and cultures as a result.

How the sequence works

This is the same exercise as Module 1 Sequence 1.4, but designed with a different conclusion.

A Mapping (20 minutes)

Individually, participants map their personal trajectory onto:

- a "wide angle" map - world, Europe or national, as necessary for each participant to chart their pathway from place of birth to the current time. (This map is important even if the point of departure is identical to the place where the participant lives today).
- A local map, to reflect where the participant lives today; this is used for recent/current activity and events.

On each map, participants trace the route they have followed and circle the places they have lived; they also highlight with illustrations or symbols the activities (school, sport, etc) and events (wedding, birth, etc) that are significant for them.



B Getting to know each other (40 minutes)

In small groups of 2 or 3 people each participant presents their maps. Participants then identify any similarities (same places they have lived or passed through, types of events or shared interests, etc) in order to discover similarities or common ground.

C Common ground (60 minutes)

As a whole group participants attempt to identify the commonalities and differences illustrated by the individual maps.

D Adaptation to work contexts (60 minutes)

Participants discuss in small groups ways in which they can apply the tool within their own work contexts, if appropriate.

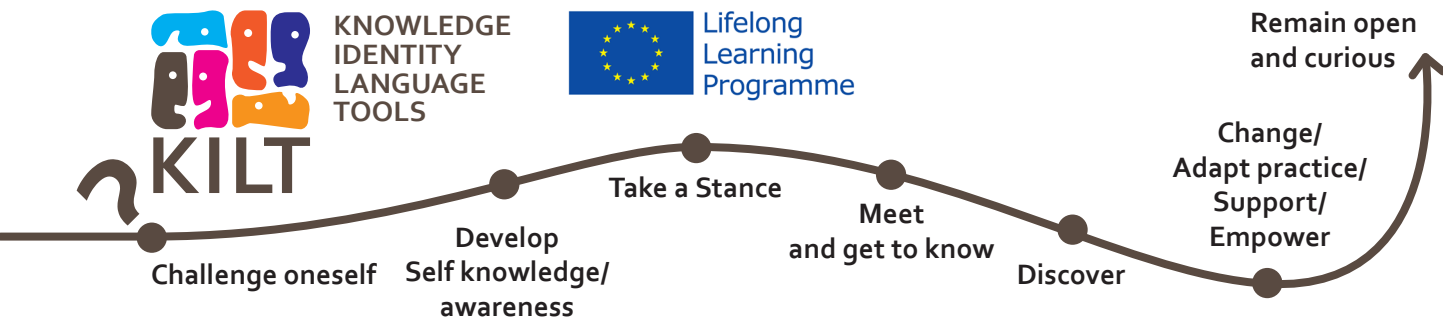
NB Sensitivity is required in using this exercise as participants are being asked about personal trajectories which, depending on the group, may include traumatic migration histories. Care should be taken to ensure that no-one is required to divulge anything they don't wish to, and that support is provided as appropriate.



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MODULE 6

Communication skills

SEQUENCE 6.1

First point of contact: improving communication with users and patients

Practical details

Number of participants (min/max):	between 5 and 15 (ideally 8 people)
Duration:	3 hours
Materials:	<ul style="list-style-type: none"> • video recording • guidance for the observers • 4 prepared scenarios

Background

The first point of contact or entry into a service is a significant moment for patients or service users. These first encounters can provide the opportunity to dispel anxiety or misunderstandings on the part of the service user, without fear of judgement or negative repercussions.

This tool was initially intended for use with social work/ social care students, in anticipation of their future role in welcoming and assessing people entering residential or day care.

Participants are encouraged to examine ways to improve such first encounters between service provider and service user.

Learning outcomes

- Raise awareness of verbal and non-verbal communication.
- Identify barriers to communication.
- Explore ways to improve communication and develop a person centred approach to communicating with patients/users.
- Explore ways to adapt existing protocol or practice, if appropriate.

How the sequence works

A Role play/simulation (140 minutes)

The exercise consists of 4 simulations or role plays where two participants are asked to play the role of professional and service user (i.e. four pairs, two people for each role play).

The situational context and the identity of the protagonists are specified in the scenario which the facilitator provides – this must be relevant to the group and focus on the point of entry into a service (e.g. assessment appointment, first visit to day care centre, first clinical encounter for specialist care).



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The rest of the group observes the interaction, and takes notes on:

- **Verbal communication:** tone of voice; clarity of language used; open or closed questions; re-framing of questions or information to aid understanding etc.
- **Non verbal communication:** gestures; eye contact – direct or evasive; posture and body stance; distance between protagonists; manner; appearance etc.

The observers then relate what they have noted, and the players describe their experience of being in role.

If wished, the role plays can be filmed and sequences played back to the whole group during debriefing, for more in-depth observation.

B Discussion (40 minutes)

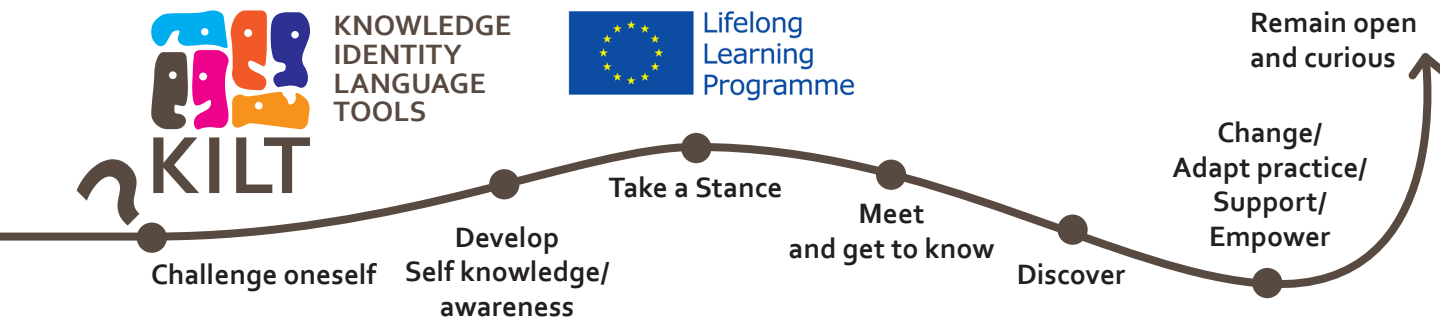
Based on a whole group discussion about the results from the role plays, and the different situations and contexts for first encounters with service users, the facilitator draws together some agreed recommendations and criteria for effective communication.



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MODULE 6

Communication skills

SEQUENCE 6.2

Non-violent communication: keys for opening up to the other person

Practical details

Number of participants (min/max):	8/12
Duration:	2 hours
Materials:	<ul style="list-style-type: none">• paper• pencils• needs cards (pdf) and feelings/emotions cards (pdf)

Background

Non-violent communication (abbreviated NVC and also known as Compassionate Communication or Collaborative Communication) is a communication process developed by Marshall Rosenberg at the beginning of the 1960s. It consists of three aspects of communication: self-empathy (defined as a deep and compassionate awareness of one's own inner experience), empathy (defined as listening to another with deep compassion), and honest self-expression (defined as expressing oneself authentically in a way that is likely to inspire compassion in others).

NVC is based on the idea that all human beings have the capacity for compassion and only resort to violence or behaviour that harms others when they do not find other effective strategies for meeting their needs. Habits of thought and speech that lead to the use of violence (psychological and physical) are learned through culture. NVC theory supposes that all human behaviour stems from attempts to meet universal human needs and that these needs are never in conflict. Thus, the conflicts occur around the strategies adopted to meet these needs. NVC therefore proposes that if a person can identify their needs and the needs of others through the feelings that surround these needs, harmony can be achieved.

While NVC is represented as a means of communication designed to improve the empathic connection with others, it has also been interpreted as a spiritual practice, a set of values, a parenting technique, an educational method and a world view.

NVC has been used in organisational and business settings, in parenting, in education, in mediation, in psychotherapy, in healthcare, in addressing dietary problems, and as a basis for children's books, but also in other contexts.

Using NVC helps us to restructure the way in which we express ourselves and in which we listen to others. Instead of following the usual patterns or resorting to automatic reactions, our words may provide conscious responses based on the knowledge of what we perceive, feel or want. We are made to express ourselves with honesty and clarity, and respond simultaneously to others with respect and awareness of their needs.



Learning outcomes

- Experiment with observation methods without evaluating or judging the other person.
- Recognise the needs of the other person.
- Express one's feelings with ease and formulate requests.

How the sequence works

WORKSHOP (adapted by SNEHA 2011 - A Training Manual on Non-Violent Communication published by the Society for Nutrition Education and Health Action).

This includes 4 steps based on Observations, Feelings, Needs and Requests.

STEPS

1. Introduction (10 minutes)

The team leader presents the steps and the purpose of the workshop and the group familiarises itself.

2. What is violence? (15 minutes)

The participants ask, "What is violence?" Their points of view are written in a chart by the team leader (usually violence through communication becomes an effective point in the discussion).

3. Observations (20 minutes)

- Ask the participants to cast a glance over the room and write 5 comments and ask 2 participants to read aloud what they have written.
- Next, ask the participants to write their observations about a person sitting in the room and ask 2 participants to share what they have written.

[Debriefing: Observation seems easy when it comes to inanimate objects. But when it comes to observing the living, making judgements appears to be the norm. However, judgements feed 'violent' communication. How then does one observe without judging? The answer is to give one's opinion, to speak of what one perceives: "In my opinion...", "it seems to me...", etc. Can we go on to pass judgements about our colleagues, our seniors, our patients and their relatives, and those who are dear to us?]

4. Feelings (20 minutes)

The team leader could help the learner with a set of "feelings/emotions" cards and a set of "needs" cards that would be kept in the centre. The participants could be asked to take a card corresponding to their feeling/emotion.

At the same time, the participants could seek to identify the need which has been met/not satisfied, and which is the origin of their feelings/emotions.

[Debriefing: Risk of hearing phrases such as "I feel angry because you...", or "I feel angry because I want..." However, the cause of our feelings/emotions is not to be shifted onto another person, but rather to be sought in our own thoughts, wishes, and desires. We get angry because of the thoughts that we have, and not because of what another person has done to us.

Therefore, violence, whether it is verbal or physical, results from the supposition that our feelings are not a reflection of what is happening inside us, but rather what is happening on the outside. So we say hurtful things to punish or blame the person who we believe to be at the root of our feelings/emotions. Aware of this trend, a person practising non-violent communication could conclude, "I am angry because my expectations have not been met."]

5. Role Play (20 minutes)

- **Scene A: ask for two volunteers to play this scene:**

You have just gone back into the room and the other person, sitting on a chair, starts to shout: "You always do this. You're never on time. Every time you're needed, you're not there. And you're nowhere to be found. You don't even pick up your calls. When you see my/our numbers, you hang up. I am very frustrated. If this continues, I'm going to complain to my superiors".

Next, ask for the reactions of the participants.

[Debriefing: This type of communication is critical, negative and evaluative. The communicator adopted a position of superiority and spoke to its audience with condescension. This may make the recipient feel offended, annoyed, and not knowing how to proceed. This is not constructive because the speaker does not say what is wrong and does not propose any solution to improve the situation. Persistent use of this way of communicating creates a major problem: nothing enables the relationship to be restored, to build a situation allowing reconciliation. In addition, the judgement method is not the best way to motivate an operator/employee.]

- **Scene B:** ask for two volunteers to play the same situation but where the conversation would go like this:

You have just gone back into the room and the other person, seated in a chair, greets you with a smile and says: "I noticed that last week you arrived half an hour after your team begins. It bothers me when you do not arrive on time. You know that we are just three employees in this team. I need your cooperation. Could you please discuss this with me?"

"Oh, yes... Could we see each other in 15 minutes? I have something urgent to do..."

"Okay. See you here in 15 minutes".

"I am sorry that my lateness last week bothered you..."

Next, ask for the reactions of the participants.

6. Discussion (20/25 minutes) :

At this stage, the team leader uses a display on which the group will be able to insert all the elements to indicate whether one is observing or evaluating.

* Examples of feelings

Feelings when our needs ARE met				
AFFECTIONATE	ENGAGED	FILLED WITH GRATITUDE	JOYFUL	PEACEFUL
Compassionate	Absorbed	Full of praise	Amused	Calm
Friendly	Captivated	Appreciative	Overjoyed	Insightful
Affectionate	Curious	Touched	Happy	Serene
Loving	Enchanted		Bright	In agreement with myself
Benevolent	Delighted	EXCITED	Titillated	Satisfied
Tender	Fascinated	Amazed	Fulfilled	Stoic
Warm	Interested	Lively		Accomplished
	Intrigued	Ardent	ENVIGORATED	Soothed
CONFIDENT	Involved	Awakened	Blissful	Quiet
Capable	Bewitched	Illuminated	Excited	Relieved
Open	Stimulated	Wishful	Captivated	Relaxed
Reliable		Energetic	Exuberant	Serene
Proud	REGENERATED	Enthusiastic	Radiating	Quiet
Protected	Enlivened	Fascinated	Delighted	Confident
	Rejuvenated	Fortified	Enthusiastic	
INSPIRED	Transformed	Occupied	Euphoric	FULL OF HOPE
Amazed	Rested	Passionate	Fulfilled	Expectant
Intimidated	Rebuilt	Surprised		Encouraged
Enthralled	Restored	Vibrant		Optimistic
				Inspired

* Exemples de sentiments

Feelings when our needs ARE NOT satisfied				
FEAR	CONFUSION	EMBARRASSMENT	TENSION	SADNESS
Frightened	Ambivalent	Shameful	Anxious	Depressed
Fearful	Perplexed	Distressed	Distressed	Discouraged
Worried	Bewildered	Troubled	Upset	Desperate
Suspicious	Stunned	Guilty	Distraught	Discouraged
Panicky	Hesitant	Mortified	Tense	Disappointed
Petrified	Lost	Embarrassed	Angry	Abandoned
Fearful	Torn		Nervous	Sombre
Terrified		TIREDNESS	Agitated	Melancholic
	CONCERN	Despondent	Stressed	Dissatisfied
BOREDOM	Agitated	Exhausted		Unhappy
Exasperated	Alarmed	Wearied	VULNERABILITY	
Appalled	Discouraged	Lethargic	Fragile	DISCONNECTION
Dissatisfied	Disconcerted	Apathetic	Alert	Foreign
Frustrated	Troubled	Lethargic	Powerless	Distant
Impatient	Troubled	Tired	Insecure	Indifferent
Angry	Shaken	On edge	Suspicious	Boring
Annoyed	Agitated		Reserved	Cold
	Shocked	REPUGNANCE	Shaky	Detached
ANGER	Frightened	Appalled		Distant
Angry	Surprised	Disgusted	PAIN	Distant
Enraged	Turbulent	Horried	Suffering	Withdrawn
Furious	Upset	Hostile	Anguished	
	Uncomfortable		Bereaved	
	Worried		Devastated	
	Irritated			

* Examples of needs

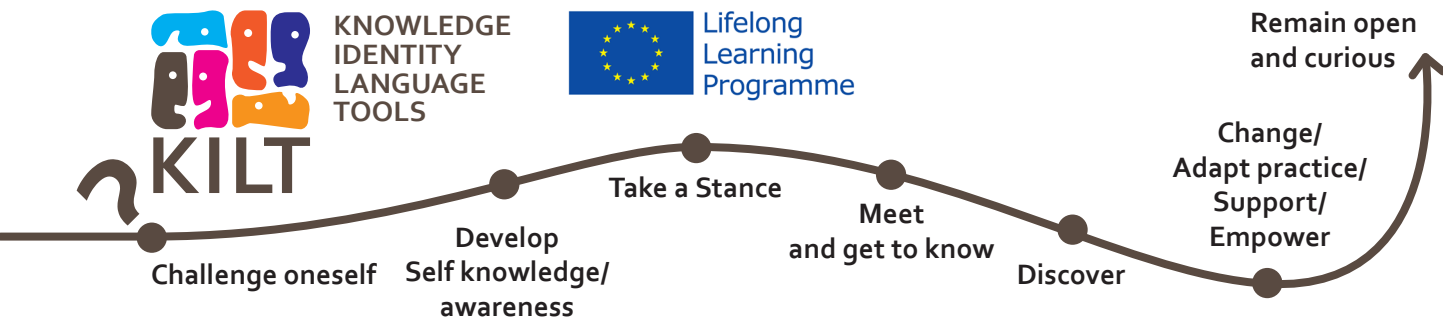
Needs				
To be seen for what I am	To have my true intentions understood	Contact	Tenderness	Goodness
Comfort	Fairness/Justice	Completion	Competence	Change
Recognition	Sharing	Expression	Company	Privacy
Consideration	Solitude	Gratitude	Clarity	Compassion
Dreams	Explore and honour my own values	Autonomy	Choice	Celebration
Sadness/ Acceptance	Authenticity	Feeling	Integrity	Creativity
Interdependence	Acceptance	Community	Shared Reality	Connection
Assessment	Consideration	Contribute to life	Ease	Empathy
Love	Honesty	Support	Truth	Understanding
Beauty	Inspiration	Harmony	Order	Peace
Laughing	Fun	Game	Food/Water/Air/ Shelter	Sensory stimulation
Physical movement	Respect/ Consideration	Rest	Physical Security	Pleasure



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MODULE 6

Communication skills

SEQUENCE 6.3

Prejudices, self-esteem and feelings of superiority

Practical details

Number of participants (min/max):	between 6 and 20
Duration:	2 hours (including 30 to 45 minutes for the filmed discussion)
Materials:	<ul style="list-style-type: none"> recording/filming equipment discussion topics tutor notes

Background

Prejudices and feelings of superiority exist and usually develop within a group. This can lead to Interpersonal problems can impact on group relationships and dynamics. But are these emotions always purely negative? Are feelings of superiority unacceptable in all life situations? Ethics and morality challenge us on the rather negative dimension and connotation of such feelings and types of reaction. At the same time, paradoxically, it is often agreed that it is not good to stifle a natural human emotion. Can this sense of superiority be considered a natural human emotion?

Health and social care professionals encounter these issues at an individual level with service users and also at a community level where there can be other added dimensions.

The trainees participating in KILT training module may encounter these issues in their work. Through group work, the trainees may support each other in the analytical process and benefit from learning about attitudinal issues and group management dynamics. The group process may also demonstrate how to deal with rejection or stonewalling within a group of service users.

Conventional training models rely on debate and discussion. This work sequence is enhanced by the use of video and role-play as well.

The video recording of the group discussion can be a useful for both trainers and participants. During discussion the trainees concentrate on their verbal discourse and verbal arguments. The recorded group discussion offers a space to analyse, observe and reflect individual and group professional practice including their non-verbal communication. This can allow assessment of the discussion but also reveal their own and other's attitudes.

A video recording of a group discussion can also be used as a "student project" where the trainer plays the role of facilitator. In this case, the participants themselves must define the subject of the discussion and formulate questions related to the problems raised. The trainees could direct how the video is used as well as the video analysis.



Learning outcomes

- Identify and analyse the underlying causes of social phenomena and reactions.
- Reduce stereotypical thinking.
- Apply critical thinking in the evaluation and characteristics of social phenomena.
- Develop the capacity to recognise, and question appropriately and be able to express own opinion.

How the sequence works

STEP 1.A - GROUP DISCUSSION ON THE THEME

Trainer prepares the subjects and questions related to the specific session. These themes are based on the life and social psychology of the individual, their scale of values and attitudes. Beforehand, the trainer prepares the topics and questions for discussion. The topics should be relevant and realistic and allow a discussion on values and attitudes.

Some examples are given below. *Examples of discussion topics (subjects can be extended/adapted to the needs of a particular community or professional):*

1. "Honourable" Behaviour

"Within the context of my work, I can plagiarise or steal somebody else's work or intellectual property. All of my colleagues have taken advantage of this opportunity, but I did not. This was not because I was afraid but I did not feel it was right to do this."

Questions:

- Do I have the right to feel superior to those who have stolen?
- How many people out of 100 would have this feeling of superiority if they refused to steal?

2. Cultural Traditions

"At a meeting of young people and students from various European countries, I found out that only 4 of us belonged to a nation with a long cultural tradition which has left a legacy to the rest of the world. In the course of conversations with other participants in the meeting, I realised that this was not important to anyone."

Questions:

- Do we have the right to feel superior to the other participants?
- How would representatives of other countries with a long and rich cultural tradition feel in such a situation?

(Note: this subject may be adapted to cover respect for fundamental human rights and freedoms.)

3. Life Evaluation

"30 years after secondary school, I met two of my classmates. We talked about our lives, our successes and our failures. Later, when I thought back to this conversation, I felt that in comparison to the others I had done better. Thanks to my sense of responsibility, my diligence and my honesty, I achieved some success. I am an achiever both in terms of family and social standing. My classmates are far from having a comparable life, mainly due to their irresponsibility, their indiscipline and especially due to their lack of morals."

Questions:

- Do I have a right to feel superior to my classmates?
- What percentage of people out of 100 would feel superior to their peers in a similar situation?

4. Quality of Life Index

"At a meeting of seniors from different European countries, I found that my country provides a high quality service health service and this is reflected in the higher life expectancy and health status. I wanted to discuss this subject but no one was interested. They were not even interested in improving the health service."

Questions:

- Do I have a right to feel superior to the other participants of the meeting?
- What percentage of people in my position would feel superior?

STEP 1.B - USE OF VIDEO RECORDING IN THE GROUP DISCUSSION

Videos made for educational purposes are generally used more than once so they should be analysed with the group and reviewed at a later date to see if fresh perspectives are revealed.

The analysis should allow trainees to express their general impression of the discussion, as well as the feelings associated with expressing themselves in front of the camera. The participants who were observers (i.e. did not participate in the discussion) should have the same opportunity to express their points of view on the subject, on the discussion itself, as well as analysing the non-verbal and verbal expressions of the actors. This phase of the reflection can also be recorded on video.

STEP 2 - EDITING VIDEO RECORDING

STEP 3 - SUBSEQUENT ANALYSIS OF THE DISCUSSION RECORDED

Analysis of the video recordings may continue over several meetings. This can allow the trainer to focus on specific areas, for example non-verbal communication, group dynamics, the verbal expression of individual participants, or the argument developed.

Examples of points of analysis:

1. Analysis focused on the group dynamics, the roles in the group, and the interaction of the group

The participants should choose one individual (a target actor) to observe. Observations could include:

- Which participant did the chosen target actor address?
- Who joined the discussion before him?
- Who joined the discussion after him?
- How many times did the chosen target actor engage in the discussion?
- What was his role as a member of the group?

The individual accounts and reactions of the trainees can help understand group dynamics and the roles played by different members as well as analyse their ability to express themselves.

2. Analysis focused on the arguments of the students

Video analysis could be a useful tool to help group members understand how they reason and formulate their arguments. The trainers can assist the group to focus on the arguments developed the basic factors in their position, decisions and the aspects left open.

3. Analysis focused on the non-verbal communication

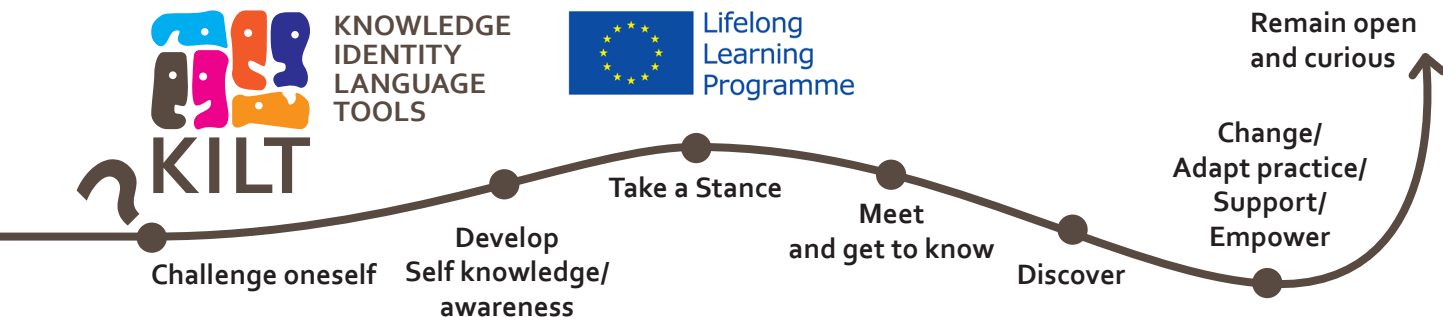
Video analysis can be a useful tool to analyse verbal non verbal behaviour. The trainer can invite trainees to observe the individual elements of non-verbal communication (facial expressions, postures, etc.), as well as tone of voice or phrases uttered in whispers.



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MODULE 6

Communication skills

SEQUENCE 6.4

Getting to know others

Practical details

Number of participants (min/max):	between 5 and 15
Duration:	4 hours

Learning outcomes

- Share and learn about different cultural backgrounds, to develop understanding of similarities and points of contact as well as differences.
- Identify barriers to communication, and explore how to address these.
- Consider how to apply the exercise within their own work context.

Background

Organizations working with children at risk (or children in general, e.g. schools) may often be required to welcome in minors from other countries. Children from the “host” country are sometimes bewildered by their peers with whom they may be unable to communicate due to language barriers, leading to wariness and distrust, and possible rejection.

Celebrations organized around particular festivals or events can provide the opportunity to share customs and rituals with others, and bring people together within a community. This is as true for other groups of people as much as children; the elderly, for example, who may live in institutions together with people they didn’t previously know, from different backgrounds and cultures.

In this exercise participants are asked to introduce themselves to others through the demonstration or description of a ritual, or cultural practice, which is important for them: cooking, music, dance, etc. The aim is to facilitate relationships through encouraging people to recognize the familiarity in what initially appears foreign, and share common experiences across cultures and boundaries.

The aim of carrying out this exercise with a group of students in health or social care disciplines is to encourage them to develop a targeted training session which builds on their own experience as participants.



How the sequence works

Before the session, each participant selects or prepares an item or practice which is representative of their cultural background (e.g. a traditional recipe, a dance, a garment of clothing, etc) to describe to the rest of the group.

The participant should choose something they consider typical, even if others may consider it unusual.

A Group presentation (150 minutes)

Each participant presents their item or material, giving the reasons why they chose it and explaining its significance for them.

The other members of the group may then ask questions or make observations.

(NB. Allow around 10 minutes per participant, including presentation and questions.)

B Discussion (40 minutes)

The facilitator leads a discussion drawing on the reactions and responses of participants, highlighting key points and lessons learned from the exercise.

C Application to a work context – whole group (30 minutes)

In discussion, participants consider whether or how this exercise may be applicable in their own work contexts, with a focus on:

- overcoming barriers to communication, with reference to their specific target group,
- particular issues for the groups with whom they work.

D Individually (20 minutes)

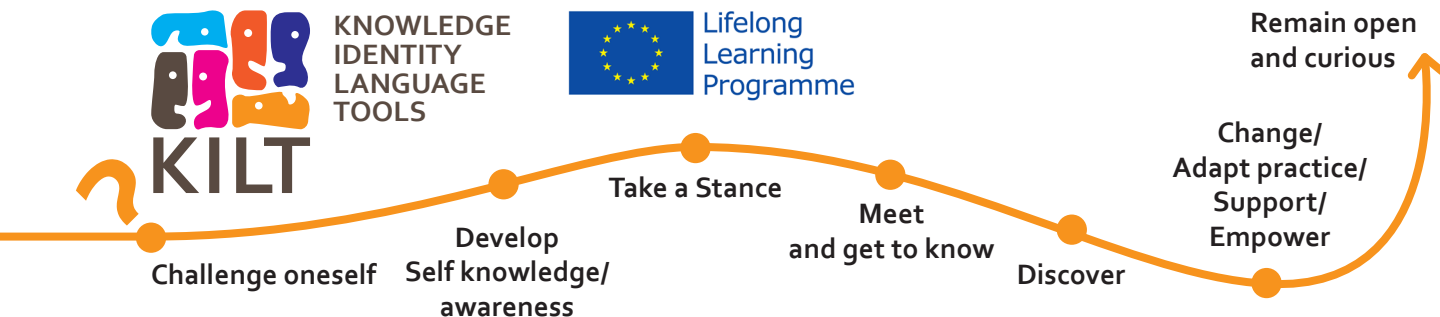
Each participant develops a draft outline of how they will apply the exercise in their work.



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MODULE 7

Communication and problem solving in a group

SEQUENCE 7.1

Aquarium or Fishbowl

Practical details

Number of participants (min/max):	6/20 participants (small "aquarium" group 5/6)
Duration:	3 hours
Location:	A large space is necessary for plenary sessions and in which the smaller group can work and be observed.
Other requirements:	The facilitator needs good facilitation and coordination skills (by tutor/trainer)
Materials:	<ul style="list-style-type: none"> • grids for observers and facilitator • preparation of background and task outline for small group

Background

This technique is widely used in teacher training; the activity involves an exchange of ideas between groups of participants or between trainees and facilitator. It is based on a dialectical interaction aimed at solving a problem by listening, dialogue and the technique of questioning and raising doubts.

The activity can be used with a group working together to solve a problem, to develop the analysis of a situation, critical and shared reflection, or the joint development of a resource or initiative.

Learning outcomes

- Facilitate group dynamics and collaboration.
- Promote decision making and problem resolution based on consideration of all views and possible solutions.
- Promote creative collaboration.
- Develop facilitation skills.



This project has been funded with support from the European Commission.
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How the sequence works

There are two groups in this activity. The participants in the larger group – the observers - stand in a circle around the smaller group – the fishbowl - and listen, at first without making any comments or observation, to the small group's discussions.

In some cases, the observers may be asked to join the fishbowl and to contribute to the discussion – or they may keep their responses to what they have heard for the whole group discussion at the end.

The small group is required to complete their task 'in the open' and under the gaze of the larger group, who are required to undertake a critical analysis of what they observe. However the overall aim is to foster co-operation and joint working within the group as a whole.

STEPS:

- Division of the participants into two groups : a smaller one (preferably selected at random, via a game, for example, such as assigning all those born in a particular month, or whose name includes an particular letter) and a larger group (those remaining) (10 minutes)
- Presentation of the task to the small group, including defining the amount of time to be allocated to it (based on the complexity of the problem) (10 minutes)
- The small group focuses on their task; the larger group observes and takes notes, using the grid with prompts to guide them (examples below) (max 1 hour)
- Presentation by the small group of what they have achieved/decided (15 minutes)
- Plenary discussion – the larger group can ask questions, and challenge specific points. The facilitator supports the trainees in reflection, discussion, giving and receiving constructive criticism. The facilitator can record the strengths and weaknesses of the process to feed back to participants (example of grid below) (45 minutes)

EXAMPLES OF GRIDS :

1. Grid for observers during the exercise, to note interactions and attitudes

Specific discussion point or stage in the task	Individual group members	Actions and roles within the group	Attitudes and reactions	NOTES
<i>Evidence of knowledge about the topic</i>	<i>E.g. Mary talks about..., she thinks that...</i>	<i>Peter raises his hand to speak; others listen in silence / challenge...</i>	<i>Mark listens to the debate in silence.</i>	<i>I think that Philip gets up too loudly while Mary is speaking.</i>
<i>Proposing solutions</i>

The grid can help observers to notice things to which they would not otherwise have paid attention and to record all phases of the work of the small group.

2. Grid for observers after the exercise is completed

Main aim of the exercise	Strengths	Points of weakness	Agree	Disagree
<i>e.g. the small group was tasked with finding some ways to make an HIV testing service more accessible</i>	<i>All points of view were analyzed</i> <i>The exposure has been clear</i> <i>This point was original</i>	<i>The group has taken just one point of view</i> <i>The group have not considered this...</i>	<i>I agree on ...</i> <i>Why ?...</i>	<i>I disagree on...</i> <i>Why ?</i>

3. Grid for trainer

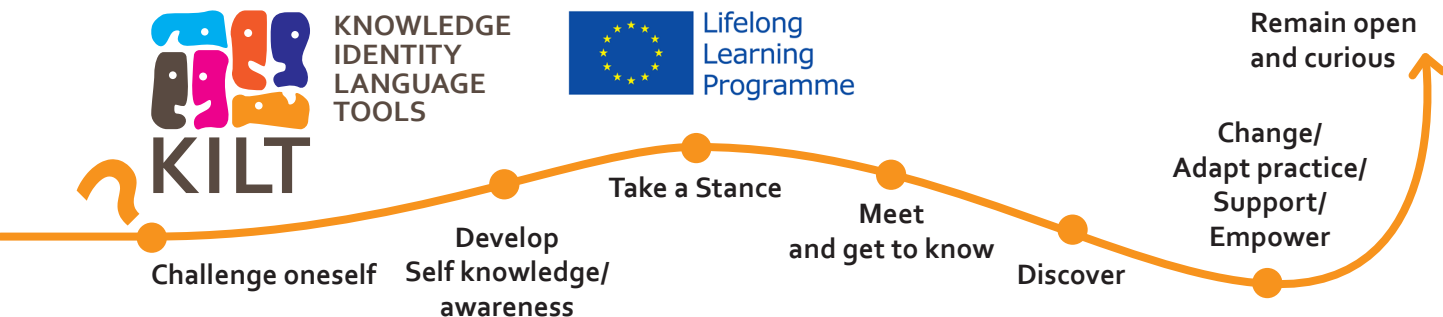
Object of discussion	Strengths	Weakness/ To improve	Suggestions	Final version (with corrections)



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MODULE 7

Communication and problem solving in a group

SEQUENCE 7.2

Focus Group

Practical details

Number of participants (min/max):	8/12
Duration:	2 hours
Location:	
A large space that can be configured to suit requirements and facilitate discussion.	
Other requirements:	
The facilitator must be experienced in running focus groups.	
Materials:	
<ul style="list-style-type: none"> flipchart markers recording device 	

Learning outcomes

- Develop skills in recording and interpreting information collected in group discussion.
- Develop skills in analysis of group dynamics.
- Develop skills in facilitation and promoting participation.

Background

This technique is widely used in research to gather qualitative data, specifically peoples' views and experiences as expressed in a group discussion, on a given topic. The rationale is that the dynamics of a group process can generate a greater abundance of ideas and foster more in-depth debate and analysis of a particular issue.

Advantages:

A focus group can:

- provide detail on the different perspectives inherent within a given situation, or in relation to a particular issue,
- generate research hypotheses,
- provide data in a short time and at low cost on peoples' experiences, views, beliefs, attitudes and knowledge on a wide range of issues.

Disadvantages:

A focus group:

- does not necessarily provide data that can be generalised,
- depends on the skill of the facilitator to work well,
- generates information in a format that may be difficult to collate and interpret.

The method actively engages participants and seeks their direct views and experiences.



How the sequence works

Running a successful focus group requires:

1. An experienced facilitator, preferably with knowledge of the topic under discussion, and a second facilitator to take notes or record the session (audio or video).
2. Appropriately selected group members i.e. in accordance with the subject under discussion and representative of a range of backgrounds and points of view.
3. Effective interaction between group members: everyone must be able to express their opinions and ideas (see 1.)
4. A clear focus for discussion.

The *facilitator* is responsible for creating a climate of confidence and spontaneity and encouraging the participation of all members of the group; they should use clear language which is accessible to all participants, and avoid expressing (verbally or non-verbally) any kind of opinion or reaction to the topic under analysis.

As someone in a position of perceived authority or influence, it is important for the facilitator to remain neutral during the session, and to refrain from nodding in approval/raising an eyebrow in query, openly agreeing or disagreeing, or praising/denigrating any specific comment made.

The task of the facilitator is to provide direction and to encourage reflection on a range of (no more than 12) previously agreed questions relating to a specific topic; their role is to promote debate and comparison between different points of view.

The *group* should be made up of people who are familiar with and have some expertise on the topic under discussion. It may be easier for participants to express different opinions if they do not know each other.

The facilitator should ensure that the venue is organized to best facilitate shared discussion and interaction during the session (chairs in a circle, no interruptions or noise etc.)

CONDUCTING A FOCUS GROUP (Rules and Stages)

Ideally, the focus group is co-facilitated by a team of two - one person to facilitate the discussion and one to take notes/record the session.

1. Welcome the participants. (5 minutes)

2. Describe: (15 minutes) :

- the purpose of the focus group and the topic of discussion,
- why they have been selected as participants (e.g. for their interests, expertise, experience),
- the ground rules, as follows::
 1. THE FORUM FOR DISCUSSION IS THE GROUP
 - *It is hoped that everyone will contribute, and individuals may be asked for their views if they have not yet expressed an opinion.*
 2. THERE ARE NO RIGHT OR WRONG ANSWERS
 - *All experiences and opinions are valid.*
 - *Participants may agree or disagree with what others say, but should still express their views as it is helpful to hear a wide range of opinions.*
 3. WHAT IS SAID IN THE ROOM STAYS IN THE ROOM
 - *Sensitive issues may come up in discussion, so it is important that participants understand that whatever they choose to share in the group goes no further.*
 4. THE DISCUSSION WILL BE RECORDED (unless anyone objects)
 - *This is in order to capture everything that is said.*
 - *No individual is identified by name in any report or write-up. All participants remain anonymous.*
- session length.

3. **During the session** (max 1 hour 30 minutes)

The facilitator should ensure that all topics are adequately covered within the allocated time. S/he also has a responsibility to encourage all participants to contribute.

Some helpful probes include:

? "Can you say a bit more about that?"

? "Can you explain that in more detail, so I am sure I understand what you mean?"

? "Can you give an example?"

It is good practice for the facilitator to paraphrase and summarize long, complex or ambiguous comments. It demonstrates active listening and clarifies the comment for everyone in the group.

The facilitator can use materials to trigger further discussion, for example, pictures, films, newspaper articles, excerpts from books.

A facilitator must ensure that all participants are encouraged to contribute, and should adopt appropriate strategies to deal with specific situations, for example:

? **The person who dominates or takes over:** "Thank you. What do other people think?" OR "Let's have some other comments."

? **The rambler:** Break eye contact; come in when they draw breath and ask another participant their view.

? **The shy participant:** Make eye contact; call on them; smile at them.

? **The participant who talks very quietly:** Paraphrase what they have said, and ask them to confirm, or repeat more loudly.

4. **At the end of the session, the facilitator should take a few minutes to debrief and summarize, to help participants reflect on the topic discussed.** (15 minutes)

5. **The facilitator thanks all the participants for their attendance and contributions.**

Cultural kit Supports



Research journal for field notes		
Table 1		
Event 1:		
Number of subjects:	Date:	Duration of the action:
Description of the event:		



Research journal for field notes

Table 2

Place/date/period of the event

Describe the general context in which the event takes place

Describe the physical environment, paying particular attention to the boundaries of the action and to the objects that are used by the participants. If you want, you can take a picture.

Describe the participants (subjects) involved in the event (appearance, role, etc.)

Subject 1:

Subject 2 :

Subject 3 :

Subject 4 :

Describe how the subjects occupy the space.

If you want, you can take a picture.

Research journal for field notes			
SCHEDULE 1			
Describe how the subjects communicate with each other (in formal or informal ways).			
Activity:			
Subject:	Behavior: <i>Describe the behavior (record significant sentences verbatim):</i>	Observer comment: <i>What are the results of the interactions?</i>	



Research journal for field notes				
SCHEDULE 2				
Describe how the subjects communicate with each other (in formal or informal ways).				
Time	Activities	Interactions between subjects/relationship	Observer comment	



QUIZ EXAMPLE ABOUT THE TARGET LOCAL AREA	
<i>Add the corresponding issues and if needed, make necessary changes.</i>	
A.	POPULATION GROUPS IN THE AREA, INCLUDING MINORITY GROUPS, MIGRATION PATTERNS
1.	
2.	
...	
B.	PATTERNS OF HEALTH/SOCIAL CARE SERVICE USE
1.	
2.	
...	
C.	BARRIERS AND FACILITATORS TO ACCESSING SERVICES
1.	
2.	
...	
D.	HEALTH ISSUES FOR SPECIFIC GROUPS
1.	
2.	
...	
E.	INEQUALITIES IN HEALTH
1.	
2.	
...	
F.	...
1.	
2.	
...	
G.	...
1.	
2.	
...	

01

How would you rate the time you spend doing the following activities?

	Insufficient	Sufficient	Significant
Alone			
With spouse			
With children or family			
With colleagues			
With friends			
Others (please specify)			

How would you rate the time you spend?

	Insufficient	Sufficient	Significant
At home			
Outside the home			

On a scale of 0 to 4, to what extent would you say that the following needs are satisfied in your life currently?

	0	1	2	3	4
Basic physical needs <i>(Eating, accommodation, hygiene, sport, feel safe)</i>					
Emotional needs					
Material security					
Job fulfilment					
Intellectual and cultural fulfilment					
Social life					

Write at least three observations about your life:

Maternal grandfather	
First name	
Place of birth	
Where lived	

Maternal grandmother	
First name	
Place of birth	
Where lived	

Paternal grandfather	
First name	
Place of birth	
Where lived	

Paternal grandmother	
First name	
Place of birth	
Where lived	

Mother-in-law	
First name	
Place of birth	
Where lived	

Mother	
First name	
Place of birth	
Where lived	

Me
Place of birth
Where lived

Father	
First name	
Place of birth	
Where lived	

Father-in-law	
First name	
Place of birth	
Where lived	

Half brother / Half sister	
First name	
Place of birth	
Where lived	

Half brother / Half sister	
First name	
Place of birth	
Where lived	

Brother / Sister	
First name	
Place of birth	
Where lived	

Brother / Sister	
First name	
Place of birth	
Where lived	



Learn by observation

defining image or emotion from your visit



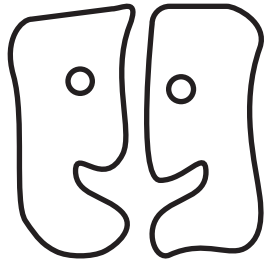
three key words
which you think best reflect the way
the service works

three key words
which you think best reflect the approach
of the professionals and workers
that you were able to observe

a view or perception of the service
which you found to be untrue
following the period of observation

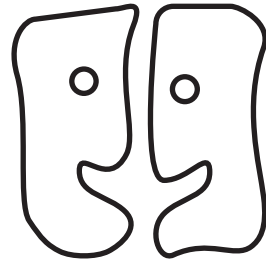
an outstanding question which you have

Relieved



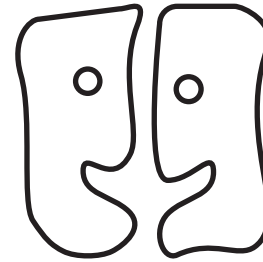
Relieved

Surprised



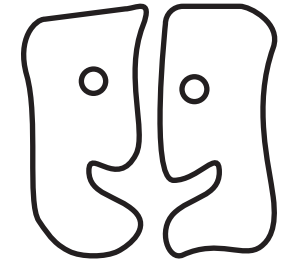
Surprised

Relaxed



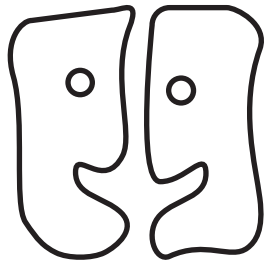
Relaxed

Peaceful



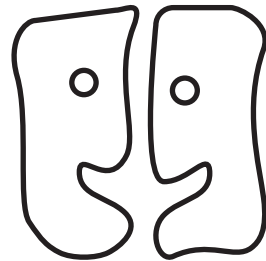
Peaceful

Affectionate



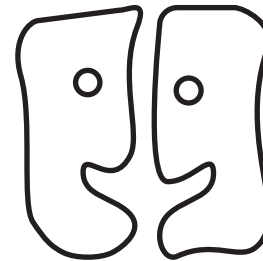
Affectionate

Joyful



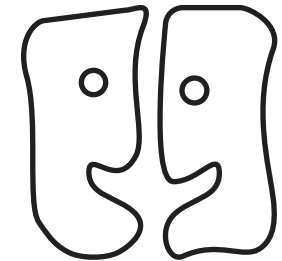
Joyful

**Filled
with gratitude**



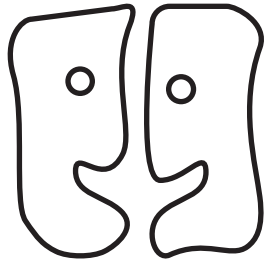
**Filled
with gratitude**

Happy



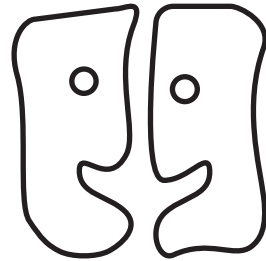
Happy

Excited



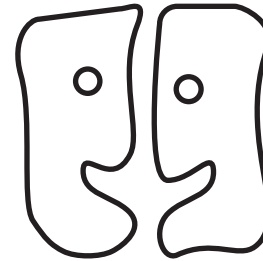
Excited

Ecstatic



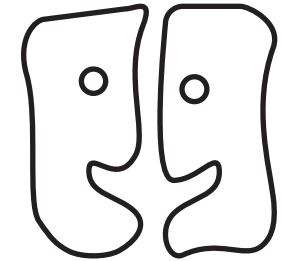
Ecstatic

Amazed



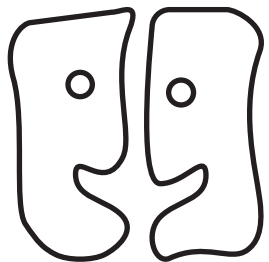
Amazed

Curious



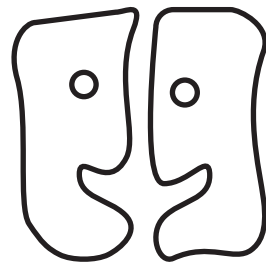
Curious

Confident



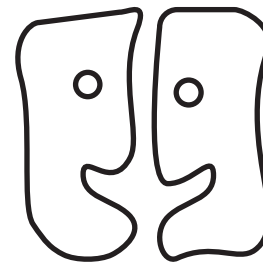
Confident

Calm



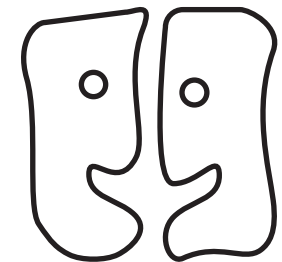
Calm

Amused



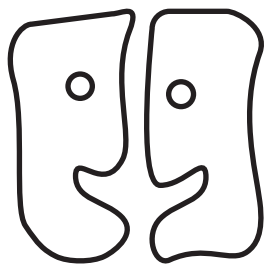
Amused

Open



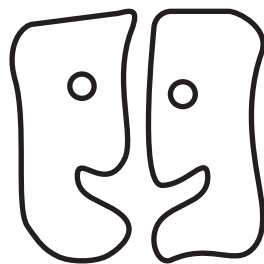
Open

Involved



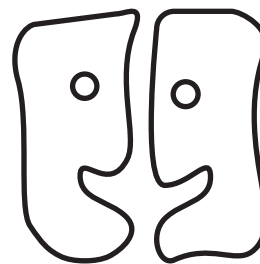
Involved

Warm



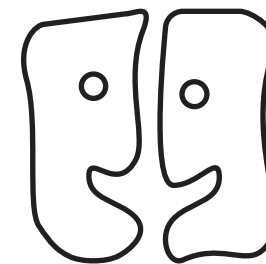
Warm

Capable



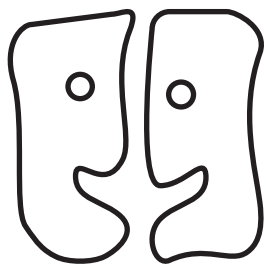
Capable

Engaged



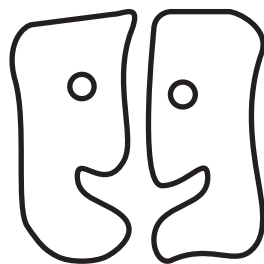
Engaged

Stimulated



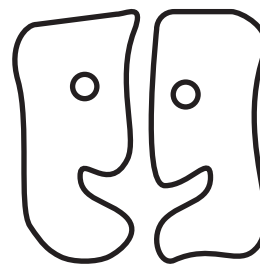
Stimulated

Awakened



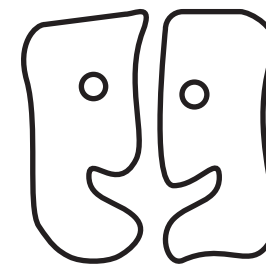
Awakened

Quiet

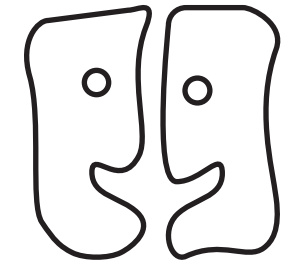
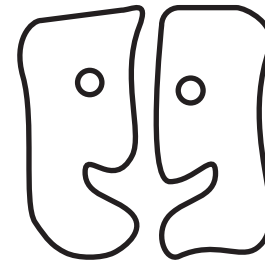
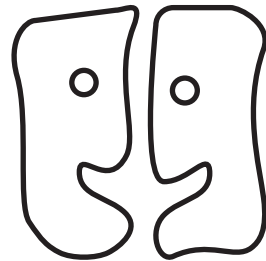
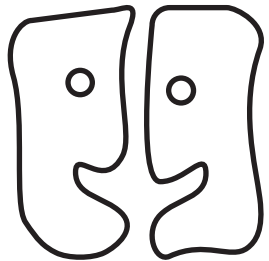
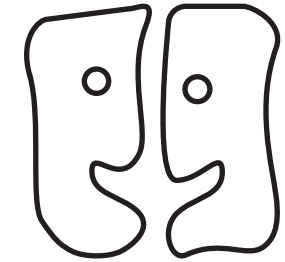
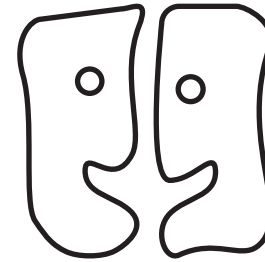
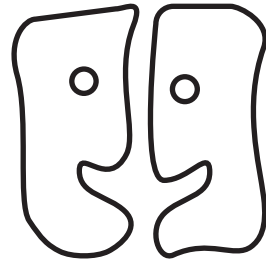
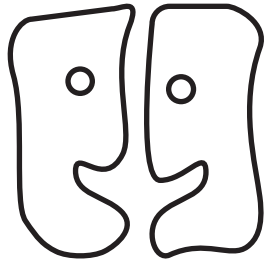


Quiet

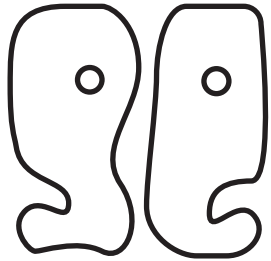
Touched



Touched

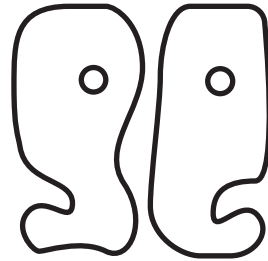


Worried



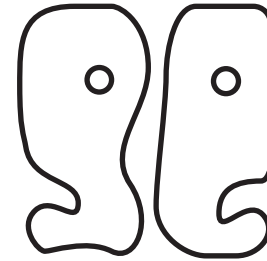
Worried

Sad



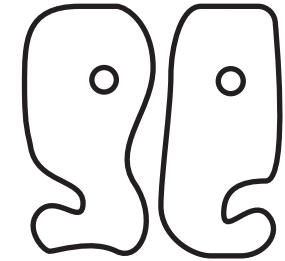
Sad

Detached



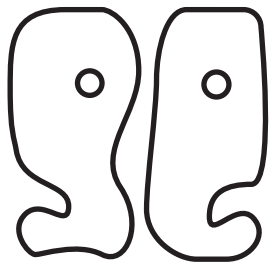
Detached

Desperate



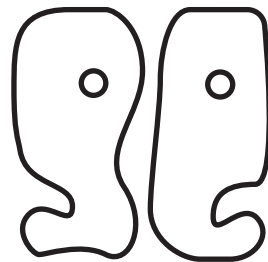
Desperate

Exhausted



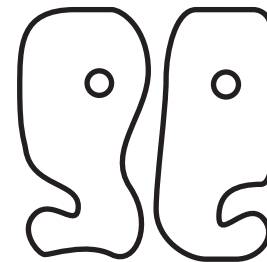
Exhausted

Discouraged



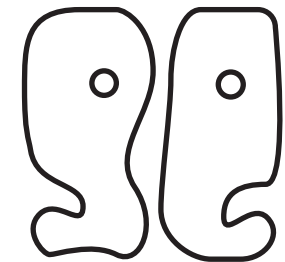
Discouraged

Stunned



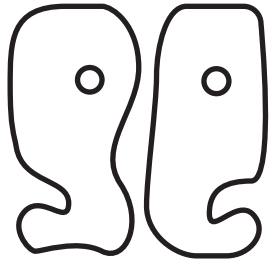
Stunned

Exasperated



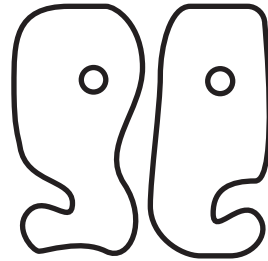
Exasperated

Frustrated



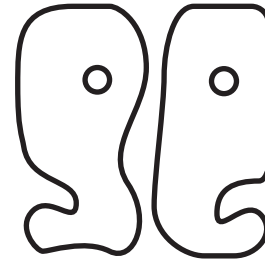
Frustrated

Furious



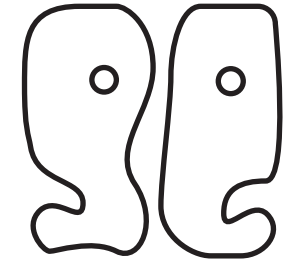
Furious

Bored



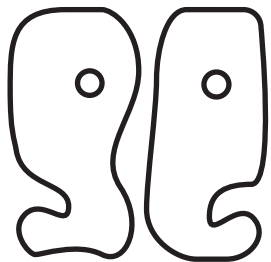
Bored

Depressed



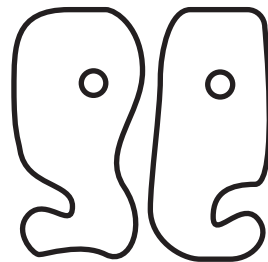
Depressed

Disappointed



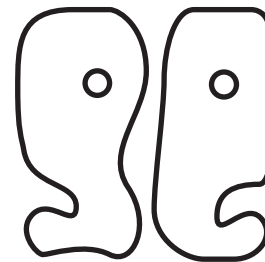
Disappointed

Nervous



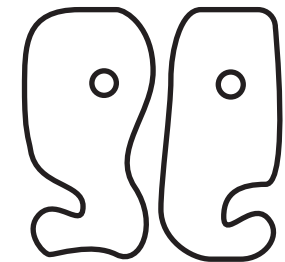
Nervous

Upset



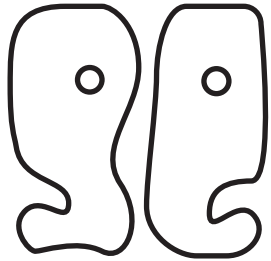
Upset

Panicky



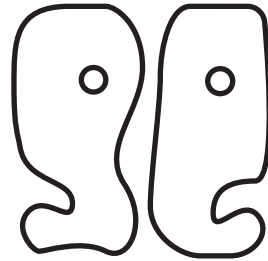
Panicky

Agitated



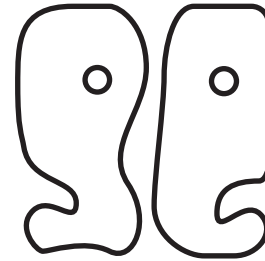
Agitated

Frightened



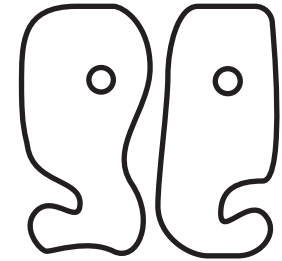
Frightened

Angry



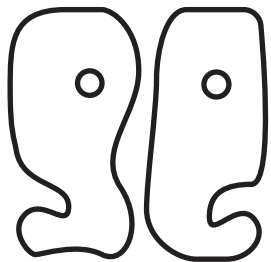
Angry

Confused



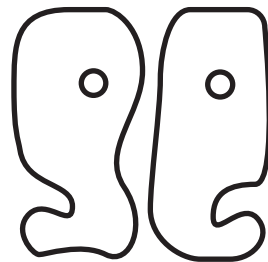
Confused

Fearful



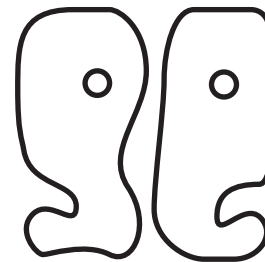
Fearful

Afraid



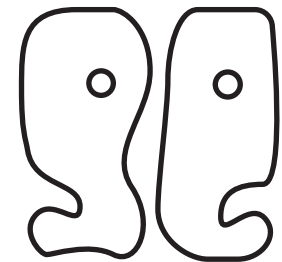
Afraid

Anxious

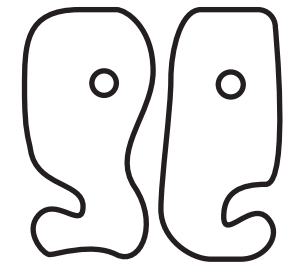
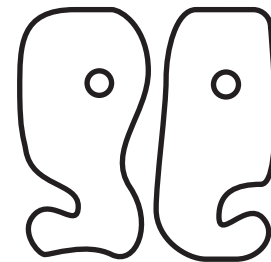
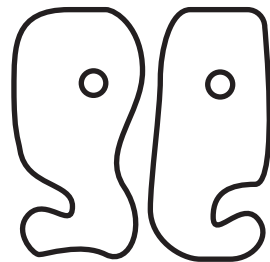
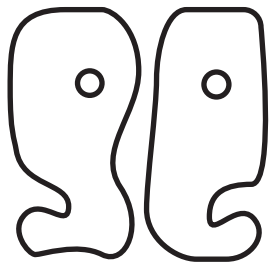
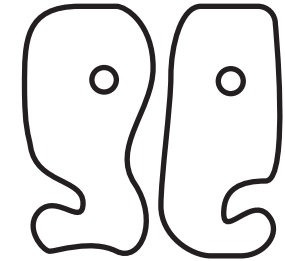
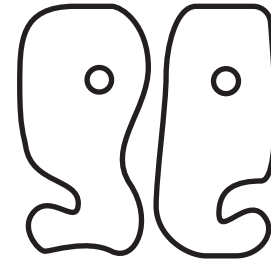
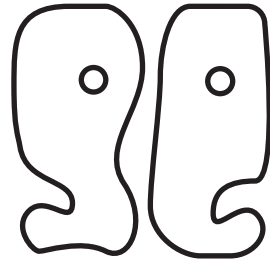
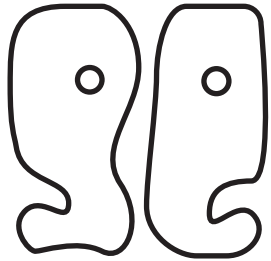


Anxious

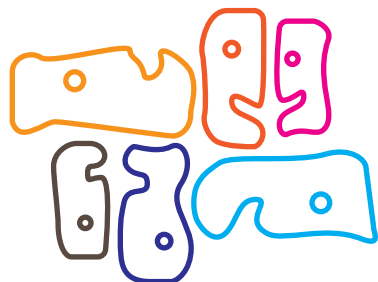
Fragile



Fragile

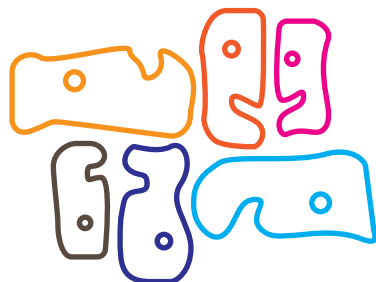


To be seen
for what I am



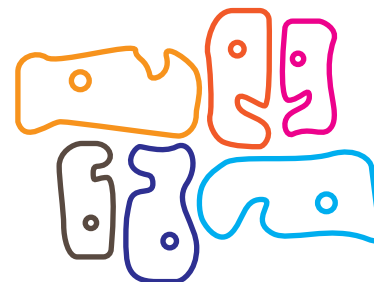
To be seen
for what I am

To have my true
intentions understood



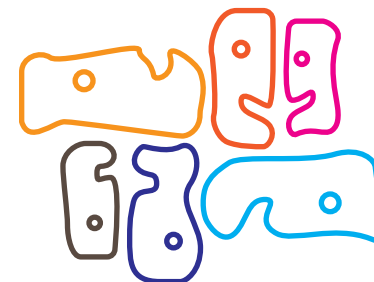
To have my true
intentions understood

Contact



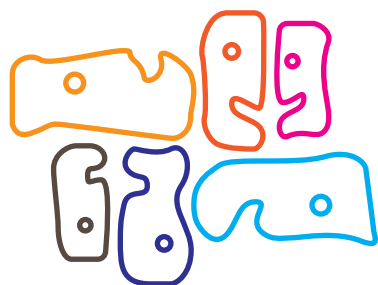
Contact

Tenderness



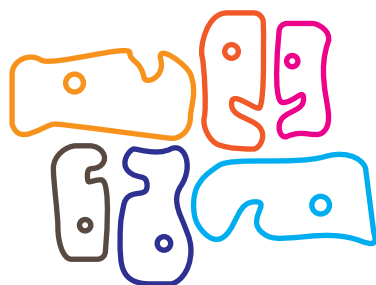
Tenderness

Goodness



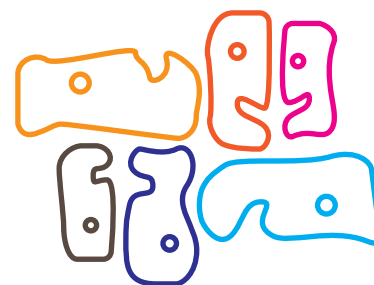
Goodness

Comfort



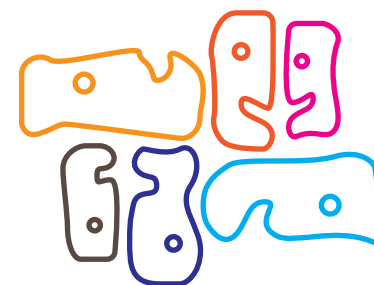
Comfort

Fairness/Justice



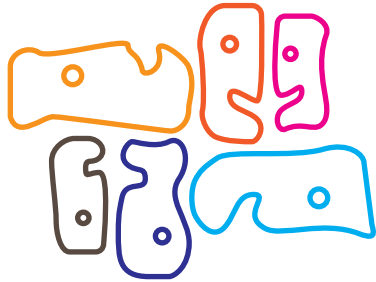
Fairness/Justice

Completion



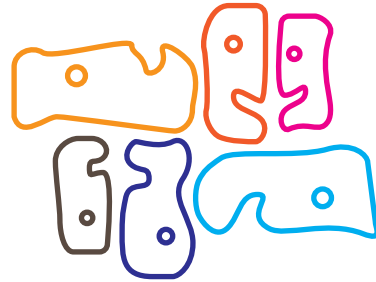
Completion

Competence



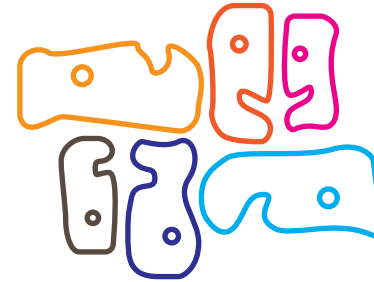
Competence

Change



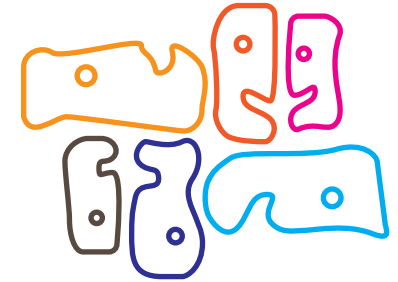
Change

Recognition



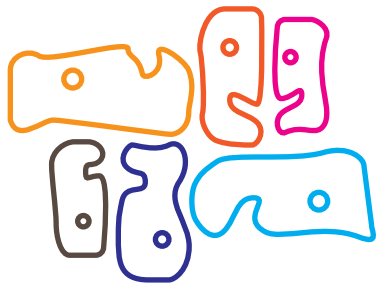
Recognition

Sharing



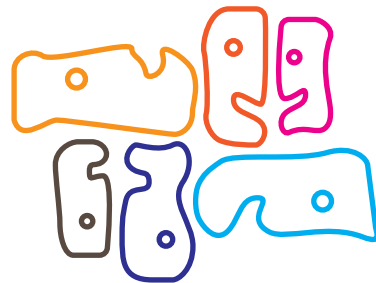
Sharing

Expression



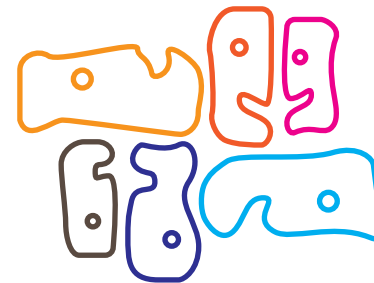
Expression

Company



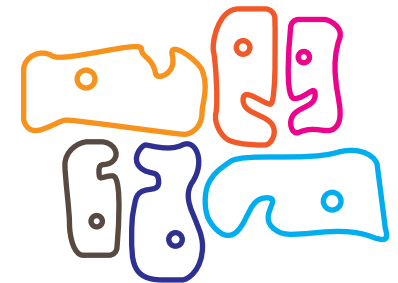
Company

Privacy

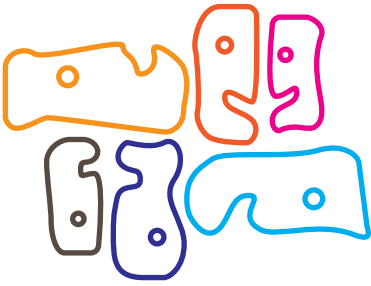
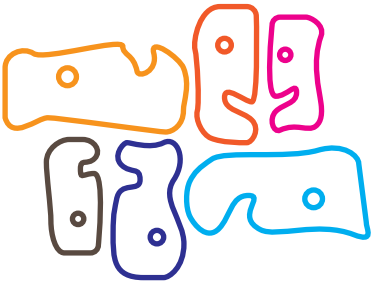
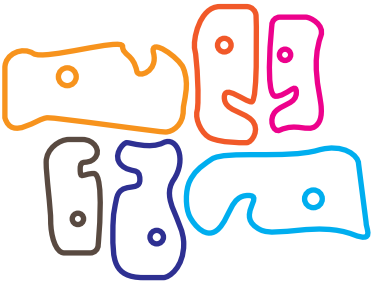
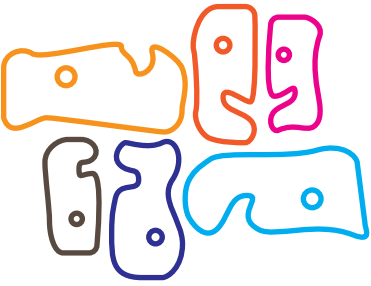
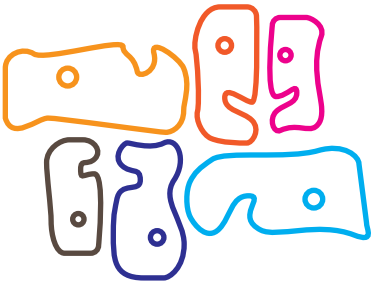
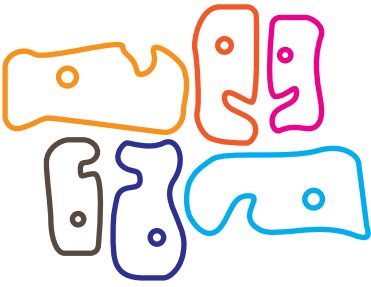
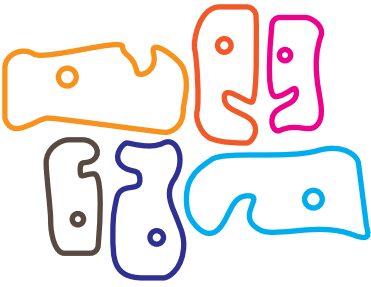
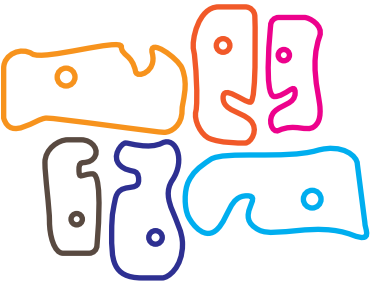


Privacy

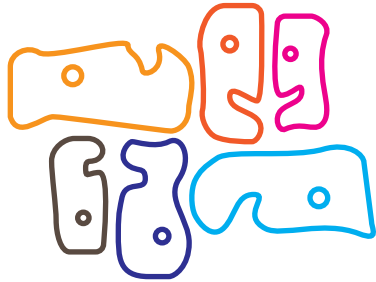
Consideration



Consideration

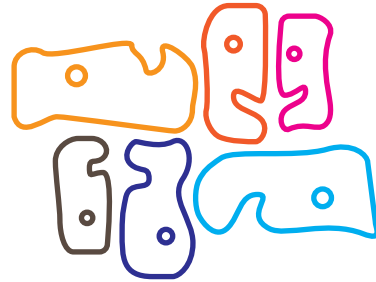
<p>Solitude</p>  <p>Solitude</p>	<p>Gratitude</p>  <p>Gratitude</p>	<p>Clarity</p>  <p>Clarity</p>	<p>Compassion</p>  <p>Compassion</p>
<p>Dreams</p>  <p>Dreams</p>	<p>Explore et honour my own values</p>  <p>Explore et honour my own values</p>	<p>Autonomy</p>  <p>Autonomy</p>	<p>Choice</p>  <p>Choice</p>

Celebration



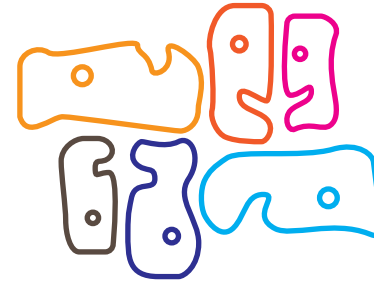
Celebration

Sadness /Acceptance



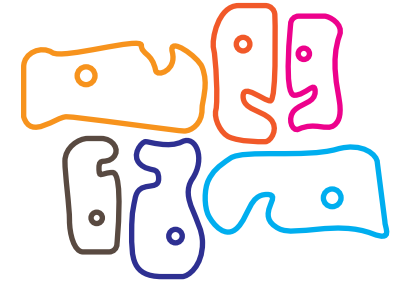
Sadness /Acceptance

Authenticity



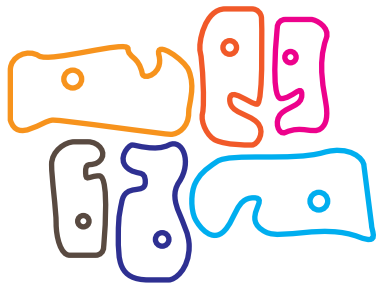
Authenticity

Feeling



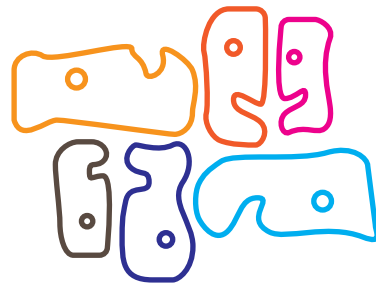
Feeling

Integrity



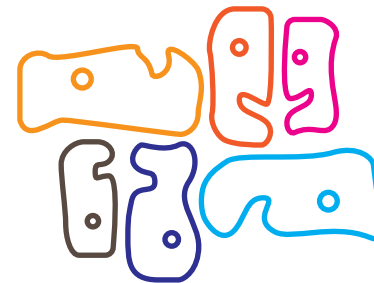
Integrity

Creativity



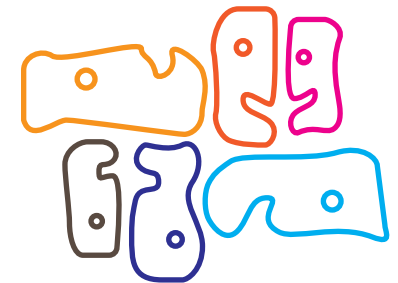
Creativity

Interdependence



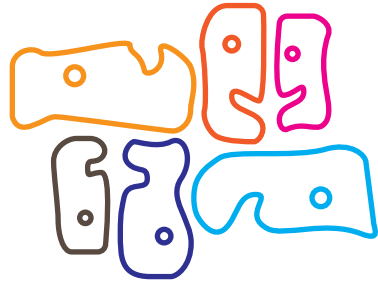
Interdependence

Acceptance



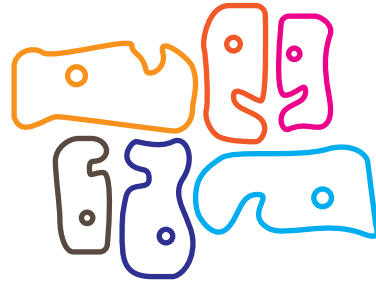
Acceptance

Community



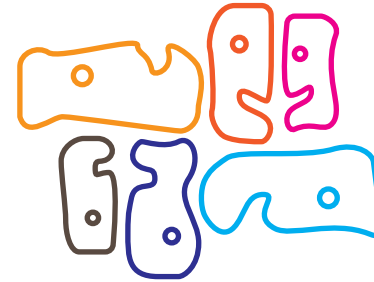
Community

Shared Reality



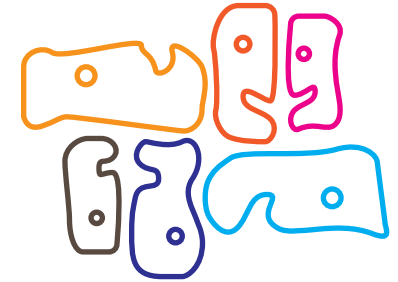
Shared Reality

Connection



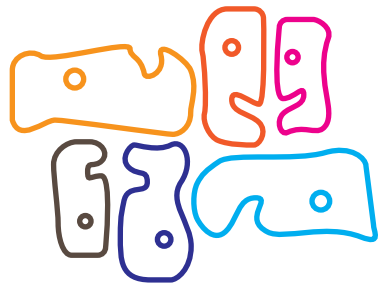
Connection

Assessment



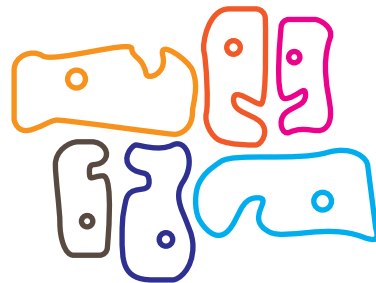
Assessment

Consideration



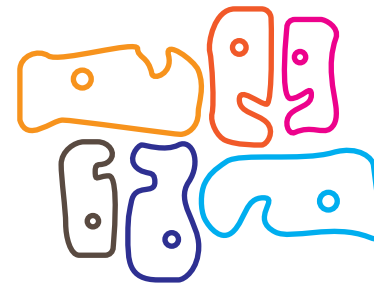
Consideration

Contribute to life



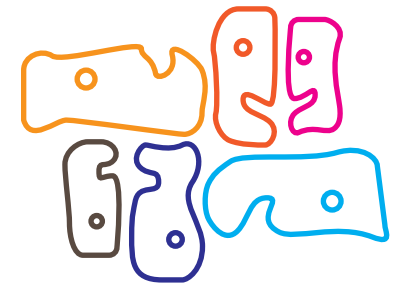
Contribute to life

Ease



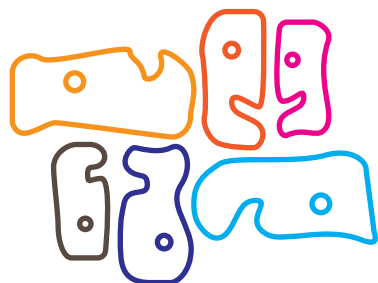
Ease

Empathy



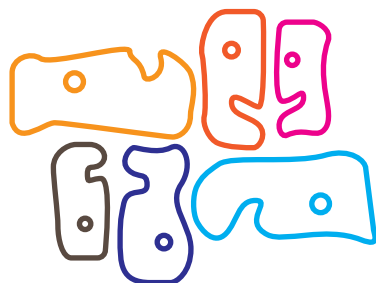
Empathy

Love



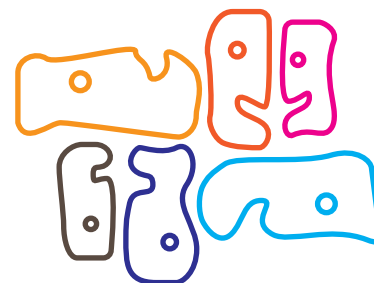
Love

Honesty



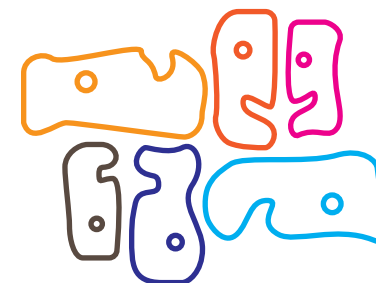
Honesty

Support



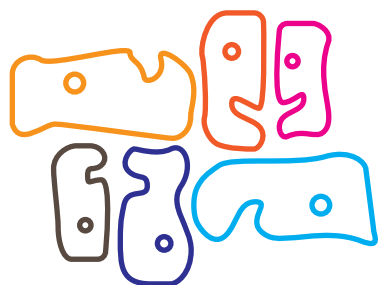
Support

Truth



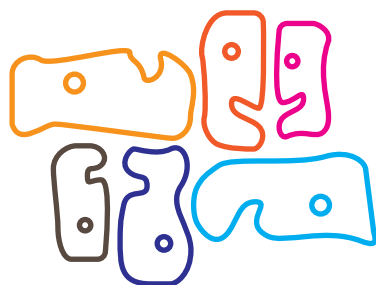
Truth

Understanding



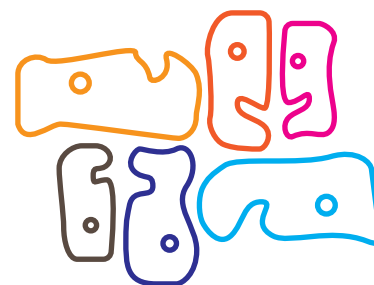
Understanding

Beauty



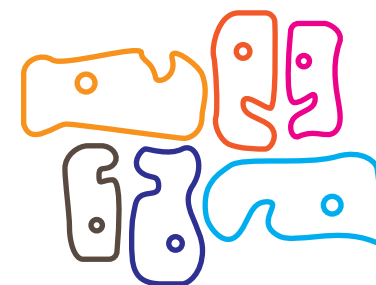
Beauty

Inspiration

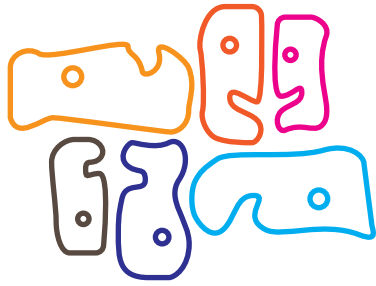
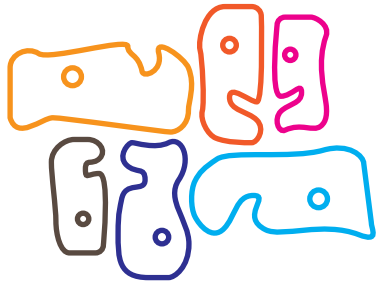
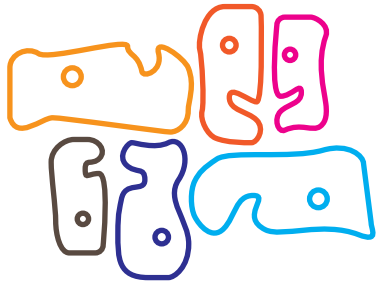
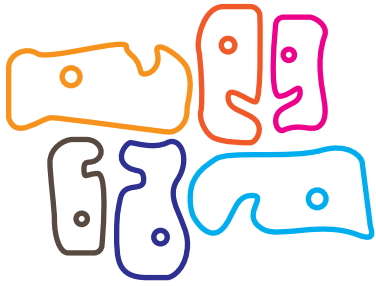
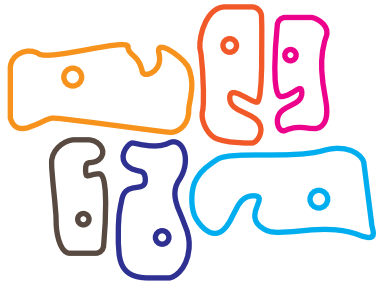
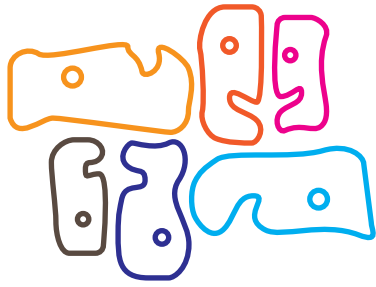
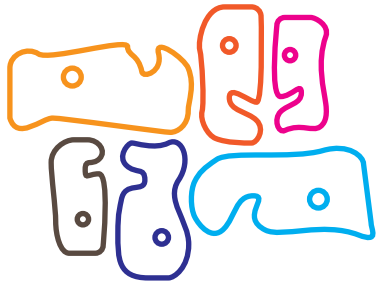
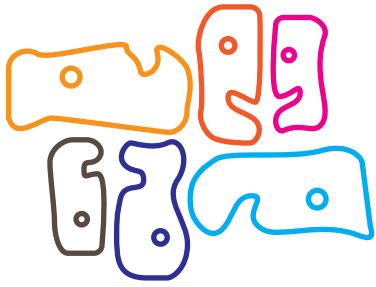


Inspiration

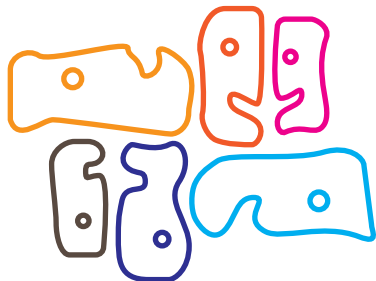
Harmony



Harmony

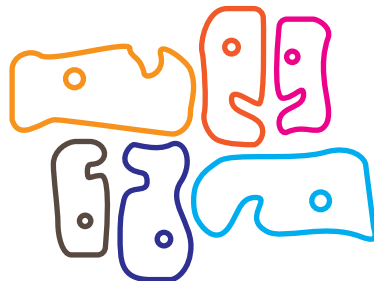
<p>Order</p>  <p>Order</p>	<p>Peace</p>  <p>Peace</p>	<p>Laughing</p>  <p>Laughing</p>	<p>Fun</p>  <p>Fun</p>
<p>Game</p>  <p>Game</p>	<p>Food/Water/ Air/Shelter</p>  <p>Food/Water/ Air/Shelter</p>	<p>Sensory stimulation</p>  <p>Sensory stimulation</p>	<p>Physical movement</p>  <p>Physical movement</p>

Respect/
Consideration



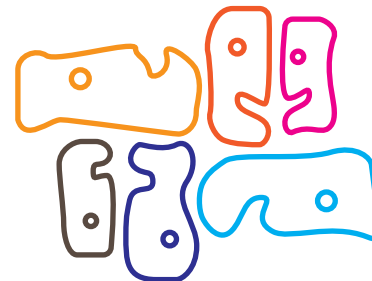
Consideration/
Respect

Rest



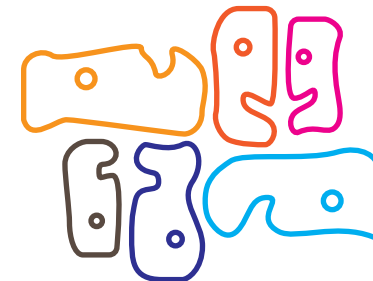
Rest

Physical security

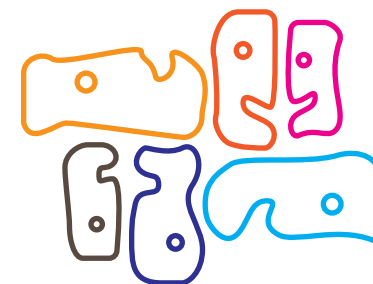
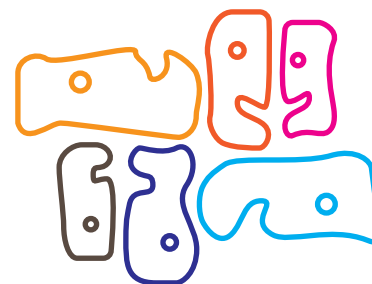
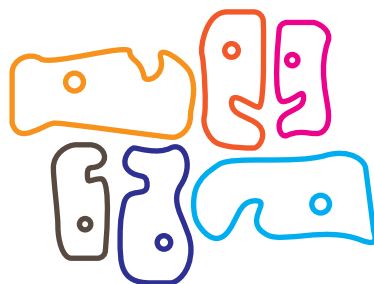
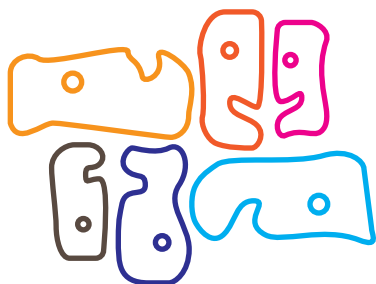


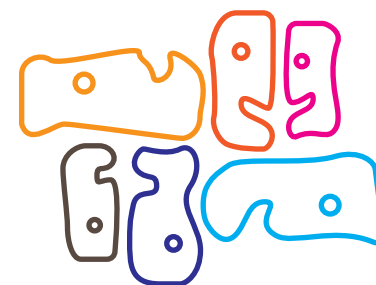
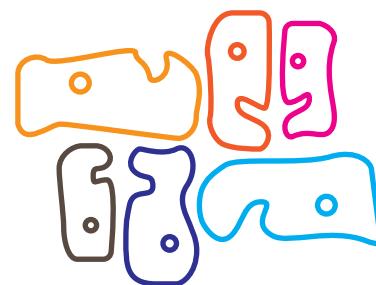
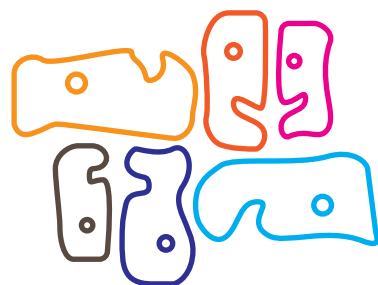
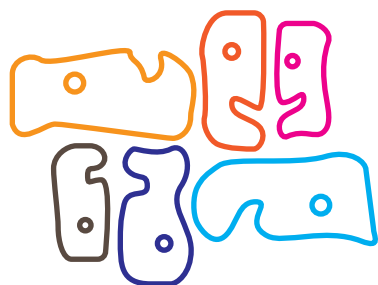
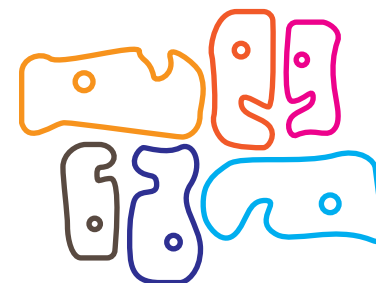
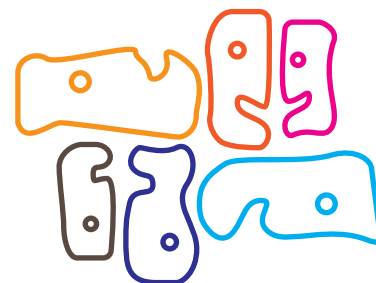
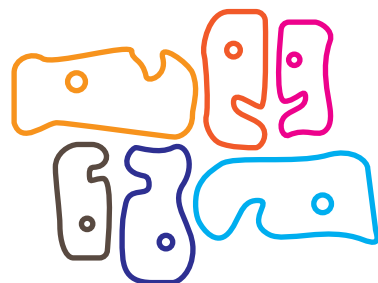
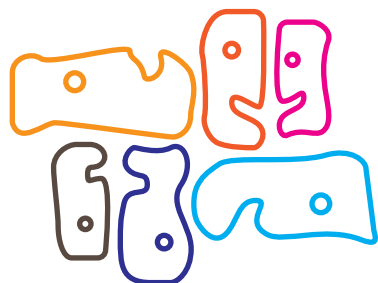
Physical security

Pleasure



Pleasure





Grid to note interactions and attitudes				
Specific discussion point or stage in the task	Individual group members	Actions and roles within the group	Attitudes and reactions	NOTES
Proposing solutions				

Grid for observers after the exercise is completed				
Main aim of the exercise	Strengths	Points of weakness	Agree	Disagree

Grid for trainer

Object of discussion	Strengths	Weakness/To improve	Suggestions	Final version (with corrections)

Linguistic kit

If the stated objective of the KILT project is to "...raise awareness of different cultural and linguistic identities and improve skills in cross cultural working in the health and social care workforce..." then it must be acknowledged that to date it has produced no tools which specifically address the language issue.

The situation is complex, owing to the number of different languages spoken by the target populations; the idea of teaching health and social care professionals to learn how to speak such a variety of languages is unrealistic, and certainly not possible to address in a short term project such as KILT.

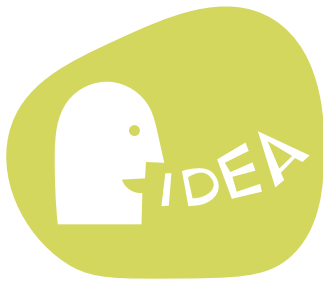
At the same time it may, in some instances, strengthen the relationship between service provider and user if the carer is able to learn some words and phrases in the native language of the person for whom they are caring.

It was decided that rather than attempt to create a new resource the best approach would be to locate existing tools that have been designed to facilitate language learning and familiarisation, and are in keeping with the overall purpose of KILT.

IDEA is the first of these. Produced by the Italian project LINC (Lingua Italiana Nuovi Cittadini) with funding from the European Fund for the Integration, it aims to help the eponymous 'new Italian citizens' acquire essential vocabulary in the language of their new country.

To learn more about I.D.E.A.:
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Progetto cofinanziato da



UNIONE
EUROPEA



MINISTERO
DELL'INTERNO

Fondo Europeo per l'Integrazione di cittadini
di paesi terzi 2007 – 2013
Programma Annuale 2013 – Azione 1
PROG 2013/FEL/105071
LINC – Lingua Italiana Nuovi Cittadini

I.D.E.A.

Didactic Game

i.d.e.a.

Dialogue-based and Assimilated Interactions

What is I.D.E.A.

The IDEA game is a fun teaching tool which utilises and amplifies motivational and competitive aspects, in order to cope with the significant linguistic domains which a new migrant would need to grasp.

But it is not just that:

It is a way of learning new, non-trivial things about Italians and Italian culture: it is interactive, and teaches communication in the context of real life situations. Through practice the learner has time to reflect on the order of words, the structure of sentences and linguistic precision.

The game is adaptable and highly participative. Using different strategies, all participants can improve their language competence regardless of their ability level.

The game can also be effective in reducing withdrawal or stonewalling as it engages individuals and encourages sharing of individual or cultural experiences.

The game is suitable for learners in a co-operative learning situation, within multicultural contexts (CLIM) and the rules allow learners to resort to strategies or plans to promote or impede the progression of the other participants.

The definition of linguistic domains and their order of presentation in the game is based on the “pyramid of needs” developed by Maslow: once an individual perceives a need, they are motivated to learn and to use the tools which help them achieve their goals. We therefore share primary survival needs (personal history) up to needs of security, such as work and health; finally, there are social needs and needs for esteem and self-esteem (school, nationality).

People from different backgrounds can share rich and interesting stories which can promote learning at many levels. Fragments of these stories can be listened to and understood by the group during moments of individual narration which re-builds or re-constitutes, in a second language, the individual Identities of participants.



INSTRUCTIONS

The IDEA teaching game contains:	<p>6 game plans of different colours corresponding to 6 contexts,</p> <p>360 cards,</p> <p>6 certificates (1 per context) - to be photocopied/reproduced depending on the number of players,</p> <p>1 A2 certification - to be photocopied/reproduced depending on the number of players,</p> <p>6 game pieces of different colours.</p> <p>The game provides for the use of a dice, not included.</p>
The game plays out in the order of the scale of needs of an individual during integration. It is therefore played using the following game plans (in order):	<p>1. Personal history</p> <p>2. Work</p> <p>3. Health</p> <p>4. Social life</p> <p>5. School</p> <p>6. Citizenship</p>
A route of 30 boxes is created on each game plan, allocated as follows:	<p>19 "cards" boxes</p> <p>5 "strategic interaction" boxes</p> <p>5 "icon" boxes</p> <p>1 "certificate" box (box 30)</p>
Each game plan (context) is composed of 40 cards, allocated as follows:	<p>10 Vocabulary cards</p> <p>10 Place cards</p> <p>10 Specific vocabulary cards</p> <p>10 Action cards</p>
The game contains:	
<ul style="list-style-type: none"> 30 strategic interaction cards common to all contexts (divided into 2 groups: a group of 15 cards from which the player who lands on the "strategic interaction" box can draw, and another group 15 cards held by the teacher), 2 sets of cards common to all contexts: 30 icon cards; 30 linguistic element cards. The game also contains five blank cards per context, so that the teacher may add any new words that students use during the game. 	

HOW IS IT PLAYED?

In the group/class, the teacher may decide that the game is played individually (the game is recommended for small groups of a maximum of 6 people) or in groups (large groups are not recommended; groups of 2 to 4 people are suggested).

The teacher places the game plan corresponding to Environment 1 "Personal History". Participants are divided into groups and the teacher decides who starts, (the players then continue in a clockwise direction).

All the groups play on the same Environment and the teacher leads the game by moving the pieces and explaining the rules each time.

Depending on the group/class (education level, linguistic level, etc.), the teacher decides on the time allotted for each activity and stops the game at the end of the allotted time period.

The first player or the first group rolls the dice and moves his game piece forward by the corresponding number of boxes. The box may correspond to: "card" box, "strategic interaction" box, or "icon" box.

**Box no.1****The "cards" box:**

4 cards are drawn at random in the "card" game of the first environment (40 cards with vocabulary, places, specific vocabulary, actions of the reference environment).

The player whose turn it is can then choose to add a fifth "linguistic element" card. With the 4 or 5 cards drawn and arranged in the order he prefers, the player formulates one phrase:

- **If the player uses the 4 words drawn, he moves forward 1 box.**
- **If he uses the 4 words drawn + the linguistic element, he moves forward 2 boxes.**
- **If he uses less than 4 words, he does not move his game piece forward and remains in his place.**

The order in which the player decides to formulate the phrase is free, i.e. the cards can be arranged on the table in a different order than that in which they have been drawn.

If he draws a vocabulary card containing more than one word, the player must not use all the words, but choose the one that he prefers. For example: father - dad / mother - mum.

*Teacher's notes: The vocabulary "cards" are to draw attention primarily to **linguistic competence**: order of words in the phrase, use of grammar elements, nominal or verbal morphology. The teacher does not censure any word combinations generated, but supports each strategy to formulate the phrase with the largest number of words possible and repeats the phrase in the correct way if necessary. The teacher can verify that the resulting phrase is fluid and consistent from the point of view of communication and could take the opportunity to explain some obvious cultural points or give relevant information.*

Box no.2**The "icon" box:**

The player draws a card in the "icons" set, common to the 6 environments, and formulates a phrase or a story concerning the environment in which it is playing, inspired by the iconographic symbol (this may be a personal memory, a rule, etc.).

- **If the player produces a short text, he moves forward 1 box.**

The 30 "icons" cards are all used and mixed up.

In the case of teams, each group will entrust this task to one player.

Teacher's notes: as for the "lexical cards", in this case too, the teacher will evaluate the text produced by the player taking three elements in particular into account: textual organisation, cohesion and coherence. He must take account of the fact that the speech request may give very different results depending on the skill level. Please refer to the table of the CEFR on Overall Oral Production on Articulated Speech (pages 73-74, Common European Framework of Reference for Languages. The New Italy, 2002).

Box no.3**The "strategic interaction" box:**

Player [A] chooses a card from the common set of cards of the "strategic interaction" environment and chooses a player from another team [B] to play with him according to the interaction required by the card.

The teacher gives the chosen partner [B] a card from the "strategic interaction" set which is in his possession - each card from the first set corresponds to a card in the set held by the teacher, containing the instructions for the strategic interaction.

To enable the interaction, he must choose a partner from among the players who are playing on the same game plan (for example: personal history). It is not possible to choose to perform a strategic interaction with a partner who has already passed the next level (for example: Environment 2 - (Work)). But if there is only a single player on a game plan, the choice of a partner with whom to perform the interaction is free.



Players A and B do not know what the other has and will both have to recite opposing roles; each player must find the linguistic and pragmatic strategies to support his own arguments.

- **Thanks to the strategic interaction, the 2 players move forward by 1 box.**

If after drawing vocabulary cards and formulating the text the player moves forward one or two boxes, and if the piece falls on the "strategic interaction" box, Player A or the group of players must proceed to the interaction and draw a card from the group of interaction cards; it must choose a partner B with whom it will do this. If it falls on the "Strategic Interaction" box, the turn does not pass immediately to the next player.

- **Thanks to the interaction, Player A and Player B move forward 1 box.**

Teacher's Notes: the "Strategic Interaction" cards develop the communication skills and the pragmatic aspects of the language. The teacher should ensure that the interaction is done appropriately and stop the game when necessary. Before relaunching the game, he can suggest more suitable structures or make corrections.

In addition, by giving a player or a group the option of involving other partners in the game, it enables modes of cooperative learning (CLIM) and game strategies, for example, the choice of advancing one partner and not another.

HOW TO ASSESS

The game essentially aims to develop the spoken language of learners/players, although it can also be used to improve written competence, especially if they are of more advanced levels.

Summary of useful criteria for the evaluation of generated word combinations:

- **Effectiveness** (has the communication objective been reached?)
- **Opportunity** (in the situation, the context, etc.)
- **Accuracy** in several aspects (from phonology to morpho-synthesis, from vocabulary to textuality)
- **Autonomy** (in conducting the dialogue, composing the sentence or the speech)
- **Creativity** (between he who dares to use a more complex and articulated textuality and therefore has less control of the structures and he who has a minimum level of implementation using only familiar structures)

How does this work at the next level?

At the end of each turn, the cards drawn are mixed up again in the set - they are neither set aside nor considered "already used".

When the player (or group of players) reaches box 30, the teacher hands the "certificate" card corresponding to the game environment. The player has the opportunity to celebrate this with all the other players and to suggest for example a break, a song, a dance, a thank-you, etc.

At that time, the player (or group of players) can continue by playing Environment 2 (Work), without waiting until all players have received the certificate for Environment 1 (Personal Background).

The teacher adds Game Plan 2 (Work) to the table.

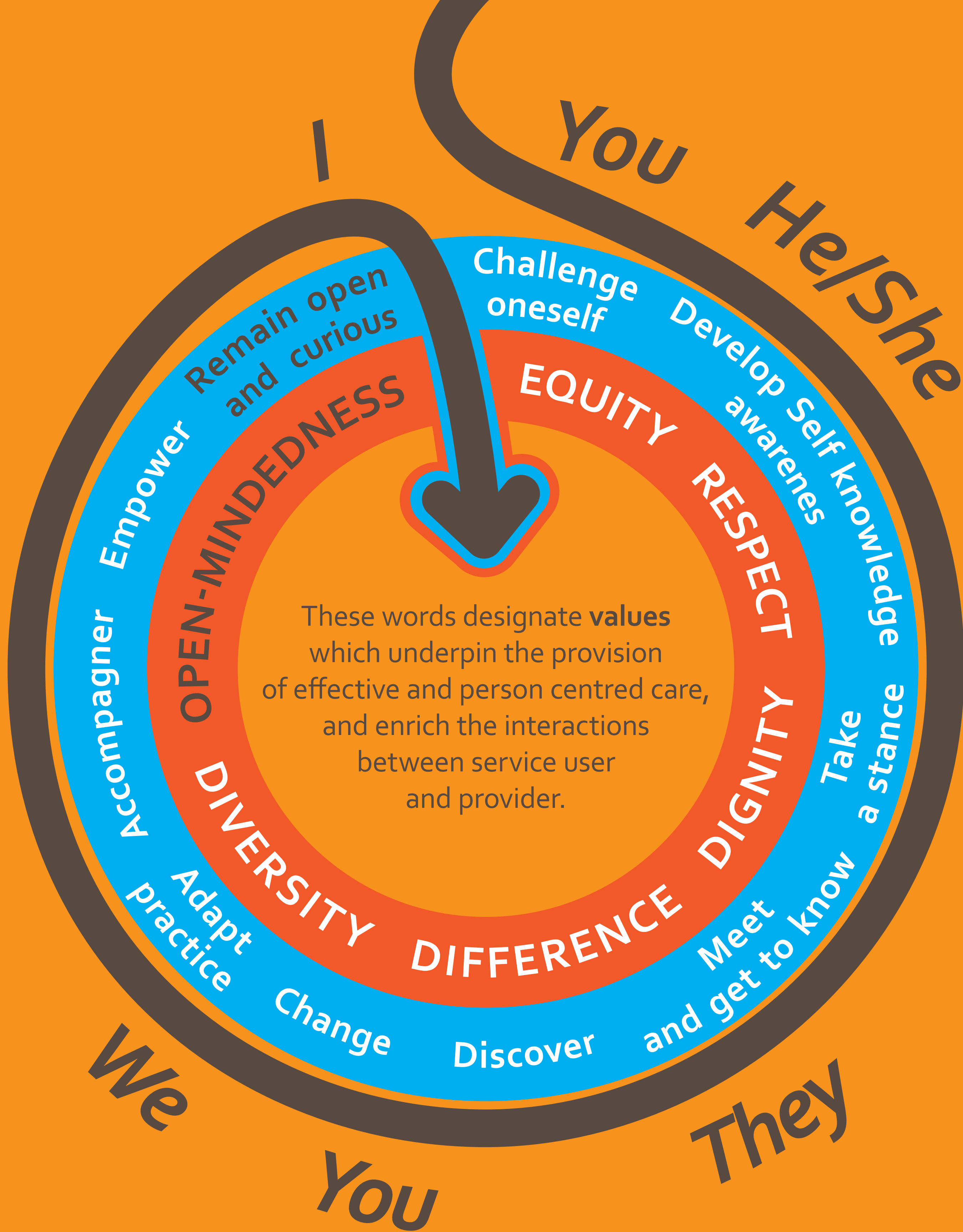
The player who gets 6 environment certificates obtains **the A2 Certification**.

Suggestions

The rules and the directions provided above are some suggestions of the many ways in which the game can be used. The teacher can adapt and modify the game to suit varying levels of written and oral language skills. The teacher could also choose or adapt the rules to create fair game dynamics and maintain a high level of motivation among the players. For example, for illiterate or newly arrived students who can find reading a single word a complicated activity, one vocabulary card can be drawn instead of four, while for students of a more advanced level, it is possible to consider mixing all the vocabulary cards of the 6 environments or proceeding to speech with two "icon" cards, instead of one.

Have fun experimenting!

Communication **KILT Charter** *poster*



Cultural and linguistic tools
to work **cross culturally**
with **health and social work**
service users



KILT



KNOWLEDGE
IDENTITY
LANGUAGE
TOOLS

Partners **Contacts, map**

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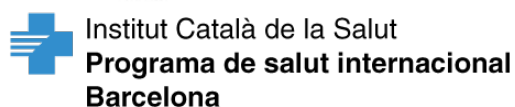
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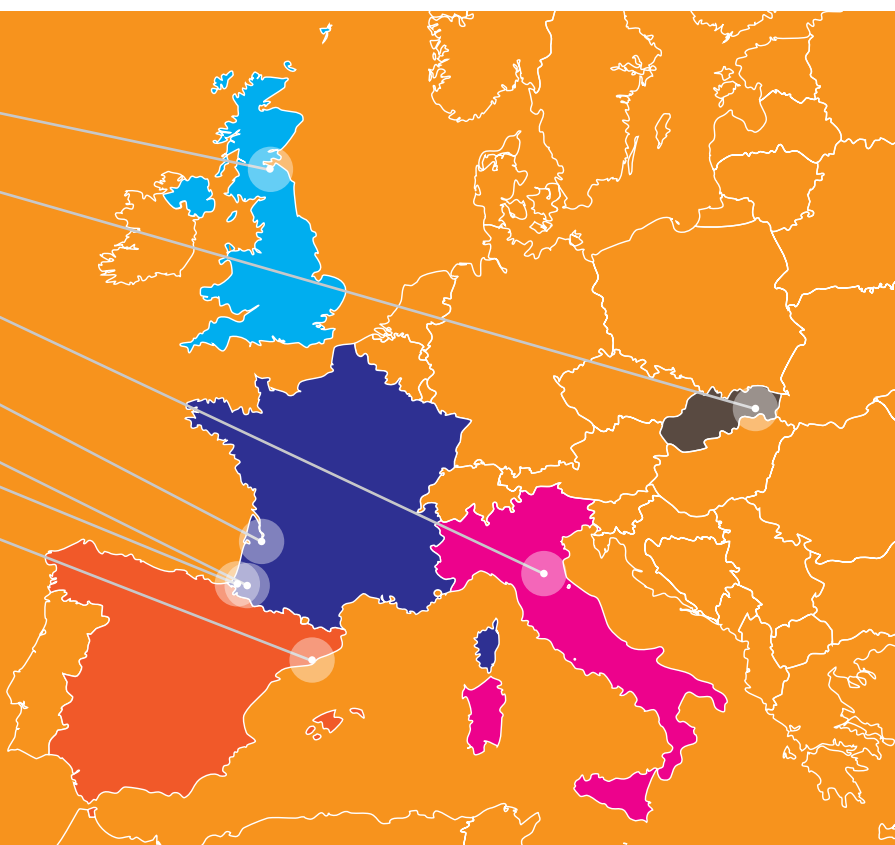
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