WP 2: Lesson's Plan_Module 1

Progressive evolution of the mechanism of "cultural prescribing" in health and social care, in Europe

1. BASIC INFORMATION

1.1. MODULE TITLE: Progressive evolution of the mechanism of "cultural prescribing" in health and social care, in Europe

1.2. PARTNER ORGANISATION: FONSS

1.3. TARGET GROUP

☑ Social workers

☑ Art therapists

☑ Psychologists

☑ Caregivers

☑ VET Trainers

☑ Other professionals in social or socio-medical services (please specify) – Carers, Personal Assistants, Home care professionals, Community Workers

1.4. EQF level (if applicable): **4-5**

1.5. Suggested duration of the lesson: **23 hours (3 days),** out of which:

→ Pre-learning: 2 hours

→ Part 1: 4 hours

→ Part 2: 16 hours

→ Assessment: 1 hour

1.6. Delivery method:

☐ Face-to-face

☐ Online

☑ Blended.

In case of blended trainings, please specify which sections are delivered online, face to face or by self-learning:

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Training format	Learning format	Suggested duration
Pre-learning stage	**Online reading and reflection**, followed by an online discussion with the trainer	2 hours (1 hour for reading, 1 hour for online discussion with the trainer)
Core teaching stage	**Online training for Part 1** (Introduction to the topic. Understanding the Concept of Social and Cultural Prescribing)	4 hours (half a day) - online
	Face-to-face training workshops for Part 2 (The Methodology of Social and Cultural Prescription in Social Care) Day 1 – focus on the methodology of social prescribing (identifying the correct ecosystems, assessing the person's needs, referral, assessment of progresses) Day 2 – Ethical Dilemmas, Accessibility and Inclusion, practical exercises	16 hours (two days) – in presence
Post-learning stage (assessment)	**Online individual assignment**	1 hour (online self-assessment)

2. LEARNING OBJECTIVES (competence-based)

[Define outcomes of the lesson, by using measurable verbs. It is recommended to formulate learning objectives in terms of (a) Knowledge, (b) Skills and (c) Attitudes or Professional Competences.]

The objectives of this training program are:

- To familiarize specialists in social work, psychology, and psychiatry with the ways in which cultural and social prescriptions can be used in the therapy of various target groups.
- To provide information and training on ways to develop both the demand for and the provision of such services, through the recommendation of socio-cultural prescriptions by specialists within the medical system as a therapeutic

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alternative, and through the development of such programs by the public and non-governmental sector.

- To highlight the role of communities of practice and monitoring processes in achieving effective therapy programs based on socio-cultural prescriptions.
- To identify funding opportunities for these therapeutic alternative programs, for the benefit of people with low incomes.

Learning outcomes:

Social workers and social services professionals:

After completing the module, social workers will be able to:

- Recognize participation-related needs linked to isolation, exclusion, loss of routine, reduced confidence, or community disengagement.
- Conduct person-centered conversations focused on interests, preferences, and barriers rather than deficits alone.
- Design and facilitate culturally adapted participation pathways for vulnerable individuals.
- Identify and reduce practical, emotional, sensory, cognitive, and social barriers to participation.
- Collaborate effectively with cultural institutions, families, healthcare providers, and community organizations.
- Use cultural prescription ethically, without replacing essential social or healthcare support.
- Support informed choice, adapted consent, and meaningful participation for people with intellectual or cognitive disabilities.
- Evaluate participation experiences and adjust interventions according to the person's feedback and lived experience.
- Shift professional practice from "service delivery" toward participation mediation and community inclusion.

Art therapists and occupational therapists

After completing the module, therapists will be able to:

- Distinguish clearly between therapeutic intervention and cultural prescription approaches.
- Integrate cultural participation opportunities into broader rehabilitation, recovery, or occupational engagement plans.
- Assess how creative and cultural activities may support autonomy, routine, identity, communication, and social participation.
- Adapt activities to cognitive, sensory, emotional, and functional capacities.
- Collaborate with non-clinical community resources and cultural organizations.
- Facilitate graded participation and supported engagement for individuals with complex support needs.
- Recognize when cultural prescription complements therapy and when specialized therapeutic intervention remains necessary.
- Promote meaningful occupations and culturally relevant participation beyond institutional settings.

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CVET Trainers and Tutors

After completing the module, CVET trainers and tutors will be able to:

- Explain the conceptual and methodological foundations of cultural prescription.
- Facilitate reflective learning on participation, inclusion, accessibility, and ethics.
- Use case studies, applied exercises, and scenario-based learning methods in professional education.
- Guide learners in translating theory into practical intervention planning.
- Support interdisciplinary learning among social, health, and cultural professionals.
- Evaluate learners' competencies in person-centered planning, ethical reasoning, and participation facilitation.
- Promote inclusive and accessibility-oriented professional attitudes in adult education contexts.
- Adapt training content for diverse learner groups and local implementation realities.

Cultural professionals

After completing the module, cultural professionals will be able to:

- Understand the role of cultural participation in well-being, inclusion, and community engagement.
- Recognize barriers that prevent vulnerable individuals from accessing cultural spaces and activities.
- Adapt cultural activities using accessible communication, flexible pacing, visual supports, and inclusive facilitation methods.
- Collaborate effectively with social and healthcare professionals.
- Create culturally meaningful participation experiences without adopting therapeutic roles outside their competence.
- Facilitate welcoming, predictable, and dignified participation environments.
- Understand ethical principles related to consent, confidentiality, representation, and public visibility.
- Support real participation rather than symbolic inclusion.

Community health and care professionals

After completing the module, community health workers, disability support professionals, residential care staff, and other care professionals will be able to:

- Recognize loneliness, social withdrawal, and lack of participation as relevant well-being factors.
- Identify cultural and community-based resources that may support inclusion and quality of life.
- Support participation planning as part of holistic care approaches.
- Prepare individuals for participation through accessible explanations and practical support.

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- Observe and respond appropriately to signs of discomfort, overload, or exclusion during activities.
- Promote autonomy, supported choice, and dignity in participation processes.
- Contribute to interdisciplinary collaboration around community inclusion and cultural access.
- Use participation-focused approaches instead of deficit-focused support models.

Cross professional outcomes

After completing the module, all participants should be able to:

- Understand cultural prescription as a participation-centered and community-based practice.
- Apply ethical, inclusive, and rights-based approaches to cultural participation.
- Build culturally responsive and person-centered support pathways.
- Promote accessibility, belonging, and social inclusion through cultural engagement.
- Work collaboratively across social, health, educational, and cultural sectors.
- Critically reflect on professional power, choice, dignity, and accessibility in intervention processes.
- Support meaningful participation for people with diverse abilities, identities, and support needs.
- Contribute to the development of local ecosystems for sustainable cultural prescription practices.

3. PARTICIPANTS NEEDS AND SPECIFICITIES

[This section focuses on several preconditions related to the needs and particularities of participants.]

3.1 Previous experience of participants

[Define the previous experience of participants, that is required in order to participate effectively to this lesson.]

No prior knowledge of social prescribing is required; participants should have experience working directly with people in health, social care, community, or support settings.

3.2. Accessibility features

[Explain the way in which the lesson will comply with different accessibility needs of participants, especially when the participants face sensorial, mobility or communication limitations, or specific cultural requirements.]

To support participants with *sensory impairments*, training materials have to be compatible with screen readers, using clear fonts, high-contrast visuals, and alternative text for images. In the online and face-to-face meetings, trainers will verbally describe key visual content and ensure that audio and video materials include

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captions where possible. Participants will receive materials in advance to allow the use of personal assistive technologies.

For participants with *mobility limitations*, the training venue will be selected to ensure physical accessibility, including step-free access, accessible toilets, suitable seating arrangements, and sufficient space for mobility aids. The exercises will be designed so that participation does not depend on physical movement, and alternative methods of engagement will be offered when required.

To address *communication needs*, trainers will use clear and inclusive language, avoid unnecessary jargon, and encourage multiple forms of participation, including verbal discussion, written contributions, small-group work, and digital interaction. Adequate time will be allocated for questions, reflection, and processing of information.

The lessons will also respect *cultural diversity, gender diversity and different learning preferences*. Examples, case studies, and discussions will reflect diverse social, cultural, linguistic, and community contexts. Participants will be encouraged to share perspectives from their own professional and cultural backgrounds. Training activities will promote psychological safety, mutual respect, and equal opportunities for participation.

Prior to the course, participants will be invited to communicate any specific accessibility, learning, cultural, religious, or communication requirements.

3.3. Digital tools used during the training

[Explain what type of digital tools or methodologies you use during the training]

The training combines face-to-face learning with a range of digital tools and interactive methodologies:

- Zoom, Google Meet, Teams, as applications for online training;
- Power Point Presentations during the face-to-face meetings;
- PDF and Office Word Documents shared with participants, as resources for learning
- Polls and quiz tools, during the learning stage (Mentimeter, Padlet etc);
- Shared workspaces for trainees (Google Workspaces).

4. THE STRUCTURE OF THE LESSON

4.1 Pre-learning

[Incorporate short videos, case studies or self-reflection questions that prepare participants for the content of the lesson].

Estimated time of the pre-learning section: 2 hours (1 hour for reading and knowledge acquisition and 1 hour for self reflection and discussion with the trainer)

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Trainer's Activities	*Learner's activities*
The trainer will introduce the topic to the participants and will invite them to read the learning objectives, the learning outcomes and a first set of reading materials that could introduce the topic of social prescribing. For this part, the trainer will use the Module 1, Part 1 (the section called Introduction to Part 1), as well as the list of learning objectives and outcomes. The trainer sends to participants a pre-learning package containing: → An introductory article on social prescribing. → A short overview of the history and development of social prescribing in Europe. → One or two practical case studies illustrating successful social prescribing interventions. → A glossary of essential terms.	The participants will read the introductory part and the learning objectives and outcomes. They will also consult the resources (bibliography) indicated by the trainer, for this stage. During the reading activity, participants are asked to consider the following questions: → What is social prescribing? → How does it differ from traditional medical or social interventions? → How could my professional role contribute to a social prescribing pathway?
Participants will be invited to reflect on the readings. They will be asked to fill a *reflection form*, that will be further used in the online reflection discussion.	Participants record their observations and questions in a reflection template provided by the trainer.
During the reflection and discussion phase, the trainer: → Facilitates a discussion focused on participants' experiences and expectations. → Clarifies misconceptions and answers about social prescribing. → Encourages participants from different professional backgrounds to contribute their perspectives. → Identifies participants' learning needs and adapts examples and case studies for the main training accordingly.	Participants share their reflections and discuss their expectations for the course.

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→ Collects common themes, challenges, and expectations to be revisited during the face-to-face course.	

4.2 Core teaching sections

[*Link to Module 1 -final theoretical material, Part 1 and Part 2*]

Estimated time of the learning section for the entire module: 20 hours, out of which:

Part 1 – 4 hours (online)

Part 2 – 16 hours (face-to-face)

For the online Part 1 of the training:

The methods used in this part are: guided discussion, case-study analysis, reflective learning, peer exchange, comparative analysis, and formative assessment.

Trainer's Activities	***Learner's activities***
The trainer provides participants with the relevant excerpts of Module 1, Part 1. Introduction to the topic. Understanding the Concept of Social and Cultural Prescribing.	The participants read the materials and self-reflect on the information related to social prescribing, by using their respective experience and context.
The trainer welcome participants and introduce the objectives and structure of the module. He/she presents and explains the concepts of social prescribing and cultural prescribing using practical examples. Facilitate discussions on the distinction between social prescribing, cultural prescribing, recreation, and therapy. Leads guided reflection on the social determinants of health, wellbeing, and participation. Presents evidence regarding the impact of cultural participation on health and wellbeing.	The trainees participate in introductory discussions and share professional experiences related to wellbeing, social inclusion, and community participation. They listen to presentations and engage with learning materials. The participants reflect on situations where social or cultural prescribing could complement traditional interventions. They participate in guided discussions regarding barriers to participation and community inclusion. The participants analyse examples and case studies of social and cultural prescribing.

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Facilitates analysis of real-life scenarios illustrating social and cultural prescribing pathways. Presents and compares European and international models of social and cultural prescribing (United Kingdom, Finland, Canada, France). Moderates group discussions on applicability within participants' professional contexts.	The participants compare social prescribing practices from different countries and identify transferable elements. They participate actively to small-group discussions and collaborative exercises. They identify community and cultural resources relevant to their own practice settings.
The trainer answer questions, clarify concepts, and provide formative feedback. Conducts short knowledge checks through polls, quizzes, or reflective exercises.	The participants complete short reflective exercises, polls, or quizzes. They formulate questions and discuss opportunities and challenges for implementing social and cultural prescribing in their professional roles. At the end of this part, the learners record key learning points and personal reflections for future application.

For Part 2 - The Methodology of Social and Cultural Prescription in Social Care

The methods used in this part are: interactive presentations; facilitated discussion; case-study analysis; role-play; simulation; problem-based learning; community asset mapping; collaborative group work; peer learning; reflective practice; formative feedback and debriefing.

Trainer's Activities	***Learner's activities***
The trainer will perform the following activities: Presents and explains the theoretical foundations of social and cultural prescribing. Facilitates discussions on person-centred practice, social determinants of health, community assets, and wellbeing. Explains the stages of the social and cultural prescribing pathway.	The learners participate in presentations, discussions, and guided reflections. They analyse case studies and identify social, cultural, and participation needs. They practice person-centred conversations through role-play activities. They match beneficiary profiles with appropriate social and cultural prescribing interventions. The participants will also:

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Facilitates case-study analysis and guided reflection exercises. Organizes role-plays and practical workshops. Guides learners in conducting person-centred conversations and strengths-based assessments. Supports learners in identifying barriers to participation and developing inclusion strategies. Facilitates community asset mapping and partnership-building exercises. The trainer moderates multidisciplinary collaboration simulations and referral planning activities. Facilitates peer learning, group presentations, and collaborative problem-solving.	Design preparation and support plans for participation in community activities. Participate in multidisciplinary referral simulations and collaborative care planning. Identify barriers to participation and propose practical solutions. Assess accessibility, inclusion, and reasonable accommodation requirements. Conduct community asset mapping and explore local referral opportunities. Develop monitoring and evaluation indicators for social and cultural prescribing interventions. Design a complete social and cultural prescribing programme for a selected target group.
The trainer leads discussions on ethics, safeguarding, accessibility, supported decision-making, and consent. Provides coaching, feedback, and clarification throughout practical activities.	The participants examine ethical dilemmas and apply ethical decision-making principles.
The trainer assesses learners' understanding by active observation, questioning, practical exercises, and group outputs.	The trainees participate in exercises and present the group work, provide peer feedback, and reflect on the learning outcomes.
At the end of Part 2, the trainer summarizes key learning points and supports transfer of learning to professional practice.	The trainees reflect on their professional practice and share the main takeaways.

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4.3. Post-learning assignment

[*Link to Module 1 -final theoretical material, Part 4*]

Estimated time of the assessment section: 1 hour (online)

By completing the self-assessment activity, participants should be able to:

✓ Demonstrate understanding of the principles of social and cultural prescribing.

✓ Distinguish between cultural prescribing, recreational activities, and therapeutic interventions.

✓ Apply person-centred and rights-based approaches to decision-making.

✓ Recognize the importance of accessibility, informed consent, and supported participation.

✓ Identify ethical considerations related to confidentiality, autonomy, and inclusion.

✓ Reflect on their own level of knowledge and readiness to apply social and cultural prescribing in practice.

Trainer's Activities	***Learner's activities***
During the assessment stage, the trainer will invite the participants to complete the assessment questionnaire and then will facilitate an online discussion with the learners. During this stage, the trainer will perform the following activities: → Introduce the purpose and format of the self-assessment activity; → Provide instructions for completing the questionnaire. → Clarify any questions regarding the assessment process. → Monitor the completion of the self-assessment activity. After the completion of the questionnaire, the trainer will: → Review answers with participants and provide feedback. → Explain the rationale behind the correct answers.	The participants will complete the self-assessment questionnaire individually. They will reflect on their understanding of key concepts, principles, and ethical considerations and will apply acquired knowledge to practical scenarios presented in the assessment. After the completion, the trainees will: → review and compare their responses with the correct answers. → participate in feedback and clarification discussions. → reflect on how the acquired knowledge can be applied in their professional context.

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→ Facilitate brief discussions on common misconceptions and areas of uncertainty. At the end of this online session, the trainer will: → Encourage learners to reflect on their learning progress and remaining development needs. → Summarize key concepts and reinforce the main principles of social and cultural prescribing.	

B. GENERAL RECOMMENDATIONS on how to adapt the lessons plans to national contexts.

[This section should explain how the trainers could adapt the learning material to their national contexts and profiles of leaners.
It should offer guidance on:

- *How to adapt the lessons to the profile of social or medical services in the country;*
- *How to structure the duration of the lessons, in compliance with the specificity of medical or social workplaces and with the working times of learners;*
- *How to manage emotional responses and cultural sensitivity elements.*

The key message for VET trainers is that social and cultural prescribing is not a fixed model to be replicated, but a framework that must be adapted to local health, social care, cultural, and community ecosystems.

Several key recommendations:

1. Before delivering the service, trainers should familiarize themselves with the national structure of health, social care, community care, and cultural services. The most important elements to be identified are:
    b. What types of community-based support services exist in the country?
    c. What are the referral pathways, for these services?
    d. Are there preventative and wellbeing programs developed at local or national levels?
    e. Which are the primary healthcare structure?
    f. Is there a link worker possible, in the current setting of professional frameworks?

The training should demonstrate how social and cultural prescribing can complement existing services rather than duplicate them.

A specific focus should be given to the profile of the link worker. The role of the social prescribing link worker is not formally established in all countries, so the trainers should identify potential national equivalents (social workers, community nurses, case managers, community health workers, occupational therapists, psychologists, community mediators, cultural mediators, care coordinators etc.).

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2. Whenever possible, trainers should replace international case studies with examples drawn from their own country or region.
3. Community asset mapping should be adapted to local realities. Depending on the country, important resources may include: libraries, museums, arts centres, community centres, social economy organisations, social enterprises, nature-based or ecology initiatives, theaters, volunteer organisations, sports associations, adult education providers.
4. Implementation should comply with national legislation regarding data protection, privacy, informed consent, safeguarding procedures. For these aspects, trainers should supplement the course with country-specific legal references where appropriate.
5. Social and cultural prescribing should respond to the diversity of local populations. Depending on the national context, particular attention may be given to: older adults, migrants and refugees, persons with disabilities, rural populations, individuals experiencing loneliness or mental health difficulties etc.

   Training materials should reflect the diversity of communities served.
6. Across Europe, successful social prescribing depends on collaboration between sectors. Trainers should encourage learners to identify and engage healthcare providers, social services, cultural organisations, educational institutions, municipal authorities, community groups, voluntary organizations, in the process.
7. The course should emphasize the principles of Universal Design (Access for All).

Accessibility should be treated as a core component of prescribing rather than an additional (optional) element.

8. Learners should be encouraged to develop small-scale local initiatives. Small pilots can generate local evidence and support future development. In all these pilot actions, learners should not be encouraged to replicate models from other countries uncritically.

C. VALIDATION OF COMPETENCE

[This section should include several instruments that will allow the assessment and validation of competences, for (a) face-to-face trainings and (b) online or blended learning courses].

Please explain how the post-learning assessment can be linked with national credentials and validation practices, for a formal certification of competences.

Upon successful completion of the course and assessment requirements, participants may receive:

a. a certificate of completion, if the trainee participated to all modules
b. a certificate of attendance, per Module, if the trainees participated only in specific Modules
c. micro-credential, or other nationally recognized credential, if the CVET or other type of training provider has the respective certification level

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d. other type of formal certificate for additional qualification (upon official certification of the curricula or course by national VET or educational authorities, and if CVET or other type of training provider has the respective certification at national level).

The Module 1 can be delivered individually or in combination with all other Modules of the BAM-SKILLS Programme.

The assessment results should be linked to clearly defined learning outcomes and competence units.

The validation for Module 1 should consider three complementary dimensions:

→ Knowledge (understanding of social and cultural prescribing concepts, principles, ethics, and implementation models);

→ Skills (ability to assess needs, conduct person-centred conversations, identify community assets, develop referral pathways, and evaluate outcomes);

→ Responsibility and autonomy (ability to apply social and cultural prescribing principles ethically and independently, within professional practice).

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