Digital Toolkit for Trauma-Informed ESOL Teaching

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Prompt 1:

Imagine you are teaching a medical focussed ESL lesson to a class at Global Link. Noting that many of the class could be living with PTSD and acute trauma, what key things would you change about the classroom to make the space feel safe and supportive, especially when discussing personal or painful medical topics?

Pay close attention to the layout of the classroom, privacy, sounds, opt-in participation, and space for quiet reflection.

- Thinking about childcare, avoiding social isolation and ensuring communication with other women
- Fostering community feeling by sharing something from our culture, food, objects, crafts. This builds trust and relationships in the class, bringing people close to each other, making people feel proud of where they come from – will lead to broaching medical topics later on
- Reading aloud in class can cause anxiety, related to the spatial layout with the same seating plan, trying to practice
- Solution could be taking rigidity out of the room, so not always sat in rigid structures, not locked into being called upon, no feeling of being hemmed in
- Smells, very important would it be possible to have candles or incense – kitchen at Global Link
- Spontaneity, but also structure is important. Students come for the structure, but also having the freedom to come and go as you wish

- People come to use the facilities, to come to the community when coming to Global Link
- Design of hospital might have lessons to learn from ESOL classroom
- Problems encountered in classrooms – set up with desks, sitting at table, reading aloud
- Solution to desks could be sitting in a circle. Taking away the desks means students could speak as much or as little as possible, far less pressure in a discussion circle
- Stress and anxiety from reading aloud outbalances the benefits gained from it
- Making students feel welcome to make mistakes, that it is not something to be embarrassed about
- Could pull students aside at the end of the lesson and have a chat
- When explaining an activity could also explain which mistakes to avoid but also that they are important and good to make in order to learn, they help the learning process
- PTSD is important to consider but it is one part of the story. Students can have worries mostly about work, finding a job, money – these things taking up headspace
- Trauma in the context of domestic abuse survivors
- Adeline Moussion's work: https://bristoluniversitypressdigital.com/view/journals/emsoc/4/3/article-p341.xml?tab_body=chapter-metrics
- Students might have limited amount of time to prepare, or do homework, it is important to make sure activities accommodate this

- Initiative in Liverpool, where students move outside the classroom to an outside space eg. into a garden space, picnics in a park - this relieves pressure

- Hospitals and places of learning are often closed controlled spaces, it could be good to open the space. When outside there is opportunity to learn about trees, plants, people in the park, means that we get closer to the environment

Prompt 2:

Think about how pain is described differently across languages and cultures. How could we design ESL materials that support students in explaining symptoms - not just in English - but using their own languages as a bridge?

How can we build familiarity with systems like PATCHS when booking processes differ across the UK?

Think about different ways of learning vocab, visual aids, mock PATCHS systems students sharing/writing their symptoms first in their native language - how would this help their communication?

- The use of role play in teaching, this is invaluable for being able to describe what might be the problem. It is an opportunity to play out the situation which could give students confidence going into healthcare situations
- Using flashcards with areas of pain
- Students have an opportunity to explain what's the matter, 'doctor' could be the teacher, having this role play means that you can build relations in the classroom, and make use of visual cues and not just rely on linguistic communication
- Having to ask to use an interpreter in healthcare settings, availability of interpreters
- Miranda Fricker, Epistemic Injustice. Power and the Ethics of Knowing
- Problem of Epistemic Injustice, students might not have frame of expression for subjects such as depression, abuse - integration of vocabularies and awareness into lessons, eg postnatal depression, menopause, domestic violence
- Elena Semino's "Metaphor Menu" https://wp.lancs.ac.uk/melc/the-metaphor-menu/ - allowing people to choose and create their own imagery to express symptoms/pain
- Building new frames of understanding and expression into the curriculum, contextual vocabulary bank
- ESOL builds community

Prompt 3:

We want you to think about planning some mini role play lessons with students. We believe that these can be useful for specific scenarios where a student may need to go to a specific appointment or follow-up and as such would benefit from one-on-one role play experience.

The four scenarios you can choose from are:

Signing up in person to a GP.
Filling in PATCHS.
Taking a follow-up call.
Attending a non-urgent appointment.

What creative or inclusive methods would you use to make these sessions work for trauma affected learners? How would you make students feel prepared without overwhelming them? What structure would these sessions take? What setting do you think would be best for them?

Think again about visual mapping, anecdotal storytelling, multiple participation options (acting, writing, listening), multilingual scaffolding

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