



ALL4WELL

Accessible Language Learning
for the
Wellness Sector

Qualification Framework - Needs Analysis

Version 1.0

Leonardo da Vinci TOI - ALL4WELL
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Lifelong
Learning
Programme

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1. Introduction

When you ask people around you just in a random selection to name a profession they think to be suitable for a blind person, it is very predictable that if not already their first, then certainly their second choice would be for the blind masseur. It seems so obvious a task with almost no obstacles to the ones that cannot refer to their sight: you work with your hands, you are not obliged to write a lot down, the client comes to your practice and doesn't move around the time the treatment goes on, so no need to concentrate on spatial movements in your surroundings ...

But this scene depicts a reality gone by for a long time already. Nowadays a blind masseur very often is a self-employed expert moving from one place of work to the next client waiting at a different place of town and a physiotherapist will maybe instruct a group of patients in a rehabilitation center how to go on with their exercises.

To fill the bill under these conditions, the blind person who wants to work in the field of health care and treatment has to acquire new knowledge and skills. Not only is he or she challenged to achieve a remarkable level of personal orientation and mobility when moving around outside or in different buildings of a large clinic for example, but also is this type of health care agent in the new labor market asked to do something else: to talk!

As soon as you are in working relation with more than one person at a time, you can't but use your voice to convey your instructions. And even when you are performing the classical treatment a masseur is giving to his patient, core standards of therapy practice, nowadays an essential part of certification rules within the health care industry, ask you to give explanations of your proceedings, to inquire about the patient's wellbeing, to make him feel comfortable, to provide hints and instructions for further exercises.

The need for conversation is even increasing should the person work in the wellness branch. The very name indicates that here we have to go along with many situations that require a talent for keeping up conversation.

And it is especially within this sector of the labor market that experts spot an uptrend for working opportunities for the visually impaired. And as the potential jobs will in all probability exist in areas with a lot of touristic activities, chances are good that wellness agents will be challenged to use their knowledge of a foreign language like English.

Are they prepared to do it? Do they know how to approach an English speaking client, how to make appointments etc.? In a whole, do the blind persons working or wanting to work in the wellness sector master the foreign language sufficiently well in order to find a job where this skill is advantageous or even a prerequisite?

That was the starting point of a survey carried out by the European TOI Project ALL4WELL (Accessible Language Learning for the Wellness Sector) within four countries (Austria, Germany, Italy and Romania) in 2013.

The focus of the survey was set on the needs of the target group, i.e. blind or visually impaired persons working or preparing to work in the wellness sector. The project group wanted to find out, in which number and on what type of level the respondents do already dispose of language skills necessary for their (prospective) jobs and in which way an English course, using innovative technics and tools in transfer of a former project , could be tailored to their needs as visually impaired learners.

So the interest was not only to collect topics to teach and levels on which lessons should be based, but also to define and serve the needs of a blind learner in relation to vocabulary, hosting conversations and instructions, perceiving his or her surroundings, initiating speech acts etc.

2. Needs Analysis

2.1 Participants

The survey was carried out within three groups:

- Blind and visually impaired students preparing to work in the wellness field
- Teachers of blind and visually impaired students at schools for Physiotherapists and masseurs
- Blind and visually impaired persons working as Masseurs, Physiotherapist or (seldom) other Wellness Agents

The first two groups received questionnaires to fill in, the third group was interviewed by members or representatives of the project group. (Questionnaires see Annexes). The interviews were transcribed. All respondents were guaranteed anonymity, the questionnaires and transcripts have been encoded in order to respect privacy.

	Students	Teachers	Health Care Agents
Austria	10	3	3
Germany	33	5	1
Italy	12	4	1
Romania	20	3	2

Each project partner regrouped the results of his country in a national report and added background information about the situation on the labor market, laws concerning education, training and exams for the job, statistics on the amount of blind persons being employed, working in the field of Health Care etc. as far as available.

2.2 Results

Interestingly, the results of the students' and the teachers' survey did not vary remarkably. The teachers' and the agents' results were very similar when it comes to indicate precisely vocabulary and situations to be handled in an English course.

Differences between the countries occurred – and that of course is not really astonishing - when it came to the level of knowledge in English as a foreign language, but as well when the motivation to learn a language was in the focus.

2.2.1 Knowledge of English

Most of the younger respondents said that they had some English at school, whereas the elder persons indicate they didn't. This gap seems to be more distinct in Austria than in the other countries, but the tendency is the same everywhere. The majority of the participants could not indicate a level in relation to the Common European Framework (CEF). If a level was indicated, it covered the lower ranks like A1/2 or reached some rare almost native speakers; a lack occurred in the middle of the scale like B1.2 and B2. This information refers to common and conversational English. Only 2 persons indicated that they had knowledge of Professional English, related to their job as physiotherapists. But even in this case, the respondent explained that he used his skills to help an English speaking patient "to find the way to the cafeteria", which was certainly helpful, but not really a proof of mastership of job-related vocabulary in the proper meaning.

2.2.2 Professional English as a subject in the curriculum

Here the answer was unanimously: We didn't have it! The research group could not gather sufficient information about existing curricula to disprove this statement, which was the same in all four countries.

2.2.3 Learning material for the blind and visually handicapped

"Skeletons and tapes" was a frequent answer to this question. So it seems in all countries the students are provided with skeletons or different bones within the anatomy classes. In Romania they mentioned quite often audio material at their disposal, like tapes and recorders for note taking.

In Germany and Austria they mentioned adaptive technology for gathering information in the classroom, but it seems the content itself was not presented in an accessible way.

None of the student could indicate the title of a book for Professional English for Masseurs and/or Physiotherapists. The teachers said that they were preparing their material themselves, the relevant papers are not available on the market. In Germany a teacher indicated some books for sighted learners that she usually recommends to her blind students, because there are a lot of audio files and accessible information (via Braille display or speech output) on the website belonging to the books.

The project group found a few more websites with relevant information in English of for learners of English. But of course access to this information depends on the possession of adequate equipment. A lot of students don't have it; some don't like to use it for language learning, but would prefer to study "live" with a teacher.

2.2.4 Desire to learn English for the job

All the teachers (as they are supposed to be) underlined the importance of mastering an English conversation and gave as a reason for it the importance of a growing labor market in the wellness sector. They all imagined this should have an impact on the occupational chances for blind and visually impaired masseurs and physiotherapists.

The students themselves echoed as it seems this opinion, but didn't have precise ideas about the way the knowledge of a foreign language could help them in their job. In all four countries a frequent answer with the persons already working in the field was "I never was in a situation where I really had to speak English."

There is obviously a gap between the general statement, that being able to speak English could help a person to find or to keep a job, and the personal situation of the student who can't imagine that this will become true for him himself.

2.2.5 Which way to learn English?

Here as well the preferences are not spread nationally, but depend on personal predilections. Almost all the blind students wanted to study with a real teacher in a real classroom as first choice and liked the contact to a group of learners. Next came the possibility to study by one self, supported by adequate material and media. Less accepted or at least desired was the online platform.

2.2.6 What to learn?

When drafting the questionnaires, the project group had to face a methodological problem: should there be an open question about contents, which could lead to an unstructured output of things nice to have, or should there be offered a limited number of choices, running the risk to lose some helpful comments because there was no room for it?

In the end it was decided to choose the multiple choices version for the questionnaires and to compare the answers with the ones to be gathered from the interviews of the professional. Obviously this was a realistic approach, because the detailed information that could be gained in the interviews reflected to a high degree the points mentioned as desirable by students and teachers.

The respondents wanted in a whole three type of situations to be treated in an English course for Health Care Professionals:

1. Vocabulary for welcoming a client, making him feel comfortable, telling him where to go in the center, taking a new appointment etc.
2. Specialized vocabulary when it comes to finding out about the history of the pain, about former treatments, for explaining actions the masseur or physiotherapist is taking, about advices for the patient etc.
3. Vocabulary that a blind person will need in order to be able to host a conversation: how to tell about the handicap, how to make a client avoid "empty" words like "here" and "there", generally how to make a second person switch over to your channel of perception.

The teachers and to a lesser degree as well the Health Care agents tended to stress the importance of the right pronunciation of specific terms like the names of illnesses.

All participants agreed that the focus should be on conversation, on the spoken language. The need for improving reading and writing skills didn't arise, but a majority of persons in all groups and all countries were bravely facing the need of pulling up their knowledge of English grammar ...

3 Conclusions

The results of the above surveys indicate some broad conclusions:

1. The target group we are aiming at may be very heterogeneous as far as age or actual employment situation is concerned. But there is a common denominator: their knowledge of professional English is rather poor or not existing, the handling of everyday situations in

English is a bit different, but most of the participants declared to "feel a significant lack of practical experience". **So the level for a learning course has to be chosen with reference to that situation and will be situated most probably between A1.2 and A2.1 on the CEF scale.**

2. The participants showed different predilections as far as the setting of the learning experience is concerned, but most of them liked to learn in groups and with a teacher present. **This means the projected course has to provide enough material for classroom activities, which in the ideal case could be used for individual learning as well. For the considerably large group of persons that like to study independently, the innovative methods acquired in parent projects should offer a satisfying way of language acquisition.**

3. Even as all the participants repeated the prognostics that an expanding labor market especially in the wellness sector should offer interesting new job chances and opportunities for blind masseurs and physiotherapists, these declarations sounded very often more like a lip service. Under these conditions it can be expected that **the motivational situation** in a class of learners or even more for a person studying by herself **might be floating**. All the more important for the setting of a successful learning environment is therefore the **use of appealing, mixed and varying methods** and materials, serving the needs of visually impaired or blind learners. **The learning situations should be chosen in a way to illustrate the need of skills in a foreign language for blind persons working in the wellness sector.**

4 Annexes

4.1 Questionnaire for students in the wellness sector

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Questionnaire for students in the wellness sector

This questionnaire aims at gathering information from visually impaired students who are planning to work in the field of wellness accessible to the blind and visually handicapped.

Gathered information will form the basis for the design and development of a practical English course based on spoken language and accessible through the use of assistive / adaptive computer technologies.

On the basis of answers by the correspondents will be developed material for learning and teaching, especially listings of vocabulary relevant for the different realms of verbal interaction between the operator and his/her patient.

*All information given will be handled with care and will be published only in anonymous form, respecting the national laws on data protection. The following data concerning the social situation of the person giving the interview are asked for only in order to clarify the professional context of the answers given.

Please send the questionnaire as file to ... or in print to ...

If you would like to be informed about the results of the All4Well Project, please give an Email address where messages can reach you:

*Name:

Age:

Professional Training as:

Actual occupation / Training / Vocational Rehabilitation:

School / Training Institution:

Questions

1. Do you have already knowledge of English as a foreign language?
 - a) If so, could you indicate the level related to the CEF (Commun European Framework) *
 - b) Do you dispose of an occupation-related vocabulary?
 - c) Do you know learning material for the wellness sector accessible to visually impaired persons?
Could you please indicate the book or media titles:
2. Could you get some experience with English talking patients during an internship or a similar occupation?
If so, please indicate the situations where knowledge of English was important:
3. Would you like to learn (some more) English in order to improve your chances to find a new job?
4. Which are the situations in which you think you will need knowledge of English?

(e.g. Welcoming, assessing the personal history of the patient, proposed treatment, gathering feedback from the patient, giving instructions, alerting, correcting the posture of the patient, fixing a new date, taking leave)
5. What should be in your opinion the main focuses of the projected English course?

(e.g. job-related vocabulary, structures in grammar, listening practice, phonetics, conversation etc.)
6. What type of learning arrangement do you prefer?
 - Learning in a group with a teacher
 - Learning by yourself with different media and eventually assistive technology
what type of:
 - Learning in the frame of an Online-course, where personal contact and assistance is assured if necessary?
7. What other wishes and ideas concerning a job-related English course would you like to be taken into consideration?

Thank you very much for your cooperation!

*The Common European Framework divides learners into three broad divisions that can be divided into six levels:

A Basic User

A1 Breakthrough or beginner

A2 Waystage or elementary

B Independent User

B1 Threshold or intermediate

B2 Vantage or upper intermediate

C Proficient User

C1 Effective Operational Proficiency or advanced

C2 Mastery or proficiency

4.2 Questionnaire for teachers/trainers working in the wellness sector

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Questionnaire for teachers / trainers working in the wellness sector

This questionnaire aims at gathering information from teachers of visually impaired students wanting to work in the field of wellness accessible to the blind and visually handicapped.

Gathered information will form the basis for the design and development of a practical English course based on spoken language and accessible through the use of assistive / adaptive computer technologies.

On the basis of answers by the correspondents will be developed material for learning and teaching, especially listings of vocabulary relevant for the different realms of verbal interaction between the operator and his/her patient.

*All information given will be handled with care and will be published only in anonymous form, respecting the national laws on data protection. The following data concerning the social situation of the person giving the interview are asked for only in order to clarify the professional context of the answers given.

Please send the questionnaire as file to ... or in print to ...

If you would like to be informed about the results of the All4Well Project, please give an Email address where messages can reach you:

*Name:

School / Training Institution:

Subjects you are teaching / Field of study:

Questions

1. Do your students have English lessons?
 - a. If yes, to what extent? (lessons a week)
 - b. What type of teaching material do you use?
 - c. Are there job-related situations and the relevant phraseology mentioned?
2. Do you know other textbooks or other didactic media teaching English for the job?
If yes, which ones:
3. Do you think your students could improve their career prospects with knowledge of English?
4. For what type of situations do you think your students would need some knowledge of the English language (orally):
(Please mark the relevant situations and give some phrases as examples if possible)
 - 4a Welcoming
 - 4b Assessing the personal history of the patient
 - 4c Proposing a treatment
 - 4d Gathering feedback from the patient
 - 4e Giving instructions
 - 4f Alerting
 - 4g Correcting the posture of the patient
 - 4h Fixing a new date, taking leave
5. What should be in your opinion the main focuses of the projected English course?
(e.g. job-related vocabulary, structures in grammar, listening practice, phonetics, conversation etc.)
6. Do you have other ideas and suggestions for the planned English course?

Thank you very much for your cooperation!

4.3 Guidelines for an interview with visually impaired professionals working in the field of wellness

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Guidelines for an interview with visually impaired professionals working in the field of wellness

Scope

This paper aims at developing guidelines for gathering information from visually impaired professionals working in the field of wellness accessible to the blind and visually handicapped.

Gathered information will form the basis for the design and development of a practical English course based on spoken language and accessible through the use of assistive / adaptive computer technologies.

Focus

The investigation focuses on bi-directional verbal interaction between the operator in the field of wellness and his / her patient.

Expected outcomes

On the basis of answers by the correspondents will be developed the following corpuses:

1. list of parts of the body which are mentioned frequently during verbal interaction between operator and patient;
2. list of sentences representing pains, illnesses, diseases, feelings;
3. list of possible questions the operator asks the patient;
4. list of possible answers by the patient
5. list of possible questions the patient asks the operator
6. list of possible answers by the operator

Current situation

Blind masseurs / wellness operators use different techniques, according to different sanitary goals.

These techniques / methodologies include traditional massage as well as chinese massage, neurological gymnastic, orthopedic massage, as well as techniques based on chirotherapy and on verbal interaction with the patient.

Therefore it makes sense to develop different didactical units, which should aim at equal levels of difficulty, but can be worked on independently. If for example a student is particularly interested in shiatsu and not interested in orthopedic techniques, he / she should be offered to select shiatsu lexicon / phraseology, and leave aside orthopedic massage. In this way the student can choose his focus, which might be a helpful motivation to him and increase the efficiency of learning.

Methodology

A typical therapeutic / fitness session is composed of different stages / milestones. At every stage there is bi-directional verbal interaction between professional and patient. And it is exactly for these different settings that vocabulary has to be collected and arranged, resulting from the answers of the person giving the interview. Therefore it is important to give to this person the possibility to name as detailed as possible the phraseology that is usually applied in different situations. When the interview is being transcribed, it should not be shortened by the adapter – with the exception of course of correcting grammar mistakes or leaving aside interjections etc.

The topics proposed in the following list are intended to provide the interviewer with a guideline, assuring that no important content is left aside. For example the interviewer can insist on the way the professional is fixing a new date, if the latter one didn't mention this by himself.

Continuing towards a new section however it might be helpful to ask an "open" question, like "How are you greeting a new patient?". This type of question will provoke a more detailed answer from the professional; this way new aspects may occur which are not mentioned in the guidelines, but could be very important for conceiving the corpus.

In the ideal case the interviewer should deal with all the following different stages of a therapeutic / fitness session, always asking "How do you do that at your work?"

1. Welcoming
(handshake?) introducing oneself, making acquaintance (on the phone / face to face).
2. Personal history of the patient
(the patient describes his / her problem evidences (Xrays, ultrasound scan, etc.); medical reports, prescription, advices).
3. Proposed therapeutic treatment / program
(what is the expert going to do, what is the patient supposed to do? For how long? Where?)
(at home / somewhere else)?, Which expectations does the patient have concerning the treatment?.
4. Gathering feedback from the patient
5. Sharing ideas and viewpoints, critical aspects, making an agreement.
6. Operational session
The professional operates on / with the patient. What does he /she say while operating:

- a) first instructions to patient /lay down, stand up ...;)
- b) asking for feedback (are you OK like this? better? worse?)
- c) gathering feedback from the patient (are you tired? ...)
- d) announcing and alerting (now I am going to You will feel a little pain ... etc.
- e) correcting the patient
(not like this, like this please) - Telling him / her the right posture.

7. Taking leave from the patient

Assessing the results of the treatment, making a new date, indicating contact data for further help if necessary, parting

Answers to these 7 steps will provide the basis for further development within the ALL4WELL Project.

Additionally the interviewer will ask for the following information:

How old are you?

What is your education?

How long have you been working at your actual place of occupation?

Are you working as a freelancer in your own practice / as an employee in a practice / in a hospital / in a fitness center / in another wellness site?

Do you have any knowledge in foreign languages, especially English?

In your professional life, are there situations where you would need to know English?

Furthermore the interviewer is going to confirm that the results of the interview will be handled with care and will be published only in anonymous form, respecting the national laws on data protection.

4.4 Bibliography

1. Programmes and Laws – Educational and professional conditions and requirements for masseurs and physiotherapists

European Core Standards of Physiotherapy Practice, Report presented at the General Meeting of the World Confederation for Physical Therapy in Athens 2008, <http://www.physio-europe.org/download.php?document=71&downloadarea=6>

Country profiles of the WCPT:

Austria: <http://www.wcpt.org/node/26865/cds>

Germany: <http://www.wcpt.org/node/25050/cds>

Italy: <http://www.wcpt.org/node/24510/cds>

Romania: <http://www.wcpt.org/node/25878/cds>

2. Facts and Figures – Data about the employment situation of visually handicapped persons as masseurs or physiotherapists

Surveys focusing visually impaired employees and self-employed persons: International Workshop Helsinki (Finland) in June 2014: "Persons with visual impairment as Physiotherapists": documentation in youtube: https://www.youtube.com/playlist?list=PLQJ6RhMQcEOKyEfyf5hdgwp4_oFgufUAy&app=desktop

Kahlisch, Thomas and Löttsch, Jürgen: Services for the Blind and Partially Sighted in Germany, <http://www.kahlisch.de/pub/dubai.html>

Denninghaus, Erwin: Self-employed work of blind and visually impaired people in Europe, <http://www.icevi-europe.org/enletter/issue48.html#a15>

3. Books and Websites – English learning material for physiotherapists (mostly) accessible for blind users

A website offering international information for masseurs, with a focus on Asia and not really only for the blind and not fully accessible, but interesting already for vocabulary reasons: <http://www.blindmassageintl.com>

A fully accessible free online course for blind and visually impaired learners offers one lesson especially for physiotherapists: <http://www.langschool.eu/textbook/intermediate-en/unit06.en.html>

For German learners there are two very useful books to learn English for the wellness

sector. As most of the texts are completely in English, they might be useful as well for learners from other countries:

Fachenglisch für Gesundheitsberufe. ISBN: 9783540285328

Englisch in der Pflege. ISBN: 9783064551763

4. Schools and training institutions for visually impaired wellness agents

Berufsförderungswerk Mainz, Zentrum für Physikalische Therapie
Lortzingstr. 4, 55127 Hechtsheim, Tel. +49 6131 7840, Fax +49 6131 78457
www.bfw-mainz.de

Bildungszentrum für Blinde und Sehbehinderte, Berufsfachschule für Physiotherapie
bbs nürnberg, Brieger Straße 21, 90471 Nürnberg, Tel.: +49 911 89 67-0
Fax: +49 911 89 67-209,
<http://www.blindenanstalt-nuernberg.de/index.php/bildung/bf/berufsfachschulen/physiotherapie>

Berufsbildende Schule des BW Chemnitz gGmbH, Flemmingstr. 8c, 09116 Chemnitz,
Tel. +49 371 3344-0, Fax +49 371 3344-350
<http://www.sfz-chemnitz.de/en/contact/divisions/central-office.html>

Professional Organisations in Germany:

Verband Physikalische Therapie , Bundesgeschäftsstelle, Hofweg 15, 22085 Hamburg,
Telefon: (040) 22 72 32 22, Telefax: (040) 22 72 32 29, E-Mail: info@vpt.de,
Internet: www.vpt.de

Deutscher Verband für Physiotherapie (ZVK) e.V., Postfach 21 02 80, 50528 Köln,
Tel. +49 221 98 10 27-0, Fax: +49 221 98 10 27-25, www.physio-deutschland.de,
www.zvk.org

5. Sundries

Good practice for improving language learning for visually impaired adults.
Final document of a Grundtvig project, made available at:
http://www.euroblind.org/media/languages/languages_en.pdf