

## WP4: Curriculum Planning and Courses Development

### Review of the CareV.E.T. Training Material

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**Reviewed Module (Number and Title): 3 – Social Networks**

**Team (Number and Members): 3 – Cyprus Certification Company, Jaunuoliu Dienos Centras, M.M.C. Mediterranean Management Centre**

**Report Author (Name of Partner): M.M.C. Mediterranean Management Centre**

Partners responsible for this Report:



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## **A. Review of the CareV.E.T. Training Material**

**Please provide your comments and suggestions on the following dimensions of the examined CareV.E.T. Module:**

### **1. Structure**

*The sequence of submodules, the required flow between the different chapters, the sequence of activities and any other kind of provided material (images, tables etc.)*

The existing structure is considered consistent and could be divided into two parts, the one giving the theory behind Natural Individual Social Networks (definition, significance, purpose, philosophy and values, circle of friends, and benefits) and the other being more practical and giving information on how to get involved in such networks, the different roles involved (liaison, coordinator, and members), and the procedures for creating and maintaining such networks. Nevertheless, the whole Module lacks innovation and attractiveness. The goal of this course (to introduce to the basic concepts and principles of Natural Individual Social Networks and their usefulness for people with disabilities and mental health issues) is not appealing to an experienced professional. The learner (practitioner with education and experience) always wants to learn something new, unknown, and tested with good practice.

The fact that in most of the cases activities precede theory/description of the subtopic is considered positive, since it gives to the learners the opportunity to reflect on the examined topic recalling existing knowledge and then, to combine their thinking with what is presented and explained. However, in order for the module to become more innovative and attractive, practical examples could enrich the existing text making it less tiring and more appealing, while more interactive activities could also be introduced (in some subchapters two activities instead of one based on the theme). Either the existing activities in

## **DDSKILLS: “Cutting-Edge Digital Skills for Professional Care Givers of Persons with Disabilities and Mental Health Problems”**



each subtopic could remain and another, more interactive activity could be added or the existing activity could be replaced by a more innovative activity.

As for the introduction of the module (subchapter 3.5.1: first paragraph and frame), is considered lacking since it refers to the cases of specific countries without giving further explanations, while in the introductory frame the provided information refers only to one partner country. This section could either be developed further, describing the case studies in the referred countries or be omitted. As for the frame, information for as many partner countries as possible could be added to give a more comprehensive image of the situation or be erased.

Regarding the new dimension for the module that is described and suggested below, i.e. the digital dimension of social networks, a new subchapter should be added, which could be divided into two subtopics: 1. enabling social networking of people with disabilities and mental health issues with the aid of technology and 2. networking of people with disabilities and mental health issues through social media. This will somehow change the structure of the whole Module: in case that the new dimension will be included in the “theoretical part” of the module (as described above), this means that in its more practical part, relevant information should also be included in each subchapter. Otherwise, it should be included as a separate subchapter including all information regarding both subtopics which, though, does not appear so functional.

Additionally, the whole module has to be checked for content repetitions, which directly affects the flow between the subchapters and paragraphs, and in case some information is unnecessarily mentioned multiple times to be only included where it adds value to the content.

Finally, it is noted that the numbering of chapters and subchapters is incorreced in some cases and has to be checked for corrections.

## **2. Use of Language**

*The linguistic naturalness of the text, if the language register is appropriate for the target group and the aim of the curriculum, any kind of linguistic mistakes etc.*

Overall, the text is linguistically natural, despite some parts that could be improved or should be checked for mistakes in grammar, syntax, spelling, or lexically. Proofreading by a native English speaker is recommended.

As for terms that are repetitively used throughout the module, “Social Networks” in certain parts is also mentioned as “Natural Social Networks”, “Individual Social Networks”, and “Natural Individual Social Networks”. One term should be used throughout the whole module, so as to avoid ambiguities. Since this is the main topic of the module, it also has to be defined sufficiently, in order for its meaning to be clear to end users (see also comments in “Content” section). Also, attention should be paid when referring to the beneficiaries of DDSkills’ material. “People with disabilities and mental health problems” should be used instead of “people with disabilities” only that is used in CareV.E.T. material, so as for its description to be accurate.

As for the learning outcomes, the use of verbs should be checked so as to be appropriate for the respective type of learning outcomes (verbs suitable to describe knowledge, skills, or competences’ potential acquisition). Distinction to these three categories is also recommended (in the form “After the training, you will be able to, in terms of knowledge/skills/competences, ...” (in case this will be adopted, it will have to apply to all modules).

## **3. Aim, Learning Outcomes, and Learning and Training Methods**

*Any ambiguities, omissions, and necessary/suggested additions to the provided learning outcomes (in terms of knowledge, skills, and competences), if their classification is correct etc. Also, to the stated description of the Module, aim, and learning and training methods.*

## **DDSKILLS: “Cutting-Edge Digital Skills for Professional Care Givers of Persons with Disabilities and Mental Health Problems”**



The aim of the module has to be restated so as to include the digital dimension of social networking and more specifically, when this is used with people with disabilities and mental health issues, which is recommended in “Content” and “Suggestions” sections below. In general, the module has to be updated so as to be aligned with current trends and realities with the inclusion of technological advancements and their benefits.

The same applies for the learning outcomes which, also, should be expressed in terms of knowledge, skills, and competences (see also “Language” section above).

This thematic extension of the module’s aim should also be reflected in its training topics with the provision of a more comprehensive and up to date list of topics.

As for the training techniques, more interactive activities and practical examples rather than theoretical ones should be included, such as the use of case studies, real-life scenarios, and the projection of videos.

### **4. Content**

*Any necessary/suggested additions to the provided course content in respect to the target group, aim, and specific objectives of the DDSkills project. Also, sections that should be developed further, less, in a different way, or omitted. Comments on activities, images, tables, references, and any other kind of material should fall under and be commented in this section. (Suggestions regarding the content of the new Module should also be included in a concrete way in the Suggestions’ section below).*

Since the new module on Social Networks will be of EQF Level 5 only (while CareV.E.T. was of both level 3 and level 5), the content should be upgraded so as to correspond to the existing knowledge of health care professionals and their need to learn more in the field. At this point, the digital dimension of social networks should be included both to correspond to nowadays’ needs of professionals and their target group and to address the aim of the project as a whole.



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First of all, the definition of Natural Individual Social Networks should become more descriptive, comparing conventional Social Networks with Social Networks with the aid of technology and through social media as well as with such networks when it comes to persons with disabilities and mental health issues. In the existing module, it is not clear enough what a “Natural Individual Social Network” is.

Actually, there are many common theories about Social Networks that are already known to many professionals. The term “Social Network” has two different meanings:

1. A network of social interactions and personal relationships; and
2. An online platform or other application which enables users to communicate with each other by posting information, comments, and pictures and by sending messages.

To make it clearer, it would be helpful to define real-life Social Networks and E-social Networks (online Social Networks).

On the digital dimension of Social Networks, the introductory paragraphs of the module should be enriched with information on: 1. how technology could assist a conventional social network of persons with disabilities and mental health issues as well as 2. networking of persons with disabilities and mental health issues through social media.

But, in fact, there is a lack of theory or scientifically proven facts about persons with disabilities and mental health issues in social networks both conventionally and digitaly.

As for the training topics, they should be broadened both regarding Social Networks’ digital dimension and in general, including (in the form of suggestions):

- Benefits and threats of Social Networks (benefits are already mentioned – comparison);
- Appropriate and inappropriate actions in Social Networks (language, attitude, etc.);
- Security of personal data on Social Networks;
- Critical evaluation of information on Social Networks;
- Respect for the opinion and privacy of a person with mental health issues on Social Networks;
- Maintaining social connections: an opportunity or a non-pleasurable obligation?; and



- How to enjoy social networking.

The above topics should be described from a point of view covering both conventional and digital social networks.

In the case of the digital and technological aspect of Social Networks, the following topics could also be included (indicative):

- Technological aids that could assist conventional social networks; and
- Persons with mental health issues and social media: existing practices and limitations.

As for specific observations in the content of the module, the following could be noted:

- The first paragraph of subchapter 3.5.1 should be enriched with the relevant case studies or omitted and the same applies for the following frame which, unless it is omitted (since it refers only to one partner country), it can also be enriched with information from as many partner countries as possible;
- The subchapter referring to the Circle of Friends (3.5.5) should probably be enriched with other “social circles” that such persons can have (public, semi-public etc., see “Suggestions” section below), while it could also be examined if these persons really have friends or their circle of friends is more of a “circle of supporters”; and
- The specific roles in social networks (liaison, coordinator, and members) explained in detail (subchapters 3.6.2-5) should be re-examined; if such distinction exists in all cases or if in some cases these roles are interchangeable.
- In Indicative Examples’ subchapter (3.6.7), the provided examples are few and too general; specific examples based on good practices would be more useful.

As for the existing activities in the module, the first activity, which is considered as introductory for all learners to realise what “Natural Individual Social Networks” are, could change to a more self-reflective and interactive activity, such as an activity asking from participants to reflect on their own social networks (through their personal experience) and their different types (family, friends, colleagues etc.) and then,





to compare them with what applies in the case of persons with disabilities and mental health issues. Also, the last activity, which is localised to the case of only one partner should become more generic to be adaptable to all contexts.

Also, the addition of relevant images and other figures from real life would make the module more “tangible” and attractive to learners.

Finally, the module’s bibliography should be enriched in general as well as with references to the digital dimension of the examined topic.

## **5. Other**

*Any other aspect of the Module that has been examined and does not fall under any of the previous sections (if any).*

## **6. Strong and Weak Points (for the whole Module and all examined aspects)**

*A summary of the above sections, pointing out the strong points that need to be emphasised and/or developed further in the new Module and the weak points that need to be improved.*

### **a. Strong points:**

1. The significance of the module’s topic itself; the fact that addressed professionals, irrespective of their specialisation, should know how to build and maintain social networks for the people they work with.
2. The structure of the module; it is consistent giving information ranging from what Natural Individual Social Networks are to how someone can build, maintain them, and benefit from them.

b. Weak points:

1. It is not clear enough what a Natural Individual Social Networks are and how they differ from other Social Networks - poor definition.
2. There are no sufficient examples, mainly practical, and the activities are more of a theoretical than of a practical nature.
3. Some of the provided examples such as "PLAN International Canada" (subchapter 3.5.1) need to be explained (case studies' description).
4. The examples of good practice derive from only a few countries - lack of internationalisation and of reference to more diverse experience.
5. The detailed analysis of the different roles that can be taken on in a Social Network (liaison, coordinator, network members) in different subchapters, which can in fact vary a lot depending on the situation and purpose.
6. The reference to Circle of Friends only; absence of reference to other social connections that these people certainly have (see “Suggestions” section below).
7. The absence of the digital dimension of social networking in the case of people with disabilities and mental health issues which is indispensable in our digital era.

## **2. Suggestions (for the whole Module and all examined aspects)**

*Concrete and specific suggestions (in bullet points) for the extension of the examined Module to cover a broader group of necessary skills in the disability domain as per the DDSkills' aim as well as for its improvement at all levels. (This section is complementary and interrelated to the Strong and Weak Points' section).*



- **Suggestion 1:** A more comprehensive definition of Natural Individual Social Networks should be given as well as reference to other kinds of Social Networks (online, for persons with disabilities and mental health issues).
- **Suggestion 2:** More examples of good practices, success stories, and scientifically proven methods as well as more interactive and self-reflective activities are needed. Depending on the significance of each subchapter, two activities could be included instead of one.
- **Suggestion 3:** Already used examples should be explained more (case studies etc.)
- **Suggestion 4:** Internalisation of the topic with reference to all partner countries (if possible) and omission of localised examples.
- **Suggestion 5:** The long analysis of the different roles taken on in social networks should be reexamined since it is questionable whether a distinction should be made between the role of coordinator, liaison, and network members in all Social Network cases; probable reference to the interchangeability of such roles should be explained too.
- **Suggestion 6:** Apart from the Circle of Friends, other Social Networks of persons with disabilities and mental health issues could be mentioned and described (proposed approach):
  - Private social networks (family, friends, care workers, personal assistance);
  - Semi-public social networks (care workers, colleagues at the daycare center or workplace, clients at workplace, neighbours, community helpers, and hobby groups);
  - Public social networks (strangers); and
  - Digital social networks (social space, groups of friends).

It is important to also highlight the significance, impact, and risks of these different Social Circles-Networks to the quality of life of these people.

- **Suggestion 8:** Some additional topics regarding Social Networks in general could be:
  - Benefits and threats of social networks (benefits are already mentioned – comparison);
  - Appropriate and inappropriate actions in social networks (language, attitude, etc.);
  - Security of personal information on social networks;
  - Critical evaluation of information;



- Respect for the opinion and privacy of a person with mental health issues;
  - Maintaining social connections: an opportunity or a non-pleasurable obligation?; and
  - How to enjoy social networking.
- **Suggestion 9:** Since the past decade online Social Networks created new opportunities for communication and revolutionised many aspects of our lives, it is important to include general topics such as:
    - The difference between online and conventional (real-life) social networks;
    - How online social relationships may reflect the conventional (real-life) social networks;
    - If social networks remove cognitive constraints on human communication and improve human social capabilities; and
    - The hierarchical structure in social networks; the one-way link relationships;
- as well as more specialised topics such as:
- Technological aids that could assist in conventional Social Networks; and
  - Persons with mental health issues and social media: existing practices and limitations.
- **Suggestion 10:** Subchapters should be more balanced in terms of length.
  - **Suggestion 11:** Emphasis should be given on two points of view regarding social networks for persons with disabilities and mental health issues: the practical and the digital (new) one.

## **B. Attachments**

*If necessary, please attach to this Report the examined Module in Word document form, with all the amendments that you have made with the use of Track Changes and New Comment functions.*

### **Attachment to this Report:**

Yes

No



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