

A participatory study exploring *implementation work* with stakeholders in five European primary care settings

Implementing cross-cultural communication guidelines and training initiatives on the ground

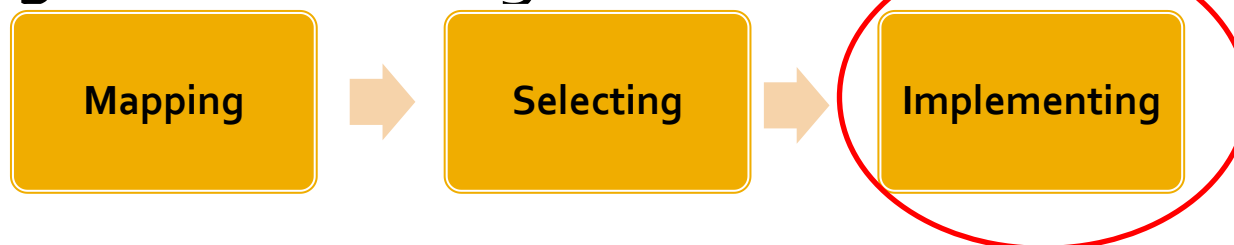
Katja Gravenhorst, Chris Dowrick & Anne MacFarlane on behalf of the RESTORE Consortium



Approach



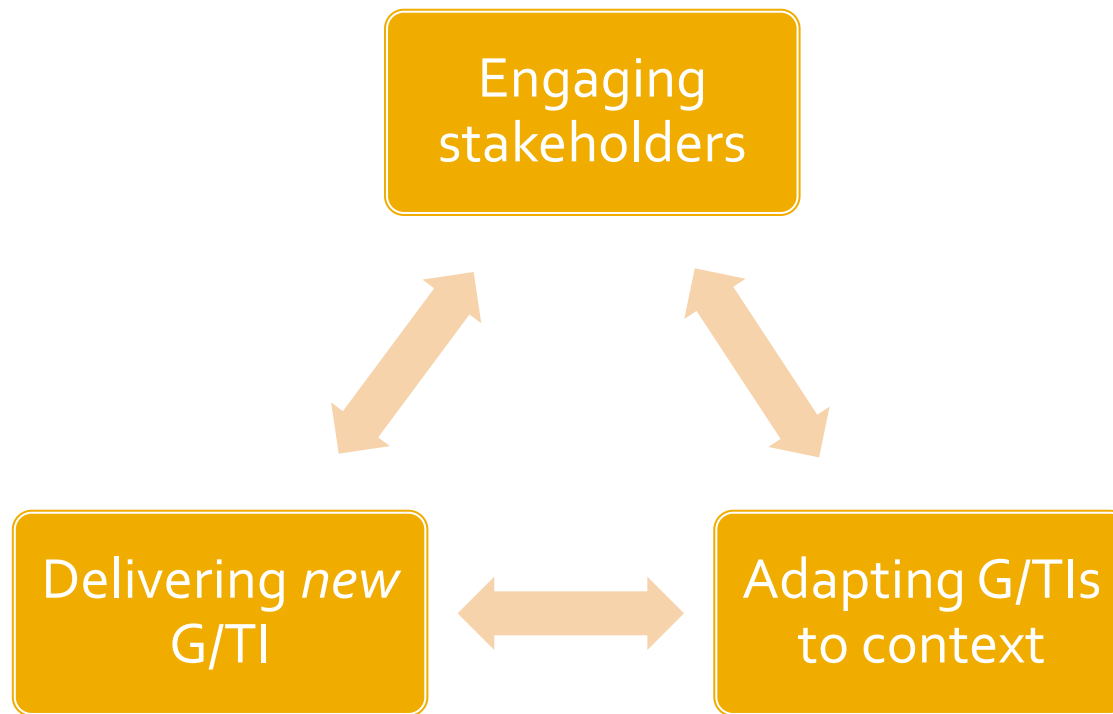
- 5 countries, 5 projects, 5 journeys
- PLA methodology & NPT theory
- Multiple stakeholders (migrants, GPs, practice assistants, interpreters, academics, training consultants, health service planners & policy makers)
- 3 fieldwork stages



Findings



- Three key areas of *implementation work*:



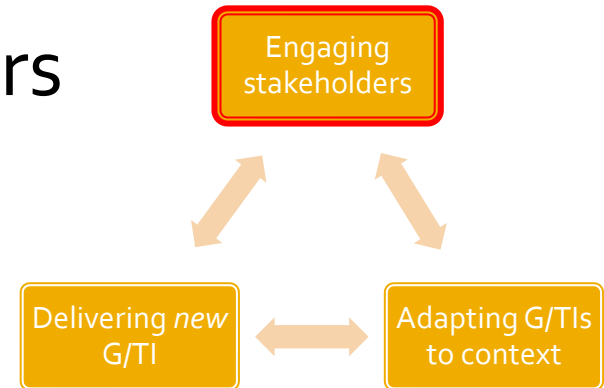
Engaging Stakeholders



- Engaging multiple stakeholders was challenging...

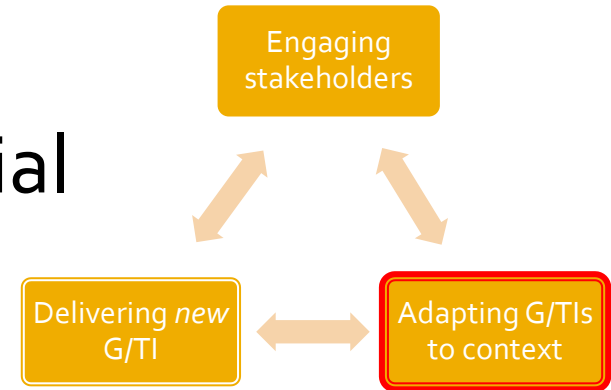
BUT...

- Allowed us to tap into large pool of local expertise
- Allowed us to share the load in terms of delivery



Adapting G/TIs

- Adapting G/TIs was time-consuming and substantial

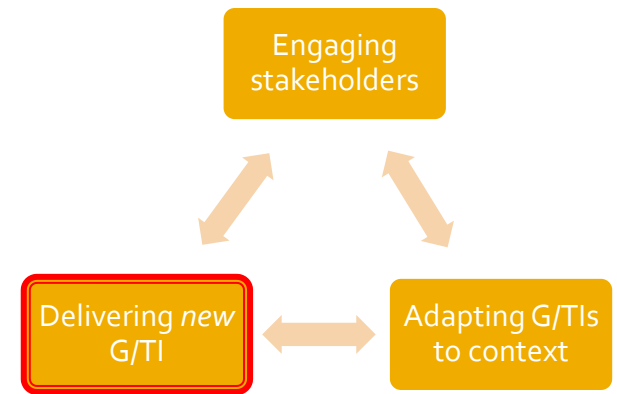


BUT...

- Secured buy-in of stakeholders in RESTORE
- Ensured commitment to delivery

Delivering G/TIs

- Delivering G/TIs was labour intensive and takes time to take effect



BUT ...

- Can lead to further adaptation and fine-tuning
- Can flag up new potentially relevant stakeholders

Implications



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- Lessons learned from RESTORE...
 - Engaging multiple stakeholders *is possible* in primary care research
 - Adapting G/TIs to context *is necessary* to make generic guidelines locally meaningful
 - Delivering new services *requires a lot of time* for preparation and to take effect

Any questions for...



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- Di Burbidge (Chinese Wellbeing)
- Maggi Green (Asylum Link)
- Trish Owens (Abercromby Health)
- Iftikhar ul Haq Khan (Refugee Action)