Fair Care

Peer-trainer course - formal/informal carers

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Introduction

The FairCare peer training course for informal and formal carers not only aims to strengthen their empowerment but also to qualify them as trainers who can contribute to adult education within the FairCare framework. Peer counselling and peer support are well-established methods based on the principles of the Independent Living movement of people with disabilities and aim to promote empowerment and self-determination.

The training course is a central element of the FairCare project, as it provides the foundation for a high-quality, practice-oriented and inclusive learning programme in long-term care. Through close cooperation between the partner organisations and the involvement of the project advisory groups, a professionally grounded curriculum was developed that takes into account the perspectives and needs of all target groups and presents the content in a clear and practice-relevant way.

The training course is particularly relevant because it follows a user-oriented development process. The involvement of people with lived experience in care contexts ensures that the learning content reflects the actual needs of older people, people with disabilities, informal carers and professional care workers. The train-the-trainer approach also enables the sustainable transfer of knowledge and competences and contributes to the development of a first generation of FairCare trainers.

The training course therefore contributes to fostering inclusive learning processes, strengthening digital competences and supporting equal cooperation among all stakeholders involved in long-term care.

1.1 Self-Assessment

What is the module about?

This module supports carers to reflect on their caregiving role, personal strengths, limits, and support needs. It provides a structured space to explore professional and relational boundaries, emotional triggers, and collaboration preferences. Participants develop a short personal "My Profile" to guide their participation in FairCare and strengthen respectful cooperation with care recipients and other carers.

What should participants know at the end of the module?

Participants will:

- Recognise their strengths and resources within their caregiving role.
- Identify personal limits, emotional triggers, and areas where support is needed.
- Reflect on professional and relational boundaries in care relationships.
- Produce a short "My Profile" to support collaborative learning and respectful cooperation.

Overview over subtopics

- Caregiving identity and role clarity
- Personal strengths and resources
- Limits, emotional triggers, and boundaries
- Self-care and collaborative communication

For online sessions:

Tools you need open before the online session starts: Video call (Zoom / Teams / Meet) | Google Form link | Shared Board PPTX | Easy-to-Read Slides | Feelings Cards (PDF)

✅ Before online session checklist

☐ Google Form – Carer Version is live and link is copied.

☐ Shared Board – Carer Version PPTX is open and ready to share.

☐ Easy-to-Read Slides – Carer Version PPTX is open.

☐ Feelings Cards PDF is open in a separate window.

☐ Captions are enabled in your video call.

☐ All chat messages are saved in a text file ready to paste.

☐ Breakout rooms are configured (pairs, within same target group).

☐ You have a quiet, well-lit space for the session.

1.1.1 Safe Space, Role Awareness & Reflective Warm-up

Duration

15–20 minutes

Materials required

Ground rules poster; Easy-to-Read slides; flipchart; quiet reflection space; captions (online)

Theoretical Background

Reflective practice theory (Schön) and Care Ethics (Tronto) highlight the importance of self-awareness and relational responsibility in care work. Psychological safety enables honest reflection about limits and professional boundaries.

Instructions for implementation

Face-to-Face

- Arrange seating in a circle or small tables.
- Clarify confidentiality and right to pass.
- Agree on 4–5 simple ground rules.
- Warm-up prompt (choose one):
- “One strength I bring to my caregiving role.”
- “One situation in care work that challenges me.”

Online

- Enable captions; use slide with prompt.
- Invite responses via chat or voice.
- Remind participants sharing is voluntary.

Instructions:

🖥️ Share screen: Open your Easy-to-Read Slides (Slide 1 — Cover). Start the video call.

▸ Enable captions: Turn on live captions in your video call settings before participants join.

💬 Paste in chat:

👋 Welcome to the FairCare carer session! This is a confidential space. You only share what you want to share. You can always pass. Please turn on captions if you need them.

🖥️ Share screen: Switch to Slide 2 — Ground Rules. Read them aloud slowly.

💬 Paste in chat:

Our ground rules for today:✅ Speak in plain language✅ One voice at a time✅ Respect each other's time✅ You can always pass✅ Confidentiality is respected

🖥️ Share screen: Switch to Slide 3 — Warm-up Question. Read it aloud.

▸ Invite responses: Give 2 minutes. Invite participants to respond via voice OR chat. Acknowledge each response warmly. Remind the right to pass.

⏱️ Timing: Allow 15–20 minutes total for this activity.

1.1.2 Structured Self-Reflection & "My Profile" Completion

Duration

40–45 minutes

Materials required

- "My Profile – Carer Version" card; Strengths–Limits–Supports chart; Feelings cards; markers;
- Online: e-form version; breakout rooms; shared board.

Theoretical Background

Self-Determination Theory (Deci & Ryan) and reflective practice emphasise autonomy and competence as foundations for sustainable caregiving. Identifying limits and support needs reduces burnout risk and promotes collaborative care.

Instructions for implementation

Face-to-Face

Introduce 3-column chart:

- ⭐ What I can offer
- ⚖️ My limits / emotional triggers
- 🖐️ What support I need

Reflection prompts:

- "What strengths do I bring to my caregiving role?"
- "Where do I experience stress or limits?"
- "What support helps me collaborate better?"

Use Feelings cards to support naming emotional responses.

Individual reflection (10–12 min).

Optional quiet corner for deeper reflection.

Transfer 3–5 key points onto "My Profile."

Online

Share digital "My Profile" form.

Use breakout rooms for small-group reflection before completing the form.

Optional digital whiteboard for voluntary sharing of one strength.

Offer voice-note submission option.

Instructions:

🖥️ Share screen: Switch to Slide 4 — Reflection Questions. Keep this visible.

💬 Paste in chat — Google Form link:

📋 Here is the link to your My Profile – Carer Version form:[PASTE YOUR GOOGLE FORM LINK HERE]Take your time. There are no right or wrong answers. You have about 10–12 minutes.

💬 Paste in chat — feelings cards:

😊 If it helps, look at the Feelings Cards PDF while you reflect. Which feeling is closest to how you feel in your caring role right now?

▸ Individual reflection: Give participants 10–12 minutes to complete the form individually. Stay on the reflection slide. Keep your microphone muted. Type encouragement in chat if needed.

👥 Optional: Breakout rooms: Open breakout rooms of 2–3 people for 5 minutes of discussion before completing the form. Bring everyone back before moving on.

🖥️ Shared Board — Activity 1: Open the Shared Board PPTX. Switch to Slide 1 — Strengths Wall. Share your screen.

💬 Paste in chat — strengths wall:

⭐ Optional: Share one word or short phrase about a strength you bring to your caring role. Type it in the chat and your trainer will add it to our shared screen.

▸ Collect strengths: As participants share, type their strength (one word or short phrase) into the text boxes on the Shared Board slide. You don't need to collect everyone — 5–8 contributions is enough.

⏱️ Timing: Allow 40–45 minutes total for this activity.

1.1.3 Peer Recognition & Collaborative Harvest

Duration

20–25 minutes

Materials required

- Pair feedback mini-card; flipchart;
- Online: breakout rooms; shared slide.

Theoretical Background

Peer recognition strengthens professional identity and mutual respect. Structured feedback promotes empathy and shared responsibility within care networks.

Instructions for implementation

Face-to-Face

Form pairs (ideally within the same target group).

Provide mini-card script:

- "Two strengths I see in you are…"
- "One idea that could support your role is…"

Swap roles.

Group harvest: invite volunteers to share one helpful support.

Trainer lists common supports (e.g., visual agenda, extra time, written summaries).

Online

Breakout pairs; script pasted in chat.

Harvest on shared slide.

Trainer summarises 3–5 recurring themes.

Instructions:

👥 Open breakout rooms: Assign participants to pairs randomly. Set a timer for 10 minutes.

💬 Paste in chat before opening rooms:

👥 You are about to go into a pair conversation.When you are with your partner, take turns saying:"Two strengths I see in you are..."" One idea that could support your role is..."Swap roles. You have 10 minutes.

▸ While rooms are open: Monitor. You can pop into rooms briefly. Leave a 30 seconds warning before closing.

🖥️ Shared Board — Activity 2: Close breakout rooms. Open the Shared Board PPTX. Switch to Slide 2 — Harvest.

💬 Paste in chat — harvest:

🌱 Welcome back! Who would like to share one helpful support you heard? Something that could help carers in your role? Type it in the chat or unmute to speak.

▸ Collect supports: Ask volunteers to share one helpful support they heard. Type responses into the Harvest slide as participants speak. Aim for 3–5 themes.

▸ Summarise: Read back the top themes from the harvest. Thank participants for sharing.

⏱️ Timing: Allow 20–25 minutes total for this activity.

1.1.4 Evaluation of the lesson

Process checks:

Attendance recorded

% of participants completing “My Profile”

Comfort check:

Thumbs up / sideways / down

Exit question:

“What support helps you collaborate more effectively in FairCare?”

Trainer reflection:

2 strengths observed

1 adjustment for next session

Closing and Comfort check for online sessions:

🖥️ Share screen: Switch to Slide 5 — What you will take away. Read the outcomes aloud.

💬 Paste in chat — exit question:

💬 Last question before we close:What support helps you collaborate more effectively in FairCare?Type your answer in the chat or just react:👍 I feel good about today😐 It was okay👎 I need more support

▸ Comfort check: Ask participants to react with 👍 (comfortable), 😐 (somewhere in between), or 👎 (not comfortable). Thank you everyone.

▸ After session: Download Google Form responses (Responses tab > download icon > CSV). Save the Shared Board PPTX with participant contributions for documentation.

✏️ Self-care reminder: Note 2 things that went well and 1 thing to adjust for next time. This is built into the evaluation criteria.

References

Psychological and Motivational Foundations

Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. Psychological Inquiry, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

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Schön, D. A. (1983). The reflective practitioner: How professionals think in action. Basic Books.

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United Nations. (2006). Convention on the Rights of Persons with Disabilities. United Nations.

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(Particularly Articles 3 and 19 regarding autonomy, participation, and inclusion.)

Co-Creation and Participatory Design

Pulford, L., Nordstokka, K., Friesen, C., Sigaloff, C., Moerbeek, K., & van Loon, L. (2011). Co-creation guide: Realising social innovation together. Danish Technological Institute & Social Innovation Exchange (SIX).

Sanders, E. B.-N., & Simons, G. (2009). A social vision for value co-creation in design. Open Source Business Resource, (December 2009), 16–20.

Learning material

1.1.1 Slides_Self-Assessment-Carers

1.1.2 My Profile – Carer Version

1.1.3 Pair Feedback Card_Carers

1.1.4 Chart Strengths–Limits–Supports

1.1.5 Feelings cards - Reference Sheet

1.1.6 Feeling Cards Cutout

1.1.7 Chat messages_Online_Carers

1.1.8 GoogleForm_Spec_Carers

1.1.9 SharedBoard_Carer

1.2 Identification with one's role

What is the module about?

This module guides the participants to acquire a deeper insight of their respective roles within the care pathways, analyzing their needs and expectations and focusing on the

relationships they have with other professionals, persons in need, volunteers, and the community. They will understand how expectations and emotions can influence care dynamics and will experiment practical strategies to improve empathy, awareness and collaboration in care contexts.

What should participants know at the end of the module?

By the end of the module, participants will be able to identify key relational dynamics able to improve their care process and to recognize how expectations and emotions can affect communication and collaboration. They will develop a more open and empathic mindset allowing them to better frame and manage their caring role.

Overview over subtopics

- Roles in the caregiving system
- Expectations and relational dynamics
- Emotions in caregiving
- Communication and empathy
- Personal responsibility

1.2.1 Identity Awareness through Video Reflection

Duration

30 minutes

Materials required

- Videos (These are videos without sound. If you know of any thought-provoking videos in your native language that are suitable for this activity, they might help stimulate reflection. Feel free to use them)

  - https://www.youtube.com/watch?v=CCQ9v6XMC6c&t=6s
  - https://www.youtube.com/watch?v=96xGUa1a_zs
- Post-it notes
- Pens
- Flipchart or board

Theoretical Background

From a **Theory of Change** perspective, awareness is the first step toward identity and relational transformation: recognizing relational dynamics and emotions creates the precondition for change. Using video as a reflective tool, similar to a **cineforum**, activates metacognition and autobiographical memory, allowing participants to observe and reflect on their own experiences. Guided discussion around post-it words promotes recognition of patterns, expectations, and emotional cues in caregiving, fostering reflective awareness and deeper understanding of one's role (Bruner, 1991).

Instructions for implementation

Show a short video related to caregiving relationships. After watching, ask each participant to write one key word on a post-it that represents the relationships observed in the video (e.g., trust, stress, support, misunderstanding, responsibility).

Collect and display all post-its. Facilitate a group discussion starting from the words:

- Why did you choose this word?
- How does it relate to your experience in care contexts?
- Do you recognize similar dynamics in your daily role?

Encourage participants to reflect on how these relational aspects influence their own caregiving practice.

1.2.2 Role-Play and Perspective-Taking in Care

Duration

60 minutes

Materials required

- Paper and pens
- Open space for role-playing

Theoretical Background

In the Theory of Change pathway, awareness evolves into **agency activation**: by experiencing different perspectives, participants actively reconstruct their understanding of caregiving relationships. Role-playing allows experiential learning, perspective-taking, and emotional insight. Acting out caregiving situations makes implicit expectations visible, supports empathy development, and enables participants to experiment with responses in a safe environment. Reflection after simulation strengthens identity re-authoring and relational competence (Kolb, 1984; McAdams, 2001).

Instructions for implementation

Divide participants into groups of three. Within each group, participants share personal or realistic caregiving situations. Together, they select one situation to represent.

Each participant takes a role (e.g., caregiver, older person, professional, or family member). They act out the situation. Then, roles are rotated so that participants experience different perspectives.

After the role-playing, conduct a group debriefing:

- How did you feel in your role?
- How did it feel to take on someone else's role?
- What expectations and emotions emerged?

Highlight how role exchange supports empathy and better understanding of care relationships.

1.2.3 Exploring the Caregiver Role through Mapping

Duration

30 minutes

Materials required

- Human-sized outline/poster of a caregiver
- Post-it notes
- Pens

Theoretical Background

Bronfenbrenner's **Ecological Systems Theory** frames identity as shaped within interconnected relational systems. Visual mapping of a caregiver role, known as **Body Mapping**, externalizes experiences, expectations, and challenges, making implicit aspects visible. This participatory visual method promotes shared understanding, highlights systemic pressures, and facilitates actionable reflection on one's own practice. Collective engagement enhances awareness of both personal and relational factors influencing caregiving roles (de Jager et al., 2016).

Instructions for implementation

Present a human-sized figure representing a caregiver. Ask participants to write on post-its:

- positive aspects of the caregiver role
- challenges, difficulties, or burdens associated with it

Participants place the post-its on the figure. As a group, read and reflect on all contributions.

Finally, ask each participant to choose one aspect they want to improve in their own practice and define one concrete, realistic action they can take. Optionally, they can share it with the group.

1.2.4 Evaluation of the lesson

Evaluation can be conducted through oral/written/online feedback. Suggested questions:

- What did you learn about relationships and expectations in caregiving?
- How did the role-playing experience influence your understanding of other roles?
- What emotions or insights emerged during the activities?
- What concrete action will you take after this session?

References

Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry, 18*(1), 1–21. https://doi.org/10.1086/448619

de Jager, A., Tewson, A., Ludlow, B., & Boydell, K. M. (2016). Embodied ways of storytelling: A systematic review of body-mapping. *Global Public Health, 11*(5–6), 672–693. https://doi.org/10.1080/17441692.2015.1060902

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.

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Learning material

1.2.1 Silhouette formal informal carer and people in need

2.1 Peer-approach and counselling

What is the module about?

The module introduces the concept of the peer approach and explains the meaning of the term “peer,” its historical background, and its core principles and attitudes. It provides an overview of the guiding principles and methodological foundations of peer counselling and

peer support. In addition, the module examines how the peer approach can contribute to democratic participation and collaborative learning. Participants are introduced to the relevance and potential of peer-based methods in different social and support contexts.

What should participants know at the end of the module?

- Understand the concept of the peer approach, including the definition of "peer," its historical background, and its core principles and attitudes.
- Become familiar with the guiding principles and methodological foundations of peer counselling and peer support.
- Recognize the role of the peer approach within a democratic and participatory context.
- Reflect on the opportunities, limitations and challenges of applying the peer approach in practice.

Overview over subtopics

1. Basics of the Peer Approach
    a. Definition of "Peer"
    b. Core Principle
    c. Historical Background
    d. Peer Attitude
    e. Peer Counselling
2. Opportunities, limitations and challenges of the peer-approach

2.1.1 Presentation - Basics of the peer approach

Duration 35 Minutes

Materials required

Face-to-face setting

- Prepared presentation
- Laptop or computer to display the presentation
- Projector or screen so all participants can see the slides
- Speakers if the presentation includes audio or video
- Flipchart or whiteboard to note additional ideas or questions from participants
- Markers
- Remote clicker or presenter tool (optional) to move through the slides

Online setting

- Prepared presentation
- Digital whiteboard or shared document (optional) to collect questions or key points

Theoretical Background

Peer counseling is a form of support in which people with similar life experiences counsel each other. The approach is based on the idea that shared experiences create a special level of understanding and empathy, which can complement or sometimes even enhance professional counseling (Rappaport, 1993). The concept was developed in the 1990s in the United States by students with disabilities together with university professors.

The theoretical foundation of peer counseling is strongly influenced by Carl R. Rogers' client-centered approach from humanistic psychology. Rogers emphasized empathy, acceptance, and authenticity as key conditions for effective counseling. These principles are reflected in peer counseling, where counselors use their own experiences to build an authentic and trusting relationship with the person seeking advice. Empowerment is another central element, aiming to strengthen individuals' autonomy and self-efficacy by supporting them in activating their own resources and developing their own solutions (Zimmermann, 2000). Social constructivist perspectives also play a role, emphasizing that

meaning and knowledge are developed through shared reflection and dialogue (Gergen, 1985).

Peer counseling should be distinguished from peer support. While peer counseling is usually structured and often requires training, peer support is a broader and often informal concept that includes any type of mutual support between people with shared experiences. Peer support focuses mainly on emotional encouragement, whereas peer counseling aims to work more systematically on challenges and solutions.

The key principles of peer counseling include equality between counselor and client, empowerment, self-disclosure, and a non-directive approach that encourages people to develop their own solutions (Jordan, 2022). Peer counseling is used in many areas, such as psychosocial support, inclusion work with people with disabilities, and addiction recovery programs.

Instructions for implementation

In this session, moderators introduce the peer approach and peer counselling using a prepared presentation. The focus should be on explaining the basic principles and key ideas of the peer approach, providing participants with a clear understanding of the concept and its background.

The presentation is already prepared and should be used to guide the session. The input should last approximately 25 minutes and should cover the main foundations of the peer approach.

After the presentation, allow about 10 minutes for questions and discussion. During this time, participants can ask clarifying questions and, if relevant, briefly share their own experiences with peer support or working as peers.

Ensure that there is enough time for interaction at the end so participants can reflect on the content and connect it with their own perspectives or practice.

2.1.2 Opportunities, limitations, challenges

Duration 65 Minutes

Materials required

Face-to-face setting

- Flipchart sheets or worksheets (at least three per group) titled:
    - Opportunities
    - Limitations
    - Challenges
- Markers for writing on the flipcharts
- Tape or flipchart stand to display the sheets
- Timer

Online setting

- Digital whiteboard or collaboration tool (e.g., Miro, Mural, Padlet, Jamboard)
- Three sections or boards labeled or worksheets:
    - Opportunities
    - Limitations
    - Challenges
- Timer

Theoretical Background

Peer counselling offers many benefits but also involves several challenges. One difficulty is maintaining professional distance. Because peer counselors draw on their own experiences, they may become emotionally too involved or unintentionally project their own feelings onto the counselling process. This can lead to taking on the emotional burden

of the person seeking support and may affect the counsellor's own well-being (Repper & Carter, 2011).

Another challenge is that many peer counsellors lack formal training in counselling or psychological methods. Although they bring valuable experiential knowledge, they may feel uncertain or reach their limits when dealing with complex or traumatic situations. Role conflicts can also arise because peer counsellors are both supporters and individuals with similar lived experiences, which may create uncertainty if their role is not clearly defined. In addition, peer counselling has limits: serious crises or severe mental health issues should be addressed by professionally trained specialists.

To address these challenges, several measures are important. Regular supervision and self-reflection can help peer counselors maintain professional distance and manage emotional stress. Training and continuing education can strengthen counselling skills and provide guidance on ethical and crisis-related issues. Clear role definitions can reduce uncertainty and role conflicts. Furthermore, strong cooperation with professional counselling services ensures that people seeking support can be referred to specialized help when necessary. Finally, peer counselors themselves should have access to psychosocial support to prevent overload and maintain their well-being.

Instructions for implementation

Divide the participants into small groups of 2–4 people. Briefly explain that the goal of the activity is to reflect on the peer approach by identifying its opportunities, limitations, and potential challenges.

Ask the groups to discuss the following three guiding questions:

- **Opportunities:** What positive impacts and strengths do you see in the peer approach?
- **Limitations:** In which situations might the peer approach reach its boundaries?

- **Challenges:** What obstacles might arise when applying the peer approach in practice?

Each group should collect their ideas on three separate flipchart sheets or digital boards. The sheets should be titled Opportunities, Limitations, and Challenges (40 Minutes).

At the end of the discussion, each group prepares a short presentation summarizing their key ideas and sharing the most important points with the whole group (20 Minutes).

2.1.3 Evaluation of the lesson - Reflection and wrap-up

Duration 15 Minutes

A short reflection helps participants consolidate the key ideas of the session and connect them to their own experiences and perspectives.

1. Individual reflection (about 2–3 minutes)

Ask participants to briefly reflect on the following questions:

- What was the most important idea or insight for me today?
- What will I take with me for my practice or my role as a peer?
- Is there an open question or a point I would like to explore further?

Participants may write down a few key thoughts.

2. Short group exchange (about 5–7 minutes)

Invite participants to share some of their reflections with the group. Possible guiding questions include:

- What was particularly helpful or interesting for you today?
- Has your perspective on peer counseling or the peer approach changed?
- Which opportunities or challenges stood out to you?

Key points can be briefly collected on a flipchart, whiteboard, or digital board to make the main insights visible to the group.

References

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Learning material

2.1.1 Presentation on the Peer-Approach

2.1.2 Worksheet “Opportunities, Limitations and Challenges of the Peer-Approach”

2.2 Self-Advocacy

What is the module about?

This module aims to develop self-confidence, self-esteem, and self-advocacy among carers. The goal is to strengthen the ability to provide effective support within a safe, reflective space, using simple and accessible tools. We also keep in mind the representation of one's own interests, as well as the integration of individual experiences into the caregiving process.

What should participants know at the end of the module?

During the sessions, structured activities support the development of self-confidence and self-advocacy, including peer exchange and reflective thinking. A key focus is the practical exploration of tools that support self-determination, as well as the processing of emotional and motivational factors that lead to personal insights. The entire process is accompanied by the strengthening of collaborative thinking and more conscious interaction with the care recipient.

Overview over subtopics

- Introduction and interpretation of key concepts
- Strengthening self-confidence and self-assertion
- Self-determination support tools
- Exploration of emotional and motivational aspects

2.2.1 Clarification of key concepts, exploration of emotional/motivational aspects

Duration 50 Minutes

Materials required

Face-to-face setting:

- Prepared presentation

- Laptop to display the presentation
- Projector
- Flipchart or whiteboard
- Markers

Online setting:

- Prior registration with an email address
- Digital collaborative and interactive training tools (e.g. Mentimeter, Miro, Slido)

Theoretical Background

The self-advocacy approach is based on the “People First” perspective, which places the individual’s autonomy, dignity, and right to make their own decisions at the centre. This approach is particularly important in the field of caregiving, where the supporting role can often overshadow the conscious representation of one’s own needs and boundaries.

Developing self-advocacy contributes to strengthening carers’ self-confidence and self-efficacy, while also supporting the balance between helping others and representing one’s own needs. A reflective learning environment and peer exchange provide opportunities for participants to become aware of their own experiences and integrate them into their daily caregiving practice.

The theoretical foundation of the module is Self-Determination Theory, which emphasizes the role of individual resources, motivation, and emotional factors in development. According to Self-Determination Theory, individuals are motivated when they feel they have a voice, experience competence, and are connected to a community. The development of caregiver self-advocacy and self-confidence is also based on this: being able to speak up about one’s own needs, feeling capable of fulfilling one’s role, and not being alone in that role. Practical tools and interactive methods support participants in becoming more active, conscious, and collaborative in caregiving processes.

Instructions for implementation

The aim of the module is to ensure that participants do not start from theoretical definitions, but rather arrive at the concepts of self-advocacy and self-determination through their own lived experiences.

The module does not rely on an overload of theory, but instead builds on a small set of key concepts:

- Self-advocacy
- Self-determination
- Autonomy
- Self-efficacy
- Boundaries
- Own needs vs. others' needs
- Own voice and participation

Exploration of personal situations and emotional engagement:

Example questions:

- When was it difficult for you to say no?
- Have you experienced a situation where you were not listened to?
- When were you able to stand up for yourself?

Presentation of real caregiving situations:

Examples:

- Overload
- boundary crossing
- conflicting expectations

In these situations, participants are invited to reflect together on:

- What happened within you in that situation?
- What was difficult about it?
- What patterns can you identify?

Linking key concepts to experiences: identifying the professional and psychological concepts underlying the situations discussed.

Self-advocacy: Self-advocacy means that an individual is able to recognize and consciously represent their own needs, rights, and boundaries in decision-making situations.

Autonomy: The ability and right of an individual to act according to their own values and decisions, free from external pressure or excessive control.

Boundary setting: The ability to clearly define one's roles, responsibilities, and limits, and to communicate these to others.

Self-efficacy: An individual's belief in their ability to successfully carry out tasks or cope with challenging situations.

Joint reflective processing:

- What does this mean for me as a caregiver?
- Where does this appear in my everyday life?
- In what situations do I encounter this repeatedly?
- What could help me respond differently next time?

2.2.2 Strengthening self-confidence and self-advocacy, Exploring practical tools

Duration

60 Minutes

Materials required

Face-to-face setting

- Prepared presentation
- Laptop to display the presentation
- Projector
- Flipchart or whiteboard
- Markers

Online setting

- Prior registration with an email address
- Digital collaborative and interactive training tools (e.g. Mentimeter, Miro, Slido)

Theoretical Background

This activity builds on experiential and practice-oriented learning approaches, focusing on strengthening self-confidence and self-advocacy through active participation. Structured activities, peer exchange, and reflection support participants in translating their insights into concrete skills. The approach is grounded in the idea that self-advocacy develops not only through understanding concepts, but through practicing communication, boundary setting, and decision-making in realistic situations. Peer learning plays a key role, as participants learn from each other's experiences and perspectives, enhancing both confidence and a sense of relatedness.

In addition, the activity introduces practical tools that support self-determination, with a focus on usability in everyday caregiving contexts. These tools help participants apply what they have learned in a concrete and accessible way.

Instructions for implementation

Built on real caregiving situations, learning takes place through practice and short interactive tasks. Participants do not only learn about the concepts, but actively try them out and recognize their own patterns of behaviour.

Self-advocacy:

Methods:

- role-play / situation-based exercises: “What would you say in this situation?”
- trying alternative phrases (e.g. stronger / more assertive versions)
- quick mini-quiz decision situations (e.g. “Is this a healthy boundary or not?”)

Learning outcomes:

- how to say no in a safe way
- how to express needs clearly
- how to maintain boundaries without conflict
- how I react under pressure

Peer support / peer exchange:

In small groups, each participant brings a difficult situation. Others do not evaluate, but offer reactions and alternative perspectives.

Methods:

- “What would you do in this situation?” rounds
- sharing experiences
- joint problem-solving

Learning outcomes:

- I am not alone with my difficulties

- multiple perspectives exist for the same situation

Storytelling:

The trainer introduces stories about care recipients' situations (e.g. loss, declining independence, dependency). The group does not analyse these in a purely technical way but experiences and processes them reflectively.

Methods:

- storytelling (real or simulated cases)
- reflective board games / card-based situations
- gamified decision-making scenarios

Learning outcomes:

- empathy and perspective-taking
- recognition of motivational factors
- emotional understanding of the care recipient's perspective

Short reflection after each activity (if time allows and there is a need for it):

- What was easy?
- What was difficult?
- What would I try in real life?
- What has changed in me?

Tools supporting self-determination:

The following digital tools can effectively support the caregiving process.

Communication and contact tools - WhatsApp, Messenger, and Signal groups strengthen the core communication of caregiving. These tools enable fast information exchange and

increase the sense of safety for both caregivers and the surrounding support network of the care recipient. Continuous and easy accessibility supports quick responses and stable communication.

Coordination tools for care organization - Shared Google Calendar or task management platforms such as Trello support the transparent organization of care. They make it easier to plan who does what and when, thereby reducing overlap and disorganization.

Decision-support and condition-tracking tools - These include health monitoring solutions such as blood pressure logs, medication intake records, and reminder applications. They support daily monitoring and help maintain consistency. Simple tools that are also suitable for older adults include large-font or simplified mobile phones, voice assistants (Google Assistant, Siri), as well as smartwatches used in Hungary, all of which strengthen independence and safety.

Shared digital space for caregivers - The use of a shared digital space enhances the effectiveness of care, such as common WhatsApp groups, shared Google documents, and event logs. These ensure that all formal and informal caregivers have access to the same information. This reduces misunderstandings and makes responsibility-sharing transparent throughout the entire caregiving process.

2.2.3 Evaluation of the lesson

The aim of the evaluation is to help participants briefly reflect on the learning process and connect the acquired knowledge with their own caregiving experiences. The evaluation can be conducted in oral, written, or online form.

Suggested questions:

- What did you learn about self-advocacy and self-confidence in the caregiving role?

- How did the practical exercises and role-play activities help you better understand your own situations?
- What new insights or emotions emerged during group work?
- Which tool or method can you apply in your daily practice?

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Learning material

2.2.1 My needs and boundaries

2.2.2 My difficult situation

2.2.3 Standing up for myself as a caregiver

2.2.4 Self-advocacy Mini Boundary Quiz

2.2.5 Storytelling Mini Quiz

2.2.6 Self-Advocacy Roleplay

3.1 Communication

What is the module about?

The module introduces the basic principles of effective communication and explores common barriers that can hinder mutual understanding. It focuses on how to clearly express needs, possibilities and personal boundaries in different care situations. In addition, the module presents alternative forms of communication that can support inclusive and accessible interaction.

What should participants know at the end of the module?

- Understand the basic principles of effective communication in caregiving contexts
- Recognise common communication barriers and reflect on how they affect mutual understanding
- Clearly express their own needs, possibilities, and personal boundaries in different care situations
- Apply alternative communication methods to support more inclusive and accessible interaction

Overview over subtopics

- Basics of Communication
- Barriers in Communication
- Communicating needs, possibilities and boundaries
- Alternatives of communication

3.1.1 Presentation - Basics of Communication

Duration 35 minutes

Materials required

Face-to-face setting

- Prepared presentation
- Laptop or computer to display the presentation
- Projector or screen so all participants can see the slides
- Speakers if the presentation includes audio or video
- Flipchart or whiteboard to note additional ideas or questions from participants
- Markers
- Remote clicker or presenter tool (optional) to move through the slides

Online setting

- Prepared presentation

- Digital whiteboard or shared document (optional) to collect questions or key points

Theoretical Background

Basics of Communication

Communication is a process of interpersonal interaction that enables the exchange of information, ideas, and emotions. It takes place between two or more people and is a fundamental basis for social interaction. Communication is a skill that can be learned and improved through practice and conscious reflection.

The effectiveness of communication depends on how well a message is received and understood by another person. The quality of communication has a decisive influence on building supportive and harmonious relationships. When communication is successful, challenges and conflicts can be addressed constructively and may even contribute to strengthening the relationship.

Sender-Receiver Model

The sender-receiver model is a basic model of communication. The sender intends to convey a message and encodes their idea into recognizable signs, which are transmitted as a message. The receiver perceives this message and must decode it in order to understand its meaning.

In most cases, the sent and received messages match, meaning that understanding has occurred. To verify this, the receiver can provide feedback by explaining how they understood the message. This allows the sender to check whether their intended message was correctly received. This process is called feedback.

The Four Sides of a Message

According to Schulz von Thun, every message contains four layers. The factual content includes the objective information. Self-disclosure reveals what a person communicates about themselves, such as feelings, attitudes, or role perception. The relationship aspect indicates how the sender views the receiver and their relationship. The appeal expresses what the sender wants the receiver to do or how they want them to respond.

Active Listening

Active listening was developed by Carl Rogers as a method of psychotherapeutic communication, but it is also useful in many other areas of life as it promotes mutual understanding. The listener tries to empathize with the thoughts and feelings of the speaker in order to better understand their behavior, even if it initially seems inappropriate or unclear. The goal is not to adopt the other person's perspective, but to temporarily take it in order to understand it. Active listening is especially important in discussions, but also challenging, as people often focus on formulating counterarguments instead of truly listening.

The basic principles of active listening include empathy, congruence, and unconditional acceptance. Empathy refers to the ability to understand another person's thoughts and feelings. Congruence means that verbal and nonverbal signals are consistent, for example when facial expressions match what is being said. Unconditional acceptance means respecting and valuing the other person regardless of their behavior or opinions.

Active listening can be divided into three levels. The first level focuses on the relationship and involves showing attention through eye contact, an open posture, and short verbal signals such as "hm" or "yes." These signals should appear authentic rather than mechanical.

The second level concerns content understanding. Key statements are paraphrased in one's own words to check understanding. This is not mere repetition, but a reformulation

of essential content. In some situations, it may be appropriate to briefly interrupt in order to avoid misunderstandings.

The third level focuses on reflecting emotions. The listener verbalizes the emotional content of what has been said, phrased as tentative assumptions. This allows the speaker to confirm or correct them and often leads to greater clarity about their own feelings. It is important to respect the speaker's response and not insist on one's own interpretation.

Nonviolent Communication (Rosenberg)

Nonviolent communication is a method for respectful interaction. It focuses on one's own emotions and needs rather than on making accusations. The goal is to avoid causing harm in communication. A clear distinction is made between observation and interpretation: observations are described as objectively as possible, while evaluations and conclusions are explicitly identified as such. This creates transparency and reduces misunderstandings.

According to this method, concerns are expressed in four steps:

1. Observation: describing the situation objectively
2. Feeling: expressing one's emotional response
3. Need: identifying underlying needs
4. Request: making a clear and respectful request aimed at finding a shared solution

Nonverbal Communication

Nonverbal communication includes all forms of communication that do not involve spoken language. Since verbal statements are often imprecise and open to interpretation, nonverbal signals help clarify meaning. Communication psychology distinguishes seven types of nonverbal communication:

1. Eye contact: signals attention and politeness; lack of it may be perceived as disinterest

2. Facial expressions: support and complement verbal messages by expressing emotions
3. Gestures: body movements that emphasize or reinforce statements; culturally influenced
4. Body language (posture and movement): conveys openness or rejection
5. Appearance: clothing and outward presentation used to create impressions
6. Tactile communication: communication through touch, interpreted depending on context and relationship
7. Proxemics: physical distance between individuals, influenced by social norms and relationships

Alternative Forms of Communication

Augmentative and alternative communication (AAC) includes methods that support people with limited or no spoken language. The goal is to enable and improve communication. A distinction is made between alternative communication, which replaces spoken language, and augmentative communication, which supports existing speech.

Body-based communication includes facial expressions, gestures, gaze, body movement, and sounds. These forms are widely accepted and particularly important for individuals with limited speech. Sign languages are also important visual communication systems and are recognized as full languages with their own grammar, such as German Sign Language.

Non-electronic communication aids use objects, photos, drawings, symbols, or written language to support communication. In addition, electronic aids such as speech-generating devices are used. These may use digitized speech (e.g. recorded buttons) or synthesized speech (e.g. tablets or computers).

Plain and Easy Language

Easy Language is a specially developed form of language for people with disabilities and learning difficulties. It is a simplified version of standard language and part of accessible

communication. It uses simple words, short sentences, and a clear structure, typically corresponding to language levels A1–A2.

Plain Language is a simplified form of everyday language, often described as citizen-friendly language. It corresponds to level B1 and uses shorter sentences and simpler structures. Technical terms, foreign words, and metaphors are avoided to ensure clarity. Its goal is to reach as many people as possible, including those with limited reading skills.

Instructions for implementation

In this activity, moderators give a presentation introducing the basic principles of communication. A prepared presentation is available and should be used to guide the session. Moderators should briefly explain the main concepts and examples presented in the slides and connect them to practical situations where possible.

Participants should be encouraged to ask questions at any time during the presentation if something is unclear. Moderators should also invite them to share their own experiences or observations related to communication, as these contributions can enrich the discussion and help link the theoretical content to real-life situations.

3.1.2 Barriers in Communication

Duration 35 Minutes

Materials required

Face-to-face setting

- Flipchart or whiteboard
- Markers, paper and pens
- Timer

Online setting

- Presentation slide or shared screen with the guiding question
- Digital whiteboard or collaboration tool (e.g., Miro, Mural, Jamboard, Padlet) to collect key points in the plenary
- Timer

Theoretical Background

Various barriers can arise in communication that make understanding information more difficult or even impossible. A sensory barrier occurs when a sensory channel, such as vision or hearing, is impaired, meaning that information cannot be received in the intended way. In such cases, content needs to be adapted, for example through audio description or by reading written information aloud.

A knowledge barrier arises when content comes from a specialized field and is difficult to understand due to its complexity. Closely related to this is the technical language barrier, where complex terminology, long sentences, and specialized expressions further hinder comprehension, as is often the case in official letters or contracts.

Cultural barriers result from differences in norms and communication styles between cultures. What is considered polite in one culture may be perceived as inappropriate in another, which can lead to misunderstandings.

A cognitive barrier exists when information is too complex in terms of language or content and therefore cannot be processed. In such cases, people may not understand what is expected of them.

Language barriers occur when people speak different languages and are unable to understand each other.

Media barriers can take different forms: information may be presented in an unfamiliar symbol system, transmitted through an inaccessible sensory channel, or remain inaccessible due to a lack of technical resources or media literacy.

These barriers can occur individually or in combination and can significantly impair communication (Rink, 2020)

Instructions for implementation

This activity uses the Think–Pair–Share method to explore communication barriers in the context of long-term care and to identify strategies for addressing them.

Begin with an individual reflection phase. Ask participants to think about the following question: *What communication barriers can occur in long-term care settings?* Encourage them to reflect on situations involving residents, family members, and care professionals. Participants should take a few minutes to write down examples based on their own experiences or observations (5 Minutes).

Next, ask participants to form pairs. In the pair discussion, they exchange their ideas and discuss the question: *What strategies could help avoid or overcome these communication barriers in long-term care?* Encourage participants to consider practical approaches, such as respectful communication, active listening, adapting communication to individual needs, or dealing with emotional or stressful situations (15 Minutes).

Finally, bring everyone back together for a short plenary sharing. Invite several pairs to briefly present the most important insights from their discussion. The moderator can collect key points on a flipchart, whiteboard, or digital board. The aim is to identify common communication challenges in long-term care and to share practical strategies for addressing them (10 Minutes).

3.1.3 Communicating Needs, Possibilities and Boundaries

Duration 35 Minutes

Materials required

Face-to-face setting

- Printed case studies describing typical communication situations
- Handout or slide explaining I-messages and You-messages
- Paper or moderation cards for participants to write down their responses
- Pens for participants
- Flipchart or whiteboard to collect examples of I-messages from the groups
- Markers

Online setting

- Digital case studies (e.g., shared as slides, PDF, or in the chat)
- Presentation slide explaining I-messages and You-messages
- Shared document or digital whiteboard (e.g., Miro, Mural, Padlet, Google Docs) for groups to write their examples

Theoretical Background

In conflict situations, people often lose objectivity and begin to make accusations or assign blame to the other person. This type of communication is known as "**you-messages**." Such messages are frequently perceived as hurtful and tend to escalate conflicts rather than resolve them.

When confronted with you-messages, individuals often react defensively. They may withdraw from the situation or respond with counterattacks, as they feel patronized,

criticized, or ignored. This dynamic makes constructive dialogue more difficult and can further intensify the conflict.

Moreover, you-messages shift the focus away from one's own emotions and needs. Instead of expressing personal feelings or concerns, they place responsibility on the other person, which limits the possibility of mutual understanding.

An example: "You never listen to me."

In communication, **I-messages** are a way of expressing one's own internal processes and emotions, giving them a clear self-expressive character. Rather than blaming or criticizing the other person, they focus on sharing personal feelings and perspectives. For this reason, I-messages are less likely to be perceived as hurtful and instead support constructive and respectful communication.

I-messages play an important role in effective conflict management. By focusing on one's own experiences and emotions, they help create an atmosphere of mutual respect and understanding. This approach reduces defensiveness and opens space for dialogue, making it easier to address disagreements in a productive way.

A typical I-message follows three steps. First, the speaker describes their own feelings in response to a situation or the behavior of the other person. Second, they explain the reason for these feelings in a clear and factual manner. Finally, they outline the impact or consequences of the situation.

An example: "I feel unheard when I'm interrupted."

Instructions for implementation

This activity focuses on practicing communication skills in the context of **long-term care**, with particular attention to expressing **needs, possibilities, and personal boundaries**.

Begin with a **short introduction to the concepts of I-messages and You-messages**. Explain the difference between the two communication styles and highlight how I-messages can help express feelings, needs, and limits without blaming or accusing the other person. Brief examples can help illustrate the difference.

After the introduction, divide participants into **small groups** and provide them with **short case studies related to situations in long-term care**. These scenarios may involve communication between care recipients, family members, or care professionals.

In the group work phase, participants analyze the case studies and discuss how communication in the situation could be improved. As part of the exercise, they practice **formulating I-messages** that clearly express needs or boundaries in a respectful and constructive way.

Encourage participants to draw on their own experiences and to discuss how these communication strategies could be applied in real-life situations within long-term care. At the end of the activity, a few groups may briefly share their examples with the larger group.

3.1.4 Evaluation of the lesson

Duration: 15 Minutes

Use the final part of the session for a **short reflection and wrap-up**. The aim is to help participants review the key ideas of the session and connect them to their own experiences or practice.

Begin with a **brief group discussion**. Invite participants to share their main takeaways from the session. Possible guiding questions include: *What was the most important insight for you today?* or *What will you take with you for your practice in long-term care?*

Encourage a few participants to contribute their thoughts so that different perspectives become visible.

Finally, briefly **summarize the key learning points** that emerged during the session. This may include central concepts, practical communication strategies, or important reflections from the group discussion. The goal is to close the session with a clear overview of the most important insights.

References

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Learning material

3.1.1 Presentation Communication

3.1.2 Handouts “I-messages and You-messages”

3.1.3 You and I messages_Case Studies

3.2 Relationship networks

What is the module about?

Development of communication and relationship skills with the cared-for person. Self-development, characteristics and forms of the helper role. Providing professional descriptions, positive and negative examples.

What should participants know at the end of the module?

By the end of the module, participants will understand the basics of effective communication and relationship-building with the cared-for person, as well as the key characteristics of the helper role. They will be able to recognize issues of legal communication and identify available support options. Through practical examples and storytelling, they will distinguish between positive and negative practices. They will also experience the value of peer support and networking, and become familiar with additional learning resources.

Overview over subtopics

- Communication, relationship-building and helper role
- Legal aspects and support opportunities
- Practical examples and storytelling
- Peer support, networking and learning resources

3.2.1 Communication, legal awareness and support options in care relationships

Duration 30 Minutes

Materials required

Face-to-face setting

- Prepared presentation
- Laptop to display the presentation
- Projector
- Flipchart or whiteboard

- Markers

Online setting

- Prior registration with an email address
- Digital collaborative and interactive training tools (e.g. Mentimeter, Miro, Slido)

Theoretical Background

Effective communication and relationship-building are essential competencies in caregiving, as they directly influence trust, cooperation, and the quality of support provided to the cared-for person. The helper role requires continuous self-awareness and self-development, including the ability to reflect on one's own behaviour, boundaries, and professional responsibility. Legal aspects of communication ensure that care relationships remain ethical, respectful, and within professional boundaries, especially regarding confidentiality and appropriate information sharing. Access to support systems and peer networks plays a key role in preventing isolation and strengthening resilience among carers.

Instructions for implementation

The trainer begins with a short **framing of communication** in care situations: emphasize that communication is not only "talking", but also listening, interpreting needs, and building trust with the cared-for person.
Key focus points in communication (examples):

- Active listening: e.g. noticing non-verbal signals like anxiety, silence, or resistance
- Clear, calm communication in stressful situations
- Avoiding assumptions, asking clarifying questions

The helper role should be highlighted as a balancing role between emotional support and professional boundaries.

Helper role – what to stress (examples):

- Staying calm and not taking over the responsibility of the cared-for person
- Supporting autonomy (e.g. “What would you like to do?” instead of deciding)
- Self-reflection to avoid burnout: Caregiver burnout can be reduced by building awareness of stress signals and actively using coping strategies (Setting clear boundaries, Taking micro-breaks during the day/stepping away from stressful situations, Sharing responsibility, Using supervision or team support, Knowing when to ask for help-early intervention instead of waiting for exhaustion, Maintaining personal life and identity outside caregiving)

Relationship-building should focus on trust, consistency, and respecting personal boundaries of the cared-for person and their family.

Legal communication

Explain that legal communication means communication that respects confidentiality, data protection, consent, and professional responsibility in care contexts.

Key points (examples):

- Only share personal/medical information with consent
- Be careful when speaking with other institutions (hospitals, social services, insurance): When contacting a doctor or hospital, the helper must only provide relevant facts and avoid over-disclosure
- Always clarify: “Do I have permission to share this information?”

Ethical boundaries

Define ethical boundaries as the limits of professional behaviour, respect, and responsibility in the helper role.

- Not becoming emotionally over-involved in the client’s private life
- Not making decisions for the person unless necessary
- Respecting privacy of family conflicts

Support possibilities

Explain as: all formal and informal sources of help the caregiver can contact to support the cared-for person and themselves.

- General practitioner (GP), nurses, home care services
- Social services, local institutions, NGOs
- Family communication: coordinating tasks, sharing responsibility

Peer support and networking:

Focus on sharing experiences between caregivers (institutional and family carers) to reduce isolation and prevent burnout.

- Sharing difficult communication situations and solutions
- Learning from others' coping strategies
- Emotional relief through group discussion

Provide 2–3 examples each of **books and films for reflection**:

Books:

- *Atul Gawande – Being Mortal*
- *Joan Halifax – Being with Dying*
- *Christie Watson – The Language of Kindness*

Films:

- *Still Alice*
- *The Intouchables*
- *The Father*

3.2.2 Storytelling, lived experiences and peer support in caregiving

Duration 35 Minutes

Materials required

Face-to-face setting

- Prepared presentation
- Laptop to display the presentation
- Projector
- Flipchart or whiteboard
- Markers

Online setting

- Prior registration with an email address
- Digital collaborative and interactive training tools (e.g. Mentimeter, Miro, Slido)

Theoretical Background

This activity is practice-oriented and based on real-life experiences. Participants explore communication challenges, emotional situations, and coping strategies through storytelling, group reflection, and peer exchange.

Instructions for implementation

The trainer introduces short storytelling video(s) or real-life case examples showing both positive and negative communication situations in caregiving.

Participants reflect in small groups on questions such as: “What went well?”, “What went wrong?”, “What would you do differently?”

Facilitate sharing of personal experiences from both institutional and family caregivers, focusing on difficult communication situations (e.g. with patients, families, or other institutions).Guide discussion towards coping strategies and peer learning, highlighting how caregivers support each other and reduce isolation.

Close with a short group summary: key insights, shared solutions, and emotional takeaways.

Key methods:

- Storytelling videos / case studies
- Guided reflection
- Peer-to-peer sharing

3.2.3 Evaluation of the lesson

The session is evaluated through a short, reflective and practice-oriented closing phase focusing on participants' understanding, emotional takeaways, and applicability in real caregiving situations.

- Quick round / check-out: each participant shares one key takeaway from the session
- Self-reflection questions (oral or written): What will I use in my daily caregiving practice?, What was most useful or surprising?, What is still unclear or difficult for me?
- Optional feedback tool (if available): simple rating (1–5) on usefulness and relevance

References

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Gawande, A. (2014). Being Mortal

Learning material

3.2.1 Communication, legal awareness and support options in care relationships

3.2.2 My support network map

3.2.3 Recommended storytelling videos

4.1 Conflict management

What is the module about?

This module emphasizes understanding and managing conflicts between formal caregivers and informal caregivers in long-term care settings. In many European care systems, including Cyprus, care is shared between professionals and families. While this teamwork is essential, it often leads to misunderstandings, misaligned expectations, emotional stress, and communication problems. The FairCare survey confirmed that poor coordination,

limited communication, and emotional strain are major sources of conflict in caregiving relationships.

The module aims to tackle these challenges by promoting cooperation, mutual respect, and shared decision-making, which are central to the FairCare approach. It helps participants understand that conflict is a normal part of human interaction and can be a positive learning experience when managed properly.

What should participants know by the end of the module?

By the end of this module, participants will be able to:

- Understand the nature of conflicts in caregiving relationships and recognize that conflicts often arise from differences in roles, expectations, and communication styles.
- Identify different types of conflicts (e.g., communication, emotional, role-based, and decision-making conflicts) that occur between formal and informal caregivers.
- Understand how stress, workload, and systemic limits influence conflict in care environments.
- Use effective communication techniques like active listening, demonstrating empathy, and keeping respectful conversations.
- Apply basic conflict-management techniques such as negotiation, mediation, and collaborative problem-solving.

Overview of Subtopics

- Without Conflicts (Prevention)
- Types of Conflicts
- Conflict in General

4.1.1 Introduction to Conflict in Caregiving

Duration

30 minutes

Materials Needed

Presentation slides, flipchart or digital board, markers, and an online polling tool.

Theoretical Background

This activity highlights conflict as a natural and inevitable part of caregiving relationships, especially when formal and informal caregivers work together. According to the FairCare methodology, conflicts often arise from differences in roles, expectations, and communication styles, but they can be opportunities for learning and teamwork.

Survey findings confirm that miscommunication and unclear responsibilities are the main causes of conflict across European care settings.

Face-to-Face Implementation

The trainer welcomes participants and briefly introduces the topic. Participants are encouraged to share examples of conflicts they have experienced or observed in caregiving situations. The trainer notes key themes on a flipchart and summarizes common causes of conflict, linking them to the FairCare principles of cooperation and shared responsibility.

Online Implementation

The trainer starts with a brief introduction of the topic. Participants respond to a live poll or chat question (e.g., “What causes conflicts in caregiving?”). The trainer reviews the responses and connects them to key concepts, ensuring all participants remain engaged.

4.1.2 Conflict Prevention Strategies

Duration

30 minutes

Materials Needed

Flipchart, sticky notes / collaborative digital board (e.g., Padlet), markers

Theoretical Background

This activity is based on the FairCare principle that conflicts can be prevented through communication, inclusion, and shared decision-making. Preventive strategies help build trust and reduce power imbalances between formal and informal caregivers.

Survey results indicate that many caregivers feel excluded from decision-making, which increases tension and misunderstandings.

Face-to-Face Implementation

Participants are divided into small groups and asked to discuss the question: “What helps avoid conflicts in care relationships?” Each group writes ideas on sticky notes. The trainer facilitates a group discussion where ideas are organized into themes such as communication, respect, and role clarity. A shared “Conflict Prevention Checklist” is created.

Online Implementation

Participants share ideas through a shared digital board or chat. The trainer groups responses into categories and discusses them with the team. Participants are encouraged to think about which strategies they already use and which they could apply in practice.

4.1.3 Types of Conflicts

Duration

30 minutes

Materials Needed

Printed or digital case studies and presentation slides.

Theoretical Background

This activity improves understanding of different conflict types (role, emotional, communication, decision-making, and cultural). Recognizing these conflict types helps participants respond effectively and avoid escalation.

The FairCare approach emphasizes the importance of understanding the perspectives of formal caregivers, informal caregivers, and those who need care.

Face-to-Face Implementation

The trainer presents brief case scenarios. Participants work in small groups to identify the conflict type and discuss potential solutions. Each group then shares their findings, and the trainer clarifies key concepts.

Online Implementation

Participants view brief scenarios on the platform. They respond either individually or in breakout rooms, identifying different types of conflict. The trainer then guides a group discussion and offers feedback.

4.1.4 Conflict in General – Conflict Dynamics

Duration

30 minutes

Materials Needed

Role-play scenario cards, observation sheets / video clips (online)

Theoretical Background

This activity emphasizes conflict escalation and resolution techniques, including negotiation, mediation, and collaborative problem-solving.

It reflects survey findings indicating that stress, workload, and emotional pressure often escalate conflicts, especially in long-term care settings.

Face-to-Face Implementation

Participants perform role-plays based on real-life caregiving conflicts (e.g., disagreement between a nurse and a family member). Observers note communication styles and suggest improvements. The trainer guides reflection on what worked and what could be improved.

Online Implementation

Participants watch a short video or read a scenario. In breakout rooms, they discuss how the conflict escalates and propose solutions. The trainer facilitates a plenary discussion and highlights effective strategies.

4.1.5 Evaluation of the Lesson

Evaluation in this module uses the FairCare approach of continuous, participatory, and reflective assessment.

Methods of Evaluation:

- Observation During Activities
  Trainers assess participants' engagement, communication skills, and ability to apply conflict-management strategies during discussions and role-plays.
- Reflection exercises: Participants briefly reflect, either verbally or in writing, on what they learned and how they intend to apply it in practice.
- Case study or scenario analysis: Participants demonstrate their understanding by analyzing conflict situations and proposing solutions.

- Participants exchange peer feedback during group activities, fostering peer learning.
- Short knowledge checks, whether online or in person, are used to assess understanding of key concepts like types of conflict and ethical responsibilities.

References

This module is built on the materials and frameworks from the FairCare project.

- FairCare Methodology and Learning Framework
  (peer learning, multi-stakeholder cooperation, person-centered care, social innovation education)
- FairCare Survey Results and Recommendations
  (identification of communication gaps, emotional stress, and lack of coordination among caregivers across partner countries)
- FairCare Toolbox and Blended Learning Approach (use of digital tools, e-learning, and collaboration platforms to promote inclusive training)

- FairCare Erasmus+ KA220 Application
  (project aims to promote empowerment, self-determination, collaboration, and enhancement of long-term care systems throughout Europe)

Learning Materials

4.1.1 Introduction to Conflict on Caregiving

4.1.2 Conflict prevention strategies

4.1.3 Types of Conflicts

4.1.4 Conflict in General-Conflict Dynamics

4.2 Solution and Reflection

What is the module about?

This module supports formal and informal carers in reflecting on challenging situations they may encounter while providing care. Through peer discussion and experience sharing, participants explore possible approaches and solutions that promote respectful and collaborative care relationships.

What should participants know at the end of the module?

Participants will:

- Reflect on challenging situations that arise in care relationships.
- Recognise different perspectives between carers and people receiving care.
- Explore respectful and collaborative approaches to problem solving.
- Strengthen communication and empathy in care situations.

Overview over subtopics

- Reflective practice in care
- Communication in care relationships
- Collaborative problem solving
- Respect and dignity in care

4.2.1 Reflecting on Care Experiences

Duration

40 minutes

Materials required

Flipchart

Markers

Reflection cards

Theoretical Background

Reflective practice is widely used in professional learning in care settings. According to Schön (1983), reflection allows practitioners to analyse experiences and improve their practice.

Instructions for implementation

Participants think about a challenging care situation they experienced.

They write:

- what happened
- how they reacted
- how the person receiving care reacted

Then they discuss their experiences in small groups.

4.2.2 Exploring Possible Solutions

Duration

45 minutes

Materials required

Case study cards

Flipchart

Markers

Theoretical Background

Collaborative reflection allows carers to explore alternative approaches and develop more supportive responses to challenging situations.

Instructions for implementation

Participants work in small groups.

Each group receives a short case study describing a difficult care situation.

Groups discuss:

- What is the difficulty?
- How might the person receiving care feel?
- What could the carer do differently?

Each group presents their ideas.

4.2.3 Reflection Circle

Duration

30 minutes

Materials required

Reflection cards

Flipchart

Theoretical Background

Reflection and dialogue are essential components of adult learning and professional development (Freire, 1970).

Instructions for implementation

Participants sit in a circle and reflect:

- What did we learn today?
- What approach could improve care relationships?
- How can we apply these ideas in practice?

4.2.4 Evaluation of the lesson

- Short feedback round
- Written feedback
- Observation of participation

Exit question:

“What idea or strategy will you apply in your future care practice?”

References

Freire, P. (1970). Pedagogy of the Oppressed.

Kolb, D. (1984). Experiential Learning.

Schön, D. (1983). The Reflective Practitioner.

United Nations. (2006). Convention on the Rights of Persons with Disabilities.

Learning material

4.2.1 Solution and Reflection Formal_Informal Carers

5.1 Evaluation

What is the module about?

This module emphasizes developing participants' ability to assess caregiving practices in a fair, inclusive, and collaborative manner, aligned with the FairCare approach. It presents evaluation not as a top-down control tool but as a shared learning process where formal caregivers, informal caregivers, and people needing care actively work together to enhance care quality.

Through interactive activities, participants discover how feedback, reflection, and dialogue can enhance cooperation, decrease misunderstandings, and encourage more person-centered care. In line with the FairCare methodology, the module incorporates peer learning, experiential reflection, and multi-stakeholder collaboration, turning evaluation into a practical tool for both individual learning and system improvement across care settings in Cyprus and other European countries.

What should participants know at the end of the module?

By the end of the module, participants will be able to:

- Understand the concept of fair and inclusive evaluation in caregiving settings and its role in enhancing quality of care.
- Recognize the importance of shared decision-making and equal involvement among formal caregivers, informal caregivers, and those receiving care.
- Apply peer feedback techniques to support communication, collaboration, and mutual learning among caregivers.
- Use reflective dialogue to examine caregiving experiences and identify strengths and areas needing improvement.
- Develop and utilize simple evaluation tools (e.g., feedback methods, reflection tools) tailored to real caregiving situations.

Overview of Subtopics

The module is organized into interconnected subtopics that lead participants from understanding evaluation to applying it collaboratively.

- What constitutes a fair evaluation?
  Introduction to the concepts of fairness, inclusion, and equality in assessing care practices, emphasizing dignity and person-centered care.
- Peer feedback in action: Practical exploration of how caregivers can support each other through constructive feedback and peer learning.
- Reflective dialogue: What have we learned? Use reflection to analyze real-life caregiving experiences and foster mutual understanding.

5.1.1 What is a fair evaluation?

Duration

30 minutes

Materials Needed

- Presentation slides (simple, visual)
- Flipchart / whiteboard
- Markers
- (Online) slides + polling tool (e.g., Mentimeter, Zoom poll)

Theoretical Background

This activity is grounded in the FairCare principle that evaluation is a shared and inclusive process, not a hierarchical judgment. It draws on person-centered care, participatory evaluation, and multi-stakeholder collaboration, where all actors (formal caregivers, informal caregivers, and people in need of care) have equal value and voice.

It also addresses survey results indicating that many people feel left out of decision-making and evaluation processes, emphasizing the importance of fair and inclusive practices.

Implementation – Face-to-Face Workshop

The trainer introduces the idea of "fair evaluation" using simple examples from everyday care situations. Participants are asked to think about situations where evaluation felt unfair or inclusive. These examples are discussed in a brief group discussion, and key principles (such as respect, equal voice, transparency) are written on a flipchart.

Implementation – Online Workshop

The trainer presents the concept using shared slides. Participants answer a short live poll (e.g., "Who usually decides in care situations?"). A brief discussion then takes place in the main room or chat. The trainer summarizes key principles of fair evaluation based on participants' responses.

5.1.2 Peer feedback in action

Duration

45 minutes

Materials Needed

- Scenario cards (real-life caregiving situations)
- Role-play instructions
- (Online) breakout rooms + shared document with scenarios

Theoretical Background

This activity is based on peer learning and peer counseling, which are central to FairCare. It highlights that caregivers learn best through shared experiences and mutual support, instead of top-down teaching.

Survey results highlight caregivers' need for emotional support, recognition, and communication skills, which peer feedback directly addresses.

Implementation – Face-to-Face Workshop

Participants work in pairs. Each pair receives a caregiving scenario (e.g., communication conflict, stress situation). One participant shares a challenge, while the other practices giving constructive feedback. Roles are then switched. The trainer observes and offers guidance on respectful communication.

Implementation – Online Workshop

Participants are paired in breakout rooms. Each pair gets a scenario through chat or shared documents. They practice giving feedback and then switch roles. The trainer visits the rooms to facilitate discussions. A brief debrief occurs in the main session.

5.1.3 Reflective dialogue – What have we learned?

Duration

45 minutes

Materials Needed

- Reflection questions (printed or slide)
- Notebook / paper
- (Online) shared board (Padlet, Jamboard, chat)

Theoretical Background

This activity relies on reflective and experiential learning, where participants turn experience into knowledge. Reflection enhances self-awareness, empathy, and emotional intelligence, which are key skills in FairCare.

It also responds to emotional challenges identified in the survey, such as **stress, burnout, and lack of recognition**.

Implementation – Face-to-Face Workshop

Participants individually reflect on guided questions (e.g., "What worked well in my care experience?"). Then they share one insight in a group circle. The trainer facilitates a respectful and supportive discussion. Short questionnaires or feedback forms, whether on paper are used to collect participants' impressions and learning outcomes

Implementation – Online Workshop

Participants share brief reflections in chat or on a shared digital board. Volunteers express their thoughts aloud. The trainer emphasizes common themes and links them to FairCare principles. Short digital questionnaires or online feedback forms are used to collect participants' impressions and learning outcomes.

5.1.4 Evaluation of the Lesson

The evaluation of this module adheres to the FairCare approach of ongoing, participatory, and reflective assessment instead of formal testing.

Evaluation methods consist of:

- Self-reflection: Participants reflect on what they have learned, how their attitudes have changed, and how they can apply new knowledge in practice.
- Peer feedback: Participants give each other feedback during activities, strengthening learning through shared experiences.
- Group discussion: Collective reflection helps participants recognize shared challenges and solutions.
- Facilitator observation: Trainers evaluate engagement, communication, and understanding during activities.
- Simple evaluation tools: Short questionnaires or feedback forms, whether on paper or digital, are used to collect participants' impressions and learning outcomes.

References

FairCare Project Application – Fair Care Learning and Training for Inclusion and Self-Determination in Long-Term Care

FairCare Methodology – Definition, goals, and approaches

FairCare Survey Results and Recommendations Overview

Principles of peer learning, experiential learning, and reflective practice in adult education, as applied within Erasmus+ KA220 projects.

Learning material

5.1.1 What is a Fair Evaluation?

5.1.2 Peer Feedback in Action

5.1.3 Reflection

5.2 Next Steps

What is the module about?

This module supports participants in reflecting on how the learning experiences of the FairCare training can be transferred into action. Building on the knowledge and skills developed throughout the course, participants explore what makes a learning centre inclusive, effective and empowering in care contexts. The module introduces the relevance of intersectionality when designing learning spaces and supports participants in imaginatively designing and simulating a FairCare Training Centre. Through collaborative design, role-play and feedback, participants consolidate their role as active contributors and potential peer trainers within FairCare.

What should participants know at the end of the module?

By the end of the module, participants will:

- Be familiar with the concept of intersectionality and its relevance for care, learning and inclusion
- Reflect on how different life situations and identities influence participation in learning and care
- Gain confidence in imagining, designing and contributing to FairCare Training Centres as peer actors

Overview over subtopics

- Inclusive and effective learning environments
- Accessibility and participation in learning spaces
- Intersectionality in care and education
- Designing a FairCare Training Centre
- Reflection, feedback and peer perspectives

5.2.1 Designing a FairCare Centre with an Intersectional Lens

Duration

40 minutes

Materials required

Flipchart or whiteboard

Intersectionality axes (age, disability, gender, income, migration, digital access)

Online: shared digital board or slides

Theoretical Background

This learning activity is grounded in intersectionality theory, which explains how different social positions—such as **Race and Ethnicity; Gender and Sex; Social Class and Socioeconomic Status; Sexual Orientation; Functional Diversity/Ability Status; Age and Ageing; Religion and Culture; Geographic Location**—interact and shape people's experiences of participation, exclusion and power. Rather than viewing these factors separately, an intersectional approach recognises their combined effects within specific social and institutional contexts.

In adult education and care-related training, intersectionality has been shown to be a key analytical and practical tool for designing inclusive learning environments. Research and

practice demonstrate that learning spaces which fail to consider intersecting barriers tend to reproduce exclusion, while intersectional approaches contribute to fairness, accessibility and meaningful participation. International frameworks such as the UN Convention on the Rights of Persons with Disabilities and UN Women's intersectionality guidance emphasise the need to embed intersectionality into programme design, not as an abstract concept but as a practical design principle for services, education and community initiatives.

Instructions for implementation

Face-to-Face

Introduction

The facilitator briefly introduces intersectionality in accessible language, emphasising that people experience care and learning through multiple, interconnected factors rather than through a single identity. The focus is placed on how these intersections affect access, voice and participation in care-related learning spaces.

Collective Mapping with the Power Flower

Participants group in small groups and draw a flower and its petals. The petals are labelled with different intersectionality axes, such as:

- Age
- Disability / health condition
- Care role
- Income or employment situation
- Gender
- Migration or language background
- Digital access

Participants are encouraged to add other petals.

Each group will collectively fill in the petals focusing on how different parts of people's lives affect their access to care and learning spaces. Each **petal** represents an important life factor that affects participation.

- Emphasise that no one needs to explain their own identity
- Keep the conversation focused on **learning centre design**
- Redirect personal stories gently to **structural patterns**

Potential guiding questions to fill in each petal:

Petal	Guiding Question
Age	How does age affect access to care?
Disability / Health	What kind of access or support is needed?
Care Role	How does the person relate to care?
Income / Employment	How does money or work time affect access?
Gender	Are there caregiving or participation expectations?
Migration / Language	Are language or legal barriers present?
Digital Access	Can people use online tools easily?

Plenary Reflection

Each group shares their key insight. The facilitator guides reflection with questions such as:

- Which combinations of these factors (petals) tend to be well supported in care and learning settings?
- Which combinations are more likely to face barriers to participation?
- Which intersections are often overlooked when designing learning centres?
- How could these insights influence the design of a FairCare Training Centre?

The discussion concludes by linking intersectionality to accessibility, fairness and participation as core FairCare principles.

Online

The facilitator prepares:

- A **shared digital Power Flower template** (e.g. in Miro, Mural, Padlet or Google Slides), with:
    - A central circle labelled *"FairCare Training Centre"*
    - Pre-labelled petals:
        - Age
        - Disability / Health condition
        - Care role
        - Income / Employment situation
        - Gender
        - Migration / Language background
        - Digital access
    - Optional empty petals that groups may label themselves
- Breakout rooms for small-group work (3–6 participants per group): Each group will collectively fill in the petals focusing on how different parts of people's lives affect

their access to care and learning spaces. Each **petal** represents an important life factor that affects participation.

- Emphasise that no one needs to explain their own identity
- Keep the conversation focused on **learning centre design**
- Redirect personal stories gently to **structural patterns**

Potential guiding questions to fill in each petal:

Petal	Guiding Question
Age	How does age affect access to care?
Disability / Health	What kind of access or support is needed?
Care Role	How does the person relate to care?
Income / Employment	How does money or work time affect access?
Gender	Are there caregiving or participation expectations?
Migration / Language	Are language or legal barriers present?
Digital Access	Can people use online tools easily?

- Clear written instructions visible on the shared board or in the chat

All participants return to the main room.

Each group shares **key insights**, not their entire map.

The facilitator guides reflection with questions such as:

- Which combinations of factors tend to be **well supported** in care and learning settings?
- Which combinations are more likely to face **barriers to participation**?
- Which intersections are often **overlooked** when designing learning centres?
- How could these insights influence the **design, organisation or facilitation** of a FairCare Training Centre?

5.2.2 What Makes a Learning Centre Effective? Learning center simulation

Duration

90 minutes

Materials required

Flipchart or board

Markers

Large sheets of paper for each participant

Short visual examples of different learning spaces

Online: Shared digital collaboration tool (e.g. Miro, Padlet, Google Slides)

Prepared digital boards with:

- Cluster areas labelled *Space*, *Materials*, *Facilitation*, *Atmosphere*
- Blank canvases for group design

Visual examples (photos, short videos or testimonials of informal learning spaces)

Digital icons or emojis (❤️ and ❓) for feedback

Theoretical Background

This activity is based on principles of participatory adult education and inclusive learning environments. According to Social Innovation Education, learning spaces should support dialogue, accessibility, shared ownership and mutual respect. Research on adult learning highlights that physical and social environments influence participation, confidence and learning outcomes, particularly for people with care and support needs.

Instructions for implementation

Face-to-Face

- The facilitator introduces the guiding question: *"What makes a learning centre effective and welcoming?"*
- Show 2–3 simple examples (videos, testimonials, photos) of different informal learning spaces (e.g. community centre, peer group, participatory and co-creative spaces).
- Participants reflect and write down in small groups on how the spatial layout, accessibility, materials, and facilitation are in these examples and if they've got ideas from their own experiences these should be added. The focus is on accessibility, atmosphere, communication and participation.
- Groups share key points in plenary; the facilitator clusters answers under headings such as *space, materials, facilitation, atmosphere*.

Part 2:

After a break and following the clusters created before each group is invited to *imagine and design* a FairCare Training Centre, with the following guiding question:

- If we could build a FairCare Learning Center together:
    - What would it look like?

- What happens there?
- Who comes?
- What makes it special?

The groups answer through drawing, doodling, symbols — not just words. Each group will create in large pieces of paper their own piece that will represent the answer to these questions. It has to be as clear as possible for the others to understand it.

The pieces of paper will be hung around the room.

Everyone walks around, looks at others' visions, and places sticky notes with ♥ for what they like and ? for what they wonder about.

Then all the group is back together and can synthesize Core Elements:

- What ideas appear again and again in the different pieces of paper from the different groups?
- What must this learning center have to make people feel safe, respected, and curious?

Each group creates a mini-model (physically using cards, markers, or digitally on Miro/Padlet) of their ideal learning space for the training.
Ideally include: seating arrangement, visual aids, accessibility features, and spaces for reflection or role-play.

Online

The facilitator introduces the guiding question clearly: *"What makes a learning centre effective and welcoming?"* Participants are reminded that the focus is on accessibility, atmosphere, communication and participation.
The facilitator shares 2–3 simple examples via screen-sharing (e.g. short videos, testimonials or photos of community learning spaces, peer groups or co-creative environments).

Participants are invited to observe how space, facilitation and interaction are organised.

Then, participants are divided into small breakout groups. Each group works on a shared digital board and reflects on the examples and their own experiences. They add notes under the headings:

- Space / Layout
- Materials & Tools
- Facilitation & Interaction
- Atmosphere & Relationships

The focus remains on identifying elements that support or hinder participation.
All participants return to the main room.
Each group shares key impressions.
The facilitator clusters responses live under the four headings, creating a shared overview of essential features of welcoming learning spaces.

Part 2

After a short break, the facilitator introduces the design challenge:
"If we could build a FairCare Learning Centre together:
What would it look like?
What happens there?
Who comes?
What makes it special?"
Participants return to their breakout groups. Each group creates a visual representation of their FairCare Training Centre using their digital canvas. Groups are encouraged to use drawings, symbols, icons and minimal text to clearly communicate their ideas.

The design should ideally include:

- Seating or spatial arrangements
- Accessibility features
- Visual aids and learning materials
- Spaces for reflection, dialogue or role-play

All group designs are displayed in plenary.

Participants explore the different designs and add feedback directly on the boards:

- ❤️ for elements they appreciate or find inspiring
- ❓ for aspects they are curious about or would like to understand better

The facilitator leads a reflection with guiding questions:

- What ideas appear repeatedly across the designs?
- What does the learning centre need to make people feel safe, respected and curious?

Together, the group identifies key elements that should characterise FairCare Training Centres.

Evaluation of the lesson

Evaluation follows the FairCare participatory approach and focuses on reflection rather than performance.

Methods include:

- Short reflection round: *"One idea I take with me"*
- Visual feedback (traffic light or scale) on confidence about future involvement
- Trainer observation of participation and engagement

- Optional short written or digital feedback

References

FairCare Project Application (KA220 – Adult Education)

FairCare Methodology and Social Innovation Education Framework

Freire, P. (1970). *Pedagogy of the Oppressed.*

Crenshaw, K. (1989). *Demarginalizing the Intersection of Race and Sex.*

United Nations (2006). *Convention on the Rights of Persons with Disabilities.*

Learning material

5.2.1 Next Steps Power Flower