

Open Dialogue Workshops (ODWs) – notes for facilitators

AN EACH PROJECT OPEN DIALOGUE WORKSHOP IS ABOUT GETTING PEOPLE TALKING AND LISTENING TO EACH OTHER.

IT IS NOT TRAINING.

THE FACILITATOR'S ROLE IS TO HELP A GROUP 'CONVERSATION' TAKE PLACE BETWEEN LOCAL MIGRANT WOMEN AND NHS REPRESENTATIVES.

YOU SHOULD GENTLY GUIDE PARTICIPANTS TO COME UP WITH SOLUTIONS TO THE PROBLEMS THEY PERCEIVE WITHIN THE LOCAL NHS.

KEEP IT SIMPLE AND FOCUSED ON OUTCOMES RATHER THAN INPUT.

1. Key Objectives for the ODW

- To explore the barriers to healthcare faced by recently-arrived third country migrant women and to identify potential solutions and service improvements
- To help build positive and lasting relations in the community between these recently-arrived women and local NHS staff
- To give local migrant women the opportunity to have their voices heard as part of the EACH project

2. Planning & Preparing for the ODW

- a) The EACH Project has allocated you or your community organization additional funding of £300 for the Open Dialogue workshops. This is to pay for your time and any travel costs you incur. Up to £100 of this is intended for you to buy gift vouchers or other 'incentives' for migrant women to attend
- b) Over and above this funding, the EACH Project will pay for the ODW venue; any interpreters' fees at £20 per hour for up to two interpreters; refreshments and lunches at £5 a head if required
- c) We would like you to try to identify up to ten women living locally who have come into the UK in the last ten years to settle here. They must be from outside Europe. If there are established meetings in the local community for such women, it might be

easier to 'tap into' these to identify likely participants. Or you may wish to use your own additional local contacts and networks for identifying the women. Once you know who is likely to attend, you can assess what your interpreting needs will be and arrange for one or more interpreter with the right languages to attend.

- d) It is essential that you meet with any interpreters that you are planning to use prior to the start of the ODW to be clear about roles throughout the workshop.
- e) The EACH Project Team will work with you to identify up to ten NHS staff working locally who would be prepared to meet with these women to discuss health care and possible service improvements at the ODW. You might like us to invite some of the staff who have already attended one of your EACH workshops, in order to help them build on that learning. The EACH Project Team can provide you with a list of your previous workshop participants so that you can also approach staff.
- f) It is important to get representatives of local patient support and advocacy organisations to attend the ODW, in particular Healthwatch from April 2013. Also from PALS (the Patient Advice and Liaison Service). The EACH Team will ensure that these types of representatives are invited. ,
- g) The EACH Project Team will require the NHS participants in the ODW to book their places using the usual online system used for EACH workshops. In this way, the project will retain their details for funders and for our own records. These staff will also be sent joining instructions in advance. The local women will not need to register this way. The EACH Project Team would like a list of their names in advance.
- h) The EACH Project Team will then issue the facilitators with a complete attendance list for ticking off on the day and returning. We will also provide sticky name labels and any other resources you require.
- i) Identify a mutually-convenient venue and discuss this with the EACH Project Team, along with other organizational details – such as refreshments required; arranging interpreters if needed; whether or not you would like lunch to be provided and 'incentives' for the women to attend, such as health-related gift vouchers.
- j) The EACH Project Team has designed invitation cards for the local women and for the NHS staff. You may wish to use these as you recruit your participants. There is a cut-off slip at the bottom of the migrant women's invitation which can be used to record any particular issues that they would like to be discussed at the workshop. Also please try to, discourage the women from bringing children with them.
- k) The ODW should run for up to two hours, with additional time before the start for people to have refreshments and mingle. So you should allow yourself sufficient time for getting the room ready; greeting people; running the workshop; having

lunch (if provided) and packing away afterwards. The room booking will need to cover all this.

- l) Make sure that staff working at the venue know how you want the room laid out – e.g. in a big circle of chairs without desks; ‘horse-shoe’ style without desks; café style round tables around the room etc. And make sure that you have anything else you need – e.g. flipcharts and access to refreshment-making facilities.
- m) You may wish to identify a co-facilitator to share the session with you, and/or to take the notes. Remember, if you are splitting the attendees into groups, think about how to make best use of interpreters and think also about how you will capture whatever emerges in the separate groups. It is important to introduce the interpreter(s) to the group, so that attendees understand that people will be talking through-out the session.
- n) It would be useful to take a selection of photos at the ODW for EACH Project records. You should ask all present to indicate to you whether they are happy to be photographed. This could be done as part of the attendance list which you will be using to tick names of all present (see ‘e’ above). The EACH Team has a camera which can be loaned to you for this purpose.
- o) Prepare a few themes that you could ‘chip in’ for discussion – We say more about this in section 4 below

3. Introductions

- a) Invite all participants to attend the ODW ahead of the actual start time, so that they can have refreshments; mingle and settle in.
- b) Then, when you are ready to start, introduce yourself/selves and invite everyone to say hello and introduce themselves to the group
- c) Explain the purpose of the workshop (see objectives above), explaining that it forms part of the EACH project on developing cultural competence, and also explaining the ground rules – including confidentiality. Say that the ideas from the workshop will be treated anonymously by health professionals.
- d) Explain your role(s) as facilitator(s) and what that means; i.e. to remain neutral and to be there just to help the conversation to flow effectively, and; what their roles are as participants. You could say that you hope that everyone will feel comfortable in speaking up and that your job is to help this to happen.
- e) Explain how long the session will take; say that the key points will be noted down and fed back to the health service with any comments anonymised, and that participants will receive information afterwards about the results of their suggestions.

- f) If using interpreters, introduce them and explain their roles.
- g) If you decide to put a printed programme together, it would be advisable to keep it simple, with not too many strict timings. Remember, this workshop is all about 'dialogue' rather than 'training'.
- h) But do be conscious of time so that you cover any key topics that have been identified in advance, or that come up on the day.
- i) Ask if there are any particular health issues that the local women especially want to raise, remembering to use any ideas from prepared suggestions cards. Make a note of these and ensure that there is time to air them. You could use a flipchart if you think that would help. However, bear in mind that there may well be varying degrees of literacy across the group. If you know, or suspect that a number of participants may not be confident reading or writing English, you could use pictures instead of words or if this is not possible it would be better to avoid using a flipchart.
- j) Outcomes of discussions can just be fed back orally in plenary, using interpreters as necessary. Grouping people together around small tables with a mix of local women and NHS staff can help with capturing the views of the local women. **But you will have to give careful thought as to how to keep detailed records of what is said throughout the workshop, in order that these can be fed back to local NHS Managers.** A member of the EACH team will be available to capture notes, but if you have more than one group discussion, you need to identify someone else to take notes too, otherwise the plenary notes may be too 'high level' to have the same impact as a detailed personal story about a service.
- k) If the local women want to raise issues to do with NHS services locally, encourage them to use examples that are not too old (maybe in last 5 years), and that they think still need improving.
- l) Make sure that the NHS staff attending also have their chance to suggest discussion themes and issues.
- m) If anyone feels uncomfortable about being involved do tell them that, they are free to leave at any point if this is practicable. Some of the local women attending may be dependent on others for transport, so you will need to have an awareness of this in the event of any of the women wishing to leave before the end.

4. Getting going

If the session opens quietly or slowly bring in some of your own ideas as well as any that have been identified by the local women in advance. The main kinds of issues we would anticipate the local women raising would be:

- Barriers to health services – GP and Hospital
- Concerns about particular health conditions
- Trying to improve and maintain health – physical and mental
- The need for more ‘visual’ materials in NHS consultations and services, and availability of interpreters

There could be other topics of interest, although these might need some prompting:

- What makes services easier to use?
- Screening services – improving take up to improve health (genetic screening for couples planning a family, ante-natal screening, breast and cervical screening). What do people think would help to improve take up of these kinds of services?
- Stresses in the home – e.g. as carers and possibly experiencing domestic abuse
- Dementia and loss of acquired language – English. Plus any other health issues relating to older migrant women

There is a risk that there could be over-emphasis on negative experiences. Whilst it is important to hear these, and to draw out as many key examples as possible, there also needs to be an emphasis on ‘what works’, and on finding solutions.

If positive proposals can be identified to feed back to the NHS locally, the ODW will have been a success.

5. Running the ODW

Try to spend as much time as you can listening rather than talking. When you do speak it should be to summarise what has been said. As we have said above, it might help if you can bring along a colleague to take notes. This will allow you to retain eye-contact with the group, and also to retain control if the conversation strays whilst points are being noted down.

Try to make sure everyone has a chance to speak but don’t put anyone on the spot – make time for lots of the following:

- Does everyone feel that way?
- Has anyone another example of this happening?
- Has anyone got a different view or experience they would be happy to share?

Try not to let anyone dominate. If needs be, ask someone else for a comment to divert away from the bigger personalities. Take a comfort break and take a moment to ask any particularly outspoken members discreetly to let others have a turn after the break – and that you will call on them again specifically if other delegates then become quiet.

Summarise points helpfully as you go along, and remind the group about what will happen to the notes. – i.e. the key points will be noted down and fed back to the health

service with any comments anonymised, and that participants will receive information afterwards about the results of their suggestions.

6. Ending the ODW and acting on the outcomes

The EACH Project Team will provide you with a very simple evaluation form for you to get completed by all attendees at the end of the ODW.

Anyone with literacy and language needs will need help with this, so support will need to be in place for them, and you will need to allow sufficient time for this.

There will also be a separate information sheet available for the local migrant women present to complete about themselves in order for the project team to provide an accurate description of the women in the overall report which will be produced when all the ODWs have been completed. Interpreters may need to support women with literacy needs.

Thank everyone for attending and give out the gift vouchers (if using).

After the ODW you should send your attendance list; notes from the workshop and evaluation forms to the EACH Project Team for our records.

You should discuss the outcomes of the ODW with your NHS colleagues as soon as possible after the workshop, and agree the best way to take action on these as appropriate. Agreed actions should also be fed back to the local migrant women who attended the workshop. The EACH Project Team would like also like to hear of the outcomes of these conversations.

If you would like support or involvement in any way from the EACH Team in this process of agreeing actions locally after your ODW, let us know. But as far as possible, we would like to be able to leave this with you to pursue as a piece of partnership work with the NHS, potentially keeping members of your local Health Wellbeing Board as well as those working on the local Equality Delivery System.

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