Logic model for a train-the-trainer program ensuring alignment with Recovery College principles and values.

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Abstract

Purpose – Recovery colleges (RC) provide free courses on mental health, well-being and recovery. Training of RC trainers is a crucial aspect of ensuring fidelity to the RC, but to date, there are no documented experiences of train-the-trainer (TTT) programs and good practices for training RC trainers. This paper presents the logic model of the TTT program developed by the Health and Recovery Learning Center in Quebec. This paper aims to provide an example of how a TTT program can be designed.

Design/methodology/approach – An RC in Quebec, Canada, has designed and implemented a TTT program in collaboration with several partners in the health and education sectors. A logic model was used to ensure explicit links between the program components (inputs, activities and tools) and the intended results (outputs, outcomes and impact).

Findings – The TTT program is structured around a robust logic model in which all components are linked, ensuring alignment with RC principles and values framework. Three key stages are depicted: recruitment, training modules and continuous support for trainers. Specific tools were also developed to promote and support trainers' competencies and courses co-design.

Originality/value – This paper adds to the literature on RC by presenting the first documented TTT program designed for RC trainers. It provides an overview of co-production practices and intersectoral collaboration contributing to the understanding of key elements to be included in the implementation of an RC.

Keywords Recovery College, Mental health, Logic model, Training program, Trainers, Train-the-trainer
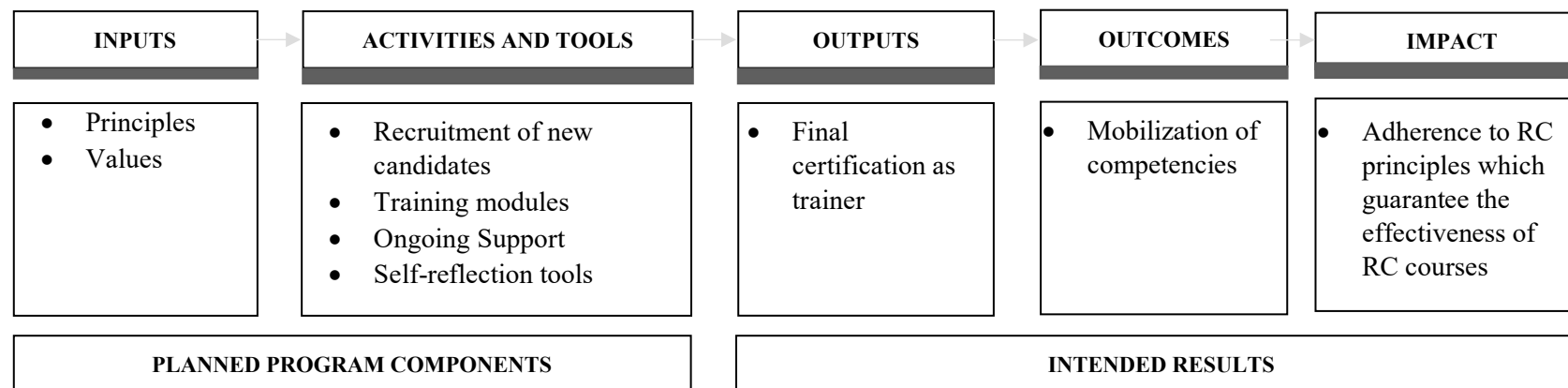
Paper type Conceptual paper

Introduction

Recovery Colleges (RCs) are educational centers offering free courses on mental health, well-being, recovery, and collaborative living (Perkins and Repper, 2017; Thériault *et al.* 2020). RCs are grounded in the principles of shared and transformative learning, where individuals from diverse backgrounds come together to learn new perspectives (Doroud *et al.,* 2023; Harris *et al.,* 2023). A key aspect of RC is the creation of a co-learning environment where learners—whether individuals affected by mental illness, their relatives, practitioners, or others—collaborate to co-produce a unified body of knowledge (Toney *et al.,* 2018). Each RC course is co-designed and co-delivered by a dyad of trainers composed of a person with lived experience and someone with a professional or theoretical background. Within RC courses, experiential, clinical and theoretical knowledge is constructively combined to generate a transformative educational experience for learners (King and Meddings, 2019; Hayes *et al.,* 2023).

To achieve maximum impact at the personal, organizational and systemic levels, courses must adhere to the core principles of the RC with fidelity (Toney *et al.,* 2019). One of these principles is the opportunity for learners to experience the integration of complementary knowledge (Bester *et al.,* 2021; Cameron *et al.,* 2018; West *et al.,* 2022). The study by Dalgarno and colleagues (2019) underlines that trainers play a key role in protecting and promoting adherence to RC values and principles. Yoeli and colleagues (2022) reported that the role of trainers is important in fostering an atmosphere conducive to mutual learning. However, despite the recognition of the role of trainers, no article has been published on the train-the-trainer program and how trainers are supported in fulfilling their role. The lack of documented experiences, in terms of content, tools, and competencies to be acquired, hinders the dissemination and comparison of good practices for training RC trainers.

To address this gap, the Health and Recovery Learning Center (in French Centre d'Apprentissage Santé et Rétablissement) (CASR) designed and implemented a train-the-trainer program in collaboration with its health and education partners. Founded in 2019 in Quebec, CASR is the first and only francophone Recovery College (RC) in Canada and North America to offer courses to the entire population of Quebec. Since its inception, CASR has proposed over 200 free online courses, each lasting six hours (three two-hour sessions), reaching more than 4000 learners from diverse backgrounds. The RC operates through strong intersectoral partnerships, engaging with research and healthcare institutions, universities, and community organizations. Its governance is structured by a tripartite steering committee responsible for funding and strategic planning, involving a health and social services center (a part of the Quebec health and social services network), a university (with a continuing education service for the entire Quebec population) and a mental health research center. An operational committee oversees day-to-day coordination, while an advisory committee brings together all partners in a collaborative and inclusive decision-making process.

The aim of this article is to present the logic model of the train-the-trainer (TTT) program developed by CASR to provide a first detailed example of how a training program for RC trainers can be designed. A logic model is a systematic configuration of the principles, components and intended results that underlie a program (Chen *et al.,* 1999; Chen, 2015). Formalizing a program theory sheds light on how the program works, enabling it to be disseminated and generalized to other settings and contexts, as well as enabling reflection on the program with a view to continuous improvement (Chen *et al.,* 1999; Chen, 2015; Patton, 1997; Stegemann *et al*., 2018). A well-defined logic model explicitly establishes the links between the various components of a program and the intended results. The logic model presented in this article uses the terminology of a basic logic model (W.K. Kellogg Foundation, 1999), i.e. inputs, activities and tools as program components, and outputs, outcomes and impact as intended program results (Figure 1). From a program development perspective, logic models are particularly valuable for ensuring that each activity aligns with and contributes to the program outcomes and impact (Chen *et al*, 1999, Chen, 2015; Helitzer *et al,* 2010). They also foster a shared understanding among team members and partners, creating a common language that can be used internally and externally to communicate the program's purpose and structure (Julien *et al,* 2021).

Figure 1. Logic model of train-the-trainer program by CASR

INPUTS	ACTIVITIES AND TOOLS	OUTPUTS	OUTCOMES	IMPACT
• Principles • Values	• Recruitment of new candidates • Training modules • Ongoing Support • Self-reflection tools	• Final certification as trainer	• Mobilization of competencies	• Adherence to RC principles which guarantee the effectiveness of RC courses
PLANNED PROGRAM COMPONENTS		**INTENDED RESULTS**		

(figure by authors)

Logic model of the train-the-trainer program

Planned program components

Inputs: principles and values

  Five core principles and values (Table I), inspired by the original RC (Perkins and Repper, 2017), guided the development of this program with the aim of embodying and replicating an inclusive work and skill-building environment (Toney *et al*, 2019).

Table I. Core principles and values of the train-the-trainer program

PRINCIPLES	VALUES
Inclusive process opens to all	Inclusion, Equality, Solidarity, Benevolence, Tolerance
Diversity and complementarity	Diversity, Plurality, Complementarity, Openness to difference
Continuous and transformative learning	Active learning, Transformative learning, Continuous learning, Reflective practice, Mutual learning, Co-learning, Collaborative approach
Competency-based pedagogical approach	Self-reflection, Resource mobilization, Competencies development, Sense of competence and self-efficacy
Self-determination and strengths-based approach	Primacy of the individual, Uniqueness, Agency, Valorization of strengths/personal resources, Empowerment

(table by authors)

Inclusive process

  Anyone, regardless of background or level of education, can become a trainer: the recruitment and training process is accessible to all (Perkins and Repper, 2017). Throughout this process, values such as inclusion, equality, solidarity, benevolence, and tolerance are put forward. Recruitment meetings, which will be detailed below, take the form of dialogue and self-reflection on one's own competencies.

Diversity and complementarity of trainers

  The diversity and complementarity of trainers highlight the importance of embracing differences and bringing various perspectives to the co-construction and facilitation of courses (Dalgarno *et al.,* 2019).

Trainers thus serve as power-sharing models, both peer and non-peer trainers working together in openness to others and mutual respect (Toney *et al.,* 2018). It is grounded in values of diversity, plurality, complementarity, and openness to difference, which support an egalitarian, dynamic, and multifaceted learning process representing different mental health knowledge.

Continuous and transformative learning

To foster the development of trainers' competencies, the emphasis is on continuous learning in real-life situations (Mezirow, 1991; Knowles, 1980). The core competencies required at the time of recruitment are readily accessible, regardless of the trainer's level of education and past experiences. Thought a cognitively stimulating proposal and a collaborative approach, CASR staff proposes activities between learners fostering transformative learning and reflective practice (Illeris, 2004).

Competency-based pedagogical approach

The competency-based pedagogical approach prioritizes the development of competencies and abilities required to assume a role in a specific context, with an emphasis on reflective action and resource mobilization (Guillemette and Gauthier, 2006; Gervais, 2016). In the TTT context, trainers are placed in authentic learning situations where they can mobilize their expertise in terms of personal and professional experience.
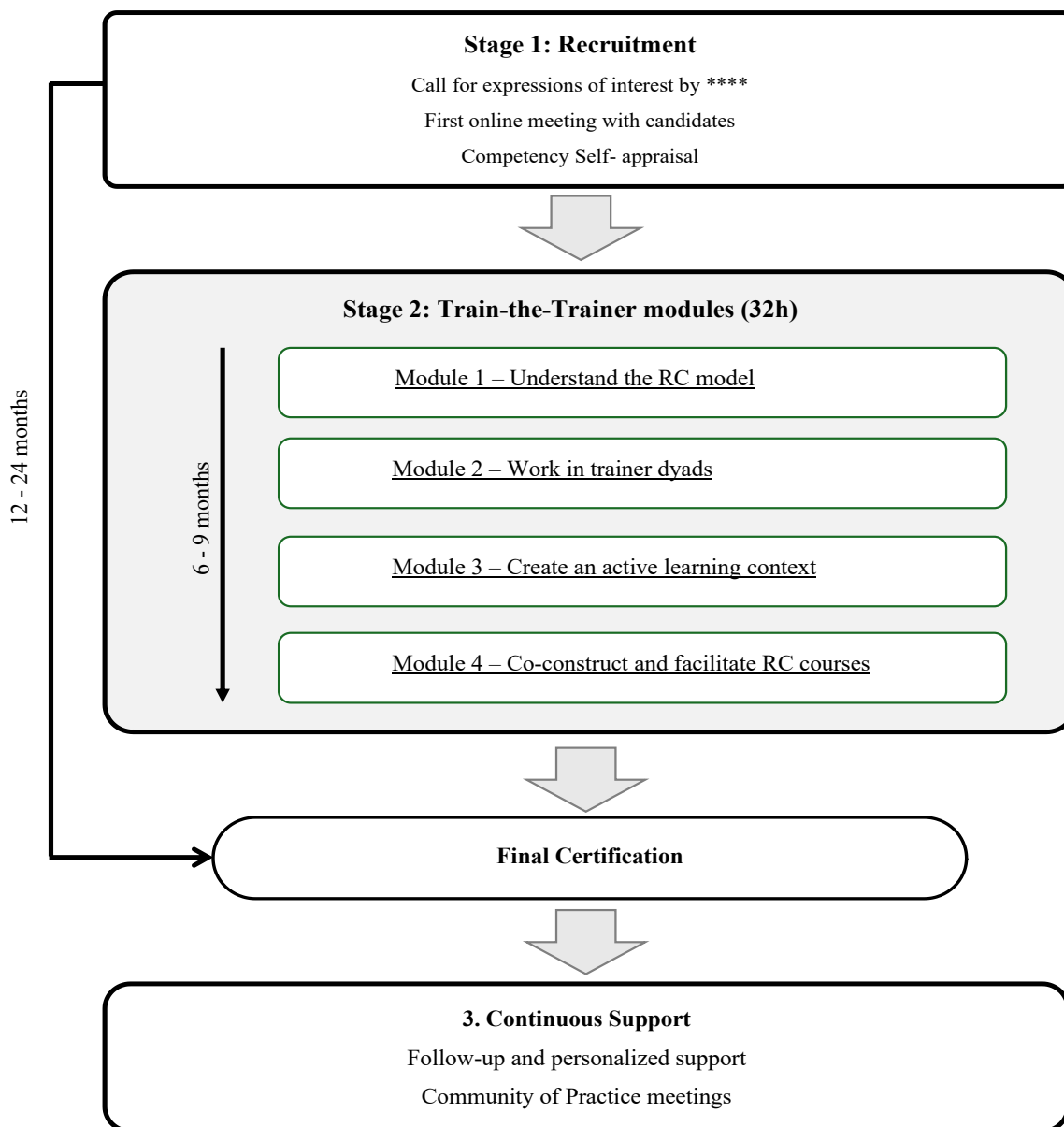
Self-determination and strengths-based approach

The self-determination and strengths-based approach focuses on the individual's unique qualities and personal strengths. Self-determination refers to acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life (Wehmeyer and Schalock, 2001). It promotes values such as primacy of the individual, uniqueness, valorization of strengths, and empowerment, encouraging individuals to take charge of their development and individual growth. A more active role in the RC context lays the foundation for increasing the sense of agency, defined as the ability to express one's goals and act on them (Jay *et al.,* 2017).

Activities and tools

The TTT program is composed of three stages, presented in figure 2, that enable trainers to be accompanied in their competencies' development: 1) the recruitment stage, 2) four train-the-trainer modules, 3) activities and tools for continuous support. Throughout this path, self-reflection tools are used to support the dyadic work in co-production, as well as individual reflection. A final certification, valid indefinitely, is awarded on completion of the TTT program. The TTT program lasts an average of 18 months.

Figure 2. Stages in the trainer's path

Stage 1: Recruitment

Call for expressions of interest by ****

First online meeting with candidates

Competency Self- appraisal

Stage 2: Train-the-Trainer modules (32h)

Module 1 – Understand the RC model

Module 2 – Work in trainer dyads

Module 3 – Create an active learning context

Module 4 – Co-construct and facilitate RC courses

12 - 24 months

6 - 9 months

Final Certification

3. Continuous Support

Follow-up and personalized support

Community of Practice meetings

(figure by authors)

Stage 1. Recruitment of new trainers

The process starts with CASR launching a call for expressions of interest in becoming new trainers, disseminated through all networks of partners. Interested individuals respond to this call, initiating the first contact with CASR. Following this initial interaction, candidates are asked to conduct a self-appraisal of their competencies to determine their readiness for the role. A first meeting, based on a personalised and empathetic approach, provides an opportunity for both the candidates and CASR team to assess their

potential suitability to participate in the TTT program. The priority is given to those trainers who already adhere to the principles and values of recovery, each application is considered individually. This step is the starting point on the journey to becoming a certified CASR trainer.

Stage 2. Train-the-trainer modules

In this second stage, new trainers are trained both in RC theoretical framework and in pedagogical methods to construct and facilitate new courses. It consists of four modules, each lasting one day, for a total of 32 hours, spread over nine months. Some modules are delivered online, others face-to-face whose aim is to propose methods of active learning and self-reflection on competencies. Between modules, new trainers are invited to start working together in dyads to co-construct their course content.

Module 1: Understand the RC, its principles and related concepts. This module introduces the RC and its core concepts such as mental health/illness, self-determination, and recovery. During the first module, practical exercises and reflective activities are planned to engage new trainers in an active learning process to appropriate fundamental components. Theoretical introductions also serve to recall the principles and values of the RC.

Module 2: Work in trainer dyads, using complementary expertise and experiential knowledge.

This module focuses on dyadic work and how to use experiential knowledge properly. New trainers are introduced to techniques to foster collaboration and co-construction in the dyad, managing dyadic relationships and challenges integrating experiential knowledge into training sessions. Activities include group discussions, role-playing simulation exercises, and short theoretical presentations. Course coproduction template is provided to the dyad with the aim of co-constructing a future course.

Module 3: Create an active learning context with learners from diverse backgrounds. The module focuses on creating a collaborative environment. Activities are designed to emphasize co-learning processes integrating experiential, clinical, and theoretical knowledge, as well as pedagogical methods and techno-pedagogies.

Module 4: Co-construct and facilitate RC courses with self-reflection. The scope of this module is to enable new trainers to test the content of the course they are setting up. The main activity of this module is to facilitate a part of their own course with the participation of trainer peers, applying all the principles acquired previously. At the end of the fourth module, new trainers are invited to finalize the co-construction of their courses and offer them for the first time to a group of learners.

Stage 3. Activities and tools for continuous support to new trainers

Since the beginning of the recruitment, new trainers are engaged in an ongoing learning process of acquiring new competencies. According to the different steps of the training program, CASR staff provides ongoing support with a view to continuous development of competencies and growth.

Follow-up meetings and personalized support. Follow-up meetings are offered by CASR staff at each phase of the TTT program for dyads of trainers. The aim is to enable the dyad to monitor the co-construction of the course and ensure accordance with RC principles and values.

Trainers' Community of Practice. Two-hour online meetings (3-4 per year) are open to all new and certified trainers for networking, sharing information about CASR initiatives and offering continuous learning opportunities. The aim is to encourage reflection on trainers' role by sharing tips and strategies for overcoming challenges, successes and stimulate a sense of belonging to CASR community. As part of these meetings, ongoing learning activities (e.g. reminders of RC theoretical principles, learning exercises or role-play simulations) are facilitated by CASR staff to encourage competency development.

Self-reflection tools. Four tools are available to all trainers with the aim of supporting trainers' self-reflection, course design and overall quality.

1. The Competency Self-appraisal Tool is a self-administered instrument, based on the competency framework (Tables II and III), designed to enable trainers to appraise their competencies at different stages of their path. The tool is used at the recruitment stage to provide a portrait of one's initial competencies, as well as in more advanced phases to stimulate self-reflection and awareness. The tool is composed of 19 items divided into five distinct competency areas. For each competency, examples of observable behaviors are provided to facilitate an effective appraisal. It is also possible for trainers to indicate which of the various competencies assessed represent strengths and which need improvement.

2. The Trainers' Guidebook is a handbook that summarizes all the topics covered in the TTT program. It is organized in several booklets that include theoretical sections, facilitation techniques and pedagogical methods.

3. The Course Co-construction Template guides trainers' dyads in co-constructing a course, following a structured training plan that ensures compliance with RC principles, active participation and co-production. Trainers fill the following fields: title, key themes and messages, learning objectives, pedagogical activities, theoretical content and support needed. During the co-construction of the course, the template is forwarded to CASR staff for feedback and individualized support, if needed.

4. The Self-observation of Key Principles Tool is used by trainers to assess if the course they are co constructing adheres to RC principles. The course is evaluated using nineteen items ranging from 0 (not achieved) to 5 (fully achieved) grouped into the following six dimensions: active learning, interaction and egalitarian social relationships, inclusive learning open to all, complementary dyad work, integration of knowledge, embodiment of the recovery paradigm. CASR staff and trainers can use this tool during the co-construction of a new course, before offering it, or after the first delivery to a group of learners, to identify areas for improvement or changes.

Intended results

Output: certified trainers

There are four steps that need to be accomplished to obtain a certification as RC trainer, recognized by all CASR partner institutions. First, new trainers must have attended previously a RC course as a learner. Secondly, they must complete successfully the four TTT modules. The third step consists in co-constructing and presenting, in collaboration with their dyad partner, the course template to the CASR team for a final approval. Finally, it's required to facilitate, as a trainer, a full course opened to all learners. To date CASR has trained over 50 certified trainers that have been involved in providing RC courses.

Outcomes: mobilization of competencies

The short-term outcome of the TTT program is the mobilization of competencies. These competencies are divided into five areas delineated across three distinct temporal levels. Tables II and III illustrate each area of competencies, showing how they are expected to evolve over time and providing observable behaviors that express the competence. This detailed description, structured around development stages, allows CASR staff to explore how trainers progressively acquire, refine, and apply their competencies.

Area 1: Self-awareness and knowledge mobilization

This competency area refers to the process of acquiring self-awareness in relation to one's personal and professional history and background, as well as the ability to use them as trainers. The development of this area of competency will enable trainers to identify their knowledge (experiential, clinical, theoretical) and to make meaningful links between them.

Area 2: Communication and listening

Effective communication and listening are core competencies for fostering an open, collaborative, and trusting learning environment. This competency area refers to the ability to communicate in a spirit of collaboration, openness and trust. The development of this area of competency will facilitate trainers to create a space for dialogue and disclosure.

Area 3: Complementarity dyad work

This competency area refers to working as a trainer dyad and how we adjust to each other in a real teamwork. The development of this area of competency will make trainers able to integrate complementary perspectives, to accept feedback and express their opinions constructively, the expertise of all is valued and shared.

Table II. Trainers' competencies by area and level of development: areas 1 to 3

Areas of competency	When recruiting the trainer	At the end of the train-the-trainer modules	Post Training
Area 1. Self-awareness and knowledge mobilization	**Knowing myself in my personal and professional history and background** • Identify my interests, my values, who I am • Identify my strengths and accept my vulnerabilities and limits	**Giving meaning to all my personal and professional experiences** • Analyse my personal and professional experiences and select examples and key narratives • Identify past inspirational experiences that may inspire hope	**Mobilizing and linking together my knowledge (experiential, clinical, theoretical)** • Identify my knowledge based on my personal and professional experiences • Make connections between my personal and professional experiences and theoretical knowledge
Area 2. Communication and listening	**Communicating ideas in clear and understandable for everyone** • Speak loudly and at a pace everyone can understand • Use simple, accurate words and articulate ideas in an understandable way	**Listening and opening up to other people's ideas** • Try not to fill periods of silence adopting a listening posture (rather than to respond) • Be interested in other people's ideas and give equal weight to different viewpoints	**Maintaining communication in a spirit of collaboration and building trust** • Verify if everyone understands and validate as needed, build a shared vocabulary • Interact with the group to encourage exchanges • Create a safe space for dialogue
Area 3. Complementarity dyad work	**Demonstrating openness to others** • Demonstrate active listening by showing interest and curiosity • Establish a relationship based on mutual respect and trust, recognizing differences as strengths	**Working together with complementarity expertise** • Take the time to understand the complementary expertise of your co-trainer • Share tasks and responsibilities	**Improving dyad work** • Set up discussions to give each other feedback constructively • Express discomforts and expectations • Demonstrate flexibility and negotiate upon disagreement

(table by authors)

Table III. Trainers' competencies by area and level of development: areas 4 and 5.

Areas of competency	When recruiting the trainer	At the end of the train-the-trainer modules	Following experience as trainer
Area 4. Group facilitation	**Demonstrating humility, nuance and hope** • Adopt a facilitator's role rather than an expert's, with a sense of humility • Use nuanced communication that avoids black-and-white thinking and oversimplifications • Use meaningful and constructive stories	**Planning facilitation activities** • Co-construct and plan for a structured yet flexible training plan • Identify time management strategies (clear objectives, detailed agenda, time for each topic, balance type of knowledge)	**Creating a space for reflection, exchange and equitable participation** • Identify and use active group learning techniques to encourage discussion and contributions from all • Use lived experiences and examples to introduce concepts and to encourage exchanges
Area 5. Creation of integrated knowledge and support change	**Embodying the values and principles of recovery** • Promote people's self-determination and empowerment • Focus on lived experience and co-production • Strive to inspire, empower and transform for a world where everyone has a place	**Mobilizing all types of knowledge and supporting links between experience, practice and theory** • Ensure that all types of knowledge are voiced • Make links between experiential, clinical and theoretical knowledge • Use diagrams and models to represent visually a common understanding	**Inspiring cultural change and transforming mindsets and practices** • Stimulate questioning, reflective thinking, constructive criticism, debate, share ideas through activities • Develop visual representations and new tools • Integrate high-quality theoretical knowledge to support evidence-based practice improvement

(table by authors)

Area 4: Group facilitation

This competency area concerns the ability to manage and facilitate groups of learners with different backgrounds. The development of this area of competency will enable trainers to choose inspirational stories that stimulate reflection, discussion and mutual learning. Adopting active teaching methods, trainers foster a safe and inclusive training environment where everyone feels valued and respected.

Area 5: Creation of integrated knowledge and support for change

This competency area focuses on integrating different types of knowledge (experiential, clinical and theoretical) to enable the creation of collective and integrated knowledge, and to support change. The development of this area of competency will support trainers to create a transformative learning environment that emphasizes the co-construction of new representations and new tools for understanding and action.

Discussion

The aim of the present paper is to present the logic model of the RC train-the-trainer program, developed by CASR. The logic model shows how it is possible to create consistency between principles, activities and results (Epstein and Klerman, 2012) and thus support development of trainers' competencies, course quality and fidelity to the original RC (Toney *et al.,* 2019; Perkins and Repper, 2017).

Although the presentation of the logic model followed a linear form, describing inputs, activities, outputs and outcomes as a coherent and linear framework, this coherence and linearity is the result of a multi-step, interactive process in which several partner organizations were involved. This process of co-construction and implementation therefore required close collaboration, the establishment of a common vocabulary and objectives, and the appropriation and integration of the principles and values of the RC by all parties involved. The inclusion of key voices such as practitioners, partners, people with lived experience, students, funders and others in the TTT program design meetings contributes to the involvement of these participants, supporting the implementation and safeguarding the authenticity to the RC framework.

Even today, there are still issues and challenges that need to be carefully addressed. A first challenge is to ensure that inclusive procedures are put in place within RC that value the distinct contribution of every individual thus embody fundamental values. Inclusion is not just for learners, but also in the way RC is run, how the dyadic work takes place, therefore, how the recruitment of trainers is conducted. Partner organizations must constantly think of different strategies to enable everyone to become a trainer, whatever their background. For example, candidates of future trainers were not subjected to a formal

recruitment process involving, for example, the submission of a curriculum vitae and a sustained job interview; instead, they talk about their values, experiences and interests in a non-hierarchical dynamic. Clinical or theoretical expertise, teaching experience or group facilitation are considered value-added qualities, but not essential. A second challenge is the creation of a TTT program based on an approach of constant self-reflection of trainers rather than evaluation. The diversity of the organizational culture of the engaged partners led to fundamental reflections that guided the design of trainers' recruitment, training sessions and support activities. CASR scope is to give everyone the opportunity to develop their competency as trainers, without adopting a performance evaluation framework oriented towards the achievement of results and based on performance appraisal practices that would be noncoherent with CASR' values and principles. Indeed, several scholars have also raised concerns about performance appraisal processes which can have detrimental effects on wellbeing and motivation of the people being appraised and little impact on organizational performance (Smither *et al.,* 2005; Belschak and Dan Hartog, 2009; Kluger and Nir, 2010). Feedback processes and interactive dialogue aimed at supporting the process of competence-based development were promoted (Schleicher *et al.,* 2019; Pulakos *et al*, 2019; Murphy, 2020; Rechter *et al,* 2025). Therefore, a regular self-observation practice is preferred: new trainers self-evaluate their level of competence, through the Competency-Self-appraisal tool to increase awareness upon their role. Support for self-evaluation in active learning is based on theories of self-regulation as well as metacognition (Zimmerman *et al.,* 2008). Because engaging trainers in the metacognitive task of stepping back to appraise their own abilities stimulates self-monitoring (Bransford *et al.,* 1999; Winne and Hadwin, 1998) and encourages a more active and self-reliant role in one's own learning (Wiggins, 1998). A third challenge is the adoption of a common language during all the TTT process, in the provided documents and available tools, trying to avoid traces of professional terms. The use of specific jargon can be a medium for conveying role differences, asymmetrical relationships, and power relations that can hinder cultures of recovery (Goodwin and Happel, 2007; Rapisarda and Miglioretti, 2018). The development of the Competency-Self appraisal tool represents an attempt to promote diversity, fosters equality understanding among individuals from various backgrounds and avoid bias and barriers by carefully navigating sensitive topics. Thus, to ensure the adoption of an inclusive and shared language, the first cohorts of CASR trainers, people with a variety of mental health knowledge and backgrounds, were invited to validate the vocabulary used in the tool. During the validation process, a simpler and more comprehensive vocabulary was obtained, and examples of observable behaviours were added.

A limitation of this manuscript is the lack of the results concerning the evaluation of the TTT program, since its focus was on program design and did not intend to evaluate its impact. Next research steps could be the validation of tools and the use the logic model to make an appropriate evaluation in terms of

outcomes and future program improvements to maintain its focus on quality and relevance of educational offering (Newton *et al*., 2013; Freedman *et al.,* 2014).

Conclusion

This paper provides a logic model of a training program designed for RC trainers and explains how to structure a TTT program consistently with the principles and values of the original RC (Perkins and Repper, 2017). As stated by Toney and colleagues (2019), to ensure fidelity, RC trainers should embody principles and values and act as role model. For instance, since the RC is an inclusive learning environment, the processes for recruiting and training the trainers must respect the core principle of "inclusive process opens to all" and the values of equality, solidarity, benevolence and tolerance (Briand *et al.,* 2023). These processes are not without challenges. They require constant vigilance and a space for dialogue between partners to enable this paradigm and mindset shift. An important next research development that to be investigate, with both a qualitative and quantitative approach, the outcome, process, and learning mechanisms of the TTT program.

We believe that some of the proposed reflections can also be extended outside the RC framework to include initiatives in other mental health contexts, such as peer support programs in which the value of co-production and complementarity of knowledge is the key element (Hopkins *et al.,* 2024). The logic model process, step by step, guided the design of the TTT program at CASR ensuring that the training offered is relevant and meaningful to new trainers. Moreover, the RC is an example of how the transformative power of co-production can generate a meaningful and positive impact in the community (Van Os, 2024). In conclusion, RC inclusive approach highlights the power of education in fostering and facilitating full citizen participation, creating the conditions for individual and collective empowerment, and meaningfully contributing to the transformation of communities and society.

Acknowledgments

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