

FACILITATED DIALOGUES

BehaviourWorks
AUSTRALIA

BRINGING THE EXPERTS TOGETHER TO FIND EVIDENCE-BASED OPPORTUNITIES FOR ACTION

When it comes to solving difficult or complex health, social, environmental and organisational problems, it's important to know what the problem actually is. This may sound obvious or counter-intuitive, but the truth is that many organisations rush to solutions without first conducting a detailed examination of the problem, which can lead to poor program outcomes.

To help organisations avoid making costly assumptions, BehaviourWorks Australia (BWA) offers Facilitate Dialogues. These creative exploration exercises bring the key stakeholders together to consider the latest research on the problem under investigation and identify evidence-informed opportunities for action. By inviting and encouraging stakeholders to lend their perspective and experience to the problem, these dialogues create space for those 'Aha!' moments to occur and yield a shared understanding of 'who needs to do what differently'.

THE FORUM APPROACH

Developed by Professor John Lavis (right) from McMaster University in Canada (where they are known as "Forums"), Dialogues have been used to accelerate a shared understanding of healthcare challenges for over a decade.

One of the main benefits of the Dialogues is that they support and promote the use of evidence in policy and practice - something that researchers and practitioners have called for for decades.

Introduced to Australia in 2012 by BehaviourWorks' health specialist, A/Prof Peter Bragge, the Facilitated Dialogues are proving to be equally effective in Australian contexts in bringing diverse groups together to discover how others view and address



complex problems, understand key contextual factors, target behaviours and the person/group responsible for performing the behaviour.

More recently, Forums have become a key tool in tackling the Covid-19 crisis (visit: mcmasterforum.org).

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HOW DIALOGUES WORK

Step 1 - Define the challenge

Here, the specific focus of the Dialogue is determined – what’s in and what’s out of scope. This step results in collaboratively-developed aims (the problem we are trying to solve), Terms of Reference (the specific question that needs to be answered to address the problem) and the identification of relevant stakeholder groups.

Step 2 - Consider findings of the rapid evidence and practice review

Relevant evidence sources, including government and other reports (grey literature), peer-reviewed academic papers and other data resources are identified, reviewed and synthesised into a briefing document. Practice Reviews, involving interviews with topic experts and practitioners, may also be undertaken to extend our understanding of how the problem is being experienced in the real world.

Step 3 - Structured stakeholder dialogue

The briefing document is sent to the stakeholders identified in step 1 prior to the day-long, structured Dialogue, where participants deliberate upon evidence-informed opportunities for action and develop concise statements of what needs to happen next.

Step 4 - Supported action

Outcomes of the Dialogue are recorded and post-event briefings are held with the commissioning agency and others with carriage of the challenge.

WHICH OPTION IS RIGHT ENOUGH?

Dialogue participants, who may include researchers, policy-makers and practitioners, bring to each meeting their own tacit knowledge and views of the problem or challenge. The aim is not necessarily to find consensus between them, but for them to deliberate upon the findings of a rapid evidence review (see BehaviourWorks website) and consider how their particular challenge can be addressed using this knowledge.

In other words, it’s not about finding the ‘right’ option, but about reaching agreement on which of the many options is ‘right enough’.

“ *The Dialogue process ended up being the thing that gave us a breakthrough in the Save 000 for Emergencies project because it helped us identify how people really felt about Ambulance Victoria.*
(See case study, page over). ”

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INSPIRING CHANGE

BWA's Facilitated Dialogues are evaluated using questionnaires developed by Professor John Lavis.

The results of these evaluations, from both Australian and international events, reveal high satisfaction rates among participants who consistently report that the experience is both professionally and personally satisfying/rewarding.

Participants enjoy canvassing ideas in an open and creative environment and building relationships with other key stakeholders.

Perhaps more importantly, they report that the exercise has given them the confidence they need to make evidence-based decisions.

“ I appreciated being presented with carefully-evaluated evidence in the field, which is broader than I have time to consider in my day-to-day clinical duties.

Participation has given me renewed optimism to explore our practices and make changes/improvements. It has also shown me that it is a national issue and not just state. The whole process is great and well organised.

I found the Dialogue to be extremely informative and ultimately helpful for me personally and for the organisation from a systems perspective. ”



CASE STUDY 1

In seeking to find a way forward in reducing the high number of non-emergency 000 calls to Ambulance Victoria, a Facilitated Dialogue was held with representatives from Ambulance Victoria, The Victorian Department of Health, the Emergency Services Telecommunications Authority, marketing firms and behavioural experts.

The insights gained from this Dialogue underpin a highly-effective and successful advertising campaign - Save Lives. Save 000 for Emergencies.*

CASE STUDY 2

A series of Dialogues also helped to accelerate a \$1.5M Victorian Managed Insurance Authority Patient Safety Research and Innovation program. The Dialogues brought health professionals together to identify and prioritise healthcare challenges in Victorian hospitals. A series of trial interventions based on this knowledge were undertaken between 2017 and 2020.

**Borg K, Wright B, Sannen L, Dumas D, Walker T, Bragge P. (2019). Ambulances are for emergencies: shifting attitudes through a research-informed behaviour change campaign. Health Research Policy Systems; 17(31).*

Borg, K, Dumas, D, Andrew, E, Smith, K, Walker, T, Haworth, M, & Bragge, P. (2020). Ambulances are for emergencies: shifting behaviour through a research-informed behaviour change campaign. Health Research Policy and Systems; 18(9).

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THE BWA METHOD

While BWA's Facilitated Dialogues are a stand-alone product, they also form a key part of the BehaviourWorks Method (see below), a three-phase change kit used to explore and unpack problems, identify behaviours and trial/evaluate interventions.

FURTHER INFORMATION

To learn more about our Facilitated Dialogues, the BWA Method or BWA's other research services, contact us:

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