



I04 Joint staff Training event Train the Trainer Guide

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Introduction:

Who is the Train the Trainer guide for?

The guide has been developed to assist trainers who wish to embed the Health Points Learning modules into their current training provision. It is designed to be a guide to assist trainers to understand the wider project objectives, the 5 modules and the use of the Health Points platform by trainers with their learners. There are separate user manuals that have been developed for trainers and learners to help them navigate the games platform.

What is the aim of guide and what's included?

All Trainers will receive a copy of the Train the trainers Guide which will include:

- Background information about the Health Points project and learning Platform
- The Health Points Learning modules
- Resources to assist you in running your sessions
- Suggestion on how to overcome resistance/objections from students
- Background on various theories supporting motivation and engagement
- Information about different learning styles
- A resources bank of materials to support your sessions
- Details about level 5 accreditation of competence

Aims of Joint staff training event: (Train the Trainer event)

- To bring together trainers from across the project partner countries who have an interest in supporting young adult's health education and development
- The event is not about teaching you how to train or obtain a qualification as you already have this
- The training is to introduce the Health Points project
- To Introduce the Health Points Learning platform
- To try out some of the games
- To develop a mini training session using some of the games
- To inform trainers about the Level 5 competence framework
- To provide a trainer resource guide that can be used for the country pilots

What is the Health points Project about?



1 Health Points Programme Concept

1.1 Introduction

The overall aim of Health Points project is to introduce and integrate health literacy for young adults from disadvantaged backgrounds, by providing an attractive, interactive game-based learning strategy. It addresses trainers and educators that work with disadvantaged young adults in a range of community-based, adult education, formal and non-formal learning contexts.

Its specific objectives are to:

- Develop a game based approach to provide an attractive access to information on health prevention and education for young disadvantaged adults. The project will fully incorporate gender and cultural dimensions in health, and will also include learning elements to foster key competences, such as ICT skills, reading and writing, social and civic competences.
- Equip trainers, educators with an innovative tool to promote awareness for and provide information on health related topics in their training or in any other context or initiative addressing young disadvantaged people

By pursuing the aims and objectives above, Health Points envisages a number of outcomes, including:

- Reducing unhealthy behavioural patterns that lead to lifestyle-relevant diseases;
- Promoting the motivation for self-responsibility and changing unhealthy behaviours into healthier ones;
- Empowering young adults to take care of themselves as important contribution to social cohesion and active citizenship
- Encouraging young adults to learn while co-producing their own learning materials
- Strengthening young adults' resilience, their social and civic competences and thus their employability and well-being.

The Health Points programme will be designed as a modular program that will consist of a set of activities, both face to face and online learning games in order to achieve the above mentioned objectives.

Summary of the User Consultation Framework by Health Points Partner CESIE, Italy

The following summary of country consultations will highlight some of the main issues that young people and professionals identified in their countries, it will also show why the Health Points project is timely and why we should be concerned about young people's health.

Summary

This summary provides a framework about the results of different focus groups and meetings with young people and professionals from the seven countries involved in the Health Points project: Austria, Cyprus, Germany, Denmark, Hungary, Italy, United Kingdom.

The results obtained reveal many points in common, especially regarding the lack of awareness of young people on health issues. The little interest of disadvantaged young people towards health issues is to be attributed to the fact that they have more serious problems to think about. Furthermore, educational programs do not offer a concrete basis for health education.

Due to these reasons, a training course within Health Points project could offer the opportunity to reflect on the current perception of health issues by analyzing different thematic areas and introducing the concept of self-responsibility among young people. Also, addressing health issues through an online tool or a game that makes them active learning protagonists, with a cool graphics and different levels of difficulty it could stimulate them to learn in a fun way.

Below, the results of the focus groups with experts and young people differentiated by country.

Austria

The Austrian professionals dealing with young people agree that they are not interested in health issues unless they have a serious problem to face. They are not fully aware about health issues do to the fact that the educational offer provides only an overview about nutritional pyramid and sexuality. Young people with a disadvantaged social background know that taking any action has costs that they cannot sustain.

Young people would be interested in dealing with these issues through a game that has different levels, that has an avatar that functions as a reminder and has tasks to do, in a fun way with youthful graphics and music in the background. It would be interesting to include in the game issues related to the empowerment of young people towards well-being, the abuse of alcohol and cigarettes which in Austria has a dramatic impact on youngsters (27% of the young people between 12 and 18 years).



Cyprus

The experts from Cyprus agree that young disadvantaged people are not interested in their health because they have other problems to solve mostly financial. And if they do so, they care most about on how they look instead of having a healthy lifestyle. Except in case they are led by their parents or adult models to follow. Through school they know that they should not abuse junk food and that they do not have to smoke but many of them are overweight and do not have a healthy lifestyle.

That is the reason why experts think that using both negative and positive examples is a way to train young people consciously through targeted storytelling. To make the points of the Health Points training effective, professionals suggest that it should be presented it to the Ministry of Education, to create an online platform and to involve primary school teachers from the beginning of the project. According to young people, a game to be suitable should be fun and be structured in different levels in order to learn gradually. It must have a story behind and a good graphic and a chat function in order to interact with other users.

Germany

Generalizing there are two currents among German young people: there are youngsters who are very addicted on how they look and about nutrition and sport; and others who do not care about it. Young people are very influenced by their circle of friends (if any of them becomes vegan they are curious and interested) otherwise they do not get motivation from school education. Therefore, they reflect on their lifestyle and about issues such as sexuality, proper nutrition, but they do not always put into practice good habits, unless they are guided or have some specific problem. Professionals think that a good methodology to follow is through assignment of tasks on which to reflect, the involvement of the body to stimulate awareness among young people on health issues, peer competitions and sharing of positive experience. On the other hand, young people suggest to include in the game on health issues, a section with a “bot” that answers users’ questions in order to guide them through the game.

Denmark

Danish youngsters are aware that there are health issues that need to be addressed and they want to know more to change their lifestyle. Among the issues that young people relate most to are: nutrition, alcohol and cigarettes addiction.

The Danish experts, during the training, would like to talk about topics such as nutrition, exercise, stress management, consuming of energy stimulators among young people who face sleep problems, to be addressed using the direct experience and media tools. Danish professionals emphasize the difference between boys and girls: boys are more competitive while girls work well in groups. Furthermore, the follow-up at the educational level should come from the school first to be truly effective.

Hungary



Disadvantaged young people often lack motivation to follow up on health issues because they face more serious problems every day. Moreover, they need confirmations that they are acting well immediately. Suggestions coming from young people and experts is to treat health education and the problems associated with it in a general and not too specific way. In relation to the challenges emerged from the discussion between experts and youngsters, there are some suggestions about methodologies for the Health Points training: using emotional motivation to stimulate the improvement, for example “do it for your partner/children”; and for the long term, using as examples people who have an inspiring personal story in order to introduce to youngsters health habits.

Italy

The opinion of the Italian professionals is that disadvantaged young people have a lack of health education and they do not consider it an important issue. Young people rarely talk about health issues, because they have not found experts to talk with or because they are shy about it.

In order to face this problem during the dissemination phase is important to create good relationship with the local youth communities.

During the focus groups, participants stated that "learning by playing" is one of the non-formal learning methods suggested for the training course on health issue.

Young people who have used various health apps suggest that the game for Health Points must be easy to use through mobile phones.

United Kingdom

The main issues that English young people feel close to are: mental issue, crime, diet and healthy lifestyle.

Indeed, youngsters who are involved in sports, automatically pay attention to what they eat. Those supported by parents or other adults i.e. teachers are more aware about health and related issues.

Experts agree that social media could incentivize young people towards health issues and they suggest for the training on health awareness a simple, clear and funny app, as young people are always on social media or phones.

Health Points - A Modular Training Programme

The partnership understands that young adults will not be willing to attend a course which solely aims to improve their behavioral patterns in relation to health. Therefore, the partnership wishes to be able to embed parts (modules) of the Health Points programme into another training program (i.e. an ICT training/ course) for young adults. The decision which modules to be used, should be made by the trainer depending on the profile of his/her students. Therefore, the programme should be modular.



Moreover, the training programme should be practical, fun and it should motivate learners to take on a healthier life style. The programme will consist of a set face to face of activities as well as online mini games that will be informative but at the same time interactive making the learning process fun. Through these activities (both online and face to face) the learners will gain new knowledge and be motivated with regards to adopting healthier life styles.

A Points Award System and Grading system

The learners will be able to gain points in two ways:
When learners welcome all lessons in a module they gain 250 points. When learners upload external assignments, these can also be graded by the trainer and this will affect their overall grading for each module.

Modules and Learning outcomes:

This Methodological Concept identifies five learning modules in accordance with the subject areas that are addressed by the learning objectives.
The list below represents the five learning modules together with the related learning objectives per subject area.

Learning Objective 1	Being aware of the concept of good health and healthy living
1.1	Becoming aware of your health and well-being needs
1.2	Taking responsibility for your health

Learning Objective 2	Taking care of your physical health and well-being
2.1	Knowing the benefits of sufficient physical activities
2.2	Taking part in physical activities
2.3	Developing healthy sleeping habits
2.4	Being aware of sexual health issues
2.5	Understanding general aspects of healthy nutrition
2.6	Experience healthy nutrition and cooking

Learning Objective 3	Taking care of your mental well-being
3.1	Understanding and managing stress
3.2	Being able to apply prevention measures in order to avoid circles of negative thoughts
3.3	Identifying and assessing resources for mental well-being



3.4	Being able to recognise healthy relationships in a modern world
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Learning Objective 4	Living free of addiction and addictive behaviour
4.1	Understanding mechanisms of addiction
4.2	Knowing basic facts about relevant addictive substances
4.3	Being aware of media addiction risks
4.4	Understanding the benefits of living without being addicted
4.5	Understanding ways of preventing and managing addictions

Learning Objective 5	Identifying and accessing health support services
5.1	Knowing where to seek support and guidance for health issues
5.2	Understanding your rights and knowing what to do if you get sick

Learning Modules Description

The tables that follow below provide a brief description for each of the 5 learning modules identified within the Erasmus+ Health Points Methodological Concept.

Module 1
Being aware of the concept of good health and healthy living
Learners will increase their awareness on basic good health and living a healthy lifestyle through this module. In particular it will focus on individual's health as well as their well-being as a key human need. The learner will also increase their understanding on taking responsibility for their own health.

Module 2
Taking care of your physical health and well-being
Learners will increase their understanding and skills in self-managing their own health. This will include learners developing knowledge of the benefits of physical exercise, as well as encouraging learners to participate in physical activities.
Learners will also learn about the importance of sleep and good sleeping habits and the dangers of sleep deprivation.
Alongside this, learners will also increase their awareness in sexual health-related issues as well as general aspects of healthy nutrition. Learners also gain experience of good nutrition and information on healthy cooking.



Module 3

Taking care of your mental well-being

Learners of module 3: Taking care of your mental well-being will increase their knowledge in understanding and managing stress. While also learning about prevention measures and strategies to avoid negative thought processes.

Learners will also develop skills to identify and assess resources focusing on mental well-being, while also developing key skills to recognise healthy relationships in the modern world.

Module 4

Living free of addiction and addictive behaviour

Learners will develop understanding in the mechanisms of addiction, as well as increase their knowledge in basic facts connected to addictive substances.

Learners will also understand the effects and risks of media addiction on themselves and others, while also understanding the benefits of living without being addicted to substances.

Learners will develop understanding in the ways to prevent addictions as well as how to manage addictions through this module.

Module 5

Identifying and accessing health support services

Learners will develop knowledge in where to seek support and guidance for health issues in their own country.

Furthermore, learners will gain an understanding of their rights in relation to their health and will learn what to do if they become unwell. Such as, learners will know how to access health care responsibly, for example they will learn to contact a Doctor if they are unwell, and only use emergency services in an emergency situation.

An Overview of the platform

The Health Points platform will be a fully responsive website/platform suitable for every device and screen size. The platform has been designed to incorporate a set of learning games. These learning games will address 5 distinct areas or modules which have been identified by the partners during a brainstorming session at the kick off meeting, through the Health Box project (the predecessor of the current project) and through small scale consultations



performed by the partners, (face to face interviews with youngsters). The five main areas of interest identified are:



Module 1 Being aware of the concept of good health and healthy living



Module 2: Taking care of your Physical health and wellbeing



Module 3: Taking care of your mental wellbeing



Module 4: Living free of addiction and addictive behaviour



Module 5: Identify and access Health support services

To ensure a widespread integration in and combination with different training offers and labour market training schemes the platform will be designed modularly, that is each of the areas identified will be a distinct module.

Each module will include a set of a min. of 4 learning games (minimum 20 in total) plus a set of assignments, all of which will be incorporated in a reward system. This reward system will be two fold:

1. A Points Award System

- a. Each learning game will have a number of points which will be rewarded to the player/learner once it is completed successfully. The learner will accumulate these points as he/she progressed through the different games. As the learner reaches an amount of points he/she will progress to the next level. The number of points allocated per game will be decided upon the completion of all the games by the partners.
- b. As already mentioned, the programme, consists of both face to face activities as well as online mini games. The face to face activities may lead to assignments. These assignments will also be reported by the learners on the Health Points platform and points will be manually awarded by the trainer.

2. Badges Award

- a. The second reward system refers to badges. Badges will be awarded once all the games have been successfully completed



by the player in each module, that is a total of 5 badges will be earned once all the games in all modules have been successfully completed.

Using Health Points Platform

In the Health Points Platform we will have 2 types of user roles: Trainer and Learner. Depending on the assigned role, the user will have different capabilities:

Using Health Points from the Trainer's perspective

1. The administrator of the platform will be able to assign users as Trainers.
2. The trainers will have the capacity to enroll learners in the course.
3. The trainers will also have the capacity to manually assign points to the assignments (Remember that the assignments in the platform will be a way to report back to the trainer tasks that have been assigned to learners during the face to face activities).

Using Health Points from the Learner's perspective

1. The learner needs to register online. He/she will receive an email to activate his/her registration. It should be noted though that registering to a course does not mean that the learner is automatically enrolled in the Health Points modules.
2. Once the learner logs in the platform he/she will be presented with the 5 modules (or less depending on the trainers' selection of modules)
3. Once the learner clicks on the desired module they will be presented with a set of learning games and assignments. Possible Games and Ideas!

Using the PPT Presentations

As an additional resource the power point presentations developed for some of the modules, can be downloaded directly from the Health Points platform.

Validation of competence developments through LEVEL5

2.1 Validation of competences – for what and for whom?

Validation can be defined as 'the process of identifying, assessing and recognising skills and competences acquired in non-formal and informal settings'. Non-formal and informal learning and their validation aim at several demonstrable benefits – one is to promote motivation for development



through recognition of learning. Validation can contribute to make learners more self-aware and critical and to engage in further learning. Another aim is to offer evidence of learning achievements gained outside the formal education system to be communicated to other stakeholders, e.g. to employers, and to promote the employability of persons with no or little formally recognised degrees.

Valuable competences, frequently developed through informal and non-formal learning, are rarely validated and certified by learning providers. This leaves a huge amount of progress and development that cannot be demonstrated or proven to potential stakeholders. Therefore, validation represents a considerable opportunity for vulnerable target groups and those people working with them.

One approach to validate competence developments is LEVEL5 – a system developed and piloted in a series of European-funded projects since 2005.

2.1.1 LEVEL5: The core principle

LEVEL5 is a unique system to validate competences and competence developments and to create competence oriented learning pathways in non-formal and informal learning contexts. It is especially suitable for the assessment and documentation of personal, social and organisational competences¹

The LEVEL5 approach builds on the notion that a “competence“ is the ability to apply a synthesis of

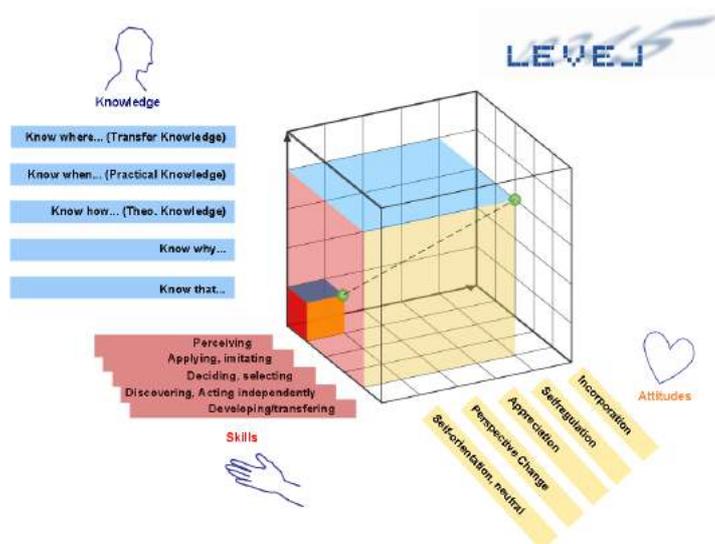
- knowledge,
- skills and
- attitudes

in a particular situation and with a particular quality” (CEDEFOP 2006)

Since the age of the enlightenment we know by the works of the Swiss pedagogue Pestalozzi that learning happens with "head, heart and hand". In recent years neurobiological (brain) research has again clearly demonstrated that the non-cognitive dimensions are of special importance for learning.

The LEVEL5 methodology is based on these notions. Consequently, the LEVEL5 system is based on this model to assess, evidence, and validate the cognitive, activity related and affective competence developments (cognition, actions, values) in informal and non-formal learning contexts. Individual or group competences are evaluated in a process-orientated way and, if desired, visualised in a three-dimensional cube model and fully documented in a specific software system.





¹ The “Key Competences for Lifelong Learning – A European Framework” is an annex of a Recommendation of the European Parliament and of the Council of 18 December 2006 on key competences for lifelong learning that was published in the *Official Journal of the European Union* on 30 December 2006/L394 (http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l_394/l_39420061230en00100018.pdf).

Fig. x: LEVEL5 Cube

LEVEL5 focuses on learning processes as they represent potentials, too. For this reason two assessments are foreseen: the first one at the beginning of a learning activity and the second one at a later stage after a certain period of practice. When comparing the results of the two assessments you will be able to see how a competence has evolved.

In the three-dimensional model, the so-called LEVEL5 cube, developments of knowledge, skills and attitudes are visualised. These levels are defined through reference systems – the core of the LEVEL5 system. A reference system describes a given competence on five levels in each competence dimension – from beginner to competent expert. These reference systems are adaptable to any target groups and learning context.

2.3.3 The use of LEVEL5 in Health Points

The LEVEL5 approach is based on a five-step procedure, starting with a description of the learning project and ending with the evidencing of learning outcomes and the validation of learners and learning projects by means of the LEVEL5 software.

In Health Points LEVEL5 is applied on two levels:

- to assess and recognise the competences developed by the involved trainers in terms of embedding health related topics into their training offers



- to identify competence developments and impact of the Health Points approach on the final beneficiaries, the vulnerable young adults.

For this purpose, the LEVEL5 approach was customised and contextualised to the project context. Reference systems for relevant competences have been established, e.g. for health promotion, health literacy, where these competences are described in a tangible way.

The LEVEL5 procedure for trainers

The practical application of the LEVEL5 follows these steps:

1. Reflect about your learning context and identify your learning objectives in the given context – we will call this „learning project“. (If you strive for a certificate, you will have to describe your learning project briefly either in the software or the offline template.)
2. Select a competence you wish to further develop and/or reflect on from the list of competences.
3. Do a first assessment at the beginning of the learning phase: Read the competence description and the reference system and identify your competence level in each of the three dimensions. Give reasons or examples that prove your rating.
4. Pursue your learning objectives in the given context.
5. Do the second assessment at the end of the learning phase: Read the competence description and the reference system and identify your competence level in each of the three dimensions again. Give reasons or examples that prove your rating. If you wish to receive a certificate, also write a summary of the learning process for each dimension.
6. Receive a certificate: If you wish, you may receive a LEVEL5 certificate which evidences and visualises your learning progress in your selected competence field. For this purpose you need to document your learning activity and the outcomes of your assessment. There are two ways to do that: via the online self-assessment interface accessible through the Health Points platform or via an offline template which is part of the Health Points Training Material.
7. After you have finished the documentation, contact your national Health Points coordinator or directly to info@level5.de and receive your certificate within one week.



Using LEVEL5 with learners

The application of LEVEL5 with disadvantaged young people follows the same principle. However, it is important to choose an assessment method that is adapted to the skills of the young people. Experience with these learning groups has shown that self-assessment with the help of a reference system is an excessively demanding exercise. Here it is important to select methods that can be mastered by the young people with joy and creativity, such as group discussions, role plays, simulations, etc. If self-assessment is the only method that seems feasible for practical or time reasons, ways must be found to simplify the complex descriptions of the reference system or, for example, to break them down into a questionnaire.

As to the steps described above this means that the trainer still reflects on the learning context and sets up a learning project taking into consideration the learning needs and requirements of the learners. He/she reflects on the competences that the learners shall acquire within the learning project. The steps 3 and 5 are the crucial ones, as here an appropriate assessment method has to be chosen and implemented with the learners. The results of the assessments can be documented either by the trainer or by the learners themselves (ideally there is an external observer who fulfils this task.)

How long does it take and what will it cost

As to the time needed to apply the LEVEL5 procedure, this very much depends on the assessment concept. Estimate approx. half an hour to reflect and document the rating for all three dimensions for one self-assessment. This is done twice in the process. Of course other methods of assessment are possible, for example in a peer-to-peer setting or based on exercises. Apart from that you may require some time to think of suitable activities to promote your learning process.

The use of LEVEL5 and the issuing of certificates within Health Points is **free of costs**. If you wish to use LEVEL5 after the end of the project, you may join the **REVEAL association**, who is owner of the software, to become a licensed partner. For further information contact: info@reveal-eu.org.



Resources Section

- Setting ground rules and using the health warning in your sessions
- Using icebreakers
- Using Energisers
- The learning theories or models – motivating students and overcoming resistance
- What are Learning styles - VARK
- What is a case study- How can we use them as a learning tool?
- Dealing safeguarding issues and Managing risk
- Incentives: Could you “dangle carrots”?
- What is supervision and why is it important?
- Evaluating your training with learners

Setting the scene

Many trainers when working with new topic or group often like to agree a “contract” or set of “ground rules” with their learners. It is advisable to do this so that everyone knows what is expected of them from the start and if for any reason a situation arises the trainer and the group can refer back to the ground rules or contract to assist in resolving any difficulties.

See example on the next page....



Code of Conduct & Confidentiality

- If someone is speaking please do not speak over them or at the same time
- Only share what you are happy to share
- Everyone is here to learn, no one person has ALL the answers, but together we will find them
- There are no right or wrong answers to most of these situations, only the solution that best works for you in your situation.
- Not everyone learns or understands in the same way or at the same pace, be patient
- Be mindful that not everyone has had a good learning experience – but lets make this is a good one for everyone
- Be self aware, agree a timeout signal if you need to step out....(see the Health Points health warning)
- Please try to keep to the timings for breaks/Lunch out of respect to everyone
- Be aware that we are all different and have different backgrounds, we will have different opinions and levels of understanding living in the same the world (Equality, Diversity & Equity)
- Confidentiality what we talk about stays in the room...

You may already have something similar in use or may want to develop your own to fit your own delivery and style of training, e.g. if you have students with special educational needs, poor literacy or language skills you may want to use less words and more pictures of graphics.



The Health Points Health Warning

What is this and when/why should I use it?

“Health Points Health Warning”

As a trainer it is advisable if you are dealing with what might be difficult subjects or content to issue a health warning at the start of your session.

You could say to the participants that if they need “**timeout**” and want to step away from the session for a few minutes they should:

- Give you a thumbs up  to show they are OK OR
- Thumbs down if not 

You could alert learners of the health warning by giving a sound like a whistle or a bell so they recognise that this is related to the health warning and the topic to be addressed.

You may already have something else in place that perhaps you could share with other trainers?

Using Icebreakers

What is an Icebreaker? When might I use one?

Why use Icebreakers?

Icebreakers are group facilitation techniques which can help people communicate, learn more about one another, relax and enjoy themselves. They are an excellent way to foster a creative and friendly environment that is ideal for learning or collaboration.

All groups of learners can really benefit from icebreakers, particularly if participants are meeting for the first time. Icebreakers can be used in a wide range of environments including classrooms, conferences, parties and



meetings — wherever you want a group of people to relax and communicate freely.

(This article will share a few reasons why icebreakers are so useful and a few of the best [icebreaker games](#) for adults.)

Why are icebreakers so useful?

– Icebreakers can reduce inhibitions or tension in a group

Many learners are fairly inhibited and reserved when they meet new people. They often don't communicate freely with people they are meeting for the first time and require a "getting-to-know-you" period. Icebreakers can speed up the getting-to-know-you process, encouraging participants to start communicating freely with one another.

– Icebreakers can make a group event fun!

Many group icebreakers are focussed on helping participants relax and feel comfortable within the group. This is usually achieved through the use of fun activities that encourage participants to talk to one another. These "fun" icebreakers can be used by group facilitators to introduce people or to simply give the group a break from a tough activity. Fun icebreakers can also be used to start a meeting or conference with a few laughs.

– Icebreakers can energize and motivate participants

Using an icebreaker at the start of a meeting is a great way to excite and motivate participants. A fun icebreaker can turn a stale meeting or class into something that participants look forward to. Icebreakers can also be used midway through a meeting or class to energize participants.

– Icebreakers can help a group learn more about one another

If you are working with a group of people who have never met each other before, "introductory" icebreakers may be useful. They are activities which encourage participants to learn each other's names and personal details. It can help create cohesion within a group and familiarity between participants increases user engagement.

– Icebreakers can improve the ability of people to learn

Researchers have discovered that adults learn better when they are mentally, physically and emotionally stimulated. This is because they become fully engaged in the activity and the people around them. You can use icebreakers in a classroom or seminar environment to really make sure the participants are learning.



– Icebreakers help the facilitator learn more about the group

The facilitator can also gain some useful insight from using icebreakers. In addition to helping you learn the name of participants, you can gain insight into the background, interests and skills of participants.

– Icebreakers increase the sense of community within a group

If you are working with a group that is sharing personal details, it helps to foster a sense of community and friendship among participants. This helps people open up and share intimate details. Icebreakers can be very useful in fostering a sense of trust and community within the group.

Useful examples -

which you can use or adapt to suit your own training environment or learners:

Bodywork exercises

The following 3 exercise were created by Rogers Foundation who are a partner in the Health Points project: www.rogersalapitvany.hu

Training opening / Day opening / Training closure

Find yourself in the space / greetings

Time: 5-7 minutes

Number of participants: does not matter

Goal: arrival to space, arrival to body / body awareness, getting in touch with others

Description:

Empty the chairs from the room (or push aside), create as large free space as possible. People are instructed to walk around freely, not in a circle. They should try to fill the space as much as possible, go to spaces, where there are less people.

- 1) When they start walking, people are instructed not to make contact with each other either verbally, and non-verbally. They should discover the space of the workshop as much as possible “Arrive to this space, which will be our base for our workshop”, paying attention for small details”, Find something that catches your eyes! Go there and examine. You can also touch, smell, feel it. Then find something else further away from the room, and go there”.
- 2) After 1-2 minutes people are instructed to turn their attention to themselves, inside. They should focus on their feet, legs, hips, pelvis, back, main body, arms, hands, neck, head (one-by-one). “Move them a little bit, feel yourself arrive in your body”.
- 3) After again 1-2 minutes they walk again freely. After some time they are asked to be aware of all the other group members.
 - a. First make eye contact for about 1-minute
 - b. Then contact them with handshake

- c. Then contact them with touching their shoulders (and also they touch yours)
- d. If the group is responding well to this and the trainer feels that the group has a good atmosphere, also hugging each other is possible.

Alteration: At the end of the workshop, the same exercise can be used for saying goodbye first from the space, then from each other. This provides a great frame for the workshop.

Triangles

Length: 5 minutes

Number of participants: does not matter

Goal: to feel the dynamics around oneself, to reflect on dynamics within groups

Description:

Empty the chairs from the room (or push aside), create as large free space as possible. People are instructed to walk around freely, not in a circle. They should try to fill the space as much as possible, go to spaces, where there are less people.

1. People are asked to choose two random other participants (don't tell them). "Keep walking, and try to keep the same distance from both of them, as they are from each other: so you three form a non-visible same-sided triangle. Keep this triangle. As they are continuously moving, you should also follow them". Keep people do the same things for some minutes, until a pattern start to emerge. (This is called in chaos theory "attractor state".
2. Now people shall choose different two, and follow. In this second round, after the attractor state occurs, the trainer takes one participant at hand, and starts to draw him outside, further from the group. All people will follow, as people are interconnected
3. Stand in a circle, and reflect on the game:
 - a. how did it feel
 - b. Some words on group dynamics – but we follow everyone not only two people, even the level of "following" is different

Back-to-back

Length: 10 minutes

Goal: to increase body-awareness, trust, and learn about personal reactions about relationships

Description

Empty the chairs from the room (or push aside), create as large free space as possible. People are instructed to walk around freely, not in a circle. They should try to fill the space as much as possible, go to spaces, where there are less people. Randomly choose a pair. The trainer gives the instructions and may also display them visually

1. They attach to each other with their backs. First they start to move to left and right sides (rock). Both of them monitor their personal senses and feelings which occur.
2. After a about 1-2 minutes they both open their arms to sides (like a tree). The arms move freely, still the backs are attached. Both of them can start to move freely, still back attached
3. After about 2-4 minutes – if there is no knee problem of the participants– they try to sit down together and stand up still back attached.
4. **Reflection** in pairs about 2 minutes (or also in plenary):
 - a. How did it feel? What was easy, what was hard?
 - b. Do you think you leaded or followed the other? Or were you attuned?
 - c. How much you felt trust?

Leading with hands

Length: 10 minutes

Goal: to increase body-awareness, and learn about personal reactions about relationships and leadership

Description:

Empty the chairs from the room (or push aside), create as large free space as possible. People are instructed to walk around freely, not in a circle. They should try to fill the space as much as possible, go to spaces, where there are less people.

Randomly choose a pair.

1. The two people attach their palms (hands) – they can choose which. One of them will be the leader, his/her palms will be the one with the lower hand. The leader moves the other around the room this way for 1-3 minutes. Also they should move down and up, and as they wish. Role change.
2. After a while they again change role, the first will be the leader again. Now they move away the two palms, so that there will be about 5-10 cm distance between them. Still one of them with the lower hand moves the other. Role change
3. **Reflection in pairs about 2 minutes** (or also in plenary):
 - a. How did it feel? What was easy, what was hard?
 - b. Which role you liked better? Why?
 - c. What do you think good leading is?
 - d. How does it relate to your life?

The Toaster Game *{could you use this to suggest healthy alternatives?}*

This is a useful game for meetings where participants may turn up hungry! It requires the facilitator to bring a toaster and a large assortment of condiments. Insert a piece of bread into the toaster and while it is browning ask everyone in the group to reveal one thing about themselves. The person who is mid-sentence when the toast pops up is challenged to eat a piece. The catch is — the group decides which kinds of condiments they have on their toast! They may decide to have peanut butter, chilli flakes, and mayonnaise! Just make sure the participants aren't allergic to any whacky condiment combinations you think of!

Expectations *{this could be useful}*

This is a simple icebreaker for adults that encourages them to be creative. Each participant is asked three simple questions:

- What is your name?
- What do you hope to get out of the class
- What could be the craziest thing that could happen if their expectations of the class are met?

Encourage participants to think of a crazy and interesting outcome after completing the class!

For example, a student attending a computer class might say “My name is Ted, I expect to learn how to program computers and understand computer hardware. If I can learn those skills I will use them to become the next Steve Jobs, marry Charlize Theron and buy the island of Hawaii”.

One word icebreaker - takes 10 -5 minutes if you decide to explore further

This is a really useful one as you can adapt it to so many situations, you can either split the learners in to small groups of about 4 people or keep the group as one.

Ask learners to think of one word that:

- Describes how they are feeling about the training/meeting
- That is something they hope to take away from the training
- Hope / fear about the training

To continue the discussion you could ask some learners to share more about the word they chose and how it relates to the topic.

You could change this to relate to the topic e.g. How they feel about their health.... Using a specific topic can help you explore how a group feel about a common issue and can feed into the topic being addressed.

The five of anything icebreaker - small mixed groups of 4/5 people

The steps are here: <https://www.thebalancecareers.com/the-five-of-anything-ice-breaker-1918418>

You can use this icebreaker to relate to the topic of the session
Ice breakers that relate to the session's topic

You can relate the five items selected to the topic of the session and use the ice breaker to add to the content of the session. For example, in a session about how to run a successful meeting, you might ask the participants to identify the five most important factors in making a meeting successful.

- Share 5 concerns about implementing this training with your student groups
- 5 objections learners might have about the health points topics
- 5 expectations of the training.
- 5 issues that might arise with your students

We could take the 5 topics of the Health Points modules and ask them:

- How confident are you talking about topics of these modules?... ..
- Are you more confident with some of topics can you rate them most to least confident? How can you increase your confidence with some of the others?
- How will you overcome resistance from student to discuss the topics?
- What if... E.g. they ask me questions I don't know/cannot answer? They reveal something very personal or an issue related to the HPs topics?

This exercise could also be adapted to use with students as part of HPs:

- 5 bad habits ... how could they break them?
- 5 healthy foods they like?Don't like? Never Tried?
- 5 favourite meals.....how healthy are they?... could you make them more healthy?
- 5 Physical activities they enjoy? Could you try new ones?
- 5 things they would like to try to change lifestyle/ habits.... How can they make this happen?
- 5 ways they could be more active
- 5 small life hacks, (small changes) they could try to improve their eating, diet, exercise regime, weight loss, health, well being?

Personality cards

This is a bit of work, but one of the best intros I have ever come across...though it only really works with eight or more people (and ideally no more than 16).

- Produce a set of cards, each with a unique 'personality trait' written on it. You'll need about 12 cards per person.
- Hand the cards out in any random order. The first task for the students is to read the cards and sort them out into two piles: those that are true for them for most of the time and those that are not true or less true. (This usually takes about three minutes).
- The second task is for participants to get rid of all the cards that are NOT true for them. The catch is that they can only get rid of a card by giving it to someone for whom it IS true.
- The aim is for each person to end up with at least five or six cards that are wholly true for them.
- At first things move a little slowly, but within a few minutes the energy levels come right up as participants move around the room and really get to break

the ice. This part can take between five and 10 minutes depending on the number of people.

- You will need to create more cards than you need for the participants so that they can 'swap with the bank'.
- Once everyone has a set of cards that describes them, you have a number of options. Here are some suggestions...
- • In open forum, get each person to reveal what is on their cards
- Split people into groups and ask them to introduce themselves to each other using the cards
- Get people to self select into groups, so that they gather with those who are 'like them'

The golden nugget

A warm up exercise: go around the room and ask each delegate to introduce themselves. They should say who they are, where they come from etc... and then add one fact that nobody else will know about them.

This usually end up in laughter and is a good starting point when building rapport between people.

Using energisers

What is an energiser? When might I use one?

Definition of an energiser:

An energiser is an activity that can be used to warm up a group or meeting, to encourage group interaction, often used at the start of training with a new group.

It is brief exercise that is intended to increase the energy in the in a group, by engaging them in some of physical activity, laughter or get them engaged with a topic and problem solving.

Energisers are a good way to engage and focus a group, especially after lunch when there is often a slump in energy and concentration, it will assist in learners not getting distracted.

This is a perfect example:

Just for fun

If there's room, stand in a big circle (you included) and throw a tennis ball to the person in front of you, who then does the same to someone new. Once everyone has caught and thrown the ball, the cycle is complete. Then ask everyone to remember what they did and do it again - quicker. Then feed extra balls in for fun, and see how many people can keep going.

I find this gets everyone giggling and interacting, but above all doing something physical. Don't try to justify the exercise. Just say its to 'wake us all up'

This or that?

Get the group to stand up towards the back of the room in a relatively clear space.

Then ask the group to align themselves with a series of statements along the lines of Are you more 'this' (e.g. rock & roll) or 'that' (e.g. classical)?

If they're more 'this' they move to one side of the room and if they're more 'that' they move to the other side (or they stay in the middle if they're neither or can't decide!)

Other examples of this or that we have used include:

Ferrari / Rolls Royce

Sun / moon

Beach / castle

etc, etc.

As well as re-energising the group and getting people moving, it also gets people to consider similarities and differences within the group.

Topics for treats (*Trainer tip use healthy treats like fruit, nuts or healthy snacks*)

Prepare a bowl of sweets/fun-size chocolate bars or healthy snacks. For each type/colour of sweet/chocolate write up a list on the flip chart. For example:

- Green – Favourite movie and why
- Yellow – Last book you read and what you thought of it
- Orange – The place in the world you would most like to visit and why
- Purple – Something about where you grew up
- You can add your own

(The topics can be adapted to absolutely anything – depending on how well the group know each other, and whether you want to make the exercise directly related to the content of the session or not)

Hide the flip chart and pass round the bowl, just asking each delegate to choose what they fancy. (You could ask them to take more than one depending on what you want them to talk about).

Reveal the flip chart and ask them to talk about their 'chosen' topic.

It could also be used for non-edible giveaways too.

More than an energiser /ice breaker

The encouragement game is potentially life changing if used correctly and carefully monitored by the trainer. It is best used with groups who know each other quite well.



You will a blank sheet of A4 paper and a pen, you should split larger groups into smaller groups of min 4/5 people.

Everyone should sit a circle and writ their name at the top of the paper, they should then pass their paper to the person on their left who will add one of two positive characteristics about the person names at the top. The papers should continue to pass to the left with positive characteristics being adding until the person gets their paper back.

A typical paper might look like this:

<p>Ella James</p> <p>Positive</p> <p>Happy</p> <p>Generous</p> <p>Cool</p> <p>Good sense of humour</p> <p>Always thinks of others</p>
--

The trainer should collect all the papers, just to check that what has been written in appropriate and then give them out to the owners one by one.

Done well this is a very affirming game and can literally change how people see themselves and can be huge boost for confidence and self-esteem.

Variations are:

- Use a large piece of flip chart paper for each person might work best with smaller groups but some people are so boosted by this activity they cannot wait to take their paper home to shoe their family!
- You might want to have prompt list of characteristics for groups who have literacy or language issues
- For a well-established small groups you could get the group to practice on you first and then do one for each of the groups max group size 6/7



All Stars

Give each person a piece of paper and have them draw a self portrait. Ask them to write their name on it, in case it is not obvious who it is! You can decide how long to take on this part of the activity depending on the time you have.

When this is complete stick them all up on the wall.

Handout some stars so that each person can write positive adjective on it and stick it to the portraits, you get star shaped post-its or card ones or make your own.

By the end everyone should have should have some positive stars added to their portrait and again this can be used a confidence booster for all.

Banana Surgery

Split your group up into smaller groups, and give each group a banana, cutting board and plastic knife. Each group should cut the banana into 4 or 5 equal sized pieces. (don't tell them what the next steps are at this point).

Then hand out banana surgery kits - pins, string, sticky tape, tooth picks, rubber bands etc. The goal is for each group to reassemble the banana.

The lesson from this game is that some things (relationships, trust, reputation, bananas!) are easy to break but more difficult to put back together.



Energiser Persuasion/negotiation exercises

The line

You will need space and equal number of people
All participants should stand and face another member of the group in one long line.

One side of the group should attempt to persuade their partner on the opposite side to cross the line and come over to their side.
Then swap over!

Why are we doing this exercise?

Sometimes you may need to use all your powers of persuasion to get others to see your point of view or agree with a course of action.



E.g. Working on European projects is often very like this as there can be misunderstandings because of language and cultural barriers....
Or someone may feel very strongly about their point of view - but again we have to remind ourselves that we are not working alone, but in a partnership and often for the sake of the project outcomes and aims we may have to compromise.....

The spare chair

Two people take centre stage one sits in the chair... the other person has a time limit 60 seconds to persuade the sitter to give up their chair if they do not succeed then another member of the group steps in and attempts to do the same

You can continue the game for however long time allows

Why are we doing this exercise?

All about persuasion, empathy putting yourself in someone else situation, being able to see someone else's point of view and of course compromise... for the good of all

The learning theories – motivating students and overcoming resistance

The Flow model by Mihaly Csikszentmihalyi

The Flow Model represents the emotional state in which someone can be while undertaking a task or activity. He describes that people are happiest when they are in the state of utter concentration and completely absorbed in the activity they are carrying out. This happens when the two weighing ratios; the challenge level and the skills level are balanced against each other. There are eight emotional states of mind someone can be in:

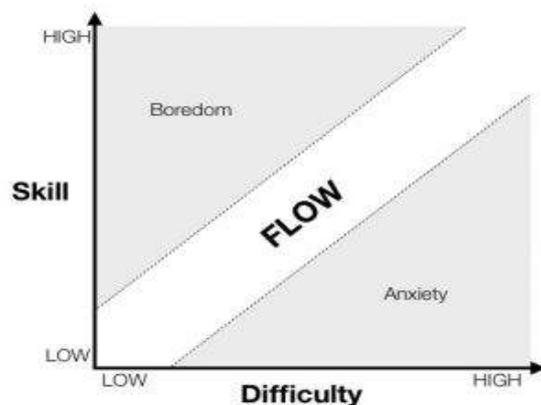
Apathy:	Comparable to a state of indifference and a lack of interest.
Boredom:	No interest in surroundings, dull, fatigued.
Relaxation:	Calm or the absence of excitement.
Worry:	By worrying the attention is shifted towards negativity; (imaginary) problems become bigger and solutions do not seem to exist.
Control:	By practising, skills become automations, with the risk that the skills level is higher than the challenge to perform a certain task.
Anxiety:	May cause someone to freeze and stagnate.
Arousal:	By increased stimuli people respond more attentively to their environment.
Flow:	Mental state in which people are completely focused on the activity or task, because of which this is carried out successfully.



Only during a big challenge or high skill, the flow can develop itself. In the center of the Flow model all states of mind come together and the challenges and skills are of an average level. Depending on a number of factors, growth towards flow can be effected.

The three most important factors in the flow theory are:

1. Formulating clear objectives in relation to the tasks and the activities.
2. A good balance between the challenges of the activities and the understanding of one's own skills.
3. Good interim feedback (feedback loop) and after the tasks and activities have been carried out and (timely) adjustments if necessary.



Source: <https://www.toolshero.com/psychology/personal-happiness/flow-model-csikszentmihalyi/>

The Fogg Behaviour Model by B. J. Fogg

The Fogg Behaviour Model is concerned with behaviour change. It states that behaviour will only happen when three elements occur simultaneously. If one of the elements is missing, behaviour will not happen. The three behaviour change elements are:

- **Motivation:** People have to be sufficiently motivated to change their behaviour.
- **Ability:** They must have the ability to do the behaviour.
- **Trigger:** They have to be triggered, or prompted, to do the behaviour.



Behaviour = Motivation + Ability +

Key elements of the graph are that:

- As a person's motivation and ability to perform the target behaviour increase, the more likely it is that they will perform this behaviour.
- There is an inverse relationship between motivation and ability. The easier something is to do, the less motivation is needed to do it. On the other hand, the harder something is to do, the more motivation is needed.
- The action line (the purple curved line) lets you know that any behaviour above that line will take place if it is appropriately triggered. At the same time, any behaviour below the line will not take place regardless of the trigger used. This shows how important motivation is, because if you are not motivated to do something, you will not act regardless of how easy it is to do. At the same time, if you are very motivated to do something, but it is incredibly difficult to do, you will get frustrated and you will not act either.
- If you want a behaviour to take place, look for ways to boost motivation or ability (or both).

Source: <https://daringtolivefully.com/the-fogg-behavior-model>

Case study to illustrate:

Pete, 19 year old, smoker

Pete has been smoking a pack of cigarettes a day since he was 14, both his parents, siblings and close friends smoke as well. The past six months Pete has been coughing every morning and is now experiencing shortness of breath when playing soccer. His soccer coach tells him it is because of his smoking and advises him to quit the cigarettes. This makes sense to Pete and he considers that it might be necessary to stop smoking at some point.

Pete just started apprenticeship at the local super market where smoking is prohibited. Free smoking cessation courses are offered to all staff. Recently he fell in love with a girl who is not fond of his smoking and asks him consistently to brush his teeth before kissing.

The Attribution Theory by Bernard Weiner

The attribution theory is concerned with how individuals interpret events and how this relates to their thinking and behaviour. Attribution theory assumes that people try to determine why people do what they do, i.e., attribute causes to behaviour. A person seeking to understand why another person did something may attribute one or more causes to that behaviour.

For example, is someone angry because they are bad-tempered or because something bad happened? Weiner focused his attribution theory on achievement (Weiner, 1974). He identified ability, effort, task difficulty, and luck as the most important factors affecting attributions for achievement. Attributions are classified along three causal dimensions: locus of control, stability, and controllability. The locus of control dimension has two poles: internal versus external locus of control. The stability dimension captures whether causes change over time or not. For instance, ability can be classified as a stable, internal cause, and effort classified as unstable and internal. Controllability contrasts causes one can control, such as skill/efficacy, from causes one cannot control, such as aptitude, mood, others' actions, and luck.

There is a strong relationship between self-concept and achievement. Causal attributions determine affective reactions to success and failure. Students who rate themselves higher in terms of self-esteem and with higher school achievement tend to attribute success to internal, stable, uncontrollable



factors such as ability, while they contribute failure to either internal, unstable, controllable factors such as effort, or external, uncontrollable factors such as task difficulty. For example, students with learning disabilities seem less likely than non-disabled peers to attribute failure to effort, an unstable, controllable factor, and more likely to attribute failure to ability, a stable, uncontrollable factor. Attribution theory has been used to explain the difference in motivation between high and low achievers. According to attribution theory, high achievers will approach rather than avoid tasks related to succeeding because they believe success is due to high ability and effort which they are confident of. On the other hand, low achievers avoid success-related chores because they tend to: (a) Doubt their ability and/or (b) Assume success is related to luck or to “who you know” or to other factors beyond their control.

Key principles:

1. Attribution is a three stage process: (1) behaviour is observed, (2) behaviour is determined to be deliberate, and (3) behaviour is attributed to internal or external causes.
2. Achievement can be attributed to (1) effort, (2) ability, (3) level of task difficulty, or (4) luck.
3. Causal dimensions of behaviour are (1) locus of control, (2) stability, and (3) controllability.

Dispositional vs Situational Attribution

Dispositional Attribution

Dispositional attribution assigns the cause of behaviour to some internal characteristic of a person, rather than to outside forces.

When we explain the behaviour of others we look for enduring internal attributions, such as personality traits. This is known as the fundamental attribution error.

For example, we attribute the behaviour of a person to their personality, motives or beliefs.

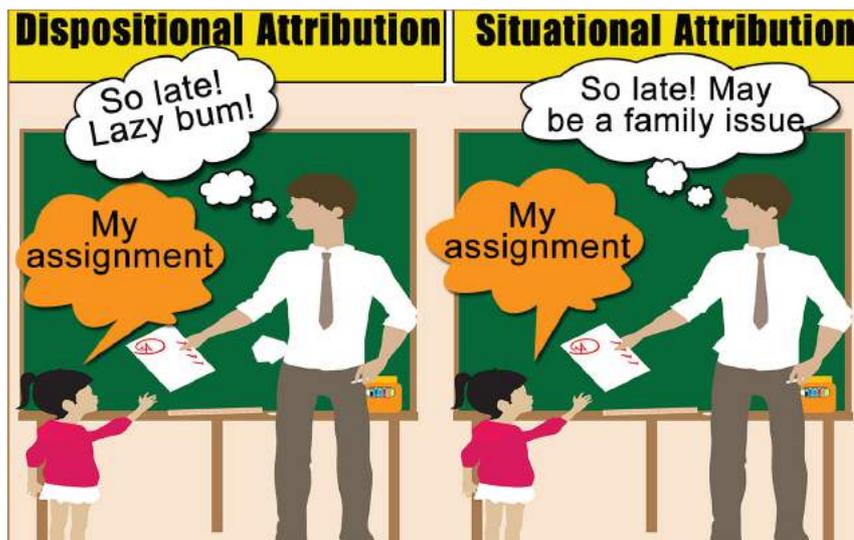
Situational Attribution

The process of assigning the cause of behaviour to some situation or event outside a person's control rather than to some internal characteristic.

When we try to explain our own behaviour we tend to make external attributions, such as situational or environment features.

Example:





The Self-Determination Theory by Edward L. Deci and Richard M. Ryan

Self-Determination Theory (SDT) is basically a theory of motivation. It is concerned with supporting our natural or intrinsic tendencies to behave in effective and healthy ways. The theory links personality, human motivation, and optimal functioning. It posits that there are two main types of motivation - *intrinsic* and *extrinsic* - and that both types are powerful forces in shaping who we are and how we behave. According to Deci and Ryan, extrinsic motivation is a drive to behave in certain ways that comes from external sources and results in external rewards. Such sources include grading systems, employee evaluations, awards and accolades, and the respect and admiration of others. On the other hand, intrinsic motivation comes from within. There are internal drives that motivate us to behave in certain ways, including our core values, our interests, and our personal sense of ethics.

Although it might seem like intrinsic motivation and extrinsic motivation are diametrically opposed – with the intrinsic driving behaviour in keeping with our “ideal self” and the extrinsic impacts leading us to conform with the standards of others - there is another important distinction in the types of motivation. SDT differentiates between *autonomous* motivation and *controlled* motivation. Autonomous motivation includes motivation that comes from internal sources, but it also includes motivation from extrinsic sources if the individual has identified with an activity’s value and feel it aligns with their sense of self. Controlled motivation is comprised of external regulation - a type of motivation in which the individual’s behaviour is directed by external rewards and punishment. When an individual is driven by autonomous motivation, he or she feels self-directed and autonomous. When the individual is driven by



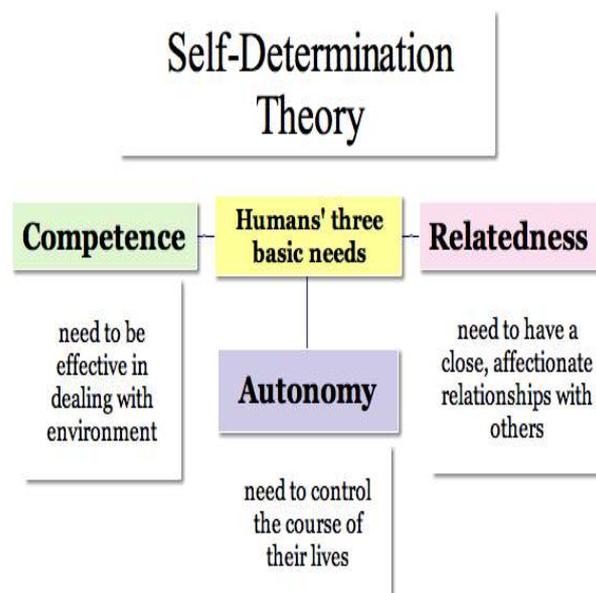
controlled motivation, he or she feels pressure to behave in a certain way and experience little to no autonomy (Deci & Ryan, 2008).

Although self-determination is generally the goal for individuals, we cannot help but be motivated by external sources sometimes - and that is not necessarily a bad thing. Both intrinsic and extrinsic motivation are highly influential determinants of our behaviour, and both drive us to meet the three basic needs identified by the SDT model:

Autonomy: people have a need to feel that they are the masters of their own destiny and that they have at least some control over their lives; most importantly, people have a need to feel that they are in control of their own behavior.

Competence: another need concerns our achievements, knowledge, and skills; people have a need to build their competence and develop mastery over tasks that are important to them.

Relatedness (also called Connection): people need to have a sense of belonging and connectedness with others; each of us needs other people to some degree.



VARK – a guide to learning styles

What are they and why are they important?

The acronym VARK stands for **Visual, Aural, Read/write, and Kinesthetic sensory** modalities that are used for learning information.

Fleming and Mills (1992) suggested four modalities that seemed to reflect the experiences of the students and teachers. Although there is some overlap between them they are defined as follows.

Quite often most people overlap into the different styles but sometimes one is a more prominent preference than the others.

1.1 Visual (V):

This preference includes the depiction of information in maps, spider diagrams, charts, graphs, flow charts, labelled diagrams, and all the symbolic arrows, circles, hierarchies and other devices, that people use to represent what could have been presented in words. This mode could have been called Graphic (G) as that better explains what it covers. It does **NOT** include still pictures or photographs of reality, movies, videos or PowerPoint. It does include designs, whitespace, patterns, shapes and the different formats that are used to highlight and convey information. When a whiteboard is used to draw a diagram with meaningful symbols for the relationship between different things that will be helpful for those with a Visual preference. It must be more than mere words in boxes that would be helpful to those who have a Read/write preference.

1.2 Aural / Auditory (A):

This perceptual mode describes a preference for information that is “*heard or spoken.*” Learners who have this as their main preference report that they learn best from lectures, group discussion, radio, email, using mobile phones, speaking, web-chat and talking things through. Email is included here because; although it is text and could be included in the Read/write category (below), it is often written in chat-style with abbreviations, colloquial terms, slang and non-formal language. The Aural preference includes talking out loud as well as talking to oneself. Often people with this preference want to sort things out by speaking first, rather than sorting out their ideas and then speaking. They may say again what has already been said, or ask an obvious and previously answered question. They have need to say it themselves and they learn through saying it – their way.

1.3 Read/write (R):

This preference is for information displayed as words. Not surprisingly, many teachers and students have a strong preference for this mode. Being able to write well and read widely are attributes sought by employers of graduates. This preference emphasizes text-based input and output – reading and writing



in all its forms but especially manuals, reports, essays and assignments. People who prefer this modality are often addicted to PowerPoint, the Internet, lists, diaries, dictionaries, thesauri, quotations and words, words, words... Note that most PowerPoint presentations and the Internet, GOOGLE and Wikipedia are essentially suited to those with this preference as there is seldom an auditory channel or a presentation that uses Visual symbols.

1.4 Kinesthetic (K):

By definition, this modality refers to the “perceptual preference related to the use of experience and practice (simulated or real).” Although such an experience may invoke other modalities, the key is that people who prefer this mode are connected to reality, “either through concrete personal experiences, examples, practice or simulation” It includes demonstrations, simulations, videos and movies of “*real*” things, as well as case studies, practice and applications. The key is the reality or concrete nature of the example. If it can be grasped, held, tasted, or felt it will probably be included. People with this as a strong preference learn from the experience of doing something and they value their own background of experiences and less so, the experiences of others. It is possible to write or speak Kinesthetically if the topic is strongly based in reality. An assignment that requires the details of who will do *what* and *when*, is suited to those with this preference, as is a case study or a working example of what is intended or proposed.

1.5 What about Mixtures? Multimodality (MM):

Life is multimodal. There are seldom instances where one mode is used, or is sufficient, so that is why there is a four-part VARK profile. That is why the VARK questionnaire provides four scores and also why there are mixtures of those four modes. Those who do not have a standout mode with one preference score well above other scores, are defined as **multimodal**.

They are of two types. There are those who are flexible in their communication preferences and who switch from mode to mode depending on what they are working with. They are context specific. They choose a single mode to suit the occasion or situation. If they have to deal with legalities they will apply their Read/write preference. If they are to watch the demonstration of a technique they will be expressing their Kinesthetic preference. They are described as **VARK Type One** in our database and they may have two, three or four almost-equal preferences in their VARK scores. There are others who are not satisfied until they have had input (or output) in all of their preferred modes. They take longer to gather information from each mode and, as a result, they often have a deeper and broader understanding. They may be seen as procrastinators or slow-deliverers but some may be merely gathering all the information before acting – and their decision making and learning may be better because of that breadth of understanding. They are described as **VARK Type Two** in our database.



Check out these two useful Youtube video:

<https://www.youtube.com/watch?v=lGI7glrqvzs>

<https://www.youtube.com/watch?v=4jyRomcFZXk>

Which one do you think applies to you?

You could use one of these questionnaires to find your own preference and that of your learners:

<http://vark-learn.com/the-vark-questionnaire/>

<http://vark-learn.com/the-vark-questionnaire/the-vark-questionnaire-for-younger-people/>

What is a case study- How can we use them as a learning tool?

What is a Case Study?

A case study is a way of exploring and recording an event, person or group. The contents of a case study can be gathered by using different methods such as researching data, observations, interviews and questionnaires. It really depends on what your case studies are being used for and what information you need to gather from them. Case Studies also enable understanding of processes and chart a pathway of a person/s or their journey.

Below is a definition of what a case study is:

Saul McLeod published 2008. Case studies are in-depth investigations of a single person, group, event or community. Typically data are gathered from a variety of sources and by several different methods (e.g. observations or interviews).

A **case study** is a research **approach** that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context.

What should be included in a Case Study?

When writing a case study please make sure you have gathered all the relevant information required using the methods above, this will allow you to develop the content of your case study and provide an authentic account of event/person/group. When writing a case study keep in mind the points below:

- Keep to the facts and the information that has been gathered on the person, situation or event.
- All case studies should be kept anonymous and no real names should ever be included, a tip is to make up a name as it makes a case study more real.



- Describe the situation include a brief outline of circumstances or background.
- Explain what happened and who was involved
- Explain what the outcome was... it does not always need to have a happy ending or positive outcome, as it depends on what you are trying to portray or explore with the reader and what the case study is going to be used for.
- Be aware of what your Case Study is being used for e.g. as a learning tool, evidence for funders, etc.

Using Case Studies as a Peer Learning Tool

What can we learn from sharing Case Studies?

Case Study stories are an amazing peer to peer learning tool, which can be used in most employment sectors and they are a great way for professionals to reflect on their professional practice. They enable you and your peers to have discussions, debates and exchange ideas, methods and approaches.

Below are a list of benefits practitioners/trainers can gain from sharing case studies as peer learning tools:

- Dealing with new and unfamiliar situations
- Developing new skills and strategies to tackle difficult situations
- Learning from others about how they would deal with a difficult situation
- Identify your capabilities, competencies and interests
- Reflect on your practice and see if you would now change the way you dealt with a situation
- Identify any additional training or development needs

An Example of a Case Study: “Emily”

“Jane is passionate teacher and she enjoys helping young people access learning. She uses her love of Maths as a catalyst to hopefully ignite students learning and focus within the subject enough to pass their maths exams. Jane has been working for her current employer, River College for the past 6 years as a maths teacher. The majority of her students have complex lives outside of college. They all live in the inner city and are in the process of trying to gain their maths qualification; which they have previously failed during their formal education and many have returned to education after experiencing the impact of not having their formal maths qualifications and this has affected their job prospects.

Jane’s current cohort of students ages range between 19 and 26. Many of her students are keen to get on with their lives and have made the decision to make their best attempt to pass their maths exams this time round.

One of her students “Emily”, who has recently become very withdrawn and



disengaged from her studies. This has been quite a noticeable change and very unlike the Emily of 2 months ago, who was very keen and eager to learn. Jane has noticed Emily always seems to be late recently, looks unkempt and is no longer the bubbly young lady she was. Jane has also observed Emily around the college mixing with a different group of young people and not her usual friends. Emily's whole attitude seems to have changed towards her learning and herself, Jane is extremely worried about her. After lesson yesterday Jane asked Emily to stay behind after class, giving Jane the opportunity to check in with Emily and see if she is ok? Jane noticed the smell of cannabis almost immediately and also Emily would not sit down with her to chat. Emily is a 21 year old woman and has the right to exercise her own life choices; but it is clear that she needs clear guidance and up to date medical advice around drug usage and their affects. Jane has not actually caught Emily smoking cannabis. The college has a zero tolerance policy on drugs, Jane has arranged to meet with Emily next week for a 1-2-1 appointment and is unsure how to voice her concerns with Emily. Jane wants to support Emily, but at the same time wants to adhere to the college's safeguarding and drugs policies."

Questions for discussion around issues raised in case study:

1. What would you do in Jane's situation?
2. Would you feel confident addressing this issue with Emily or one of your own learners?
3. How would you try and get Emily to open up to you?
4. What services are available in your workplace to support a learner like Emily?
5. Are there any external agencies in the local community that you could signpost Emily to?
6. Do you think that under the college's procedures and code of practice that Jane should even be doing this, is it her responsibility?
7. What policies and procedures do you have in your place of work to address this type of situation with a learner?

Dealing Safeguarding issues and Managing risk

All of you will work in organisations where there is a duty of care to ensure that you look after your learners whilst they are on your premises and studying.

As part of the training we looked at several case studies they dealt with various issues and looked at best how to manage the risks involved.

You will probably have in place a robust Safe Guarding policy and procedures detailing who does what should you suspect that one of your learners is at risk or coming to some form of harm.

Some learners are more vulnerable than others for instance:

- Someone with a learning difficulty
- Someone with a physical disability, limited mobility
- Someone with mental health issues
- People with limited first language skills
- Living in an isolated situation away from family/friends

What type of harm might learners be at risk of?

- Physical abuse and violence,
- Domestic violence
- Psychological abuse or bullying/intimidation
- Financial Abuse
- Hate crime
- Radicalisation
- Gang affiliation
- Substance mis-use issues
- Gambling
- Poverty

Can you think of any others?

What should you do if you suspect that one of your learners is being targeted or is at risk?

Think about the following:

- What has alerted you and raised questions?
- Has there been a change in the learners appearance, behaviour or attendance?
- Has another learner or trainer alerted you to something significant?
- Do you now know who to take your concerns to in your place of work?

If you suspect that one of your students is coming to some form of harm or is at risk of harm you should raise your concerns with whoever is the lead for Safe Guarding, it is often their decision as the nominated person, to decide whether the situation warrants further investigation.

What if a student comes to you with an issue?

What would you do and why?

It would be a good idea to familiarise yourself with your organisations Safeguarding Policy and Procedures so that you are prepared in the eventuality.

Incentives: Could you “dangle carrots”?

Depending on who you work for, your funding situation and how much autonomy you have you may be able to build in some type of incentive programme when embedding the Health points training into your current provision.

For example:

When looking at the module 2 about healthy living could a your learners participate in some form sporting/physical activity, perhaps something that was new to everyone? This could be a way of motivating students to engage and stay engaged, it also makes the games and the learning “real”

What other ideas can you come up with related to this?

- Could you think about bringing in healthy snack options like fruit or nuts?
- Could you set up some kind of competitive activity with your students like reaching a certain number of steps per day?

What is supervision? Why do we need it?

Let’s start first with a definition:

“**Supervision** is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual workers. As a result, this improves the quality of service provided by the organisation.

Supervision is a vital part of individual performance management.”

All staff who work in face to face interactions with clients, students or other customers should have supervision, this is often done by line managers who also manage projects and finances and sometimes they have been given no training in supervision skills and this is why it often all breaks down and can be quite damaging to the relationship between the staff member and the manager.

Why supervision is important in the workplace?

Supervision is a workplace activity in which a manager oversees the activities and responsibilities of employees he/she manages. It is an important job function for managers at all levels throughout your company. Coaching, training and employee development are among the common responsibilities assumed by a supervisor.

What is the purpose of a supervision?

The purpose of the supervision process is to provide a safe, supportive opportunity for individuals to engage in critical reflection in order to raise

issues, explore problems, and discover new ways of handling both the situation and one self. A critical aspect of supervision lies in its potential to educate.

Can Effective supervision help staff from getting to “Burnout”?

If staff who interact with clients/learners daily receive no supervision and have no way of airing their concerns or getting support; it means that they could reach a point where they are so stressed and burnout that not only can they not look after their own needs they are in no shape to assist their clients or learners who may be vulnerable or in crisis.

Having an opportunity to discuss your concerns and get support in supervision can make huge difference and is an opportunity to reflect and perhaps change your perspective of how to go forward and deal with a work issue. Without supervision some staff may eventually have to take time off for stress related issues or leave their jobs completely. Obviously, we want to prevent both situations arising at all costs.

How do you do good supervision as line manager?

10 Tips For First-Time Supervisors:

1. Don't try to be everyone's friend. ...
2. Fair and equal are not the same thing. ...
3. Ask for feedback and input. ...
4. Learn how to run a good meeting. ...
5. Find time to relax. ...
6. Find someone you can trust (and vent to) about work. ...
7. Take every opportunity to improve your people skills. ...
8. Learn how to say “no” comfortably.

What is group supervision?

If you are a line manager of team all doing similar jobs and have team meetings you can use part of your meeting to do group supervision.

Ask members of the team to bring a case study or particular issue that they would like to discuss in the meeting. They outline the situation and what action they have tried to date and then ask the team what they would try instead. It is a good way for the whole team to learn and also reflect on their practice and it may also help identify additional development needs. If done correctly the whole team can feel supported and also lets anyone who is having tough time know that they are not alone.

Evaluating your training with learners

As an experienced trainer you will already know that it is important to reflect on your own delivery and evaluate your training, to see what worked, what you have learnt and could you do it better or differently next time.

Evaluation is important because you need to know that your learners are finding what you do and how you do it effective, if you get feedback that is not very positive, don't be alarmed it may mean that it wasn't quite right for this group of learners or some of them. So it will help you to adjust or adapt your delivery to this group or similar groups of learners next time.

Below is the example used at the training event, but you probably already have your own examples or other ways to evaluate your training with your learners. Where learners have limited literacy, language or learning difficulties you may decide to have a more graphic or pictorial representations that they can circle or tick e.g. happy /sad faces.

<p>Health Points IO4 C1 Joint Staff Training Event Evaluation Questionnaire 21st-23rd January 2019</p>
<p>Name:</p>
<p>Organisation:</p>
<p>Country:</p>
<p>If you wish any part of your response to be confidential and excluded from any evaluation report, please indicate those aspects clearly in your completed questionnaire.</p>



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Part 1 – Evaluation of the training

In the table below please indicate with a 'X' your ranking for each question about your view of different aspects of the training in the columns on the right overleaf, for each question please select one of:

RED (unsatisfactory, disagree)
AMBER (satisfactory, to some extent)
GREEN (fully satisfactory, agree)

Assessment indicator	red	amber	green
1. I clearly understood the aims and objectives of the Health Points training			
2. I have a clearer understanding of Health points Trainer guide and when/how to use it			
3. I have a clear understanding of what the Health Points Platform user manual is for and when/how to use it			
4. I found the presentations from each partner country about the health issues faced by young people useful			
5. I have a clearer understanding of The 5 Health Points modules and methodological concept.			
6. I found the different learning theories/models useful			
7. I found the discussions during the training about engaging and motivating students useful			
8. I found the exercise about different learning styles useful			
9. I am more confident about navigating the Health Points games platform as a trainer			
10. I am more confident about guiding my learners on how to navigate the Health Points games platform.			
11. I feel more confident after this training, about embedding the health Points training into my current provision with my			
12. I have a clearer understanding of the overall aims and objectives of the Health Points project			
13. The training event met my expectations			



Part 2 – Evaluation of the Training event

Please circle one number for each question to indicate your response.

14. Now please provide rankings about different aspects of the organisation of the meeting itself, where 1 = poorly/badly and 5 = excellently/completely (place a ring around your chosen ranking).

- | | |
|--|-----------|
| a. Key issues were addressed | 1 2 3 4 5 |
| b. Relevant information was presented during the training event | 1 2 3 4 5 |
| c. The training format allowed me to participate as I wished | 1 2 3 4 5 |
| d. The training was practice-oriented | 1 2 3 4 5 |
| e. The facilitators were supporting the learning process effectively | 1 2 3 4 5 |
| f. The atmosphere in the group was positive | 1 2 3 4 5 |
| g. Time for discussion and exchange was appropriate to the issues | 1 2 3 4 5 |
| h. Steps for transfer into practice were identified and planned | 1 2 3 4 5 |
| i. The facilities/venue were comfortable and well set-up | 1 2 3 4 5 |
| j. The training duration was appropriate | 1 2 3 4 5 |
| k. There was appropriate spare time and social activities | 1 2 3 4 5 |
| l. The training was well organised | 1 2 3 4 5 |

15. Is there anything important that you think was not covered, or should have been covered in more detail?

Please write your comments here.

16. What do you think is going to be your biggest challenge to embed the Health Points training successfully?

Please write your comments here.

17. Are there any other comments you would like to make? Any feedback you would like to give that is not covered by the questions above?

Please write your comments here.

18. What is your overall level of satisfaction about the Health Points Training in Austria?

DISSATISFIED

HIGHLY SATISFIED



1**2****3****4****5**

Please explain your answer:

Please write your comments here.



Appendices

- **Case studies Used at the joint staff training event x3**
- **UK resources to support trainers and learners**
- **Austria resources to support Trainers**



IO4 Case study 1

Part 1

1. Student with pre-existing health conditions that trainer is not aware of

.....

Brandon is a 24 year old student who is severely overweight, in medical terms he would be described as severely obese.

Brandon is really keen to learn and comes to class regularly, he wants to develop his vocational skills and get a good job, but you can see that he struggles to climb a small flight of stairs and even walking makes him out of breath.

You do not know much about him outside of the college environment and he seems to keep himself separate from the other students at break times, preferring to read or use the computer.

You have just started to work on **Module 2 Your Physical Health and wellbeing**, with Brandon's class which is all about being more active and eating a healthy, balanced diet.

You can see that Brandon is struggling with this topic and is resistant to take part in the sessions, yesterday he did not show up to class.

In your group discuss the following questions:

1. As his tutor how will you support Brandon?
2. Is there any other support available at the college/Training centre that might be able to support Brandon?
3. How might you discuss this with Brandon without being too intrusive?

Definition of obesity: <https://www.nhs.uk/conditions/obesity/>

The term obesity describes a person who is very overweight, with a lot of body fat.

It's a common problem in the UK that's estimated to affect around 1 in every 4 adults and around 1 in every 5 children aged 10 to 11.

There are many ways in which a person's health in relation to their weight can be classified, but the most widely used method is body mass index (BMI).

BMI is a measure of whether you're a healthy weight for your height.

For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese
-

A better measure of excess fat is waist circumference, which can be used as an additional measure in people who are overweight (with a BMI of 25 to 29.9) or moderately obese (with a BMI of 30 to 34.9).

Generally, men with a waist circumference of 94cm (37in) or more and women with a waist circumference of 80cm (about 31.5in) or more are more likely to develop obesity-related health problems.

The risks of Obesity

It's very important that if someone is diagnosed as obese that they take steps to tackle this, by making changes to their lifestyle and eating habits. As well as the obvious physical changes in appearance that can occur there are also some life-threatening conditions that may develop as a result of the condition:

- Type 2 Diabetes
- Coronary heart disease
- Breast cancer
- Bowel cancer
- Stomach cancer
- Risk of stroke

Obesity can also affect the quality of your life and lead to psychological problems such as depression and low self-esteem.

Case study 1 part 2

As his tutor you are not aware that as a result of his weight and life style choices Brandon has developed type 2 diabetes, he is not very good at managing this even though it has been explained to him the dangers of ignoring the signs of not checking his blood sugar and taking more care with his diet. He avoids going to see his doctor as he feels like he is getting told off all the time, he just wants to be like any other young person.

Until he was 20 years old Brandon was just an average size but in the past 4 years he has piled on the weight.

In your group discuss the following questions:

1. In light of this new information how will you support Brandon?
2. What do you think might be the cause of his weight gain?
3. How do you think he might react to you as his tutor taking an interest in his health and wellbeing?
4. How could you link to the Health Points Game?

Definition of Type 2 diabetes: <https://www.nhs.uk/conditions/type-2-diabetes/>

- **Type 2 diabetes is a common condition** that causes the level of sugar (glucose) in the blood to become too high.
- **It can cause symptoms like excessive thirst, needing to pee a lot and tiredness.** It can also increase your risk of getting serious problems with your eyes, heart and nerves.
- **It's a lifelong condition that can affect your everyday life.** You may need to change your diet, take medicines and have regular check-ups.
- **It's caused by problems with a chemical in the body (hormone) called insulin.** It's often linked to being overweight or inactive, or having a family history of type 2 diabetes.

Symptoms of Type Two diabetes can include:

Many people have type 2 diabetes without realising. This is because symptoms don't necessarily make you feel unwell.

Symptoms of type 2 diabetes include:

- peeing more than usual, particularly at night
- feeling thirsty all the time
- feeling very tired
- losing weight without trying to
- itching around your penis or vagina, or repeatedly getting thrush
- cuts or wounds taking longer to heal
- blurred vision

You're more at risk of developing type 2 diabetes if you:

- are over 40 – or 25 for south Asian people
- have a close relative with diabetes – such as a parent, brother or sister
- are overweight or obese
- are of south Asian, Chinese, African Caribbean or black African origin – even if you were born in the UK



Managing the condition

Some type 2 diabetics can control their condition without the use of drugs by managing their diet and exercise, in the UK there are many programs being pioneered for those who have had the condition for many years and those newly diagnosed.

It is proving to be a great success, with some patients being able to come off their medication completely.

To ensure that your condition is being managed you should go for regular diabetes check ups, which check your blood pressure and also cholesterol levels are within the normal range.

Some NHS services also run something called an expert patients course where you can meet other patients and find out how to best manage your condition learning from medical staff and each other.

Case study 1 the issues raised/Discussed: tutor Notes

Part 1

Health issues caused by being overweight and how this will impact on his daily life and possibly his ability to get and keep a job, if he develops other health issues as a result.

Who supports Brandon at home?

What is his living situation? E,g .family home etc?
Could this be having an impact on his weight issues?

He seems isolated from the other students – do we know why this is?

What else do you think might be going on for Brandon?

Part 2

Is there a duty of care that you or the college have to support Brandon now that you are aware of more relating to his health issues?

Is there some support offered by student services or welfare officer who can support him?

Do you think that Brandon will be receptive to this?

Do you think that there is anything else going on for Brandon right now?
E.g. Depression? What triggered his change in eating 4 yrs ago?



Case study 2

A Life limiting illness

Jenny is 26 years old, she often looks tired and seems to have lost a lot of weight in the past 6 months. You have been working through the Health Points modules for the last few weeks with her class who have been eager to engage and learn more.

Suddenly, one afternoon Jenny breaks down in tears in front of you and the rest of the class, she divulges that she is terminally ill with cancer, there is nothing that can be done, they have tried all the chemotherapy, radiotherapy but finally they have said that there is nothing that can be done.

You and your class are stunned into silence.

Discuss the following with your group:

1. What do you do?
2. How will you manage the immediate situation with the rest of the class?
3. How might this affect other students in the class?
4. What other support might be available at the college?
5. Have you had to deal with a situation like this or something similar? What was the outcome?

What is Cancer?

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs.

Cancer sometimes begins in one part of the body before spreading to other areas. This process is known as metastasis.

More than 1 in 3 people will develop some form of cancer during their lifetime. In the UK, the 4 most common types of cancer are:

- [breast cancer](#)
- [lung cancer](#)
- [prostate cancer](#)



- [bowel cancer](#)

There are more than 200 different types of cancer, and each is diagnosed and treated in a particular way. You can find links on this page to information about [other types of cancer](#).

What do cancer stages and grades mean?

The stage of a [cancer](#) describes the size of a tumour and how far it has spread from where it originated. The grade describes the appearance of the cancerous cells.

If you're diagnosed with cancer, you may have more tests to help determine how far it has progressed. Staging and grading the cancer will allow the doctors to determine its size, whether it has spread and the best treatment options

Cancer stages

Different types of staging systems are used for different types of cancer.

Below is an example of one common method of staging:

- **stage 0** – indicates that the cancer is where it started (in situ) and hasn't spread
- **stage I** – the cancer is small and hasn't spread anywhere else
- **stage II** – the cancer has grown, but hasn't spread
- **stage III** – the cancer is larger and may have spread to the surrounding tissues and/or the lymph nodes (part of the [lymphatic system](#))
- **stage IV** – the cancer has spread from where it started to at least one other body organ; also known as "secondary" or "metastatic" cancer

Cancer grades

The grade of a cancer depends on what the cells look like under a microscope.

In general, a lower grade indicates a slower-growing cancer and a higher grade indicates a faster-growing one. The grading system that's usually used is as follows:

- **grade I** – cancer cells that resemble normal cells and aren't growing rapidly
- **grade II** – cancer cells that don't look like normal cells and are growing faster than normal cells



- **grade III** – cancer cells that look abnormal and may grow or spread more aggressively

Cancer Research UK has [more information about the stages of cancer](#) and the [grading of different types of cancer](#).

Case study 2

Tutor notes:

What if...? scenarios:

When you are addressing a topic in a learning situation you just never know what this will bring up for you or anyone else in the classroom. You cannot know everything about everyone, especially if they don't want you know in the first place!

Sometimes there are even things that you don't know about yourself – like how you might react to a situation like this..

Here we have situation where Jenny had managed to conceal her health issues and not confided in you, suddenly addressing all these issues relating to health has opened the floodgates

1. What could you put in place to ensure that students feel supported when discussing some of the issues that might come up for them during the HPs games/training?
2. Are there some simple steps that you can take to avoid this kind of scenario?

As a tutor you may also have some issues that are brought to the fore when delivering this training.

1. What support or supervision exists for staff at your place of work?
2. Do you feel confident in being able to access this and how useful do you think it would be?



Case study 3 Part 1

A case of not knowing the full story....

Jack is 29 years old and is a good student with good attendance, you have been working on the HPs modules with his class but have noticed that his attendance has gone down in the last couple of weeks since you started working on Module 4, Living free of addiction and addictive behaviour.

Jack has also become quite badly behaved and disruptive in the class which as the tutor you cannot ignore as it affects everyone and not just his progression.

Discuss in your group:

1. What do you think might be going on with Jack?
2. How will you address this with Jack?
3. How do you think he might react?

Case study 3 Jack Part 2:

You decide to meet with Jack to address these issues, However, Jack confides in you that both his parents were addicts, from an early age he was their carer and often had to spend nights with them in the hospital, with social workers and the Police.

He finds it hard to address the subject at the HPs level as most of his peers and tutors are not aware of his background.

1. How do you handle this very delicate situation?
2. What support is there within your organisation to support this student?
3. Have you dealt with a situation like this before, what did you do and what was the outcome for you and the student?

Drug Misuse and Addiction

What is drug addiction?

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.[‡] It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs.¹¹

Addiction is a lot like other diseases, such as heart disease. Both disrupt the normal, healthy functioning of an organ in the body, both have serious harmful effects, and both are, in many cases, preventable and treatable. If left untreated, they can last a lifetime and may lead to death.

1.6 Why do people take drugs?

In general, people take drugs for a few reasons:

- **To feel good.** Drugs can produce intense feelings of pleasure. This initial euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the high is followed

by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opioids such as heroin is followed by feelings of relaxation and satisfaction.

- **To feel better.** Some people who suffer from social anxiety, stress, and depression start using drugs to try to feel less anxious. Stress can play a major role in starting and continuing drug use as well as relapse (return to drug use) in patients recovering from addiction.
- **To do better.** Some people feel pressure to improve their focus in school or at work or their abilities in sports. This can play a role in trying or continuing to use drugs, such as prescription stimulants or cocaine.
- **Curiosity and social pressure.** In this respect, teens are particularly at risk because peer pressure can be very strong. Teens are more likely than adults to act in risky or daring ways to impress their friends and show their independence from parents and social rules.

1.7 If taking drugs makes people feel good or better, what's the problem?

When they first use a drug, people may perceive what seem to be positive effects. They also may believe they can control their use. But drugs can quickly take over a person's life. Over time, if drug use continues, other pleasurable activities become less pleasurable, and the person has to take the drug just to feel “normal.” They have a hard time controlling their need to take drugs even though it causes many problems for themselves and their loved ones. Some people may start to feel the need to take more of a drug or take it more often, even in the early stages of their drug use. These are the tell tale signs of an addiction.

Even relatively moderate drug use poses dangers. Consider how a social drinker can become intoxicated, get behind the wheel of a car, and quickly turn a pleasurable activity into a tragedy that affects many lives. Occasional drug use, such as misusing an opioid to get high, can have similarly disastrous effects, including overdose, and dangerously impaired driving.

1.8 Do people freely choose to keep using drugs?

The initial decision to take drugs is typically voluntary. But with continued use, a person's ability to exert self-control can become seriously impaired; this impairment in self-control is the hallmark of addiction.

Brain imaging studies of people with addiction show physical changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behaviour control. These changes help explain the compulsive nature of addiction.

1.9 Why do some people become addicted to drugs, while others do not?

No single factor determines whether a person will become addicted to drugs.

As with other diseases and disorders, the likelihood of developing an addiction differs from person to person, and no single factor determines whether a person will become addicted to drugs. In general, the more *risk factors* a person has, the greater the chance that taking drugs will lead to drug use and addiction. *Protective factors*, on the other hand, reduce a person's risk. Risk and protective factors may be either environmental or biological.

Risk Factors	Protective Factors
Aggressive behaviour in childhood	Good self-control
Lack of parental supervision	Parental monitoring and support
Poor social skills	Positive relationships
Drug experimentation	Good grades
Availability of drugs at school	School anti-drug policies
Community poverty	Neighbourhood resources ⁶



1.10 What biological factors increase risk of addiction?

Biological factors that can affect a person's risk of addiction include their genes, stage of development, and even gender or ethnicity. Scientists estimate that genes, including the effects environmental factors have on a person's gene expression, called epigenetics, account for between 40 and 60 percent of a person's risk of addiction.²⁷ Also, teens and people with mental disorders are at greater risk of drug use and addiction than others.

From: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>



UK Resources for Support & Advice

Module 1 – Good health and healthy living

Being aware of the concept of good health and healthy living? **Has the title changed?**

<https://nhsgo.uk/>

NHS Go is a free and confidential health service for young people aged 16-25 years.

Available for free on iOS and Android, NHS Go provides you with:

- Free, confidential advice.
- Instant access to find local services.
- Quizzes and guides around key health issues.
- Notification on topics and events relevant to you.
- Information about your rights under the NHS.

Eight tips for healthy eating - NHS

<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

Eat well - NHS

<https://www.nhs.uk/live-well/eat-well/>

Module 2 Physical health and well-being

A list of lots of useful apps to help you make better food choices and manage conditions like diabetes

<https://www.nhs.uk/apps-library/category/healthy-living/>

Module 3 Managing your mental health and wellbeing

Mental Health support

Mind

https://www.mind.org.uk/?gclid=CjwKCAiAs8XiBRAGEiwAFyQ-evJE-k3YD-VwfbPBn6GOYKf5SOnTIIAel1-PWbQQSDiN2OKovgOcqBoC0OQQAvD_BwE&gclsrc=aw.ds



MIND are a national charity with various resources and online support and advice services, if you go to the website there are two clear options to talk to us, you can call 0300 123 3393 or text 84663.

The website gives a clear indication of the type of help that you can expect

I need urgent help option....

For urgent medical attention e.g. if you or someone else is in immediate danger it tells you to call 999 for emergency services.

For medical advice to NHS 111

The Samaritans

The Samaritans offer a free 24 hour helpline where people who need to talk can call, they are often struggling with mental health issues and feel that they cannot cope. This is a safe place to talk to someone, you do not have to give them your real name or any personal information so it is anonymous and safe. The volunteers who answer the calls have all been specifically trained to work with people who are in crisis and need support.

CALL US

- [116 123 \(UK\)](tel:116123)
- [116 123 \(ROI\)](tel:116123)

Whatever you're going through, call us free any time, from any phone on 116 123.

We're here round the clock, 24 hours a day, 365 days a year. If you need a response immediately, it's best to call us on the phone. This number is FREE to call. You don't have to be suicidal to call us.

- EMAIL US
jo@samaritans.org (UK)
jo@samaritans.ie (ROI)
- VISIT US
Find your local Samaritans branch.
- WRITE TO US
Freepost RSRB-KKBY-CYJK, PO Box 9090, STIRLING, FK8 2SA

Get active for mental wellbeing – NHS

<https://www.nhs.uk/conditions/stress-anxiety-depression/>



Physical health and mental health - Mental Health Foundation
<https://www.mentalhealth.org.uk/your-mental-health>

Module 4 – Living free of addiction and addictive behaviour

https://www.psychologytoday.com/gb/counselling/eng/london?utm_source=PT_Psych_Today&utm_medium=House_Link&utm_campaign=PT_Specialty_F_Therapist

How to find a counsellor or therapist in London

<https://www.talktofrank.com/> a frank and clear website with lots of useful information and a helpline number. 0300 1236600

Using the search tool you can find a range of support services in your area:
 E.g. <https://www.talktofrank.com/treatment-centre?location=London&serviceType=>

Change Grow Live

https://www.changegrowlive.org/young-people/what-we-do?gclid=CjwKCAiAs8XiBRAGEiwAFyQ-emMzYD4MZSIW5DbVnwibz-o803HCk5QQUMyflvkJLfp_8NXvMjFILBoCjSgQAvD_BwE

Drugs and alcohol often play a significant role in the lives of young people, whether that be curiosity, experimentation, recreational or problematic use and very infrequently, dependent use. Change Grow Live offers a range of services nationally for young people and young adults up to the age of 25.

Module 5 – Identifying and accessing health support services

NHS 111

You should use the NHS **111** service if you urgently need medical help or **advice** but it's not a life-threatening situation. **Call 111** if: you need medical help fast but it's not a 999 emergency. you think you need to go to A&E or need another NHS urgent care service.

Find GP services - NHS

<https://www.nhs.uk/Service-Search/GP/LocationSearch/4>

NHS services London England UK - Find local help now! Find a GP, dentist, optician

<https://www.myhealth.london.nhs.uk/>



Find Dentists services - NHS

<https://www.nhs.uk/Service-Search/Dentists/LocationSearch/3>

Resources to support Austrian Trainers

Austria THE helpline for kids and young people is Rat auf

Draht, <https://www.rataufdraht.at/>

tel. 147

