weReurope

European Life Long Learning in Intercultural Dialogue

Expert Report

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1.   Introduction: "Why Bother with Intercultural Dialogue?"

Recently the German Prime Minister, Mrs. Angela Merkel, infamously stated that multiculturalism failed in Germany also because of the migrant workers who came to Germany in the 1960s (and later), and then did not leave or integrate. Arrogantly implied in the PM's speech, these workers should have returned home, after they substantially helped the German economy to recover and prosper after the World War II. Instead, many took the liberty to settle in Germany and start a new life there. In this view, the opening question gains resonance to an extent that it is clear that the issue of interculturality has to stay on the agenda.

Further argumentation for 'bothering' with the intercultural must necessarily include wider contexts of 'EUropean' socio-political realities: it has to acknowledge the increasingly dynamic, complex and swiftly changing social, cultural, political and economic environments. Moreover, it has to acknowledge that the 'old,' post-World War II answers to the questions of migration, movement of people, information and goods cannot be fully applicable to the burning questions troubling (not only) Europe in the first decades of the 21st century.

The two year project *weReurope*, carried out ibw (Institute for Research on Qualifications and of the Austrian Economy) as lead partner, in collaboration with institutions from seven other European countries, as now ended. As a result it offers the *ICD-Conference Design*: a manual for organisation of conferences and workshops on intercultural dialogue (ICD) (available in five languages). The product was designed over the course of the project and significantly enhanced with new experiences and insights after each of the five Intercultural Dialogue Model Conferences (ICD-MC), which served as a laboratory for testing ICD methods and tools. The ICD-MCs endeavoured to innovatively approach the problems in establishing and developing dialogue among people coming from different cultures who are un/lucky enough to be living in today's world.

The project's central aim was to produce a useful and applicable set of guidelines and tools which could be used to promote and facilitate cultural exchange between people and places that 'naturally' might seem far apart. The project's final product thus primarily targets adult educators in

lifelong learning programmes, social workers and social managers, i.e. people who daily work in and shape the field of intercultural dialogue. People, in other words, who aim to provide complementary initiatives, strategies and activities to state-sponsored activities and various bottom-up alternatives to institutionalised programmes. Crucially, however, the *weReurope* product is, among others, also intended to be used in working with various marginalised groups in lifelong learning programmes which have difficulties in accessing institutional education programmes.

And this seems to have been the most impressive goal and, in the end, the most prominent achievement of *weReurope*. Even more so because the central part of the *ICD-Conference Design*, the ICD-Toolbox, as it was seen in practice at the last model conference, the ICD-MC5, also proved useful in the field of social entrepreneurship and in work environments where intercultural interpersonal relations are an important part of work. Finally, the ICD-Toolbox is believed to prove beneficial to various marginalised groups, ethnic and religious minorities striving to find their place and recognition in a society.

The main reason for this belief is the intrinsic principle of the *ICD-Conference Design* which rejects the standard teacher-pupil differentiation, the rigid *ex cathedra* 'instructionism' but effectively promotes blurring of the distinction between the one who teaches and the one who is taught. At the end of the day, only if / when we acknowledge and dare to admit that we know little may we realise that a lot remains to be learned. And in the process of learning we may also help someone else learn something new.

The Expert Report (ER) takes into consideration all of the above but in its assessment of the *weReurope* final product – the *ICD-Conference Design* and ICD-Toolbox, the crucial tool for presenting, applying and promoting ICD methods – first looks at the five ICD-MCs. This assessment provides a general structure of the 'setting' within which the *weReurope* activities unfolded. The central part of the ER looks at what the *weReurope* project in the end has to offer: the *ICD-Conference Design* and the accompanying ICD-Toolbox, a detailed manual for organisers of workshops and conferences on intercultural dialogue. In the end the ER gives some advice on avoiding the potential pitfalls in organising ICD workshops and conferences.

2.   *weReurope:* Overall Structure and Framework

2.1 *weReurope* ICD-Conference Design

weReurope project was undertaken by a consortium of eight partners and officially started in December 2008. The consortium partners were ibw, Austria, ARCI, Italy, National Heritage Board, Sweden, University of Jena, Germany, ASO ZSI, Bulgaria, Credit Works, UK, Kanaal127, Belgium, and SRC SASA, Slovenia which participated as project evaluator.

The mission of the project was succinctly set out in the application:

weReurope is the attempt of a consortium of 8 partners to find out by means of culture and art as well as intercultural pedagogy and dialogue, whether we can identify a common cultural heritage on which a shared future vision of Europe could be built and if we can put such findings into transferable training tools that help to overcome xenophobia and favour diversity.[1]

And it seems this actually became the overall, jointly shared philosophy of *weReurope* which profoundly contributed to a very special atmosphere. There were, of course, some problems, ups and downs. But how, in the end, would a work in progress actually make progress if not through differences in opinion. With a view to overcome them.

The way to achieve the project goals and objectives was conceived as a series of five Intercultural Dialogue Model Conferences. Each conference was devoted to a special topic which provided a wider framework within which the methods, lectures and workshops were more or less successfully interwoven. Now, in retrospect, it can be said that the ICD-MCs managed creatively to bring into play a whole new set of practices, strategies, methods and tools to be used in educational activities, i.e. in lifelong learning programmes (and beyond).

The conferences were designed around the following topics:

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[1]   See *weReurope* project application 141756-LLP-1-2008-1-AT-GRUNDTVIG-GMP.

ICD-MC1: Overcoming Borders: Getting Along With Diversity; Vienna (Austria), January 30 2009;

ICD-MC2: Culture and Arts: Lifelong Learning Pathways and Creative Environments for Intercultural Growth and Inclusion; Rome (Italy), June 26 2009;

ICD-MC3: When Past is Present: About How Cultural Heritage and Learning Can Enhance Each Other; Stockholm (Sweden), November 20 2009;

ICD-MC 4: Intercultural Dialogue and Lifelong Learning in South-East Europe: Research Meets Practice; Sofia (Bulgaria), March 11—12 2010;

ICD-MC5: Colour Your Cocktail: Get More Out of Diversity!; Kortrijk (Belgium), October 1 2010.

Designed as a series of workshops the ICD-MCs tested different methods on project *partners*, invited *experts* in the field of ICD adult learning from the conference host's neighbouring countries (altogether from 27 European countries, and Turkey and Norway) and *participants* coming from a variety of professional, cultural and ethnic backgrounds.

To provide a more detailed view into the development of the ICD-MCs, the partner relationship, and the roles of experts and participants, the following section presents a condensed version of all five conference reports. This will provide the ER with a structural framework for the reader to be able better to contextualise the final project's product, to get an insight into the dynamics of *weReurope* as a whole, and to possibly get a feel of what problems and perils might await a prospective user of the *ICD-Conference Design* and the Toolbox.

2.2 Project Development: An Overview

The evaluators' task was to follow *weReurope* and take active part in all of the ICD-MCs. Each conference was evaluated on the basis of a number of questionnaires which have been designed separately for project partners, participants and invited experts. The forms were analysed and the results contrasted to thoughts and opinions that emerged in individual conversations the evaluators had with participants, experts and partners. Half way through the project a separate analysis tool was designed to evaluate the partners' views and thoughts about the partnership and project structure, management and dissemination activities. The same tool was again used at the final partner meeting in Kortrijk, Belgium.

This section of the ER gives an overview of partners', experts' and participants' responses from each of the five ICD-MCs. Moreover, it traces the changes in perceptions over the two years of *weReurope* and its five conferences, taking into account, where appropriate and necessary, also the geo-political specificities related to each location (Vienna, Rome, Stockholm, Sofia and Kortrijk). Thus the ER proposes to provide an overarching framework within which to analyse the 'work in progress,' which is what the *weReurope* project, with all its ups and downs, new friendships and experiences, essentially was.

ICD-MC1, Overcoming Borders: Getting Along with Diversity, Vienna

The first ICD-MC was organised by ibw in Vienna in January 2009 with the central focus on the issues of borders and diversity. The conference was the first opportunity, quite appropriately, to launch the Carpet of Symbols and Memories method, which later became a sort of connecting feature of all the following conferences. In terms of content management, the conference was conceived around a panel discussion with experts and a discussion on the nature of dialogue in experiential processes. The final public session was dedicated to the challenges to the EU posed by the Treaty of Lisbon.

The analysis of participants' responses offered several conclusions which could be understood as preliminary or initial understandings and conceptualisations of the key concept (interculturality) around which *weReurope* was conceived and designed. The answers gathered immediately after the ICD-MC1 reflected the respondents (partners, participants, experts) specific ideas about the conceptual apparatus on the one hand, and in some segments (particularly partners' responses) indicated the formation, and later on the development and progress, of the consortium in terms of consortium dynamics (with regard to understanding and debates over understanding the conceptual structure of the project) and interpersonal relationships.

For instance, the imagination of Europe in the next ten years was expected to be essentially similar; there were expectations in terms such as applying knowledge, language acquisition skills, intercultural understanding and dialogue among civilisations. The experiences of 'intercultural,' however, were slightly more distinctive. While project partners were to a significant extent involved in

coordinating the project and in academic discourses and professional trainings, the participants on the other hand brought in more grass-roots, experiences: understanding the intercultural from the perspective of everyday life. This seems particularly valuable because the facets of everyday life increasingly tend to dominate the spheres of skills, competences, knowledge and beliefs.

The synergy between different groups was interesting to observe: the questionnaire proved to be an applicable tool to compare theoretical, practical, and opinionated actualisations of beliefs.

The recurring problem with participants, particularly in the latter part of the project, seems to have been the fact than not many actually came from 'target groups,' i.e. the population that is supposed to be the 'object of intercultural treatment' was underrepresented. Regardless of the fact that the experts and those of the partners who are involved in training might have transferred the tested methods into their own work, the feedback loop did not seem to be present.

Frequently, the answer to the question why participants decided to take part at ICD-MC1 was that the basic familiarity with the phenomenon is an essential part of education in social sciences and humanities. Additionally, the prospect of potential new knowledge and the fact of living in intercultural environments was the main reason to take part in 'modelling interculturalism.' Expected results of the conference were new methods and a theoretical argumentation of why the correlation inter-cultural is not merely a fact, but actually the very basis from which peaceful coexistence may be achieved. Generally, the evaluations of the event were very positive. The target group engaged was open and also critical.

Surprisingly, the open method of participation used as a tool at the conference opened up particularly delicate themes and sensitive contexts. It is an art to communicate and it certainly is difficult to be open in a communication with yet unknown people. The method of open coordination touches the roots of the question: how are we different and where we are the same. It seems the 'intensity' of the method led one of the participants to conclude: "[…] altogether too much practice

without reflection. Interaction is great but there has to be a combination of talk and activity, not only activity."[2]

After the conference close and the partner and expert meeting the meaning of reflection has been more fully realised. New methods definitely open up new questions, unpleasant situations and vulnerability of participants.

The evaluator's suggestion for the next conference therefore was to reflect on meanings and understandings and to put more emphasis on the fact that developing an opinion into knowledge is a process where all sides need to give their voice. Moreover, not only should the interested public (in the intercultural) be addressed, but rather more general public. Thus, marginalised groups would be given the chance to participate and publicly present their voice.

ICD-MC2, Culture and Arts: Lifelong Learning Pathways and Creative Environments for Intercultural Growth and Inclusion, Rome

The second ICD-MC was dedicated to Culture and Arts: Lifelong Learning Pathways and Creative Environments for Intercultural Growth and Inclusion. It was centred around three workshops, i.e. 'laboratories,' on dancing, theatre and video-storytelling, which followed the more formal part, a plenary on the role of experts and cultural expression in lifelong learning.

In assessing the ICD-MC2, several participants noted it was quite different as compared to other similar conferences: more openly structured, which seem to have been enabled by round tables and living laboratories (visual arts, theatre and dance) etc. These features contributed significantly to giving the conference a special atmosphere. The conference was also experienced as interactive, particularly in terms of the interaction of body, emotions and soul.

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[2]   Unless stated otherwise, all quotes are from either *weReurope* Conference Questionnaire analyses, Mid-term and/or Final Reports, kept by *weReurope* project manager.

In relation to the Vienna ICD-MC, the assessment of the event was more positive. The participants stated that the conference created intensive interactive atmosphere and enabled new insights. The conference also changed their perspective on the question of 'intercultural' by means of practical and interactive experience, as well as with the methodology of the conference (e.g. the Talking Stone, Carpet of Symbols and Memories). The predominant methodology in this conference was visual arts and not thematisation, as it was in Vienna. However, the partners missed clear goals and structure of the event, which in the ICD-MC1 was much more present.

The majority of participants were satisfied with the information they received before the conference, yet a suggestion was put forward to provide more extensive information, upon which each participant would be able to prioritise themes and topics. The participants were generally pleased with their own contributions to the conference, although some expressed the need for more information for more adequate preparation.

To sum up, what seems to have been missed in Rome was a strict agenda. Furthermore, it was suggested to continue with writing 'learning diaries'[3] for partners, where all opinions and observations can be written down. As an approach of internal and external evaluation, 'learning diary' is essential for understanding the transformations which occur during cooperation and it is also a tool to bypass frustration or inner tremor when facing different meanings and persuasions.

ICD-MC3, When Past is Present: About How Cultural Heritage and Learning Can Enhance Each Other, Stockholm

The ICD-MC3 Model Conference with the main theme developed around the title When Past is Present: About How Cultural Heritage and Learning Can Enhance Each Other was organised in an interesting setting that provided a very homely atmosphere. In terms of content it was opened by a lecture on popular education in Sweden which was followed by two workshops, one on the 'making up

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[3]   Learning diary was a method employed in *weReurope* which requires each of the partners to keep a personal diary, i.e. to write down notes and thoughts on the conference topic, methods, personal experiences, doubts and fears, etc. and keep for future reference. The learning diaries were made available on the internal area of www.wereurope.eu.

a history based on an object from the past, devoid of any context, with a view to detect possible eternal values' and the other the Carpet of Symbols and Memories. The final session was a workshop on the Joy of Leading – the Art of Conducting, which stirred much emotion among the partners and participants.

The analysis of questionnaires revealed that the majority of participants believed that Europe in ten years will remain more or less the same, while a few thought it will become a melting pot of cultures and a true fortress defending white / Christian / male cultural practices. Several optimistic views see Europe which will discover the potential of the ICD and develop in new ways; open up without mental and material borders, a mixture of people and cultures enhancing each other; some hope it will open up more for the people from other continents. Thinking about the intercultural, the respondents mostly associated it with "understanding from diversities." In assessing the "ICD-MC as a tool" the distribution of answers was fairly equally spread between ICD-MC as a tool for "connecting people from different backgrounds," to "bypass diversities and communication obstacles," to "acknowledge difference and tolerance."

The look into how the participants found out about the event revealed that it was predominantly through face-to-face communication (nearly three quarters of respondents were notified by a friend, while the rest found the information via the internet).

This is not thought to be too encouraging in terms of project PR as failing to utilise other channels may lead to inadequate dissemination and the question is whether face-to-face can truly promote the intercultural dialogue beyond the in-the-know communities. In this respect it was suggested that the promotion be more pronounced and focused on different target groups which are not adequately represented at the conferences.

Generally speaking, the participants have enjoyed the conference: "Especially the choir WS [workshop]! It gave me the chance to share feelings, emotions in an intercultural group"; and another said: "Satisfied, but not sure whether your staff had the same understanding of your ideas and methods."

This last statement reflected the issues in the partnership concerning the definition of the intercultural and overall project goals and it also hinted at the issue related to the participants mostly coming from intercultural learning environments as educators, which gives the project no tangible feedback on the implementation of methods 'on the ground.'

Fairly balanced distribution of answers about the expectations from future conferences showed that participants would like to see more theory, more practical work and more useful material.

When it comes to partners, the majority expected Europe in ten years to "remain more or less the same – a conglomerate of nation states," some as "a new melting pot of cultures" and "a true fortress defending predominantly white, Christian and male cultural practices." In relation to the Rome conference, the ICD-MC3 provided new methodological tools, new perspective, interactive atmosphere and new insights. Furthermore, the Rome conference seems not to have changed much of the partners' perspectives. One partner stated: "My perspective has not changed, I believe practical and interactive experience is one of the best tools of intercultural methodology to involve people," which suggested that on the basic level the *weReurope* methodology worked. Yet, another one noted: "I found more about ICD / learning from what did NOT work." This is by all means an interesting point of departure for making sense of the intercultural and was insufficiently utilised in future conferences.

The reason why the partners participated in the project was largely that the "potential new knowledge will be of use in performing everyday work." Expectations on the final product were a curriculum and/or programmes for teaching, working with people interested in the intercultural and theoretical background for thematisation of interculturalism.

In the future ICD-MCs the partners expected more practical work and more useful material: "I expect to test other practical work and to have other kind of interactive experiences in order to have new different tools for my work."

The experts in Stockholm had previous experience in international and national projects dealing with related issues and they found most appealing the interactive atmosphere and new insights acquired at the ICD-MC3. Generally they were convinced by the conference methodology, where

everyone was encouraged to actively participate. In terms of the final *weReurope* product the experts expected to see a product that will be a combination of both practical and theoretical approaches.

In relation to the role of experts in the project in general, after the ICD-MC3 conference a suggestion was put forward to get the experts more involved into the conference particularly in the sense of bringing their expertise more into the open, and most of all by weaving their expertise more closely into the development and testing of weReurope *methodology.*

ICD-MC4, Intercultural Dialogue and Lifelong Learning in South East Europe: Research Meets Practice, Sofia

The Sofia ICD was the only conference which was given, upon suggestion, more time: instead of one day it lasted one and a half. This gave more time for the expert-partner-participant synergy to develop and enabled an easier pace for carrying out planned activities. On the first day, following the usual introductory part, there were two keynote addresses on the intercultural dialogue in South-East Europe. It was followed by the Carpet of Symbols and Memories and a workshop called the Living Intercultural Library, where participants acted as a book/storyteller. The second day was entirely dedicated to ICD tools and methods, starting with the method Market Place, introduced by the "Bubble of Voices": the experts from neighbouring / regional countries. The afternoon session was an introduction to the Fish Bowl method.

The participants' response and assessments of the ICD-MC4 and the intercultural mostly corresponded with "understanding from diversities" and emphasised the "curiosity and respect for the other(s)."

In general, the participants were satisfied with the organisation and the programme of the conference and with the positive impact the event had on their understanding of intercultural. One emphasised the audience was very interesting but noticed a "lack of communication between the conference activities and the hosting country Bulgaria." Most of the participants found the Sofia ICD quite different in relation to other similar conferences. In terms of improvement of future conferences,

the participants generally suggested to include representatives from discriminated groups, which is a valid point, but unfortunately did not get the chance to be realised.

The partners thought the added value as compared to the ICD-MC3 was additional methodological tools that enabled new perspective and the interactive atmosphere and new insights. They were particularly persuaded by the introduction of additional methodological tools (particularly the Living Book).

> *Introduction of new methods can definitely be seen as a crucial element in the project progress: it provides the partners/hip with a new portion of fresh energy and an invigorated motivation for further work.*

Moreover, as probing the methods was one of the central tasks of the project, this enabled further development of the project as a whole. As one of the partners noted after ICD-MC3 in Stockholm:

> The experience in Kaisa's [workshop leader] w-shop 'met my expectations' so to speak, although I had none, in terms of democratic interactivity, the mere frontal presentation of Bengt [speaker] was interesting in content, boring in methodology, methodologically, the choir singing was a surprise, after having heard about long democratic tradition of folkbuilding, in its clear historical approach, and the way this approach met with enthusiasm by the 'followers', but it was good fun.

In general, the ICD-MC4 was convincing both in terms of the methodology and the practical experience which, in comparison to ICD-MC3 in Stockholm suggests a shift in perception of ICD-MCs among the partners: the number of partners convinced by the methodology decreased and the number of partners convinced by practical experience increased. Furthermore, the Sofia conference seems to have a rather strong impact on the partners' perspectives, as one admitted: "I noticed I didn't care before about the Balkan issues at all, I noticed my personal ignorance to these countries," while another stated that the South-East European focus changed their perspective.

> *All in all, the inclusion of the South-East European partner into the consortium proved essential both in terms of geographical and socio-political and cultural scopes. Critically underrepresented*

in many important decision-making processes in the EU, probably the most turbulent European region rarely makes its voice heard.

Thus, the ICD-MC4 was quite different, not "because of methodology but because of the juxtaposition of practice and research; or rather reverberations in the audience, when the divide was brought to the surface, it is good to put on the others moccasins every once in a while."

In terms of product expectation the partners expressed expectation of a combination of curriculum and/or programmes for teaching working with people interested in interculturalism and theoretical background for thematisation of interculturalism. From the final conference (ICD-MC5, Kortrijk) the partners expected more theory and more useful material.

Importantly, one partner stated that the final conference should be a celebration of what has been achieved so far and should give a presentation of tools and script to the conference audience and incorporate their feedback before the finalisation of the project. This valid suggestion, unfortunately, was not 'heard' by the organiser of ICD-MC5, neither was the comment that the experts should be better introduced in terms of their role and tasks and the project goals.

The experts who came to Sofia were mainly engaged in participation in international and national projects dealing with issues on the intercultural and found the added value of ICD-MC4 both in additional methodological tools and insights they acquired. Particularly welcomed was the interactive atmosphere and the opportunity to meet interesting people and make new professional contacts. For the majority of experts, the conference was quite different in comparison to other conferences on related topics and they suggested to include a session on "methodologies exchange" where people could "add methodologies they use and find useful in the intercultural learning." Again this interesting suggestion was not implemented at the last ICD-MC.

ICD-MC5, Colour Your Cocktail: Get More Out of Diversity!, Kortrijk

The final ICD-MC5 was organised by a *weReurope* partner Kanaal127, titled Colour your cocktail: Get more out of diversity! and focused on social economy enterprises and the competencies necessary for people coming from different cultural or ethnic backgrounds to efficiently cooperate. The event started off by a not to elaborate keynote and was followed by a successfully chaired talk with several invited experts. The central, methodological, part of the conferences featured six workshops which attempted, not too successfully, to implement the Open Space method. The closing part offered four official addresses reflecting on the role of ICD in social entrepreneurship. With the exception of *weReurope* project manager, the session was dominated by officials and entrepreneurs (one of them seems to have used his five minutes for his company promotion). Furthermore, with the exception of the project manager, at the ICD-MC5 there was very little connection to the *weReurope* project and the promotion of its goals. This would not have been a problem, if the two year work started off a life of its own, i.e. if the *weReurope* work in progress would see a successful implementation in out-of-project practice.

As stressed by some of the partners, the ICD-MC5 was about "values about conferences without (or just a little!) participation." This rather harsh assessment implies a criticism of the organisation of the ICD-MC5, with a view on methodologically unsatisfactory structure and implementation.

> *The method of Open Space did not seem to work as intended and presented by the organisers: 'workshop hopping,' presented as an asset, does not seem to work, as every single workshop develops a very specific atmosphere, a narrative which is really difficult to engage with if one comes from another 'story.' In the end, the result of hopping is a very superficial, 'packet arrangement'-like result: you've seen everything, but nothing, really.*

This was also observed by some of the partners, who were not convinced by the conference methodology. What seems to have been absent was more opportunity for participation (extra large groups) and more challenging methods (Open Space method was the only one used).

On the positive side, the role of the brass orchestra was really good addition to the conference. The live music was used as a time-keeping device, marking the beginnings and ends, and guiding participants between the locations.

The invited experts unanimously appreciated the interactive atmosphere and new insights, while one also thought the additional methodological tools provided at the conference gave them a new perspective. The practical and the interactive components of the conference seem to have contributed most to perceiving the conference as different from other similar endeavours, particularly because of the Open Space method and the interactivity in learning. For one expert the difference and value of ICD-MC5 was that it enabled her "to interact with social economy and business world." While this might have been the case in some open space workshops, it should not be generalised to the level of ICD 5 as a whole. There was at least some ambiguity in terms of methodology: it was not very clearly introduced or it might have been introduced inadequately. Regardless, the Open Space cannot work unless the workshops are structured accordingly, i.e. in order to really enable in-and-outs to occur smoothly and with minimum loss in information / feeling transfer and the much desired interactivity they have to be conceived as a 'fragmented patchwork.' If this might work with a smaller group that had at least some previous contact, it is very unlikely to work in large groups (60+) of total strangers.

The fact that no one expressed any critical considerations of the methodology of the workshops leaves us with but one feasible answer: the experts were too immersed into their roles and unable to be able to critically reflect on their role and the conference as a whole.

Concerning the *weReurope* final product, *the ICD-Conference Design* with the ICD-Toolbox, the experts expected a curriculum and/or programmes for teaching working with people interested in interculturalism and theoretical background for thematisation of interculturality. To be honest, this question would make more sense if the experts participating at the ICD-MC5 were more involved with the *weReurope* project.

The involvement of participants and their active participation is largely dependent on promotional activities of the organiser, which have to aim and reach the specified target public. Moreover, it is necessary to provide a framework (clear guidelines and explanations on what it is all about) so as

to avoid participants to refrain from participating due to their feeling excluded or "out of place."
Additionally, and as has already been apparent at other conferences, language is a crucial factor to
establish the framework.

2.3 Assessment of Project Progress 2008-2010

The above framework traced the development of ICD-MCs over the duration of *weReurope*
through consideration of partner, participant and expert comments and suggestions. In the next section
the ER counterpoises and contextualises the project trends with expert evaluation of project structure,
management and dissemination activities.

The expert evaluation team prepared a two-phase analysis, with the first part conducted half
way through the project, and the final at the end. In comparison, partner assessment of ICD-MCs as a
means to arrive to the final project product / goal, has improved over the project and suggests the
project goals in relation to the ICD-MC / tools have been clarified and the ideas about what the final
product have in the process become well defined. Additionally, by the end of the project the assessment
of clarity of objectives in relation to project goals improved as well in comparison to the mid-term
report.

Judging from this, in the second term, and after the Stockholm and Sofia ICD-MCs, a lot of work
was invested into making the objectives clearer and consistent throughout. Overall, the partners
believed that the suggestions made by partners, participants and experts, have been implemented in
ICD structure. While this seems to be the case for the communication between partners, participants
and experts on the one hand and project manager on the other, some of the above quoted examples
demonstrate that some partners (organisers of ICD-MC) failed to efficiently voice some extremely valid
suggestions from which *weReurope* would have benefited.

Concerning the role of experts, the partners believe the experts were a good and necessary
addition to the project: "The experts are a very important part of the conference but they had 'different

competences,' some were very good, some not so good. It is important how they fulfil the role." Comments in relation to the ICD-MC5 reveal some ambiguity:

> They should be 'learning experts' willing to interact and be competent enough to give the floor to the participants and also to listening to the experience / expertise of them. They should be 'facilitators' with expert background, then they can meet the goal of promoting ICD."

What could be deducted from such and similar statements is that the role of experts should in a way be made more 'organic,' i.e. "experts and participants have to have a clear role, i.e. experts have to be trainers and not just experts in something, in order to improve real participation." Additionally, there should be more possibility to interact than there was often experienced by both partners and participants, and the evaluator team. Ideally, the participants should feel like experts (that should be stated clearly), because then the participants would not expect the expert to be the 'wise guy,' but could also rely on their own ideas and ideas of others, and thus really create something new. This last statement also alludes to the relationship between experts and participants, which essentially varies and depends on the expert's ability to get participants involved.

However, what is perhaps lacking in attempts to make the expert's role clearer is related, on the one hand, to their role in ICD workshops, where they, ideally, 'served' as facilitators or 'conductors' of activities. On the other hand, it is their professional jobs which should benefit from their participation at ICD-MCs. Particularly in the last ICD-MC5, this did not seem to be the case, because they 'just' showed what they already do.

> *They did not seem to have come to ICD-MC5 to present a 'new' method or to 'learn' a new method (which they would then be able to test and incorporate in their work).*

The assessment of *weReurope* partner cooperation has also changed in the period between the mid-term and final reports: at mid-term the cooperation was perceived as, on the one hand, "very good, because of respect, discussions, warm feelings," while on the other hand also "very unclear and divided." Several interesting explications provide further basis for this assessment: "In general I think it is GREAT: we really are in SYNERGY." Despite some concerning remarks partners had at mid-term ("unfortunately it seems we have not managed to develop a way of using in a positive way the

differences among us, also considering our different professional backgrounds"), the answers at the end of the project reveal quite a different picture:

> It really felt like working with a growing group. It was possible to work together in a very effective way. The personal relationships grew with every conference and made it easy to address anything, even if it was 'hard topic' at times.

This suggests that the 'process,' i.e. 'work in progress' which distinctly marked this project led to development of trust and friendship among the partners, which after two years of joint endeavours resulted in a joint product and a successful ending the project. However, not trying to minimise this achievement, it should not be neglected that such positive expressions at the end can also result from the so-called 'politics of politeness,' with the aim to avoid any clashes at the end and thus endanger prospective future cooperation. Nevertheless, it is fair to say that the quality of project management has improved significantly over the course of the project.

The final assessment of dissemination, which at present is mainly focused on the postcards, posters and the *weReurope* website, will not be possible until the ICD-Toolbox is published and used. With regards to postcards, there are some reservations about their usefulness: as they are designed they cannot be used as proper postcards, but only as promotional flyers for the website and the Carpet of Symbols and Memories. This raises question concerning the related expenses as no verifiable data is available on the reach of postcards.

The website seems to be a very good tool for dissemination: it is well structured and clearly presents the various project activities (ICD-MCs, Virtual Carpet of Symbols and Memories, partners' presentation etc.). Furthermore, the site was regularly updated with extensive material from each of the conferences. The important feature, particularly for partners, is the photo gallery which offers an impressive selection of photos taken at each of the conferences. This part is also interesting for participants and experts and also for random visitors. With respect to the latter, the Virtual Carpet of Symbols and Memories proves to be a really good interactive feature, as it enables the visitors to upload a photo of an object and a story related to another country. Thus each visitor can contribute to and participate in a potentially growing community of '*weReuropeans.*' However, the impact of the website is difficult to measure, regardless of the quite encouraging number of visitors: in the period between April 2009 and November 2010, 27,809 visitors navigated to the weReurope.eu. Still, only a few

participants at ICD-MC stated to have found out about the project via the website, and the Virtual Carpet of Symbols and Memories has not, unfortunately, quite come to life as only a couple of visitors uploaded their story of an object.

In conclusion, the dissemination strategies and the attempts to bring the concept of the intercultural closer to various target audiences through dissemination tools do not seem to have been too apparent. What the dissemination lacked was a more target-group-specific approach, i.e. application of different strategies of dissemination for different profiles. One of the central tools, however, will be the *ICD-Conference Design*, which should also be used in prospective follow-up project(s). What seems to be the recurring problem with dissemination in such projects is that the 'material' for dissemination is, until after the project has ended, always 'under construction.'

3.   *ICD-Conference Design* and ICD-Toolbox: an Evaluation

In this section, the ER looks at the *ICD-Conference Design*, the central and most important *weReurope* project result and output. A manual for successful organisation of ICD conferences or workshops, the *ICD-Conference Design* contains several thoughtfully organised sections. In particular it focuses on ICD-Toolbox, but also gives advice on organising an ICD event.

The first part of the *ICD-Conference Design* features an overview of *weReurope* strategic approach and theoretical conceptualisation. Importantly, it provides a '*weReuropean'* understanding and conceptualisation of interculturality and a brief presentation of project partners, experts involved in the five ICD-MCs and a short note on participants. Overall this introductory part gives a good view into the project 'backstage' and an opportunity for the prospective organiser to grasp the scope and goals of the project which resulted in this product.

The chapters that follow provide a detailed and very flexible set of instructions and advice on how to approach the organisation of such events. They include a presentation of ICD-Model Conferences and, crucially, the ICD-Toolbox. The ICD-Toolbox is a detailed selection of methods which were tested over the course of the project and represents the most applicable and interesting part of the ICD-Conference Design. Moreover, the Toolbox is expected to be most willingly used by prospective conference organisers when devising their own versions of an ICD Conference. Finally, the *ICD-Conference Design* provides a set of tips on how to organise and run a successful ICD conference.

3.1 *ICD-Conference Design*

The *ICD-Conference Design* not only represents an outstanding vantage point for thematisation of intercultural dialogue but also a good starting point for its implementation. Much like other similar material, the *ICD-Conference Design* aims to find balance between theory and practice, thus to address various prospective users. Regarding the fact that there were fairly little academics involved in the project, the *ICD-Conference Design* nevertheless offers a truly wide selection, in terms of quality and

quantity, of extremely relevant questions and competent explanations concerning the conceptualisation, contextualisation and application of the notion 'intercultural.' On the other hand, the manual offers to the reader a very good selection of clear and interesting illustrations and guidelines which will help understand the "theoretical" description of a problem / issue / question.

The *ICD-Conference Design* is a very well structured and a useful handbook for teachers, trainers and even managers who deal with people from different cultures.

3.2 ICD Model Conference

In addition to the detailed presentation of the *weReurope* structure through the perspective of five ICD-MCs (see Section 2) it can be said that the approach to test the 'project product' over a course of the ICD-MCs, proved a very good way for probing the limits of both theoretical aspects and practical method and tools. Moreover, this approach also proved to be a good way to look into the working of the consortium, its development over time and the development of the project in terms of content and form.

> ICD-Conferences claim to be different from usual conferences: They are meant to be more participative, more stimulating and more interactive. It matters *who* is there and everyone shall go home inspired having learned something new. This means taking a learner-centred approach: one that uses pedagogical methods, *which only work when learners actively participate in learning*.[4]

In order to achieve this, the ICD-MCs were organised as a mixture of formal and informal processes. The structure and design of the conferences enabled 'serious' work on the one hand, while on the other there was also time and opportunity, during coffee breaks, for informal debates, discussions and possible networking.

Nevertheless, there are some risks involved in organising such an event. It is difficult to say what may pose the greater risk: a programme too ambitious or too modest in its scope. At most of the *weReurope* ICD-MCs it was mainly the latter, which seems to have been a consequence of the organisers'

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[4]   Finbar Lillis, *The ICD-Conference Design*, Gabriele Stöger and Judith Cerwenka (eds.), 2010.

fear of ending up with a boring programme. Therefore, the programmes of the conferences were as a rule quite tightly scheduled. The five different programmes nevertheless offered more or less interesting content and application of more or less relevant tools and methods. These were generally fairly original in their conception and application, although in many cases they proved to be not interactive enough, which resulted in participants loosing concentration. There is, however, also the risk of over-whelming the participants with interactivity, which may also lead to poor concentration.

In this respect, the crucial aspect, on the one hand, is the competence of the participating experts and, on the other, the capability / adequate strategy of the organiser to successfully motivate the experts to not just present their method, or in the worst case scenario, organise just another seminar. Instead, the experts have to be encouraged to fully implement their methodological approach, while at the same time strive for the greatest possible participation of the participants by designing their workshops as flexibly and interactively as possible. In *weReurope* model conferences the issue of experts' motivation was present in all of the conferences, with the exception of the one in Sofia: the experts were highly competent and motivated. The motivation nevertheless proved somewhat less apparent in highly trained experts who are used to working in demanding environments (governments, police, armed forces etc.).

The same goes for the invited speakers. Here the organisers of *weReurope* ICD-MCs were slightly less successful, although again, the majority of keynote speakers were motivated enough and experts in their fields.

The greatest danger lies in speakers who just deliver their usual lecture and are not really interested in the topic of the conference or/and in the conference participants.

According to the experiences and comments of *weReurope* partners, adequate promotion of the conference is extremely important. If the organiser fails to reach the appropriate target group the methods and tools can hardly be tested or successfully exercised. This seems to have been the case in Kortrijk (at the pre-conference informal meeting) where the turnout was very poor and those who did come were a group of friends.

Regardless, one has to take into account that all actors (organizers, speakers, participants) entering or already involved in such processes necessarily bring along a whole baggage of (conscious or unconscious) theoretical assumptions and – as they learn together – embark on a questioning, challenging and reconfiguring process (learn, unlearn, relearn).

Another important feature, although not crucial, is the venue. In this respect the ICD-MC organisers in Stockholm and in Kortrijk were by far most successful, although the locations in Rome, Sofia and Vienna were not at all inadequate. On the contrary, during the breaks between the panels and workshops at ICD-MC1 in Vienna, for instance, the participants were able to see the excellent ethnology collection of the Austrian Museum of Folk Life and Folk Arts (Österreichisches Museum für Volkskunde).

3.3 ICD-Toolbox

The ICD-Toolbox offers a varied selection of methods and tools which can be used in creative and innovative ways. The prospective organiser is not bound by a fixed selection / prescription of methods, but instead given the chance to pick and choose those methods and tools that best suit the topic, envisaged target audience, time scope and level of participant interaction / participation.

This is facilitated by an extremely usefully feature of the ICD-Conference Design, the "Overview of Methods Used." In the table, the methods are listed according to their proposed application into four groups: Introduction, Presentation, Workshop, and Feedback, with each method in a group given an indication on the degree of participant involvement. Furthermore, the table explains for what purpose the methods can be used.

In the following the report looks into some of the most representative methods and points out potential risks and benefits:

Carpet of Symbols and Memories

"Each participant brings one object, which is linked to a personal memory of or experience in another country (it could be any or limited to certain countries, like one of the neighbouring countries, other involved partner countries etc.). It definitely should not be relating to the home country, in order to refer to an intercultural experience."

This method is a very good 'ice-breaker,' it gets participants involved enough to open up to others with their stories. If successfully moderated it can facilitate very informative, revealing and intimate storytelling and participation. The advice in this respect would be not to impose too strictly the limit of relating to another country: interculturality may well be experienced in one's home country. Do not equate country/nation with mono-culturality.

Participatory Video Workshop

"Participatory Video (PV) is a method based on a set of techniques through which groups and communities can create their own film [...] PV can represent an effective tool to encourage and mobilize marginalized groups and people at risk of exclusion, thanks to its empathic and creative way of work and its validity to promote personal forms of sustainable development based on specific needs."

The complexity of producing a video gives room for interesting distribution of tasks among the participants (script-writing, editing, providing musical score etc.) which facilitates dynamics on the level of group organisation and team working. The problem here might be time limit, as storytelling can be a laborious endeavour, particularly if many voices are involved into it.

Learning Diary

"The Learning Diary is a tool that helps reflect the process in Intercultural dialogue and to identify learning progress and outcomes."

This method is extremely useful for team building within the consortium, mostly because it requires, as stated in the method description, a long term engagement. The time element gives the opportunity for each diary writer to look back and reflect on previous stages and also to get to know what colleagues make of ideas and events which were jointly created. The risk involved with this method is irregular diary keeping and failing to revisit one's writing.

4. Conclusion: Organising and Designing ICD Conferences

Considering the wider European problematic indicated in the Introduction, the question that has to be asked at the end is: Has the project reached its goal?

In one sentence, it has. There are, of course, several reasons:

The project was extremely well conceived from the start and it clearly shows that the leading partner has significant experience in the field and the details have been thought thoroughly through. The conscientiousness is most of all reflected in the application which demonstrates clear project goals, clear definition of methodology and a clear idea on how to achieve the goals. On the other hand, the scenario was flexible enough to provide room for changes and amendments.

The selection of partners from different parts of Europe further demonstrates the project was carefully planned; the Austrian and German partners who took care of the organisational (project management and logistics) and technical (website) aspects were joined by the partners from Sweden, Great Britain and Belgium representing the north/west of Europe, Bulgaria the south-east, and two institutions from Italy representing the Mediterranean Europe. Considering the fact that the Slovenian partner's role was that of an evaluator, and the Bulgarian was largely managed from Austria, the one word of criticism could be directed at under-representation of institutions from the so-called new Europe. This was also expressed during the ICD-MC4 in Sofia, where some participants pointed out the traditional division of roles; the participants from the "western" Europe act as trainers / teachers / organisers, while the participants from the "eastern" or "new" Europe as a rule act as pupils / students. This impression could not have been mitigated improved by the experts from Hungary and Cyprus.

Nevertheless, the partners successfully avoided the usual stereotypical characteristics of 'laissez faire' Italians, 'conscientious' Germans, 'disorganised' Bulgarians and rather used them to reflect on their own work.

Similar to other successful projects, weReurope *followed a typical dynamic from insecure and probing first steps, to the formation of the project group, which usually manages to enhance the set goals through critical self-reflection in the end. Like many successful projects,* weReurope *in many respects transcended expectations and managed to leave very few goals unaccomplished, i.e. very few questions unanswered.*

Judging by the internal project progress report and questionnaire analyses, and most of all the *ICD-Conference Design* and the ICD-Toolbox, the partners successfully balanced between practical work and theory. Although there were participants who pleaded for more networking and suggested "including some more information on the creation of the ICD methodology," "tackling more topics and give more emphasis on the practical aspects" the project and its results are well balanced and useful for a wide variety of prospective users / conference organisers.

With respect to that said above, the *weReurope* project results not only offer sound guidelines for designing and organising the ICD conferences, but provide the prospective organiser, or any reader for that matter, with a wide range of useful methodologies and scenarios.

The users of the *ICD-Conference Design* must never forget to follow some basic rules:

If open space workshop is not open do not use it.
Experts have to be open for suggestions from the audience at all times.
Do not use the methodologies you do not believe in.
Use a lot of music, images and examples.

In conclusion it has to be reiterated that the project as a whole was a great success. The *ICD-Conference Design* has every chance to become a recognised tool for establishing, developing and promoting intercultural dialogue and lifelong learning. Moreover, it has the potential to be used for mitigating the consequences of such social, cultural and political developments as the one mentioned in the introduction.