Project EmPoWEring

Educational Path for Emotional Well-Being

Final Report IO 1

Innovative emotional well-being initiatives towards a mindset change

2017

Co-funded by the
Erasmus+ Programme
of the European Union

Partners of the project

• IFOTES EUROPE e. V., Hagen, Germany

• Magyar Lelki Elsosegely Telefonszolgalatok Szovetsege – LESZ, Hungary

• Telefono Amico Italia, Italy

• Telefonseelsorge München, Germany

• Sensoor Zuid-Holland zuid midden, Rotterdam, The Netherlands

• Ruprecht-Karls-Universitat Heidelberg - Medical Faculty - Department for Internal General Medicine, Germany

• NIVEL - Netherlands Institute for health services research, The Netherlands

• Végeken Egészséglélektani Alapítvány, Hungary

• Studio Rucli Training and counselling, Italy

• Scuola Nazionale Servizi, Italy

Further information

Project web-site http://listening-skills.eu

Contacts: IFOTES Europe e. V., Hagen, Germany
europe@ifotes.org

Co-funded by the
Erasmus+ Programme
of the European Union

Intellectual Output 1 (IO-1)

1. Introduction

The EmPoWEring project was initiated to develop a training for listening skills in the field of emotional well-being and crisis intervention, with a focus on volunteers within Telephone Emergency Services (TES). Before the development, evaluation and certification of a new training (IO-2; IO-3), we wanted to learn in detail about emotional well-being models, existing training opportunities, and training needs (IO-1). This initial project phase was conducted to gain a deeper understanding of what currently exists in the field of emotional well-being via telephone and web-based services in Europe.

Telephone and web-based help has a long history: organizations for the prevention of suicide were first established at the beginning of the 20th century. In the 1950s, with the emergence of the home phone, the crisis lines appeared and soon spread to be available worldwide. Many people in need prefer the phone because calls can be made anonymously and from many geographic locations. The same holds for web-based emergency services. With the rising popularity and availability of the Internet from the beginning of the 1990s, helplines have therefore additionally started to provide emotional support via e-mail or chat services, and new web-based emergency services have begun to arise.

Web-based and telephone emergency services provide an essential part of suicide prevention and emotional support services. For the listeners behind the telephone or computer, training is important to enable them to deal with clients and cope with the challenging emotional experiences during calls or web-based communication.

Empirical support for the high demands imposed on listeners and their accordingly high training needs is provided by the TESVolSat study (EU project no. 2013-1-BE1_GRU06-00495). This research project on volunteer satisfaction and motivation within TES in Europe was conducted under the head of IFOTES to enhance the quality of TES work, calibrate the training programs, and to provide better support for listeners and callers. Results of the study demonstrated that from the listeners' perspective the quality of the training was deemed the most important aspect of support that the organization can provide. Apart from training, supervision was also greatly valued by the listeners. The listeners also indicated that there are various groups of callers that are hard to cope with, such as suicidal callers, sex callers, aggressive callers, or frequent callers. The group of callers identified as most problematic differed between countries, thereby illustrating the varying demands and training needs for listeners across Europe.

Taken together, these results indicate that initiatives of emotional support and emotional well-being are of major importance in Europe, and that listeners need to be trained in order to cope with the demands of listening. The differences between countries also show that findings from one country cannot easily be generalized, but instead a comprehensive approach investigating training opportunities and needs in different European countries is necessary to develop a training for listening skills that will serve across Europe.

2. Mapping of Knowledge and Initiatives of Emotional Support and Emotional Well-Being
(Activity 1.1)

As a first step within the EmPoWEring project we wanted to learn about existing training opportunities in Europe. We started with a mapping of knowledge and initiatives of emotional support and well-being that resulted in an inventory of adults' educational opportunities to train themselves in emotional support, listening skills, suicide prevention, and other emergency services.

In order to collect the training opportunities available in Europe for telephone hotlines as well as web-based services we employed several methods. We performed a desk research, collected data from partners at the World Congress of social support helplines in Aachen (20-22 July, 2016), and relied on the expert knowledge and input of the project partners from Italy, Germany, Hungary, and the Netherlands.

As a result of the data collection the inventory of training opportunities was built (see Table 1 for overview). The inventory consists of different helplines and web-based services, aiming at different target groups. All of these organizations provide training to their listeners, although detailed information about the trainings is not always available (see additional excel sheet for more detailed information).

Table 1. Overview of the inventory of different training opportunities.

	Training opportunities
Germany	133
Hungary	36
Italy	48
Netherlands	39
Finland	1
Scotland	1
Total	258

To facilitate a first overview of the various training opportunities, we differentiated between regular training opportunities and best practices. To define the selection of best practices, we relied on the definition employed by the World Health Organization (WHO):

> A "Best Practice" is commonly defined as a technique or methodology that, through experience and research, has proven reliably to lead to a desired result. The term is used frequently in areas such as health, government administration, the education system, project management, and others. In the context of health programmes and services, a practical definition of a "Best Practice" is "knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results, and which can be

used to develop and implement solutions adapted to similar health problems in other situations and contexts".

(http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=1981)

Best practices according to this definition have shown results superior to other tools, procedures or trainings. Despite having found lots of training opportunities, we can state that those trainings that are delivered by the different organizations that are members of IFOTES can be defined as best practices. Those organizations fulfilling the standards of IFOTES are delivering trainings to their volunteers in order to serve the callers in emotional or suicidal crises, too. In the inventory of training opportunities we have 186 IFOTES members, i.e. best practices (see Table 2).

Table 2. Overview of the best practices within the inventory of different training opportunities.

	Best practice training opportunities
Germany	112
Hungary	20
Italy	30
Netherlands	24
Total	186

3. Results of the Survey on Existing Training Opportunities (Activity 1.2)

The mapping of knowledge and initiatives of emotional support and emotional well-being showed that there is a large variety of training opportunities for listening skills in Europe. Only very few of them provide public information about their theoretical background, their content and their practical implementation. Therefore, we conducted an anonymous online survey on existing training opportunities to assess how different organizations conduct their training and which elements are included.

We first developed a questionnaire in English language and discussed it thoroughly within the EmPoWEring project group. After we reached consensus on a final version, the English questionnaire was translated into Dutch, German, Hungarian, and Italian. Next, we implemented the questionnaire in all five languages into EFS Survey, an online platform for survey research. The online surveys were then pre-tested by members of our project group before dissemination.

Data collection began in April 2016 and ended in June 2016. The questionnaire was sent out to IFOTES members via mailing lists. Furthermore, our project partner TES organizations directly contacted their national TES posts and asked for participation in our survey. To ensure a variety in the types of organizations we assessed, we also contacted non-TES organizations which we had previously identified through the mapping of knowledge and initiatives.

Our questionnaire focused on the content of the training at the organizational, not the individual level. On entering the survey website, participants were therefore asked to fill out only one questionnaire per organization. We informed participants that we were developing a training for listening skills within the EmPoWEring project and had developed the online questionnaire because we first wanted to learn about existing training opportunities. We also notified them that participation would take about 15 minutes and that their responses would be anonymous and finally asked for their consent before participation.

The survey then started with obtaining data about the organizations themselves (country, type of organization, service provider within the organization). On the next page, those organizations who indicated that they provide training in the field of emotional well-being and crisis intervention were asked detailed questions about their training (duration, elements included, theoretical foundation, accreditation, selection of candidates).

3.1 Descriptive Results for the Participating Organizations

A total of 92 organizations that provide training in the field of emotional well-being and crisis intervention answered our survey. Most of these organizations were located in the four partner countries Germany (33%), the Netherlands (11%), Hungary (27%), and Italy (11%). However, since the survey was also available in English, 18% of the participating organizations were located in other countries such as Sweden, France, Austria, Switzerland, Spain, and Slovenia.

Most organizations were TES (72%), but there were also other helplines (6%), non-governmental organizations (9%), governmental organizations (2%), and other organizations (11%) such as scientific, charitable, and business organizations present within our sample. Since the TES organizations present the largest subsample, we will display the following results for the whole sample of N = 92 organizations, as well as subgroup analyses for the TES (n = 66) and non-TES (n = 26) organizations in case there are differences between these groups. TES and non-TES organizations were not equally distributed across countries; for Germany there were 26 TES and 4 non-TES organizations, for the Netherlands there were only TES organizations (10), for Hungary there were 22 TES and 3 non-TES organizations, and for Italy there were 2 TES and 8 non-TES organizations in our study sample.

We also asked who in the organization provides service in the field of emotional well-being and crisis intervention. In this case, multiple answers were possible. In most organizations (91.3%), service was provided by volunteers. In about half of the organizations (45.7%), service was also provided by professionals, and in 13% of the organizations, interns were involved in providing service.

Within the TES organizations, volunteers provided service in 95.5% of organizations, professionals provided service in 34.8% of organizations, and interns provided service in 3% of organizations. In the non-TES environment, volunteers provided service in 80.8% of organizations, professionals provided service in 73.1% of organizations, and interns provided service in 38.5% of organizations.

3.2 Descriptive Results for the Training Programs of the Participating Organizations

The organizations devoted a mean percentage of 50.9% of their training time to the training of listening skills (52.6% for the TES organizations and 46.8% for the non-TES organizations). The dispersion of the total hours of training as well as the total duration of the training was highly similar

for the TES and non-TES organizations. We therefore only present the results for the whole sample. Most organizations provide trainings of more than 120 hours of length, but there are also many training programs within the range of 40 to 80 hours of total training time (see Figure 1). The total duration of the training is between 3 and 6 months in most organizations, but there is another peak for trainings that are provided in a time frame of 12 to 18 months (see Figure 2).
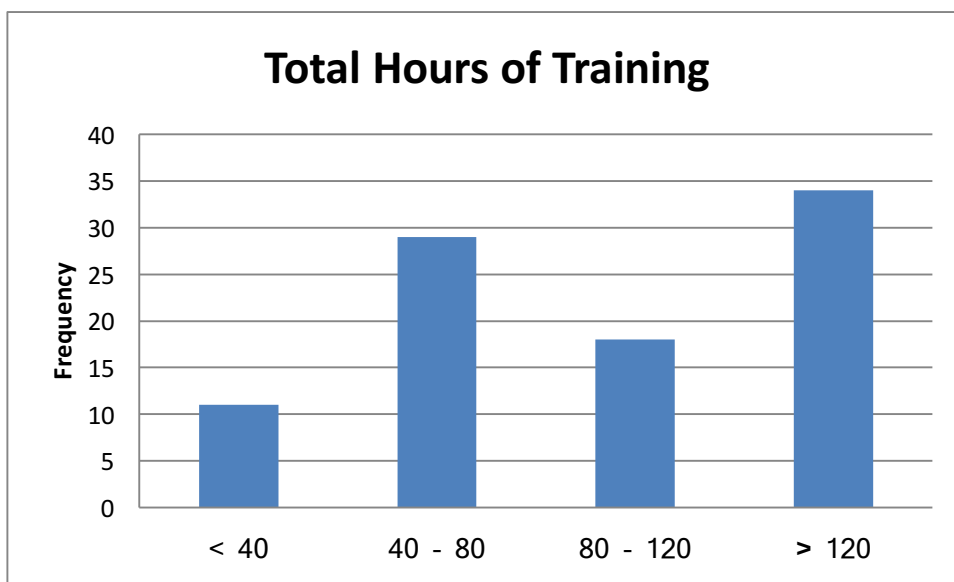

Figure 1. Total hours of training time in the trainings of 92 organizations.
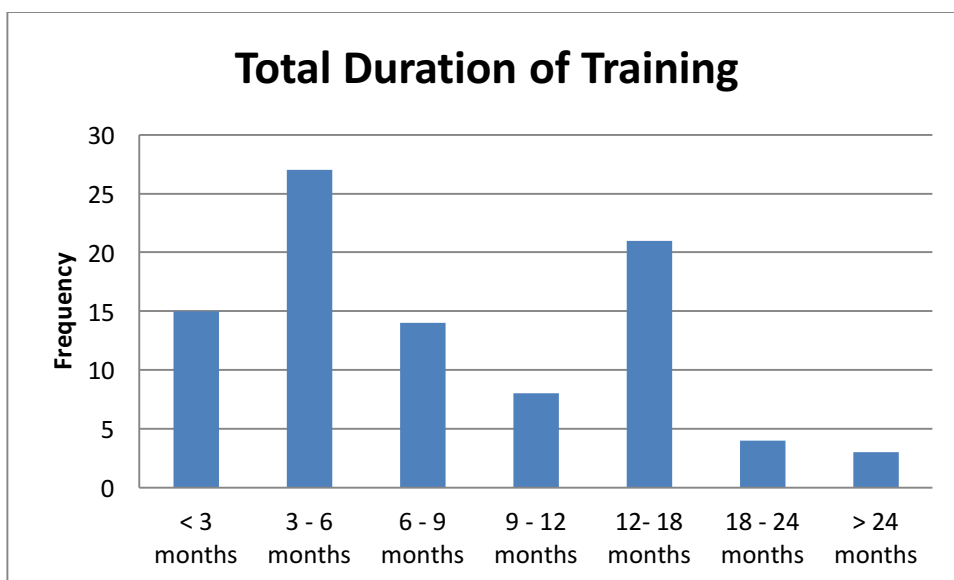

Figure 2. Total duration of training in the trainings of 92 organizations.

There were no significant differences between the importance of various training elements between TES and non-TES organizations. Figure 3 shows that across all organizations, great importance was attached to knowledge about suicidal crisis, but knowledge about psychological crisis in general and communication theories was also important. As means of teaching, role-play, work in small groups, and telephone practice were judged to be the most important training elements.
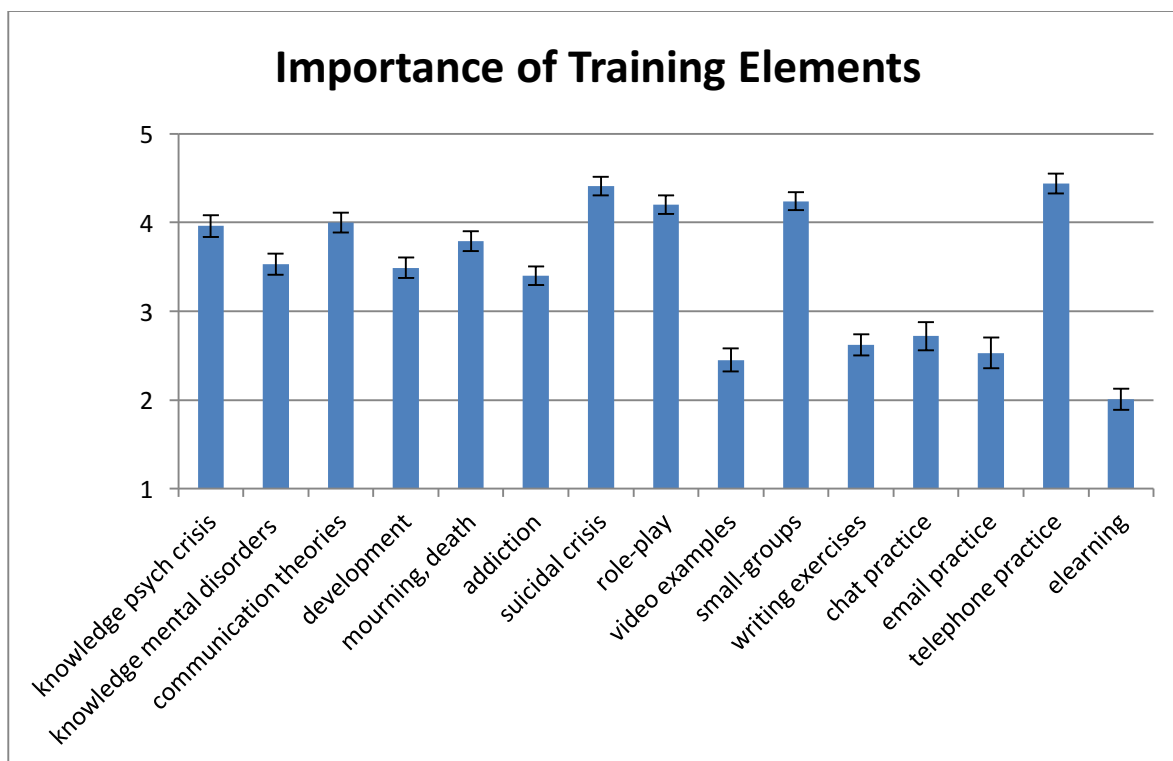
listening skills

Co-funded by the
Erasmus+ Programme
of the European Union

Figure 3. Importance of training elements in the 92 organizations. Scale: 1 – not important; 5 – very important. Error bars represent the standard error of mean.

The organizations were also asked to indicate the percentages to which several training elements are included in their basic training for listeners. In this case, there were only minor differences between the TES and non-TES organizations. Theoretical classes make up 32.9% of the TES trainings and 33.5% of the non-TES trainings. Practical exercises form 42.7% of the TES trainings and 46.2% of the non-TES trainings. Self-experience (e.g. personal counseling) constitutes 32.4% of the TES trainings and 27.6% of the non-TES trainings. Supervision forms 22.6% of the TES trainings and 27.0% of the non-TES trainings. A relevant difference emerged for Intervision, which composes 13.9% of the TES trainings and 21.8% of the non-TES trainings. (The percentages do not add up to 100% within each group since ratings for each category were made independently).

There were fewer differences between TES and non-TES organizations for the mean percentages of training formats included. Altogether, most training time was spent on face-to-face training with the participants (68.5%). A very small amount of training time (6.0%) was spent online (e.g. on E-learning formats). The training programs did not heavily rely on independent study of participants (17.5%), but emphasized observation of experienced listeners' practice (30.3%) and independent practice (25.8%).

The theoretical foundation of the trainings was vastly similar for TES and non-TES organizations. The only significant difference emerged for the importance of psychodynamic theories, which were (on average for the four countries assessed) more popular in the TES environment (mean value: 2.8) than in the non-TES environment (mean value: 2.1; scale: 1 – 5). Figure 4 displays the relative importance of the theoretical approaches for the whole sample of 92 organizations. On average, humanistic/client-centered and crisis intervention were the most relevant theoretical foundations of

listening skills

Co-funded by the
Erasmus+ Programme
of the European Union

the trainings. "Other" foundations such as psychodrama, logotherapy, and solution focused brief therapy were also mentioned frequently.

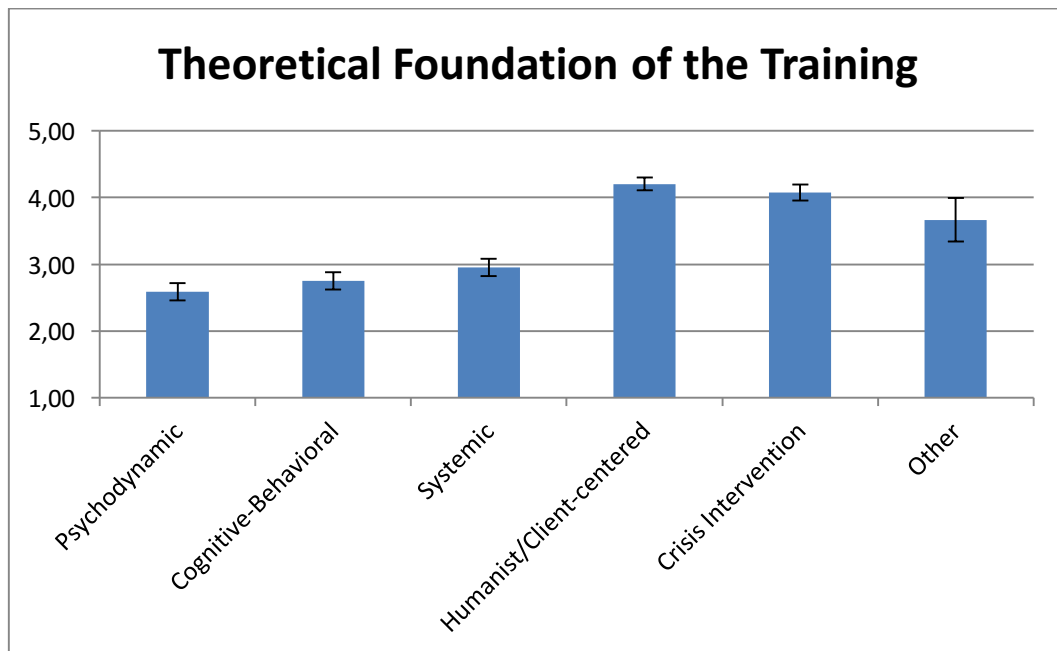**Theoretical Foundation of the Training**

Figure 4. Ratings of how much each category relates to the theoretical foundation of the training. Scale: 1- not at all; 5 – extremely. Error bars represent the standard error of mean.

There were some differences between the TES and non-TES organizations regarding the channels of listening they cover in the trainings. All TES organizations (100%) and most non-TES organizations (92.3%) trained listening via telephone. Listening via chat was trained in 34.8% of TES and 26.9% of non-TES organizations. Listening via e-mail was trained in 30.3% of TES and 34.6% of non-TES organizations.

We also asked the participating organizations whether they employ an examination at the end of their trainings. There were a few differences between TES and non-TES organizations. In 39.4% of TES and 46.2% of non-TES organizations there was no examination at all. Practice tests were the most popular method of examination (48.5% of TES and 42.3% of non-TES organizations). Less popular were written exams with open ended questions (16.7% of TES and 7.7% of non-TES organizations), written exams with essay questions (6.1% of TES and 0% of non-TES organizations), and written multiple choice tests (28.8% of TES and 3.8% of non-TES organizations).

The accreditation of trainings also differed between TES and non-TES organizations. Figure 5 shows the accreditation status of trainings in the TES environment and Figure 6 shows accreditation within non-TES organizations. Most outstanding was that of the TES trainings, 21.2% were delivered by a recognized provider (i.e. TES posts in themself are recognized as training providers within the respective countries, or the trainings were recognized by governmental institutions), whereas this was the case for only 7.7% of the non-TES trainings.
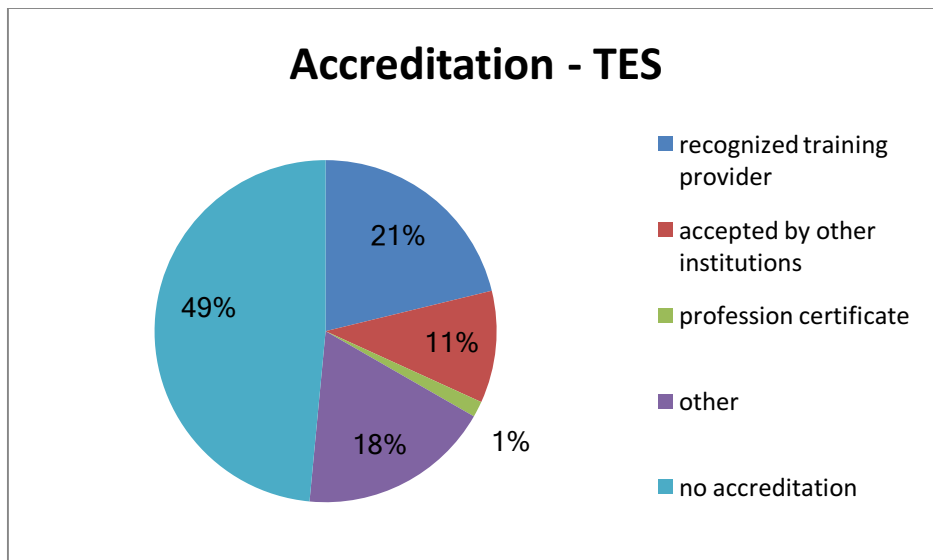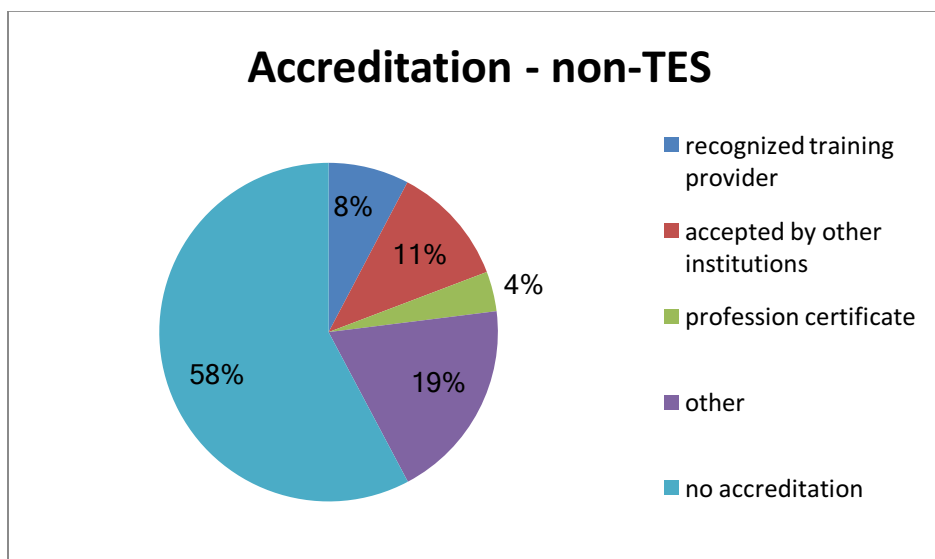
Figure 5. Accreditation of TES trainings.

Figure 6. Accreditation of non-TES trainings.

Regarding the selection of volunteers for the training, we asked about objective entry criteria as well as the method by which the selection takes place. Several differences emerged between the TES and non-TES organizations. The level of education was an objective entry criterion in 15.2% of TES and 3.8% of non-TES organizations. Previous professional experience was critical in 1.5% of TES and none of the non-TES organizations. An age limit was relevant for 22.7% of TES and 42.3% of non-TES organizations. Other criteria such as no police records for violence, no traumatic experiences, or mental stability were relevant in 16.7% of TES and 34.6% of non-TES organizations. Most TES organizations (43.9%) and several non-TES organizations (19.2%) did not use formal entry criteria. The methods for candidate selection also differed between TES and non-TES organizations. Personal interviews were the most popular method both for TES (90.9%) and non-TES (80.8%) organizations.

Objective requirements must be met in 28.8% of TES and 38.5% of non-TES organizations. A formal application process was employed in 31.8% of TES and 38.5% of non-TES organizations.

4. Results of the Training Needs Analysis of Different Target Groups (Activity 1.3)

After reviewing the existing training opportunities we next turned to the assessment of training needs. Aim of this activity was a comparison between the current status quo in training that is provided by the organizations and the needs as experienced by trainees. The Training Needs Analysis further provided the empirical foundation for the development of our own training within the EmPoWEring project.

To gather information from a large number of individuals we again used an online survey method. Once more we first developed an English questionnaire, discussed it within the EmPoWEring project group, and consented on a final version, which was then translated into Dutch, German, Italian, and Hungarian. All five versions were again implemented into the EFS survey platform. Data were collected between April and June 2016. This questionnaire was also sent out to IFOTES members via mailing lists. Furthermore, our project partner TES organizations directly contacted their national TES posts and asked for participation of their volunteers and other members in our survey. To ensure a variety in participants, we also contacted non-TES organizations which we had formerly identified through the mapping of knowledge and initiatives. Furthermore, we recruited participants for the survey in several participatory events that took place in each partner country. In the Netherlands, a total of 62 individuals were reached via three participatory events that were hosted between January 11th, 2016 and March 23rd, 2016. In Hungary, 65 individuals were addressed in two participatory events that took place between January 21st, 2016 and January 28th, 2016. We contacted 61 individuals in Italy who attended four different participatory events held between January 24th, 2016 and April 28th, 2016. In Germany, two participatory events that took place on March 28th, 2016 and April 5th, 2017 informed 50 individuals about the project we were undertaking. To summarize, we additionally contacted a total of 238 individuals via participatory events and asked them to participate in the online survey. Together with mail recruiting, this strategy ensured a variety of participants from different backgrounds within our survey sample.

On entering the survey website, participants were informed that we were developing a training for listening skills in the field of emotional well-being and crisis prevention within the EmPoWEring project and that the questionnaire was developed to assess from both volunteers and professionals in different fields what they consider to be elements of a good listener and what their training needs are. Again, we notified them that participation will take about 15 minutes and that their responses are anonymous and we asked for their consent before participation.

The survey started with obtaining demographic information about the participants (country of living, age, gender, educational level, regular work schedule, emotional well-being work). As a next step, participants were asked to indicate which skills and characteristics they consider important when training a good listener. Lastly, we asked participants about their training needs (importance of training elements, training formats, importance of training accreditation, importance of entry criteria) using questions that paralleled the questions about the trainings of the organizations in the Survey on Existing Training Opportunities to enable a comparison between what is needed by the trainees and what is provided by the organizations.

4.1 Descriptive Results for the Participants

A total of 790 participants completed our survey. The participants were between the ages of 21 and 81 years (mean age = 56 years) and mostly female (76%). The majority of participants were German (44%), other participants were from the Netherlands (15%), Hungary (13%), Italy (21%), and other countries such as France, Belgium, Switzerland, Austria, Finland, or Norway (7%). The educational level of the participants was high, with 16% having completed basic secondary or vocational school as highest degree, 32% having completed secondary school with entrance qualification for university, 16% having a Bachelor's degree, 27% having a Master's degree, 3% having a doctoral degree, and only 1% having no school diploma.

Most of the participants were working full-time, part-time, or casually, or were self-employed (30%, 13%, 2%, and 13%, respectively). The second largest group in this regard was the group of retired participants (28%). A minority of participants were students (2%) or unemployed (3%).

Of those participants who were already working in the field of emotional well-being, most were from the TES environment (91%). Very few participants came from other helplines, non-governmental, governmental organizations, or psychiatric services (less than 1% each). Some participants (6%) indicated that they were associated with another organization that did not fit to the categories we provided (e.g. working in a private practice for psychotherapy).

The participants were already working in the field of emotional well-being between 0 and 39 years (mean = 8 years). Most of the participants were working in the field of emotional well-being as a volunteer (*n* = 526; 73%, training completed). A tenth of participants were volunteers in training at the time of our survey (*n* = 71). Some of the participants were professionals (*n* = 64; 9%) or trainers (*n* = 36; 5%). Since we were interested in the training needs of different target groups, results will be reported separately for these four groups wherever there are meaningful differences.

4.2 Training Needs Analysis: Skills and Characteristics of a Good Listener

We showed the participants a list of forty skills and/or characteristics and asked them to rate their importance when training a good listener. Participants rated the importance of each item on a scale from 1 (not important) to 5 (very important). Figure 7 shows the mean rated importance for 40 items. We also asked the participants to choose the five skills and characteristics that are most important when training a good listener ("Which skill/characteristic do you consider most important?" / "…second most important?" / "…third most important?" / "… fourth most important?" / "… fifth most important?"). For these most important skills, we ranked the frequency with which the forty skills were chosen by the participants. We evaluated the three most frequently chosen items for each question. This lead to a pattern of six skills and characteristics that were ranked as the most important ones: Empathy, Emotional Stability, Respect, Acceptance, Active Listening, and Leading Conversations. This general pattern was similar for all target groups, although volunteers in training and volunteers with completed training put more emphasis on Emotional Stability than the other groups, while the professionals considered Keeping Personal Boundaries more important than the others.

We used these results as a basis for the development of our training. Since Acceptance and Respect are similar constructs, we condensed them into one characteristic. To strengthen the training of

specific skills and provide listeners with more practical tools, we added Resource Activation as a topic to our training program based on empirical and theoretical considerations. Figure 8 shows an overview of the listening skills.
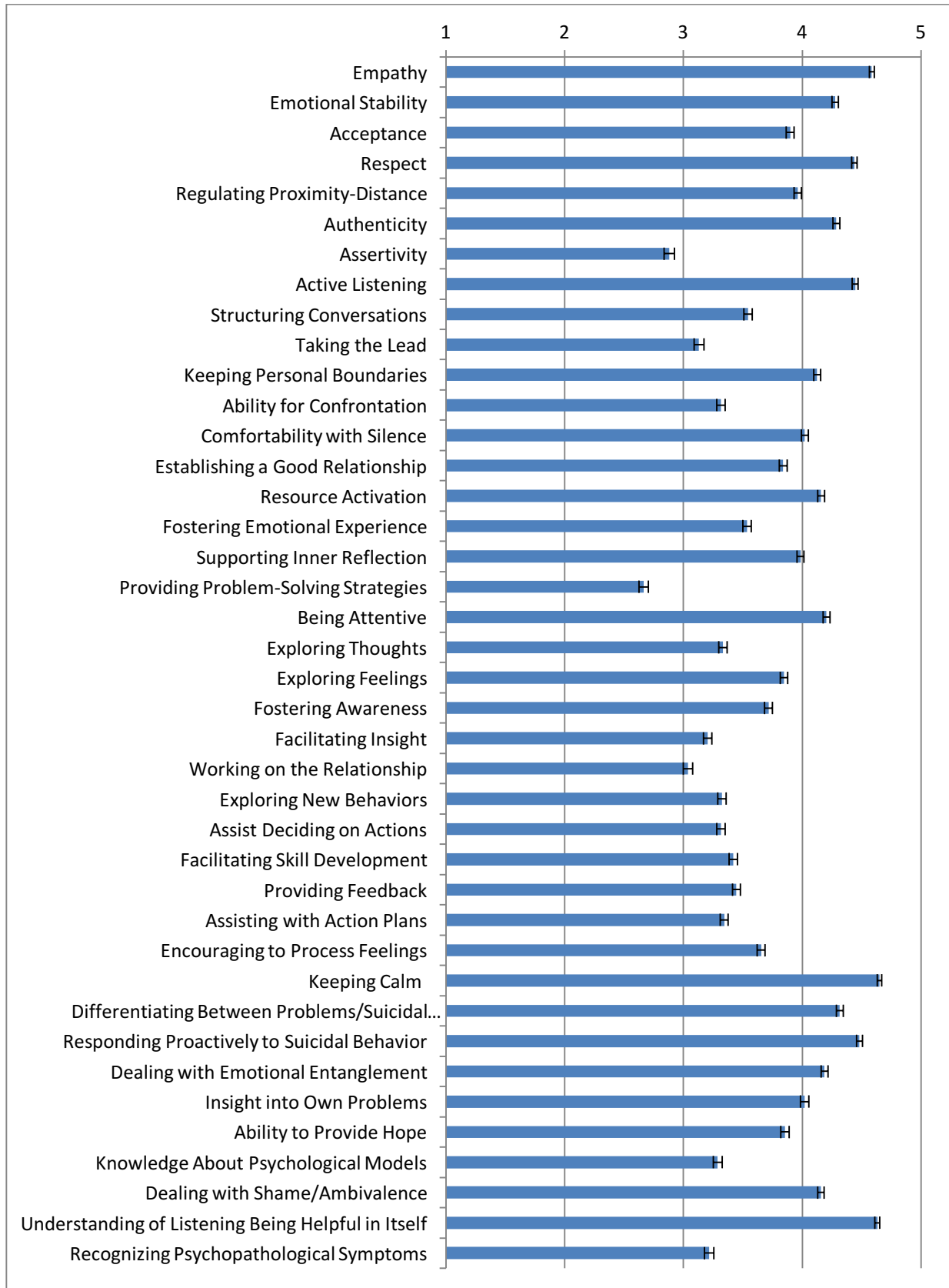
Figure 7. Mean Importance of skills and characteristics of a good listener. Error bars represent the standard error of mean.

> *listening skills:*
> 1. Empathy
> 2. Emotional Stability
> 3. Respect/Acceptance
> 4. Active Listening
> 5. Leading Conversations
> 6. Ressource Activation

Figure 8. Listening Skills according to the training needs analysis

4.3 Training Needs Analysis: Characteristics of a Good Training

Similar to the survey on existing training opportunities (see 3.2), we now asked the participants of the Trainings Needs Analysis about the training characteristics they consider as optimal for the training of a good listener.

The optimal hours of training time did not differ much between groups of participants. Figure 9 shows that most of the 790 participants deem 80 to 120 hours of training time appropriate. The group of professionals differed slightly from this distribution, with 6.3% choosing less than 40 hours, 32.8% choosing 40 to 80 hours, 28.1% choosing 80 to 120 hours, and 32.8% choosing more than 120 hours as the optimal training time.
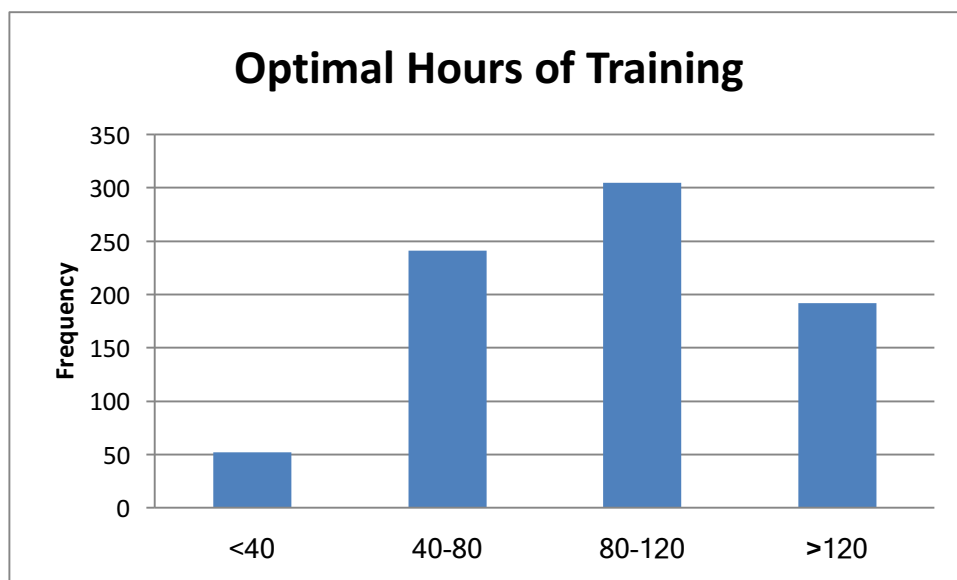

Figure 9. Hours of training as a listener the 790 participants consider being optimal.

Next, we asked the participants to rate the importance of various training elements for the training of a good listener. There were significant differences between the groups for the importance they placed on knowledge on Psychological Crisis, Mental Disorders, Developmental Theories, Mourning

and Death, Addiction, and Suicidal Crisis and for the practical element Videos. However, although statistically significant, the effect sizes of the differences were small, so that they can be considered as not meaningful. We therefore report the pooled mean importance of training elements rated by the whole sample of 790 participants in Figure 10.
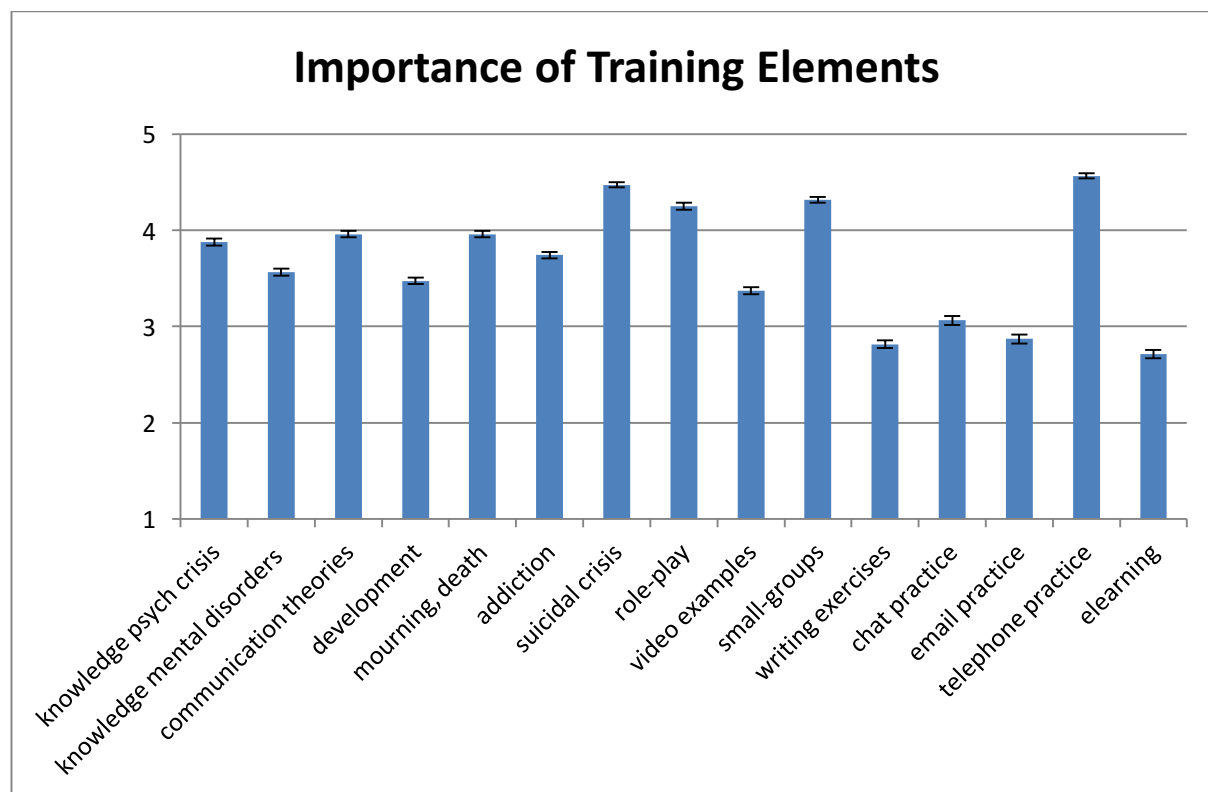

Figure 10. Importance of training elements rated by 790 participants. Scale: 1 – not important; 5 – very important. Error bars represent the standard error of mean.

Participants were also questioned to indicate to which percentage several training elements should be included in a training that they consider as optimal to become a good listener. The pattern of results was similar for all groups of participants. Practical exercises were considered most important (40.0%) and theoretical classes were judged to be second most important (32.3%). Self-experience (29.4%), supervision (24.2%) and intervision (17.9%) were also evaluated as meaningful.

Furthermore, we wanted to know from the participants which training formats they think should be included in a training for good listening skills. The differences between volunteers, professionals, and trainers were marginal. Altogether, participants agreed that face-to-face training should make up the greatest part of the training (52.3%). They considered observation of practice and independent practice to be roughly equally important (32.6% and 29.0% of training time, respectively). Independent study should make up about 15.3% of training time and online training should make up only about 10.7%.

The importance of accreditation differed slightly between groups. Accreditation was at least moderately important for 71.9% of volunteers in training and for 73.5% of volunteers with completed training. Professionals and trainers considered accreditation to be even more meaningful, with 84.3% of professionals and 91.6% of trainers judging it to be at least moderately important.

The importance of objective entry criteria barely differed between groups. Educational level, age limits, and previous professional experience in the field were judged to be slightly up to moderately important by all target groups.

5. Comparative Analysis and Matching of the Results (Activity 1.4)

As a first step within the EmPoWEring project, we performed a Mapping of Knowledge and Initiatives of Emotional Support and Emotional Well-Being across Europe. This work resulted in an inventory of different adult's educational opportunities which demonstrated that there is a large variety of trainings and best practices in telephone and web-based help services in Europe. Since only some of them provide public information about their theoretical background, their content and their practical implementation we conducted an anonymous online survey on existing training opportunities to assess how different organizations conduct their training and which elements are included.

Comparing the results from the Survey on Existing Training Opportunities (3.) and the Training Needs Analysis (4.) leads to several interesting findings. First, we showed that most training programs we assessed were either between 40 and 80 or more than 120 hours long. However, the volunteers, professionals, and trainers considered trainings of 80 to 120 hours length to be optimal. For the EmPoWEring project, we decided to develop a training of 120 hours. However, we split our training into three different parts that can be provided independently and therefore make the training usable for all different levels of qualification and various target groups reaching from inexperienced volunteers to professionals with former experience in listening.

Another important finding was that the importance of various training elements was similar between the already existing trainings and the needs expressed by participants. This implies that the trainings that are offered already fulfill most needs of the trainees. It further indicates that the results of the training needs analysis provide a good basis for our training. For instance, we decided to include a significant amount of small-group-work as well as telephone practice into our training, since these methods were considered the most important ones by all survey participants. The results also showed that information on suicidal crisis was very important in the existing trainings and for an optimal training according to participants. This indicated that it is important for listeners to be prepared for dealing with clients who speak about suicidal thoughts or plans. We therefore included this topic in our training to ensure that trainees feel confident in dealing with this topic after the training.

Since organizations and participants indicated that practical exercises were most important to them, followed by theoretical classes, we designed our training in a similar fashion with mostly practical elements in a face-to-face setting, but also provide theoretical knowledge about the listening skills we aim to teach. However, although participants considered face-to-face training as most important, we decided to include web-based modules for theoretical input in order to make the training more flexible (knowledge fox, see Intellectual Output 2). For role-play and other practical exercises we

used a face-to-face format. Details of the newly developed training on listening skills within the EmPoWEring project can be found in Intellectual Output 2.

Regarding accreditation, our analyses showed that accreditation was not common among the providers of trainings for listening skills (only 51% reported having any form of accreditation). However, most of the volunteers, professionals, and trainers (71.9% - 91.6%) considered

accreditation to be at least moderately and up to very important. This finding supports the emphasis on accreditation of the training developed within the EmPoWEring project. Details of the accreditation for the newly developed training for listening skills within the EmPoWEring project can be found in Intellectual Output 3.