**NHS**

*Health Development Agency*

Learning from practice report

# Report of a series of workshops for health impact assessment practitioners

## Contents

## Summary

This report describes the process and evaluation findings relating to a series of four Learning from Practice workshops, which were commissioned by the Health Development Agency (HDA) to help practitioners achieve improvements in the field of health impact assessment (HIA). The report explains the rationale behind the learning from practice approach. It also describes the workshops' design and activities, and summarises the evaluation findings collected at the workshops.

The report is descriptive, and while it also contains information that may be useful to practitioners interested in using the learning from practice approach, that is not its primary purpose.

## Background and rationale

In 2001 the HDA commissioned a retrospective process evaluation of completed HIA studies to identify and explore the processes and mechanisms used in HIA; to capture the learning associated with establishing and undertaking HIA; and to identify and recommend priority areas for potential further research in order to inform the development of HIA (Jackson et al., forthcoming).

Five HIA studies were evaluated, involving a total of 42 depth interviews with key informants participating in the studies. They included both HIA 'experts' and less experienced practitioners and managers. The process evaluation explored all aspects of HIA, with the exercise revealing variations in levels of knowledge and practice development. While some practitioners had considerable experience of addressing challenging aspects of HIA, this real-life know-how was frequently not available to others working in the field because it had not been written up, or because networks to share information were not fully developed across the country. This partly reflects the position of HIA as a developing field in the UK. While there is a growing literature concerning the HIA process, there is still little information available for practitioners about how to undertake the different stages and aspects of the process.

The findings from the retrospective process evaluation convinced the HDA that additional support was needed for practitioners to share existing promising practice, stimulate debate to advance understanding of challenging aspects of HIAs, and support effective collaboration. This was reinforced by the findings of a review of reviews (Taylor and Quigley, 2002) which involved a systematic search of the literature. The review established that there is currently no review-level information available to demonstrate if and how the HIA approach informs the decision-making process and, in particular, if it improves health and reduces health inequalities. This means that information from other sources, especially practitioners' experience, is of particular value. The review also concluded that practitioners would benefit from an overview of promising practice in relation to the key stages and aspects of the HIA process. A number of possible topic areas were identified based on this analysis, and the following four, seen as priorities, were selected as the subjects of the workshops:

- Evaluating HIA
- Addressing inequalities through HIA
- Influencing the decision-making process through HIA
- Deciding if a HIA is required (screening for HIA).

**The learning from practice approach**

The HDA also wished to trial a particular method of translating evidence and knowledge into practice: the 'learning from practice' approach. This had already been successfully applied to the HDA's work in the field of teenage pregnancy. The concept behind these workshops was informed by a body of evidence about how people learn, and how the ways in which they learn make it more or less likely that they will make actual changes to their practice.

A number of key reviews of evidence have been carried out, including the Cabinet Office's cross-sectoral review of spreading good practice (Cabinet Office, 2000) and an Effective Healthcare bulletin on getting evidence into practice (NHS Centre for Reviews and Dissemination, 1999). These reviews

## Background and rationale (continued)

point towards the importance of involving people (rather than paper documents) in identifying and disseminating learning from practice: 'people rather than electronic methods transfer knowledge'. It seems that more complex learning dissemination requires, and benefits from, more interactive approaches. Research also suggests that practitioners who have produced the learning describing their own experiences works well, motivating others to adapt their own practice.

Any exercise must take account of the individual's context and the barriers and opportunities in their environment. People are more inclined to adopt promising practice if they can identify for themselves what will work best in their own circumstances. These reviews recognise that this involves not just 'helping people to benefit from others' experience of implementing change', through examples, but also ensuring this information is tailored to the local context. Involving peers at all stages of defining and disseminating promising practice is the key to success.

**Aims of the workshops**

The HDA agreed that each workshop should be planned and delivered to:

• Identify examples of projects that demonstrate aspects of promising practice
• Identify particular elements and processes that need to be in place to make such activities successful
• Actively disseminate and share this learning with those who are in the process of planning and providing similar provision.

In addition to achieving these aims, a further aim was to test the Learning from Practice workshop model, and assess its benefits for future application.

## Methods used in the workshops

The workshop activities were structured to provide an opportunity for participants to:

• Discuss case studies of promising practice
• Reflect on their own experience and learn from others' practice
• Explore challenges, problems and solutions
• Develop useful contacts and networks
• Contribute to thinking on what elements and processes need to be in place to develop and support promising practice
• Receive a hands-on introduction to the learning from practice approach, including a brief explanation of the evidence base.

**Organisation and administration**

An independent consultant, Natasha Gowman, was contracted to provide advice on programme design and to lead facilitation of the workshops. Two members of HDA staff (Lorraine Taylor and Rob Quigley) provided project management, assembled case studies, and provided facilitation for some of the group work.

A budget of approximately £2,000 was allocated for each workshop, which covered:

• Venue hire for the one external venue used
• Catering costs
• Consultancy support for workshop design, facilitation and report writing.

The HDA team decided to obtain the additional expertise of an external facilitator for workshop design, group facilitation and report writing. The HDA considered this decision was validated by the success of the workshops, and HDA staff found that their skills, experience and confidence relating to small group facilitation were improved by working alongside the facilitator. The role of facilitator is key to planning and delivering the workshops, and anyone wishing to replicate the approach is advised to ensure they can obtain appropriate support if necessary.

# Methods used in the workshops (continued)

Each workshop was attended by 10-20 participants. These were people who had responded to an email invitation circulated to the HDA's database of HIA contacts and members of an HIA email group. Participants had different levels of experience, and were involved in HIA in a variety of ways. They included managers, commissioners, academics and policy makers. An opt-in approach was used, those interested in attending being asked to respond to the invitation. The only criteria suggested to participants were that they should have some experience of undertaking HIA; and that ideally they should have direct experience of the topic under consideration in the workshop, although the latter was not considered essential. Participants had experience of HIA in relation to national, regional and local policies and proposals.

Within each workshop, it was arranged in advance that a couple of participants would contribute learning from practice examples (case studies). An email was sent to all participants who confirmed their attendance asking if they would be willing to provide a case study, and a good response was received. A written briefing was provided to all those who volunteered to present a case study, detailing the approach that presenters were asked to take and the information they should include. An example of the written brief provided to the presenters at the 'Screening for HIA' workshop is given in Annex 1. Presenters were asked to provide a two-page summary of their case study, give a 10-minute informal presentation on the day, and be available for questions throughout the day.

Case studies are an integral part of the learning from practice approach. They offer a number of important advantages over more traditional ways of sharing information such as circulating written summaries of projects, or arranging more formal presentations. First, practitioners are encouraged to adopt a reflective approach when describing their practice. Second, practitioners reflect and expand further on their experience as part of a group discussion. Again, the case studies helped to focus the discussion in a way that would be hard to achieve otherwise. Third, the case studies are used as a way of generating a more in-depth understanding of practice: participants look in detail at one area and try to establish why and how a particular approach worked, or did not work, in a particular context. Participants are encouraged to relate the case study to their own context and experience, but in a way that generates insights into their own work. This is far removed from a group discussion where participants are simply asked to share their own experiences. The HDA was fortunate in being able to draw on a number of experienced HIA practitioners to provide case studies for their workshops. Locally, practitioners may find they need to invite case study presenters from other areas if local capacity is low. But there really is no substitute for case studies in this model.

Each workshop took around six hours (typically 9:30-3:30), and was held at either the HDA's offices in London or another nearby London venue. The duration could be shortened in future – approximately one hour was used for evaluation and feedback relating to the pilot status of these workshops, and one hour was allowed for lunch – and it could be feasible to run similar workshops in half a day. Seating was arranged in a round-table style, ensuring that all participants and facilitators could maintain eye contact with each other at all times. One breakout room was available on each occasion, enabling the group to split into two for smaller group work. Seating in the small group sessions was also informal, using either a horseshoe or open circle layout.

**Programme design**

A generic programme was developed, which was then adapted for each of the four topics. An outline of the programme is shown overleaf, using the workshop on screening for HIA as an example. A full, annotated version of the screening for HIA workshop programme, including a fuller description of group work activities and guidance for facilitators, is included in Annex 2. The rationale behind each session and activity is given overleaf.

| 9.30 | **Arrivals and coffee** |
|---|---|
| | **Welcome**<br>• Introductions<br>• Rationale for and outline of the day<br>• Aims of the day |
| 10.00 | **Session one**<br>• Learning from practice examples<br>• Are we clear about what we mean by screening?<br>• Introduction to session two |
| 11.00 | **Coffee** |
| 11.15 | **Session two**<br>• Exploring practice in relation to screening |
| 12.15 | **Lunch** |
| 13.00 | **Session three**<br>Distilling lessons from the morning:<br>• What is the benefit of screening?<br>• What does promising practice in screening for HIAs involve? |
| 14.25 | **Tea** |
| 14.35 | **Session four:**<br>• Action planning<br>• Evaluation of the day |
| 15.20 | **Close** |

## Welcome

*Introductions* – The lead facilitator opened the day and welcomed participants on behalf of the HDA. Participants and the event team introduced themselves by name, and stated their place of work and the reasons behind their interest in attending.

*Rationale for and outline of the day* – The lead facilitator provided an overview of the day's activities and some brief contextual information, including an explanation of the learning from practice approach, and the background to the HDA's work on HIA. The cofacilitators provided a brief overview of the findings from the retrospective process evaluation (Jackson et al., forthcoming) and review of reviews (Taylor and Quigley, 2002) relevant to the topics covered on the day.

*Aims of the day* – The lead facilitator also took the group through an exercise to build understanding of the aims for the day, including an explanation of what the HDA hoped to achieve (page 3), as well as inviting participants to state any personal aims. The discussion was an opportunity to adjust the programme slightly to ensure personal aims were met where possible, as well as managing expectations where personal aims did not fall within the scope of the workshop.

## Session one

*Learning from practice examples* – case study presenters were encouraged to adopt an informal approach, speaking for 10-15 minutes, remaining seated at the table and speaking to handouts rather than using audiovisual aids. This helped maintain a spirit of dialogue, and avoided a lecturing style, which would have been inconsistent with the learning from practice model. Time was allocated for questions, but the facilitator ensured these were limited to clarification, as the discussion would be continued in the next session.

*Are we clear about what we mean by screening?* – Following the presentations the facilitator conducted a short group discussion to explore what we mean by screening. The purpose of this session was to take into account the different approaches used to define and describe screening activities and, if possible, arrive at a consensus about what screening is and what it entails.

*Introduction to session two* – The facilitator closed session one by briefly introducing the aims and focus of the next session.

## Session two
*Exploring practice in relation to screening* – The presenters had already agreed to be available to answer questions from participants as part of a reflective group exercise. Each case study presenter also agreed to be part of a small group (a maximum of up to nine other practitioners). The HDA staff facilitated these groups, and detailed guidance on running the session was provided in the annotated programme (see Annex 2). Group members were asked by the facilitator to think of questions to put to the case study presenters. The facilitator then led a discussion, drawing in other participants to contribute their experiences of similar issues, and encouraging people to challenge their assumptions and develop their points in more detail. The aim was to explore experiences in more depth than the initial presentation of the case studies had allowed, in a constructive manner, and in a spirit of enquiry. The emphasis was on sharing experiences of real-life problems and challenges. The facilitators encouraged participants to reflect, and to seek more information to generate a better understanding of the issues. This was a deliberate departure from many professional discussions, which are often strongly oriented towards problem solving using abstract ideas.

## Session three
*Distilling lessons from the morning: what are the benefits of screening?* – This discussion session was aimed at clarifying some of the points made in the earlier discussions, and helping participants articulate the reasons why this was an important area of practice in relation to HIA. The exercise helped to build commitment to developing HIA, and stimulated ideas about improving practice. It also provided an opportunity for participants to think critically about the topic in the context of their own local political and organisational settings. It took the form of a guided discussion between the whole group, led by the facilitator. Participants sat round the table and the discussion was recorded on flipcharts.

*Distilling lessons from the morning: what does promising practice in screening for HIAs involve?* – The majority of this session focused on returning to information generated by the group discussions, and participants were asked to provide their own suggestions for promising practice. Ten minutes were allowed for participants, working in pairs or threes, to develop their thoughts and ideas, drawing on points from the earlier discussions. The participants recorded their suggestions on self-adhesive shapes which were displayed on a wall. They presented their points briefly, and were encouraged to place related points together in clusters to emphasise consensus. The facilitator ensured that any relevant issues from the morning's discussion, or from the retrospective process evaluation (Jackson et al., forthcoming), that were not put forward by participants were also considered. The participants generated some useful and insightful points that were of benefit in producing the HDA's promising practice bulletins on these subjects. The points they generated usually reflected concerns and issues raised by Jackson et al. (forthcoming) or the existing literature. The value of the discussion was in how participants were able to articulate barriers and generate solutions to situations they had encountered, in ways that were applicable to their future practice. The process of participants generating and articulating their own descriptions of what constitutes promising practice is more useful as a learning experience than simply being told by someone else what promising practice constitutes.

## Session four
*Action planning* – All the group were invited to think about what they had learned during the course of the day. They were also asked if they would be making any changes to the way they approached relevant aspects of HIA in the future as a result of the day's exchanges. Participants spoke in turn about the changes they would be making (examples of the actions they proposed are provided on pages 7-8). Asking participants to reflect in this way and, crucially, to articulate their learning and action points can help build their commitment to practical actions when they return to the field.

*Evaluation of the day* – The HDA also distributed evaluation forms, which participants completed and returned during the session. Finally, the event team thanked the participants for their involvement and explained what would happen next, including a commitment that reports covering each of the workshop topics, and one describing the approach used for all four workshops, would be written and circulated for comment.

**Adjustments and fine tuning**

All the workshops followed a similar basic design. Changes were made to reflect the different topics and to improve on the smooth running of group work. The key modifications made as the workshop series unfolded included tighter facilitation of session three to keep the discussion on track, and tighter management of question formation in session two so that a realistic agenda was set for the time available. Participants' willingness to ask questions and enter into discussion meant that active facilitation was required to keep sessions to time and ensure all aspects of an exercise were completed. In future, once the workshops are 'real' rather than pilots, it should be possible to allow less time for evaluation of the day's activities, releasing more time for the other sessions.

A further change was to shorten the duration of the workshops to take account of the distances travelled by participants in these national workshops, thus avoiding drop-outs in the final sessions of the day.

## What impact did the workshops have?

The workshops explicitly aimed to influence practice by providing practitioners with information and ideas about improving the ways in which HIAs are conducted. They were conceived as pilots, so it was essential to obtain full feedback from participants, and more time than usual was built into the day to allow this to happen. The following paragraphs detail key information relating to:

• Learning points and action points for participants
• Evaluation and feedback
• Current and future work.

**Learning points and action points for participants**

An action planning session was held at the end of the day, in which practitioners were asked to state whether they would be doing anything differently as a result of what they had learned or thought during the event.

The responses were encouraging. For example, there was a greater stated commitment to monitoring, evaluating and disseminating HIA practice – a key recommendation from the HDA's earlier review of reviews (Taylor and Quigley, 2002). It became apparent from practitioners' comments that they were aware of many examples where HIAs had resulted in positive changes to proposals in ways that were likely to improve health and reduce inequalities, and that they could now see the importance of sharing this information to build the evidence base. The majority of participants stated that they found the reflective style of the learning from practice approach valuable, and an effective way of learning about wider experience in a way that was easy to apply to their own situations. A small number of participants (two) stated that they would have preferred a more conventional, teaching-style event, which possibly reflects individual learning preferences. More detailed feedback generated by the discussion is provided below.

The workshop as a whole
• It's good to realise that others are struggling with the same issues and challenges – I'm not alone
• It's increased my confidence to develop and apply my own solutions to problems, based on this shared information and experience
• It's a rare opportunity to spend a whole day reflecting
• It's good to know there are examples of promising practice out there
• I've made useful and supportive contacts

How it will improve future practice
• I appreciate the importance of setting clear aims and objectives for HIA right from the start, and feel better able to do so; this will underpin evaluation and monitoring too

# What impact did the workshops have?

- I will make sure I build in evaluation and monitoring to all HIAs that I'm involved with, in future
- I'm much clearer about the different steps involved in HIA, and I have a better sense of what people (stakeholders) want
- I will write up and try to publish some of the team's HIA experiences to date
- I will make changes to the HIA training programmes I deliver to reflect some of the ideas and discussion at these workshops
- The thinking I've done about stakeholders will help me ensure that decisions and recommendations aren't just accepted, they are implemented and followed through
- I will draw on the examples presented to improve our focus on inequalities at every stage of HIA in the future
- I will include lessons learned in the training and support I provide to HIA practitioners
- We will look into developing a joint project which brings together academic desk research approaches with participatory involvement
- I will try to develop joint cross-sectoral regional working on HIA – I can see the value of the contribution other sectors could make

**Evaluation and feedback**

Participants also used the action planning session to comment on the general usefulness of the day, and their views about the learning from practice approach. As well as this opportunity for feedback, participants were asked to complete evaluation forms. These were based on the standard HDA template, customised to reflect the aims and objectives of the workshops. Responses were anonymous.

All 35 participants (100%) across the four workshops recorded that they had found the workshops worthwhile. The majority of participants (75-90% across the four workshops) stated that they considered what they had learned in the workshops would be usefully applied to their work. The workshop on screening received the highest satisfaction rating in this respect.

The standard of administration for the four events was also evaluated positively. The majority of participants stated that they regarded the venue, facilities and organisation as either good or excellent. No respondents rated the standard as below average.

**Current and future work**

Four learning from practice bulletins have been produced as a result of the workshop series. These bulletins provide practical recommendations for improving the application of HIA within the four topic areas covered, provide practical case study examples and outline the importance of achieving such practice. The bulletins are:

- *Evaluating health impact assessment*
- *Addressing inequalities through health impact assessment*
- *Influencing the decision-making process through health impact assessment*
- *Deciding if a health impact assessment is required (screening for HIA).*

Electronic copies of these learning from practice bulletins can be found at www.hiagateway.org.uk Printed copies are available from our distributors: HDA, PO Box 90, Wetherby, Yorkshire LS23 7EX. Tel: 0870 121 4194. Fax: 0870 121 4195. Email: hda@twoten.press.net  Copies are free of charge, in limited numbers, to people in England.

The HDA is committed to learning from these pilot workshops. It is currently in the process of following up participants to establish what actions they have taken as a result of attending the workshops and how these relate to the actions they committed to on the day, and what they thought of the learning from practice bulletins produced. The HDA will use this information to inform its approach to rolling out the Learning from Practice workshop model on a regional basis.

## References

Jackson, N., Taylor, L. and Quigley, R. (forthcoming). *Findings from a retrospective process evaluation of five HIA studies*. London: Health Development Agency.

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Ollerearnshaw, S., King, E. and Wright, S. (2000). *The effectiveness of different mechanisms for spreading best practice*. London: Office of Public Management.

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## Annex 1

BRIEFING FOR CASE STUDY PRESENTERS

DECIDING WHEN HIA IS NEEDED (SCREENING FOR HIA)

A ONE-DAY WORKSHOP

10 January 2003

Thank you for agreeing to outline some of your experiences of screening for HIAs. This is what we would like you to prepare.

1. A short written summary of your experiences (maximum two sides of A4), providing the following information.

In order to determine if an HIA is required, please briefly describe your experiences in relation to the screening structure and process. What were the main steps you took in attempting to screen proposals? In particular:

- How did you go about deciding if a HIA was required or not – what were the main methods or steps that you took?
- What were the questions you asked, and what information was used to inform your decision about whether an HIA was required?
- Who did you ask or involve in the screening process (did you consult through meetings/emails)?
- Did you use or develop a toolkit to help you through the process? If you used a toolkit, what was its content, what were the main methods used, and did you find it helpful?
- How did the availability of resources (staff time, money, expertise and knowledge required) affect your approach to screening?

2. A short talk (maximum five to ten minutes) covering the main points from your paper. You are free to use overheads if you wish, but it is a small and fairly informal meeting so you may want just to talk through your paper – other participants will have copies in front of them.

3. We would also like you to make yourself available to answer questions from participants, as part of a reflective group exercise. Each case study presenter will be part of a small group (a maximum of five to seven other practitioners). Group members will prepare questions to put to the case study presenters, and other members will also contribute answers based on their experiences. These sessions will be facilitated. The aim is to explore experiences in more depth, in a constructive manner, in the hope that we may be able to derive some learning from practice guidance for other HIA practitioners.

**SAMPLE ANNOTATED PROGRAMME**

**SCREENING FOR YOUR HEALTH IMPACT ASSESSMENT**
**FRIDAY 10 JANUARY 2003**

➢ Outputs
☞ Equipment needed

| 9.30 | **Arrivals and coffee** |
|---|---|
| 9.45 | **Welcome** <br><br> • Introductions (go round table for names, then ask pairs to say briefly to each other how the decision to conduct one recent HIA was taken; take a few responses as feedback, but keep short) <br> – emphasise that all will have relevant experience to contribute from work on screening generally, not just HIA <br> • Rationale for and outline of the day – effective approaches to sharing information (Cabinet Office and DH guidelines) and rationale for topic to be covered (HDA research findings) <br> • Aims of the day – explaining the HDA's aims <br> – asking participants to comment and set their own related aims <br><br> *Prompts: What do you hope to gain from today…? I'd like to come away from this having heard/explored/understood…* <br><br> ➢ HDA's aims recorded on pre-prepared flipchart <br> ➢ Participants' related aims recorded on pre-prepared flipchart: leave blank column for use in final session <br> ☞ Flipcharts and pens <br> ☞ Handouts on the learning from practice approach |
| 10.00 | **Session one** <br> **Learning from practice examples** <br><br> [HDA to present key findings from Jackson et al. (forthcoming), plus two or three presentations, maximum 10 minutes each, presenters to be identified by HDA] <br><br> Outline for presentations: <br><br> • How did you go about deciding if an HIA was required or not <br> – what were the main methods or steps that you took? <br> • What were the questions you asked, and what information was used to inform your decision about whether an HIA was required? <br> • Who did you ask or involve in the screening process (did you consult through meetings/emails)? <br> • Did you use or develop a toolkit to help you through the process? If you used a toolkit, what was its content, what were the main methods used, and did you find it helpful? <br> • How did the availability of resources (staff time, money, expertise and knowledge required) affect your approach to screening? <br> (Allow discussion: mainly questions for immediate clarification) <br> ☞ Copies of learning from practice summaries, AV equipment as requested by presenters |

| | |
|---|---|
| 10.40 | **Are we clear about what we mean by screening?** |
| | Note the different approaches taken, and the variety of activities that can constitute screening. If necessary, HDA staff to be ready to present the HDA's definition of screening (deciding on the need to conduct an HIA at all) and scoping (deciding what form the HIA should take, and its coverage). |
| 10.55 | **Introduction to session two** |
| | • Aims and focus of next session: learning from practice. Emphasis is on enquiry and reflection, sharing experiences. A chance to think in depth about what happens when we try to influence decisions through HIAs, and a chance to ask questions and hear about what other people have done. An unusual opportunity, and one that requires a bit of self-restraint! We are more used to trying to generalise – draw out the lessons – and we will move on to do that in later sessions. But this session is about giving and receiving information. Try to use it for that, and resist the temptation to jump ahead.<br>• Directions for splitting into groups after coffee |
| 11.00 | Coffee |
| 11.15 | **Session two**<br>**Exploring practice in relation to screening**<br>[two or three groups depending on numbers]<br><br>• Recap on the aims and focus of this session. Emphasise that the focus is on drawing out direct experiences (as opposed to ideas or general observations), and seeing what we can learn from that – a discussion about practice, not theory<br>• Whole group to set the agenda for the session: ask for suggestions about issues to cover. Write questions on a flipchart, then ask participants to agree on three to cover in the session. Ensure the questions will help participants understand what worked well, and what less well. Try to phrase these questions constructively (eg What did you find helped you most in…?). Try to ensure questions chosen reflect the range of interests in the group. Explain that 15 minutes are available for each question. Allow 10 minutes<br>• Write the first question at the top of a new flipchart, with start and end time (15 minutes). Then work through three stages: (A) Ask the learning from practice presenter to respond to the question first, and record a summary of the answer. (B) Then give others in the group the chance to add their own comments, based on their experiences. (Prompt: Has anyone else got direct experience of this that they would like to share?). (C) Encourage some further probing of the comments made. (Prompts: How important was that? What else could you try? Would you do it like that again? Can you think of anything in other areas of work that might be relevant?)<br>• Work through each question in turn, starting on a fresh flipchart<br>☞ Flipcharts and pens |
| 12.15 | Lunch |

| | |
|---|---|
| 13.00 | **Session three**<br>**Distilling lessons from the morning – What is the benefit of screening?**<br><br>• Whole group: ask for examples of HIAs that were improved by having been subject to a screening process. In what ways were they better/different? Reflect on HIAs that were not subject to screening. Can people now see ways in which they could have been improved by screening, or not? Reflect on and discuss 'good' and 'bad' reasons for not carrying out screening in the real world<br>➢ Record points made on flipchart<br>☞ Flipcharts and pens |
| 13.25 | **Distilling lessons from the morning – What does promising practice in screening HIAs involve?**<br><br>• Pairs/threes: aim to generate two or three statements per pair, phrased as 'Try to…'<br>• Each pair to write their suggestions on one giant post-it per suggestion. Call group back to a plenary session. Each pair to come up to the wall in turn and read their points, then place post-its on the wall. Encourage clustering of linked points. Explore and challenge the points suggested<br>➢ Post-it notes with suggestions, clustered in themes<br>➢ Comprehensive notes (all facilitators) capturing the way the points on post-its were further developed through discussion<br>☞ Giant post-its plus flipcharts with Blu-Tac mounted to walls, and pens |
| 14.25 | Tea to be served in main room: pick up and return to desk |
| 14.35 | **Session Four**<br>**Action planning**<br><br>• Round table: ask participants to consider whether there are things they would like to go away and do (rather than definitely will do) as a result of this workshop. Encourage a range of options: eg adopt a new approach to influencing the decision-making process in their next HIA, or revisit a previous one, or run a workshop like this… Ask them to say whether they think these ideas are feasible or not, and why<br>• Participants to be asked to consider on their own (five to ten minutes) and jot down any notes to help them give feedback<br>• Then go round table and hear responses. Prompt: What would you need to be able to do that? Is that possible?<br>➢ Notes taken by facilitators |
| 14.50 | **Evaluation of the day**<br><br>• Run through aims and objectives from the morning session, using flipchart compiled during that session<br>• Record whether participants feel these were met/not met/no longer relevant<br>• Conclude discussion, and distribute evaluation sheets for completion and return<br>➢ Completed aims and objectives flipchart<br>➢ Completed evaluation forms<br>☞ Flipcharts and pens, evaluation forms |
| 15.20 | Close |