

Trainer's Addendum:

Facilitation and Training Considerations¹

The **Trainer's Addendum** provides you with important facilitation and training considerations. Because *Primer Hands On - Child Welfare* is a capacity enhancement initiative for leaders involved in building systems of care for children, youth and families involved, or at risk for involvement, in the child welfare system, your audience will be stakeholders at national, State, Tribal, local, and neighborhood levels, and include families, youth, providers, natural helpers, frontline staff, supervisors, county managers and State administrators, judges, court appointed special advocates, guardians ad litem, law enforcement personnel, policy makers, researchers and evaluators, technical assistance providers, and advocates. This diversity of participants can make *Primer Hands On - Child Welfare* a challenging training to conduct even for the most experienced trainer.

As noted in the Introduction, the curriculum combines the following methods: 1) a didactic approach drawing on real world examples; 2) a case method approach utilizing system-building scenarios; 3) peer-to-peer exchange and team work reinforcing critical process elements; and, 4) ongoing coaching and peer support to build a network of system of care strategists.

As a trainer, you will be using a variety of training materials to conduct *Primer Hands On - Child Welfare*. All materials will be briefly discussed in order to provide you with tips on the most effective use of the material. The training materials include the following items:

- Agenda
- Participant List
- PowerPoint Slides
- Narrative
- Exercises
- Examples
- Handouts
- Case Scenarios
- Training Notes
- Evaluations
- List Serve
- Planning Your Training Matrix

Using all the components of *Primer Hands On-Child Welfare* will help you conduct an effective training experience for all participants. In addition, the Trainers Addendum

¹ Adapted from Orrego, M.E. & Lazear, K.L. *EQUIPO: Training for Facilitators* (1999) and Vanderslice, V. et al., *Communication for Empowerment, Family Matters*, Cornell University (1984).

includes sections on process and structural considerations in training and conducting a bilingual training.

YOUR PRIMER HANDS ON-CHILD WELFARE TRAINING TEAM

Whether training the entire curriculum or individual modules, a team approach to training is strongly recommended. The full two-day training is intended to be delivered by a team of trainers and, historically, has included three trainers (a family member with expertise in family and youth engagement; an expert in cultural competence, frontline practice and process issues; and an expert in system organization and financing). At a minimum, the team should include a family or youth with experience in systems of care and another trainer, experienced with systems of care, who has particular in-depth knowledge of multiple system of care functions (such as financing, governance, service array, etc.). The team must also include expertise in process issues, as well as content. It also is important that team members have a solid knowledge of system of care examples from across the country.

Developing Your Primer Hands On-Child Welfare Training Agenda

As noted in the Introduction, *Primer Hands On-Child Welfare* is designed to be utilized in a number of ways. The entire *Primer Hands On-Child Welfare* curriculum can be presented in an intensive two day-training. A sample agenda is included in the training Introduction for those conducting the entire training in two days. As can be seen in this agenda, the full two-day training presents a considerable amount of material and is designed to provide an overall strategic framework for building systems of care. You may need to adjust time allocations for each section based on the format of the training and the knowledge and experiences the participants bring to the training.

Alternatively, each module may be presented in a separate training session, allowing for more of an in-depth focus on a given area. However, in developing your training agenda, remember that the modules are designed to build on one another. The first three modules lend themselves to orienting stakeholders to system of care history, values, principles, and operating characteristics. The remaining modules address particular system of care functions, such as planning, governance, financing, family and youth engagement, etc. and can be selected based on where a particular state or community is in its system-building process. It is incumbent upon trainers and technical assistance providers to consider *strategically* how best to use *Primer Hands On-Child Welfare* for any given situation and develop an agenda that is not only effective and efficient, but realistic in terms of what can be accomplished in the time allotted.

Primer Hands On-Child Welfare Participant List and Pre-Training Assignments

Prior to conducting the training, you should have a participant list available which includes the names, job titles (i.e., child welfare supervisor, probation officer) or roles in system of care (i.e., family member, youth), and, where each participant is from. The participant list will help you prepare a training that better reflects the knowledge and experiences of your participants. The list also will be necessary to pre-assign participants to fictitious case scenarios, which will represent their system of care communities for

purposes of team meetings. In assigning participants to system of care community teams (represented by the case scenarios), you will want to strive for diversity (of stakeholder group, geographic, racial/ethnic, gender, etc.) within each team. The more that different stakeholder perspectives are represented, the richer are the team meetings and large group discussions. There is a sample “pre-meeting” letter, which should go out to participants about two weeks before the training.

As noted in the Introduction, each *Primer Hands On-Child Welfare* full two-day training, optimally, includes no more than 24 participants, representing diverse stakeholder perspectives. Prior to the two-day session, participants receive the three **case scenarios** and are pre-assigned to a system-building team (Team U-Metro City, Team S – Fairview County, or Team A-Heartland Project). Each team includes, optimally, no more than eight members. Each of the teams is assigned one of the three case scenarios, which describe and become their “system of care sites” for the duration of the sessions. Because this is an intensive, interactive, “hands on” training that is heavily utilizing the three case scenarios and the team processes, participation needs to be limited to a number conducive to small group interaction; at the same time, the group needs to be large enough to accommodate multiple stakeholder perspectives and large group discussion.

In addition to their assignments, you will also want to provide each participant a copy of the participants’ list in his/her pre-meeting material, as well as the agenda, copies of the three case scenarios, and the questions for team meetings. Also, participants should have access to *Building Systems of Care: A Primer* beforehand, either online (at www.gucchd.georgetown.edu/programs/ta_center) or in hard copy, available from the National Technical Assistance Center for Children’s Mental Health at Georgetown University). Participants can be better prepared and have a better understanding of what to expect during the training if they receive these materials ahead of time. In addition, the training is designed to promote an atmosphere of a peer-to-peer approach to providing technical assistance, guidance and support; it helps participants to know who else will be participating.

Primer Hands On-Child Welfare PowerPoint Slides

Primer Hands On-Child Welfare includes over 245 PowerPoint slides. The slides are intended to be used as visual aids throughout the training to illustrate main points or system of care examples. Participants receive a compact disk with all of the slides used throughout the entire curriculum and are encouraged to use these and all other materials back in their own communities to support their system of care efforts. (Remind participants that materials need to be cited.)

Primer Hands On-Child Welfare Narrative

The narrative is the foundation of *Primer Hands On-Child Welfare*. It is adapted from *Primer Hands On: Skill Building in Strategy for System of Care Leaders*², which is a

² Pires, S., Lazear, K. & Conlan, L. *Primer Hands On: Skill Building in Strategy for System of Care Leaders*, 3rd Edition. 2005. Human Service Collaborative. Washington, D.C.

training curriculum based on the organizing framework and strategic approach to building systems of care that is described in *Building Systems of Care: A Primer*³;

Primer Hands On-Child Welfare Trainers Notes

Trainers Notes are found throughout the narrative to guide trainers in use of the curriculum. These Notes provide a roadmap for trainers, with guidance as to main points and use of examples.

Exercises for Primer Hands On-Child Welfare, Team Work and Large Group Discussions

A number of exercises are included in the *Primer Hands On-Child Welfare* curriculum. These exercises include: independent work followed by large group discussion and team work followed by large group discussion. The two exercises for the independent work are in Module 2: Context-Setting for Systems of Care and Module 4: Cross-Cutting Characteristics in Systems of Care. Both independent exercises have participants fill out a rating scale with respect to a number of statements that reflect values related to building systems of care. The team meetings are exercises that take anywhere from an hour to 45 minutes and center around questions pertaining to functions that need to be structured within the fictitious system of care communities.

Small group work or team work exercises are an excellent method to get *Primer Hands On-Child Welfare* participants to practice skills and review concepts from the previous mini lectures, and to work cooperatively to accomplish specific tasks, all of which are essential to building systems of care. Small group work is appropriate for when participants need to be able to perform a required task successfully without direct guidance or supervision. For small groups to work well, participants need to receive and understand clear instructions. It is helpful to know ahead of time how many people should be in each group and how the groups will be formed. This decision, as described earlier, is made once you know the people that will be in the training and can make appropriate assignments to the case scenarios/fictitious system of care communities.

The advantages of working in teams and small groups include:

- Each participant has an opportunity to have more time to be involved in accomplishing a task, seeking a solution or exploring a topic;
- Each participant has a better opportunity to express his/her ideas and opinions and hear responses to them from others;
- Each topic or issue can be examined in more depth;
- There is plenty of opportunity for participant interaction;
- Everyone in the group is involved in accomplishing a task which helps to build cooperation;

³ Pires, S. *Building Systems Of Care: A Primer*. 2002. National Technical Assistance Center for Children's Mental Health. Georgetown University. Washington, D.C.

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- During small group work, participants can learn to exchange a variety of alternatives for problem solving, and when then join in the large group, everyone benefits from the reports and its conclusions; and
- The facilitators have an opportunity to assess participants' understanding of the material presented in the lectures.

While some Primer Hands On training may include opportunities for representatives from the same community to work together on their real system of care, the advantages of working with fictitious case scenarios include:

- Each participant has a chance to step out of their traditional roles and see the work from a different perspective
- An opportunity to hear from and work with representatives from other system of care communities
- Fictitious communities can provide participants an opportunity to take risks they might not otherwise if working in their own communities
- Fictitious communities help participants work strategically without the "community history" that often challenges system builders in thinking strategically.

The team work also allows you to observe and provide feedback on the team work process, both the work occurring at the training and the system of care team work back in the participants' communities. For example, the Observing Group Process Behavior sheet can help participants attend to their group process and help you to provide feedback in the areas of: participation; influence; styles of leadership; decision-making procedures; task functions; maintenance functions; group atmosphere; membership; feelings; and, norms. More information on these group functions can be found in Philip G. Hanson's **The Pfeiffer Book of Successful Team-Building Tools**, edited by Elaine Biech, Copyright 2001 by John Wiley & Sons, Inc.

In **large group discussions**, your role as facilitator will be to lead a discussion where each individual contributes and is, therefore, a resource to others. As facilitator, you will also contribute. At times, you will be a resource person, and, at other times, participants will know more about the topic being discussed than you. Remember, a large group discussion is not a debate, an argument, or just a conversation. Thus, facilitating a large group discussion is not the same as leading a meeting or moderating a debate, but an activity that had specific educational goals.

The facilitator's role in a large group discussion is complex. The facilitator is responsible for:

- clarifying the purpose or goal of the discussion;
- beginning the discussion;
- keeping the discussion relevant to the topic being discussed;
- keeping the discussion flowing cooperatively;
- making sure that everyone has the opportunity to participate and contribute;
- using questions to stimulate the discussion;

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- giving feedback when needed;
- using the flipchart to record and emphasize key things being said;
- validating participants contributions to the discussion; and
- keeping a good sense of humor.

Lunch with Affinity Groups

The training is structured to allow for “affinity groups” (e.g., family representatives, youth, State-level representatives, local-level representatives, providers, etc.) to have lunch together on the second day. This is an effective way to encourage participants to network and share. While not a formal exercise, lunch with affinity groups must be structured. Plan ahead to provide tables with place cards (families, State-level reps., local reps., providers, youth, etc.), indicating which group is to sit where.

Examples Used in *Primer Hands On-Child Welfare*

Following participation in *Primer Hands On* and *Primer Hands On-Child Welfare*, participants have often expressed the helpfulness of the examples provided throughout the curriculum. Although examples are included throughout, it is important, as noted in the Trainers Notes, to use examples that you are familiar with based on your own knowledge and experience. The best examples are those that clearly and concisely illustrate the information you are conveying in each module. There may also be a person(s) in your audience who may be able to provide additional details about an example you provide or who may also provide other good examples.

Handouts Used in *Primer Hands On-Child Welfare*

A number of handouts are provided in *Primer Hands On-Child Welfare*. These handouts provide actual examples of documents from system of care communities to emphasize or illustrate components addressed in each module. You may want to include other handouts that you are familiar with to help clarify or illustrate a point.

Primer Hands On List Serve

The Primer Hands On List Serve is an ongoing network for peer support and technical assistance linked via list serve.

Evaluations for *Primer Hands On-Child Welfare*

Participants are asked to complete the evaluation form that is in their packets before leaving. Be sure to instruct participants to complete the evaluation if they must leave the training early. The feedback you receive from these evaluations will help you revise your training as necessary. There is also a sample evaluation form for their use back in their own communities for when they use *Primer Hands On-Child Welfare* materials for training and technical assistance. If you encourage participants to send these evaluations back to you, you can begin to track how participants are using the materials back in their own communities.

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Primer Hands On Planning Tasks & Logistics Matrix

The following matrix outlines the various tasks involved in the planning of *Primer Hands On* training. Each task is described and the approximate time when the task should be completed.

| PRIMER HANDS ON-Child Welfare Planning Tasks & Logistics Matrix | | | | |
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| Task | What is Needed | When Needed | Who Will Do It | Status of Task |
| Confirm Facilitators | <i>Primer Hands On-Child Welfare</i> is a training designed to be conducted by a team of facilitators - 2 or 3, with at least one parent. Each facilitator may have a specialty area, i.e., finance, cultural competence, family involvement. (See <i>Training of Trainers Participants' List and List Serve</i>) | The team of <i>Primer Hands On-Child Welfare</i> facilitators should be identified at least six months prior to the scheduled training. | <i>Primer Hands On-Child Welfare</i> lead facilitator/training coordinator and sponsoring agency. | |
| Location | Space suitable for 24 participants and 2-3 trainers; accessible by car and public transportation; adequate space for break outs in small group exercises; accessible rest rooms; good lighting; enough wall space to put up flip chart notes and to project slides; 3 tables and comfortable chairs for participants; 1 table and comfortable chairs for trainers; access to break out area (preferably outdoors); and, access to area where a self serve meal can be placed; drinks and refreshments. | During a two-day period from 8 a.m. to 5:30 p.m. You may need to secure a space 6 months to a year in advance. Securing the space must be confirmed at least one month prior to the training. | Sponsoring agency; Training coordinator' partners/agencies may provide space | |
| Letter of Invitation | A letter of invitation needs to be sent to potential sites and participants. | Invitations are sent out at least 3 months prior to the training date. | Sponsoring agency; training coordinator | |
| Participant Registration | Each <i>Primer Hands On-Child Welfare</i> training participant needs to complete a registration form. | Registrations are completed at least 2 months prior to the training to enable the sponsoring agency and the facilitators to prepare training material (see below) | Sponsoring agency; training coordinator | |
| Letter of Acceptance and materials | A letter is sent confirming training participants and providing pre-training logistical materials. | Confirmation letters sent out at least 2 months before training. | Sponsoring agency; training coordinator | |
| Pre-Training Materials | Follow-up letter and Pre-training materials, including case scenarios, assignments of participants to case scenario teams, questions for team meetings, agenda, and list of participants are sent to confirmed participants. <i>Sample is attached in the Appendices</i> | Pre-training materials are sent out 2 weeks before the training. | Sponsoring agency; training coordinator | |

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| Meals | Breakfast & lunch for each training day (2) and drinks and refreshments throughout training days | During a two-day period; Breakfast at 8:00 a.m.; Lunch times vary but generally around noon; beverages available daily; Arrangements for meals must be secured at least two weeks prior to the training | Sponsoring agency; carry out delivery; natural helping networks | |
| Child Care | Child care for training participants' children may include; home care for young children; special needs children; children that need supervision after school. Child care is provided on an as needed basis only | Child care for two days on the times when participants are involved in training sessions. Child care needs must be assessed through the participant registration form and arrangements with participants needing child care should be made at least two weeks in advance of the training. | Sponsoring agency or partner agencies; Natural helping networks | |
| Transportation | Access to the training site may require car pooling, taxi vouchers or other means of transportation that make it possible for participants to arrive and leave on time. Access for parking will also be needed for participants who drive themselves to the training | Transportation arrangements for each day of training. Give special attention to participants that do not have their own means of transportation so it can be facilitated for them. | Sponsoring agency or partnering agency and other participants who can offer rides to others; natural helping networks; transportation arrangements must be secured at least one week in advance of the training. | |
| Preparation of Manuals and other Training Materials | Training manuals are customized for each site. Preparation involves assembling; agenda; curriculum; cd with all slides; slides handout; case scenarios (may be reviewed and revised as necessary to better reflect the participants and their communities); exercises; evaluations; list serve instructions; list of participants and contact information; trainers' bios; <i>Building Systems of Care: A Primer</i> . The number of manuals should equal the number of participants plus a few extra copies. | Manual preparations are completed in time for the training sessions to begin. | Preparation of manuals is the responsibility of the Training Facilitator. Reproduction of the manuals may or may not be done with the support of the sponsoring agency or partners, or training coordinator. | |
| Equipment | Equipment needed includes: LCD projector; PowerPoint slides; projection screen, laptop computer; 3 flip charts and markers; masking tap; name badges; table cards to identify 3 teams (i.e., U, S, & A) for small group work and table cards to identify affinity groups for second day training lunch period. | At the beginning of the training session; equipment should be tested to ensure it is in good working condition. | Sponsoring agency; training coordinator | |
| Stipends/Travel reimbursements | Some participants may require a stipend to compensate them for their | At the end of each day or at the end of the training. | Sponsoring agency or partnering agencies. | |

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| | time in the training. This stipend may include funds to pay for needed child care and to reimburse the participants for transportation costs (gas mileage, taxi, etc.). Others may need to complete a travel reimbursement form. | | | |
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PROCESS CONSIDERATIONS

Even the most skilled facilitator may encounter a number of challenging situations during the *Primer Hands On-Child Welfare* training. Below are some common situations that may occur.

People resist change. A principal goal of the *Primer Hands On-Child Welfare* training is to shift ways of serving and supporting families through skill building to provide system builders tools to strengthen their own abilities. This goal implies changing the old ways of doing things. Change tends to disrupt people's lives and challenge their beliefs about themselves and the world so it is normal to find resistance to change. In *Primer Hands On-Child Welfare*, representatives from various agencies and organizations, recipients of services or providers of services, administrators or direct line staff, and different cultural or racial/ethnic groups come with their own perceptions, which may include a lack of trust of each other. At the beginning, when you are working to engage participants in sharing knowledge, learning skills, and working in teams, you may be met with some resistance. However, as they find their common ground and purpose, their resistance will slowly turn into cooperation and shift to team collaboration.

Participants are not participating or they appear bored – One situation may involve one or two people that have obviously dropped out of the discussion, although the rest of the group appears to be functioning well. Another situation is when the whole group or a substantial number of participants are bored or unwilling to participate. Each situation calls for thoughtful attention and reflection on your part before you decide to act and intervene. Make sure you have a clear understanding with the group so the success of the training is a shared responsibility.

Participants “come down on” the facilitator – One or more individuals in the group may attack the facilitator(s) for a variety of reasons. It helps to prevent this type of situation by making clear your role at the beginning of the training sessions. Making clear your and the participants' responsibilities can help the group's understanding that the training is a collective venture and each contributes towards its success. These types of situations can be difficult to handle, but remember that direct feedback on your role is not always easy to get, so the criticism may be very valuable for your own learning.

Arguments break out in the group – This type of situation can be difficult to handle especially if the discussion involves personal antagonisms (something the facilitator may know nothing about ahead of time). What usually happens is that a back and forth exchange of disagreements takes place between two people and others feel compelled to

give their opinions and take sides. Soon the neutral ground and the focus of the topic are lost in the shuffle. In these situations, it is important to establish or remind participants of the common goal and stay focused on it.

Participants with diverse backgrounds handle the topic or material in different ways – When training involves a group of diverse participants, such as family members or formal service providers, or administrators or direct line staff, you will be challenged to present the topics in such a manner that is not too complex and not too simple. Being sensitive to how the participants are responding to the material and being alert to the group's level of comprehension is key to understanding how to help everyone to move along. You will also have to facilitate a balance of power among participants and draw their best knowledge forth to create a shared learning experience.

A participant asks questions that sidetrack the group or dominates the discussion – If you notice this behavior at the beginning of the *Primer Hands On-Child Welfare* training, you will see that some participants welcome this behavior because it helps reduce their own anxiety about talking. However, when the over-talker continues to dominate, participants will begin feeling resentful because they are prevented from expressing their own ideas, opinions or feelings. They may also feel helpless at stopping the behavior. As a facilitator, 1) you can ask for the cooperation of individuals to limit their own remarks, and you can ask the group's help if someone dominates, 2) you need to watch participants/team members to see if any need coaxing to ask the questions that will help them learn, or 3) you can speak with the person during break and let him or her know you appreciate their participation but are concerned that others are not getting enough chances to contribute.

A participant has an emotional outburst – There are reasons why a participant may have a sudden emotional outburst. The person may feel anxious about a personal problem brought out by a training topic or be disturbed by something that has been expressed during a group discussion. This kind of situation requires immediate recognition and a calm and relaxed response. The facilitator may decide to meet with the person during break to assess his/her ability and desire to continue participating in the training.

STRUCTURAL CONSIDERATIONS

There are natural boundaries and limits to what can be achieved in a 2-day training period. Acknowledging ahead of time what some of those boundaries and limits are is important so realistic expectations can be made and mistakes can be averted as much as possible.

There isn't enough time to do what you had planned – This is the most common problem that facilitators encounter. There are some limitations that are predictable, and there are some that are not. For example, when we design an agenda, we usually underestimate the amount of time needed to implement each section. We also tend not to allow for some margin of time to account for the fact that people may be late, that people usually like to chat before getting down to business, and that breaks often extend five or

ten minutes beyond the scheduled time. Adequate preparation is the best safeguard against serious scheduling problems. Be flexible in your planning and have alternatives if they are needed.

The location and/or facility to do the training are not adequate – It can be a real limitation if participants cannot get to the training in time because access or parking was difficult. It can also be a problem if the space is not comfortable and necessary equipment is not readily available. A group that will spend several hours together needs to have comfortable chairs, access to restrooms and space for breaks. It pays to do good logistical planning, particularly to find accessible and suitable space to conduct your training.

While participants are responsible for their own learning, the facilitator is responsible to be familiar and comfortable with the material before presenting it, as well as the audio-visual tools.

All the activities that you will facilitate during *Primer Hands On-Child Welfare* training from start-up to closing will require clear and precise instructions so participants will know what is expected from them.

Most training activities of *Primer Hands On-Child Welfare* combine lectures, large group discussion and small group work. The lectures help introduce a new topic or concept to participants, offering factual information useful for the group's development. The lecture also imparts a common understanding of a topic or concept and creates a shared framework for discussion. The facilitator may use PowerPoint slides, a diagram, flip charts or other visual supports to keep participants' attention focused during it. Each lecture is followed by a group discussion and/or an exercise. A lecture is a passive learning activity and thus it may be difficult to keep participants' attention, so it requires a lot more skill to deliver a lecture in an effective way. The facilitator's keys are: his or her style of presenting a lecture and how familiar he or she is with the topic. Good preparation is essential so you can communicate the material with confidence. To be effective, the facilitator should make a few points clearly and emphatically so the topic can be understood by all participants. You can also increase the level of participant comfort and understanding of the material being presented by welcoming participants' questions.

Conducting a Bilingual Primer Hands On Training⁴

The *Primer Hands On-Child Welfare* training is available in English, although *Building Systems of Care: A Primer*, on which the training is based, is available in English and Spanish. In some communities, all the *Primer Hands On-Child Welfare* participants may be English speakers, and there will not be a need for a bilingual training. However, in other communities, there may be a significant number of Spanish-speaking families and service providers. It is the facilitator's responsibility during the planning and preparation period of *Primer Hands On-Child Welfare* training to become fully informed

⁴ Adapted from Orrego, M.E. & Lazear, K.L. *EQUIPO: Training for Facilitators* (1999).

of the language proficiency of the participants in order to determine if the training should be delivered in a bilingual format and content and make preparations accordingly.

Conducting a bilingual *Primer Hands On-Child Welfare* training may present some challenges to the facilitators. Some of these are:

1. **Bilingual facilitators** – if participants include Spanish speakers with limited English speaking proficiency or vice-a-versa, it is necessary to have at least one fully bilingual facilitator who will be available throughout the entire training.
2. **Time needed to deliver a bilingual training** – a bilingual training requires very careful planning of the time frame needed for each session and increased sensibility to ensure that both Spanish and English speakers are moving along in the appropriate sequence of activities and exercises. Much information is shared during the *Primer Hands On-Child Welfare* training, and it is nearly impossible to translate every bit of it. However, there is key information, such as goals of the training, and principles and practices of systems of care that are very important and must be very clearly understood by all participants. This always requires more time and patience. The facilitator must keep close attention to the process so it moves along and to the time frames so participants can meet their daily training objectives.
3. **Tolerance and collaboration** – in any situation or context where bilingualism is being practiced, where translation or interpretation is necessary to ensure the inclusion of monolingual participants, it often happens that people get restless when they have to “wait” for the translating process to move back and forth. It is an exercise in tolerance for everyone involved. The facilitator can use the situation to enhance the practices of support and shared responsibility and team collaboration among participants, particularly of those that are bilingual and who can often move faster than the rest, thus leaving people behind. For example, facilitators can involve the bilingual participant in helping those who are monolingual and can arrange team/community exercises so there is always a balance of bilingual and monolingual participants.
4. **Second languages and cultural competence** – many individuals have had negative experiences, particularly when they were young, in the acquisition of a second language. We also have had a good share of stereotypes regarding speakers or other languages. Those distresses tend to block out ability as adults to learn a second language or accept a person who does not speak one’s own native language. Delivering a bilingual *Primer Hands On-Child Welfare* training will re-stimulate many of these distresses. Participants can acknowledge participants’ feelings but use the opportunity to increase and enhance cross cultural understanding and multiculturalism among *Primer Hands On-Child Welfare* participants.

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Remember, the purpose of *Primer Hands On-Child Welfare* is to provide a tool to system builders that strengthens their own abilities to think and operate strategically in building systems of care and that they can use with other stakeholders in their respective system-building activities. Thus, the training operates on the premise that everyone brings knowledge to the table.