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# "What have we learned?" Identifying ICD [Intercultural Dialogue] Learning Outcomes from the weReurope project

## 1. Introduction

Credit Works' task has been to work with partners in the *weReurope* project to identify a set of learning outcomes (not tied to a specific country qualification framework) which are levelled within the European Qualifications Framework (EQF).

The learning outcomes identified are suitable for incorporation into formal recognition systems in European Union member states – national qualification systems that conform to the requirements of the EQF.

## 2. EQF reference levels

The EQF is a common European reference system which will link different countries' national qualifications systems and frameworks together. In practice, it will function as a translation device making qualifications more readable. This will help learners and workers wishing to move between countries or change jobs or move between educational institutions at home. The EQF has eight reference levels. Learning outcomes for practitioners have been identified at levels 5 and 6 in the EQF. Definition and amplification of these levels is provided in the following table. Go to http://ec.europa.eu/education/pub/pdf/general/eqf/leaflet_en.pdf for general EQF information and description of the 8 EQF reference levels.

| Level | Knowledge | Skills | Competence |
|-------|-----------|--------|------------|
| Level 5 | Comprehensive, specialised, factual and theoretical knowledge within a field of work or study and an awareness of the boundaries of that knowledge | a comprehensive range of cognitive and practical skills required to develop creative solutions to abstract problems | exercise management and supervision in contexts of work or study activities where there is unpredictable change; review and develop performance of self and others |
| Level 6 | Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles | advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study | manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups |

This paper is translated into Slovenian, German, Italian French and Bulgarian to enable partners and others from EU member (and other states) to disseminate the shared learning outcomes for use in designing learning programmes and qualifications.

Credit Works has taken part in all conferences and contributed to the development of project products and dissemination. The learning outcomes are identified at a generic level; the assessment criteria to be used are not specified, as different countries, and within countries different systems, for example for vocational and higher education, may have different ways of iterating learning outcomes and measuring or assessing their achievement. However the *weReurope How to design Intercultural Conferences to promote dialogue and participation* (download from [http://www.wereurope.eu/](http://www.wereurope.eu/)) does provide a rich source of material which can be used to identify assessment criteria and help in planning ICD learning programmes for learning practitioners. How the weReurope-brochure can be used for this purpose is suggested in the table at the end of this paper **(Section 8)**.

### 3. Learning outcomes on film

Credit Works filmed 'on the spot' interviews with conference participants and partners at each of the five weReurope ICD Conferences, to identify:

- What (one day) conference participants had learned about ICD and pedagogical practice

- What project partner staff had learned over two years

- Whether and how this learning might affect their future ICD practice

Practitioners testing the applicability of pedagogical methods for ICD at each conference were also interviewed and examples of their learning activities filmed.

[The weReurope films can be viewed on YouTube](#)

### 4. Online survey

An online survey of project partners was conducted between August 1 and October 10 2010. The survey, titled *'What have we learned? Identifying ICD [Intercultural Dialogue] Learning Outcomes from the weReurope project'* was completed by at least one representative from each of the 8 partner organisations.

16 closed and open questions were designed to:

Suggest a set of identified ICD learning outcomes from the project and seek partner responses

Find out whether partners had learned anything new about ICD and whether and how this new learning would affect:

- their future practice

- their thinking

Partners were asked to:

- Identify potential personal knowledge and skill learning outcomes

- Say what they thought the impact of one day ICD Conferences might be on participants' learning.

- Say whether there was any 'prerequisite' knowledge or skills that one day conference participants should have to benefit from the experience.

Responses were used to inform and shape the learning outcomes for partners and conference participants identified in the analysis and summary table at the end of this paper.

**5. Learning outcomes for project partners and one day conference participants**

Project partners worked together for two years developing their understanding of ICD and associated concepts, running conferences, testing different pedagogical methods for ICD, keeping learning diaries and reflecting on each conference experience before and after each event; what we began to call 'the weReurope way' by the end of the project.

One day conference participants were invited from the constituency of the partner organising the conference (for example, social enterprise in Belgium, cultural heritage in Sweden). Themes (and invited regional experts) for each conference were designed to attract participants with an interest in for example, cultural heritage (and ICD) or social enterprise, diversity (and ICD).

Thus project and individual conference objectives for partner staff and one day conference participants had elements in common but inevitably produced different sets of personal learning outcomes. The survey questions and analysis below reflects these differences.

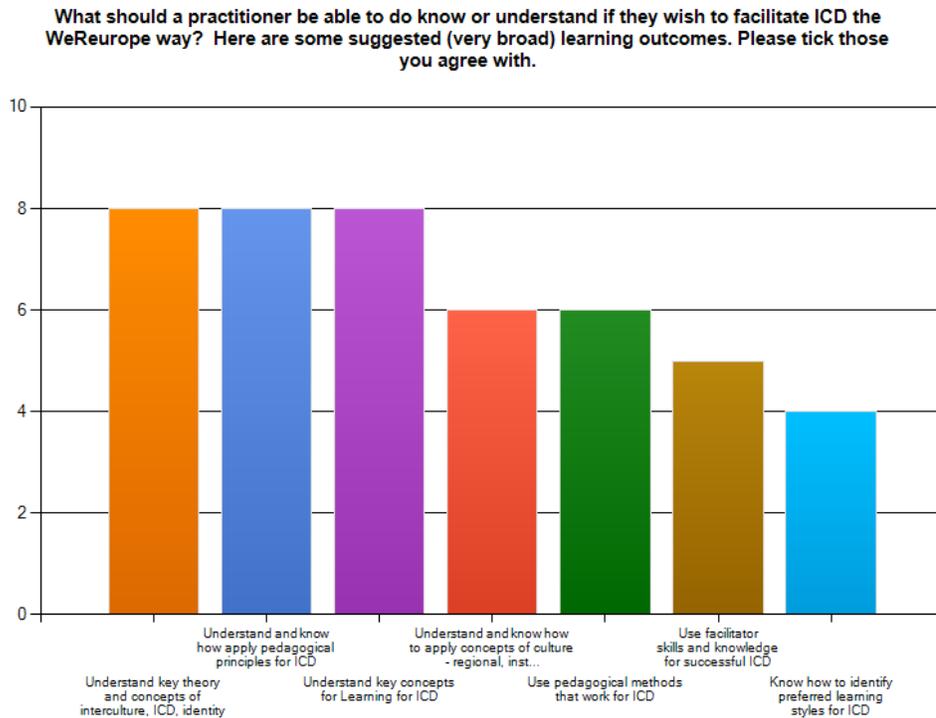**6. Survey analysis - Learning outcomes for project partners - practitioners[1]**

The survey attempted to identify and or confirm common and personal learning outcomes. The intention from the outset was to develop generic learning outcomes in ICD that could be embedded into learning programmes and qualifications conforming to EQF principles. In this paper, practitioner 'learning outcomes' described by project partner responses to the survey are

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[1]
    'Practitioner' rather than 'Pedagogue' - to denote those who work with a range of people in a wide range of settings – from university professor to adult education or youth worker to residential care worker.

regarded as indicative of what a practitioner would need to know, do or understand to facilitate ICD successfully.

Responses to each survey question are summarised below and the 'raw material' for constructing learning outcomes for practitioners and conference participants is drawn from survey responses and analysis of the weReurope brochure and filmed interviews.

**What should a practitioner be able to do know or understand if they wish to facilitate ICD the WeReurope way? Here are some suggested (very broad) learning outcomes. Please tick those you agree with.**



**6.1** This first question was designed to elicit consensus (or otherwise) among the partners, on the key learning outcomes for 'practitioners' intending to facilitate ICD within their practice. 5 of the 7 suggested learning outcomes were supported by more than 50% of respondents.

**6.2** *80% of respondents said that they had learned something new from weReurope about the concepts of culture, interculture and ICD* and most agreed the project would have an impact on their future work:

*"I learned that interculture doesn't necessarily mean the same for different groups or different cultures. I learned that our concept of interculture and culture is a quite elaborated one and it is mostly common for people who live in regions where there are no major historical issues with other groups. I learned to be careful and listen to other's points of view, no matter if they equal my understanding of interculture or not, and try to understand why they may think differently…"*

One response epitomised a theme that characterised the weReurope view of what should happen as a result of an ICD learning experience:

*"'intercultural' describes a dynamic process where the main focus is on the relationship between A and B, and not on the comparison between the two positions. A´s culture and B´s culture may be solid, C is liquid".*

This understanding - that ICD should produce new learning from dialogue – is a key learning outcome that (in the view of all partners) practitioners should seek to achieve in their ICD practice. In facilitating ICD, participants should learn something new from each other as a result of the dialogue between them.

*"It is all about the notion, that when A and B get together, something new, C, must arise. It had not been so present to my mind, that for many people, intercultural activities actually (are reduced to) mean exchanging local national traditions (dances, cooking, costumes) but do not include anything new, the third, emanating from this encounter- but, the encounter in itself definitely has some of this "third" quality. You can look at 2 cultures, but there is no "inter". "Inter" is the 3rd, the synergy, the synthesis, not the comparison.(when one is actually comparing culture A with culture B)."*

**6.3 *What have you learned about ICD practice from the ICD conference experience? (This includes the planning, organisation, participation and reflection on your experiences)?***

Key to successful ICD was encouraging and facilitating participation:

*"I have learned that participation is fundamental for intercultural dialogue. I have learned different methods I can use with different target groups and different goals. I have learned that informal situations are also very important for the ICD … in the sense of something new together and a common new culture."*

*Participation is a very valuable matter of fact in intercultural dialogue, yet it is not automatically established in the minds of people. It is necessary to make people understand what intercultural dialogue is and how participation leads to a better understanding and experience… and in the end to a further development of intercultural relations...*

*ICD takes time and only works if participation is included. Empathy and respect and flexibility in planning (no fixed concept!) are required. Give space and expect (not only tolerate) difference and be able to cope with disagreement. As in other learning contexts: provide opportunities rather than head for results. Take time for feedback and reflection.*

**6.4 *90% of respondents said they would be able to apply what they had learned from the ICD Conferences in their work.***

What would they apply and how?

*"As a trainer, I'll use some methods from ICD Conferences experience in order to motivate participation, in a Lifelong Learning view. I usually work in some immigration context as a "facilitator" of ICD!"*

*"In trainings and lessons I can apply the methods we used in the project. And also in coaching I can use some of the methods we used and experiences [we had]."*

Implicitly, the use of "some" suggests that not all pedagogical methods were judged suitable for ICD and the partner's target group. This response sums that up:

*"By using some of the methods we have been testing during the project. And... By not using some of the methods during the project."*

Which methods were most conducive to ICD is discussed in detail in the weReurope brochure. The [weReurope films](#) focus on these methods and how they were used in ICD Conferences.

**6.5 *In your own words, what would you now consider essential for understanding of ICD? Please write as many brief statements (learning outcomes) as you consider necessary*.**

All respondents felt that understanding certain key concepts was essential:

*"To be able to understand the broadness of the concepts "culture", "identity", "interculture", "participation""*

*and*

*"understanding cultural history from an individual point of view."*

Most stressed understanding the need to be prepared for the learning experience to take a different (from the facilitator) expected course to be essential.

*"Difference is vital. There is little change coming from the "expected""*

*"openness to new experiences and willingness to learn"*

And noted that there must be room to manoeuvre to achieve ICD aims**:**

*"less is more - because it takes time to change the mind"*

Understanding that ICD is not a panacea for all conflict but by facing and managing conflict new learning can emerge, was made in various ways:

*"Diversity may contain conflict. But learning (change of attitude) can develop from conflict situations that require, though uncomfortable, an approach different from the usual [way of] acting."*

**6.6 *What skills would you now consider essential for practitioners using/promoting ICD in their work? Please write as many brief statements (learning outcomes) as you consider necessary*.**

Respondents suggested a range of inflected social competences were required to facilitate ICD successfully:

*"Being flexible…open-minded… democratic…ability to listen … show empathy for the learners who might not be used to the practices…communication…to understand 'dialogue a right balance of being empathic but staying neutral is important…Open minded"*

Application of organisational and social competences to the task of facilitating ICD was also suggested:

*"organizational and time management skills, listening, conflict-awareness and solving, interweaving context and methodology to enhance collective efforts and learning, designing an agenda in which learning and free flows of viewpoints can take place safely …"*

*"social skills … Empathy, respect, listening, , humour, openness, curiosity, love for what you do, self-esteem; build trusting environments and relationships where people can express their differences openly, without any effort to reconcile them, but avoiding win-lose debates; elicit behaviour effectively, both individually and within groups, to gain support and commitment for the duration of the conference; keep the momentum and encourage attendees to participate; know when to create opportunities for interactive process, when to step aside to let participants get on with it, when to intervene and resolve conflicts between conference-stakeholders; be aware of his/her own paradigms ( e.g. know about theories that underpin his/her intervention strategies, for example theories about intercultural dialogue or conflict management etc), be able to reflect on it, and make it explicit; as well as seeing other's paradigms"*

How far are these social and pedagogical skills particular to ICD? I would suggest that a combination of these skills are essential and or desirable for successful ICD but are not specific to its practice.

**7. Survey analysis - Learning outcomes for one day conference participants**

The impact of the ICD conference experience on participants is probably best understood and exemplified through viewing the [filmed interviews](#) and evaluation report. Clearly the impact on individuals varied and this was probably influenced by the prior experience, knowledge and skill of each participant, as well as the attitudes they brought to the conference - and their expectations. Participation and dialogue – two essential ingredients for successful ICD, depended upon the willingness of participants to actively engage in the ICD conference experience. The success or otherwise of each pedagogical method in allowing participation and encouraging dialogue was also a critical factor, as was the preferred learning style of conference participants. If the method failed and or did not suit the participant's preferred learning style then the learning outcome for each participant would vary.

Two key variables made it difficult for respondents to predict or define a set of learning outcomes for one day conference participants:

*"The main learning outcome for me is; There is no model! Successful ICD has to emanate from its context and its conditions."*

*"I think the target group is too different [diverse]"*

**7.1 Only 37.5% of respondent s believed participants had to have any prerequisite knowledge, skills or experience to learn from the conference.**

**"…***Open-mindedness and the will to learn something new, maybe also the skill to break with old understandings and habits."*

*"Curiosity and interest in the subject and others, otherwise they would not come to a conference."*

*"…curiosity, openness, readiness to participate (give and take)"*

These are *attitudes* and personal attributes rather than prior skills, knowledge or experience, though they are no less valid for that. If people are to benefit from the ICD conference experience, perhaps they should be aware in advance that these attitudes are requirements for a successful ICD conference experience.

The experience of running, participating in and reviewing weReurope ICD Conferences helped the partners to be realistic about what participants might be expected to achieve though a one day conference experience:

*"We can expect that people see that there is more than one view, and that there is not necessarily a right or a wrong view. Cultures, habits, ways of thinking are different and bring out a different pattern of behaviour. But it is possible to get into dialogue and explain to people, why one thinks this way or the other. We can foster a deeper understanding of the process of intercultural dialogue and also the willingness to try out some of the methods."*

**7.2 How do you think participants might use what they have learned from a weReurope conference?**

*"Maybe they implement some of the methods (as carpet of symbols, living book etc.) in their work. Maybe they will also rethink and want to learn more about interculture and become more open to different views…"*

*"designing their own conferences*
*-based on a (new?)cross sectoral/-level approach*
*- using inspiring new methodology*
*- invite interaction and trust participants´ skills"*

Though conference participants' backgrounds varied within and across the five ICD Conferences, these views from the survey (above) coincide with many of the responses collected in filmed interviews. If conference participants *did* learn from the experience and then went on to apply what they had learned in their practice, there were successful learning outcomes for those participants.

**7.3 So can we define a set of learning outcomes for one day participants if their backgrounds and intentions are widely varied and there is more than one way to achieve ICD**?

All conference participants then, should leave with a level of understanding of difference, interculture, the value of participation and how some pedagogical approaches are more conducive to participation in ICD than others. They may learn more than this (or have this understanding already) but perhaps these achievements should be the minimum expected of all, or should represent the target learning outcomes for all ICD conference participants.

By the end of the project, partners *had* synthesised their expectations of what practitioners should be able to do know or understand *over time* to facilitate ICD successfully. These are now represented as learning outcomes in the table below. Effectively, ICD one day conferences can provide participants with an introduction to the process of facilitating ICD in their practice. The ICD conference experience should start participants on a learning journey to achieving the learning outcomes for practitioners (set out in Section 8 below). Where the ICD Conferences were successful for individuals this appeared to be the case and was evident in filmed responses at each event.

**8. Summary of learning outcomes for practitioners facilitating ICD**

In this paper we have explored the scope and limitations of defining learning outcomes for practitioners and one day ICD conference participants. The following table identifies a set of learning outcomes for practitioners, provides exemplification from individual partner responses to the survey, cross references to the ICD weReurope brochure to assist the reader in developing assessment criteria and planning learning programmes, and an indicative EQF level of achievement required.

Responses to the survey suggest that for successful facilitation of ICD, practitioners should either (already) have achieved these learning outcomes, or be willing develop them within a pedagogical learning programme, or more informally by assimilation into their practice.

| What should a practitioner be able to do, know or understand if they wish to facilitate ICD the weReurope way? | | | |
|---|---|---|---|
| Generic Learning Outcomes | Exemplification | weReurope ICD brochure reference | EQF level |
| The practitioner will be able to: | | | |
| 1. Understand key theory and concepts of interculture, ICD and identity | *understand the broadness of the concepts "culture", "identity", "interculture""participation"* <br><br> *understand cultural history from an individual point of view* <br><br> *understand interculturality as a special way of "diversity management"* <br><br> *You can look at 2 cultures, but there is no "inter". "Inter" is the 3rd, the synergy, the synthesis, not the comparison.* <br><br> *"intercultural" describes a dynamic process where the main focus is on the relationship between A and B, and not on the comparison between the two positions. A´s culture and B´s culture may be solid, C is liquid* | *I  Roles and Actors* <br><br> *1.1  weReurope's Understanding of Interculturality* <br><br> *1.1.2 Project Partner's personal views* <br> *II Setting the Stage for ICD Conferences* <br> *1.Theoretical Assumptions/Philosophy* <br><br> *1.1 The Underpinning Theory* | **5/6** |
| 2. Understand and know how to apply pedagogical principles for ICD | *Diversity may contain conflict. But learning (change of attitude) can develop from conflict situations* <br><br><br> *interweaving  context and methodology to enhance collective efforts and learning,* <br><br><br> *designing an agenda in which learning and free flows of viewpoints can take place safely* <br><br><br> *build trusting environments and relationships where people can express their differences openly, without any effort to reconcile them, but avoiding win-lose debates* | *III The Play: The ICD-Conference Design/Script* <br><br> *2. The ICD-Conference Script* <br><br> *3. The ICD-Conference Experience – Dress Rehearsal* <br><br> *3.1 Overcoming Borders – Getting along with Diversity, Vienna (Austria)* <br><br> *3.2 Culture and Arts – Lifelong Learning pathways and creative environments for intercultural growth and inclusion, Rome (Italy)* <br><br> *3.3 When past is present – about how cultural heritage and learning can enhance each other, Stockholm (Sweden)* | **5/6** |

| | | 3.4 Intercultural Dialogue and Lifelong Learning in South East Europe – Research meets Practice, Sofia (Bulgaria)<br><br>3.5 Colour your Cocktail: Get more out of Diversity! Kortrijk (Belgium) | |
|---|---|---|---|
| **3. Understand key concepts for Learning for ICD** | *ICD should produce new learning  from dialogue*<br>*when A and B get together, something new, C, must arise*<br>*understand "dialogue" in a synergetic way ('together') to reflect their own intercultural practice*<br>*why participation is essential for successful ICD* | ***II Setting the Stage for ICD Conferences***<br><br>*4. Learning Dynamics*<br><br>*4.1 Learning*<br><br>***III The Play: The ICD-Conference Design/Script***<br><br>*1.Participation as Basic Principle* | **5/6** |
| **4. Understand and know how to apply concepts of culture - regional, institutional, organisational** | *be aware of his/her own paradigms  e.g. know about theories that underpin his/her intervention strategies, for example theories about intercultural dialogue or conflict management etc), be able to reflect on it, and make it explicit; as well as seeing other's paradigms* | ***II Setting the Stage for ICD Conferences***<br><br>*2.1 Regional Culture*<br><br>*2.2 Organisational Institutional Culture*<br><br>*3.Inter/personal (Cultural) Capacity (Competence)* | **5/6** |
| **5. Use pedagogical methods that work for ICD** | *produce new learning  from dialogue [so] when A and B get together, something new, C, arises*<br>*encouraging and facilitating participation facilitate ICD through coaching and mentoring*<br>*provide opportunities rather than head for results.*<br>*Take time for feedback and reflection.*<br>*[select ] some methods from ICD Conferences experience in order to motivate participation in ICD* | ***IV Performing the Acts: Collection of Methods***<br><br>***A. Act 1 – Introductions***<br><br>*A. 1 Carpet of Symbols and Memories*<br><br>*A. 2 Keynote Address – Dialogue Form*<br><br>*A. 3 Count 1-2-3 – A Warming-Up Method*<br><br>*A. 4 Sociometry – Differences, Commonalities and Scales*<br><br>***B. Act 2 – Presentation***<br><br>*B. 1 Panel Discussion* | **5/6** |

| | | | |
|---|---|---|---|
| | | *B. 2 Living books* | |
| | | *B. 3 Lecture + Discussion* | |
| | | *B. 4 Bubble of Voices* | |
| | | *B. 5 Lectures by experts* | |
| | | ***C. Act 3 – Workshop*** | |
| | | *C. 1 Group Discussion – Workshop on European Identity* | |
| | | *C. 2 Talking Stone /Talking Object* | |
| | | *C. 3 Roma Dance Workshop* | |
| | | *C. 4 Intercultural Theatre Workshop* | |
| | | *C. 5 Participatory Video Workshop* | |
| | | *C. 6 Is the Past a Foreign Country? – A study circle based workshop* | |
| | | *C. 7 Choir-Singing* | |
| | | *C. 8 Market place – A method for parallel workshop session* | |
| | | *C. 9 Fishbowl* | |
| | | *C. 10 Open Space Workshops* | |
| | | *C. 11 Advanced Crazy Cooking* | |
| **6. Use facilitator skills and knowledge for successful ICD** | *Empathy and respect and flexibility in planning (no fixed concept!)* <br> *staying neutral* <br> *expect (not only tolerate) difference and be able to cope with disagreement. Moderation* <br> *openness to new experiences and willingness to learn* <br><br> *Empathy, respect, listening, , humour, openness, curiosity* <br><br> *keep the momentum and encourage attendees to participate,* <br> *know when to create opportunities for interactive process, when to step aside to let participants get on with it…* | ***II Setting the Stage for ICD Conferences*** <br><br> *3.1 Facilitating interaction* <br> *3.2Facilitator's skills and tasks* | **5/6** |

| 7. Know how to identify preferred learning styles for ICD | *Difference is vital. There is little change coming from the expected* | *II Setting the Stage for ICD Conferences*<br><br>*4.2. Preferred Learning Styles and Intercultural Dialogue* | 5/6 |
|---|---|---|---|