

# Turning the tide: Women alcohol service users develop self-esteem in single sex, non-judgmental environment

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**Abstract:** *This paper's title reflects the wishes of very many women to turn the tide of alcohol treatment back from models of groupwork which they find disabling and a cause of harm to self-esteem, rather than one which acts as a tool for empowerment. The paper itself explains how a very simple style of groupwork, designed and run by women alcohol service users, outside the realms of treatment centres, can be effective as a tool for empowerment.*

**Keywords:** *user led groups; groupwork; group work; alcohol use; service users; self help*

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**Date of first (online) publication:** *30th April 2014*

## **Introduction**

Together with other women, I set up and ran a rather different sort of self-help group in Bristol for four years. We had not found the conventional groups to be satisfactory, as they were not usually for women only, there was some form of commitment to attend, and they focused on the alcohol use as the central issue, rather than the problems behind it. In our women only group, everyone, including the facilitators, had had alcohol issues, women could attend as and when they chose, and we usually talked about whatever issues seemed most urgent at the time.

In this paper, I examine the strengths and weaknesses of such a model, which I hope may soon be taken forward in the south west of England.

## **Background**

My first experience of groupwork was not a happy one. It took place in a local treatment centre, where I had been sent by my GP to obtain help in recovery from alcoholism. Everyone who came to the centre had to attend daily groupwork sessions, which were led by a member of staff, and where everyone was required to talk about themselves and their lives. The principal difficulties for me were, that my drinking had led me into some very shaming sexual situations, and I felt terrible about describing these in a mixed sex group. In addition, there was a constant use of the vocabulary of Alcoholics Anonymous (AA), with its religiosity and emphasis on morality. The attitude of staff too was frequently that of superiority, and while this might be seen as understandable, given the bedraggled state of some of us, it was not conducive to rebuilding a good self-image.

A few years later, fully recovered (Staddon, 2012), I was conducting service user led research for the local NHS Mental Health Trust, as part of my PhD research. I was interested in what issues led women to become dependent on alcohol, and to what extent current medical and treatment responses were of help. I 'came out' as a woman who had once 'been an alcoholic' and carried out 23 in depth interviews with women who responded to articles and advertisements about the

project in the local Press. Two had never spoken to anyone about their alcohol issues before.

It became clear that many of these respondents were keen to meet others like themselves, within a supportive environment which was specifically for women. Some used or had used AA but had often found the approach to be unhelpful, and not to address their issues. What seemed often to be a stumbling block was a form of a 'politics of recognition' (Lewis, 2013) whereby respect and self-worth are withheld from those whose behaviour, whether caused by mental health issues, poverty, inequality or abuse, may cause the public to feel unsafe. Particularly of concern may be the behaviour of women, the mothers (and nurturers and life-long unpaid carers) of the next generation. If we drink, we are not acting as we are expected to behave; we have stepped outside 'normal behaviour' (Becker, 1966). We may be seen as a threat to the established order and perhaps to its view of morality.

I subsequently set up focus groups in different parts of Bristol, where women I had interviewed could meet and chat about their experiences. Some members of my Research Advisory Group came to help. All the respondents were invited, and fifteen had expressed keen interest, but in the end only eight of the original 23, or about one third, attended. This is not a bad proportion when one considers the many difficulties most of these women were suffering, particularly domestic abuse, poverty and low self-esteem. These groups provided a forum for open discussion, away from any concerns about what doctors or alcohol treatment staff might think, or the implied imposition of the views of an AA group.

Several of the women who came said how much they wished such groups might continue, solely to provide a space for socialising and support, and a few of us determined to make it happen.

### **The organisation we started: Women's Independent Alcohol Support (WIAS)**

Many of the women who had taken part in my research, either as respondents or members of the Research Advisory Group, believed that the drinking behaviour which had caused us to be seen as outsiders and outcasts was a consequence of feelings of disempowerment in our lives. At the same time, the behaviour itself had substantially reduced

our social value, so that we were perhaps more likely to return to the drinking--- a reversed version of the well known 'Cycle of Change' (Prochaska and DiClemente, 1983). We had all been free of addiction for between two and fifteen years at the time, but remained angry that we had allowed our lives to be blighted in this way. Some of us had lost our children; all of us had experienced poverty and humiliation. Becker (1963) and Bourgois (1996) have emphasised the great importance of identifying with the group to be researched and we found that as we took the research findings forward into improving the situation for women in our area, it helped being women, but it helped most of all to be ex-'alcoholic' women.

Our approach included fighting 'learned helplessness', and the idea that we were intrinsically flawed people - 'alcoholics'. We wanted to find ways of becoming strong and confident enough to deal with a society which had already caused us much damage. Some of us had experience of feminist discussion groups, where we had applied a political perspective to experiences we had previously seen 'only' as personal, with the object of better understanding and political change (Radford, 1994). These discussions were characterised by mutual encouragement and by a belief that we could build a better world: 'Though sharing experience was important ... it was never an aim in itself ... [it] included the sharing of lived experience, but as a part of a broader feminist process' (Radford, 1994, p.46).

When we formed Women's Independent Alcohol Support, for example, we argued for months over the use of the word 'support' in its title, which some saw as accepting that women who drank were weak and needed 'support'. Our aim was to help to empower other women to achieve a better future, and we believed that what we all needed before anything else was a safe, women only space where we could talk about our lives, listen to others, and perhaps learn to socialise without the support of substances. We wanted to effect change and hopefully to turn the tide of how our alcohol use had been seen—shaming, socially disfiguring, and labelling us forever as creatures of less moral worth (Warner, 2009). Instead we were celebrating our self-worth and our ability to survive, learning from what had happened to us, and using our knowledge of social disempowerment to offer reassurance and hope to others who had little.

## **Practical issues**

All the women who had taken part in the research project were told that we intended to set up an ongoing 'focus group'. We also placed advertisements in the free newspapers and on noticeboards, and at treatment centres. We tried meeting in the evening and in the daytime, to see what women seemed to find more useful. We eventually settled on Saturday afternoons as a good time to meet, as some of us had found work; others with small children found it easier to get help with care at the weekend. There was (and remains) also something of a gaping hole in service provision at weekends. I had already had a special phone-line put in at home for my research projects, so this phone number was the one we gave out in advertisements. All women who felt that they had an issue with alcohol were welcomed, whether they were still drinking or not.

Funding was an issue: sometimes we had short-term financial help, for example from the Shaping Our Lives Network and from the Scarman Trust. Usually we got by on donations and benefit gigs. When we had no money at all, we met in a church crypt, and while we did have funds, at a local YHA. We saw a central venue as essential, as few of us had our own transport, and bus services to and from the centre were relatively good. However, for several months, we were able to use, free of charge, a meeting room at a Community Centre just outside the central area. This was harder to get to for those of us living in other parts of the city, since it could involve two bus journeys each way. Women coming in from the country by car preferred it as it was easy to park, and sometimes lift-sharing was possible. It was also sometimes possible to interest local women who would not have made the trip to the centre.

When we did have money, we could pay not just for a better venue but also for the services of women who came to run workshops on a variety of subjects, such as acupuncture, drama and meditation. A local women's band came and played and also talked about how to form a band, what it was like to play instruments, and let women try them out. We also funded a couple of trips to carnivals and fairs.

## **The group process**

In retrospect, it was a daring and perhaps foolish venture. I had had training in telephone counselling with the local Lesbian and Gay Switchboard, but that was a far cry from facilitating a whole group of women who might well become very distressed as they talked about their lives. Those of us who had attended AA meetings or alcohol treatment centre groups, were more used to women restraining their distress, perhaps because it did not seem like a safe place to break down. Fortunately we did not have to deal with more difficult and emotional scenarios immediately.

The separate phone line in my house inadvertently became a part-time helpline. The answer-phone message told women when someone would be there and also promised to call back if they wanted to leave a number. It was necessary to think carefully about when was best to be available. Calls could be a disturbing experience, so that for me, daytime would have been better, so that I did not risk going to bed with their problems fresh in my mind. However evenings were definitely the time of day when women were most likely to make contact. Sometimes it had taken them all day to decide to ring, and sometimes they had been drinking. I did feel that it helped almost all callers just to have made that call. About half of the women who phoned actually came to a group. I felt then, and still feel, that both face to face groups and a contact phonenumber are necessary, but that not everyone will want to engage with both.

Those of us who had set up the scheme tried to be at the group venue early, and if someone had phoned me and said they'd like to come, I would usually meet her beforehand, for a coffee, and we would arrive together. This was my 'job' because as the person who had already had telephone contact, that seemed to be a way to foster confidence. I would also speak to her at the end of the meeting, to make sure she felt all right. It seemed to help if new people were quickly given a job to do, whether it was making drinks or arranging chairs, so that they could focus on that rather than feel nervous. We drew on our mixed, random experiences of church groups, AA groups, Shaping Our Lives and women's discussion fora. We would usually sit in a circle or at very least, sit in such a way that everyone could see each other properly, and communicate easily.

The women who came were all white, although we had made sure that we advertised in a variety of parts of the city, including those with more mixed ethnic populations. The understandable reluctance of ethnic minority women to discuss intimate matters with women of different ethnic origins has been written about elsewhere (Edge, 2010; Leland, 1984). Group members came from a range of social classes, and ages ranged between late twenties and early sixties. About half came by car and the others on foot or by bus. The highest number for a meeting was about ten, but we did not keep formal records. Women told us they valued being able to phone, to turn up, and to talk frankly, without necessarily giving their details, other than a name we could call them by. They spoke of having experienced a variety of pressures to 'keep coming back', or to enter formal treatment, and of feeling a great fear of having 'social workers' or 'treatment specialists' involved in their lives.

The group was very informal and decisions (for example, about future events) were usually made by all of us. Occasionally those of us involved at the start would meet early, or stay late, if we wanted to discuss any practical problems but most new plans, such as a carnival outing, were put to the group as a whole straight away and we would discuss what to do together. We believed in making sure everyone had a chance to speak, no-one was addressed without compassion and respect, and different points of view were acceptable. Many women had never experienced such a forum before. Ultimately empowering, the removal of named authoritative figures and processes could at first seem intimidating and we had to make sure individual women felt safe to speak, when they were ready.

At the start of each session, we would chat casually for about 10 minutes, hoping that late-comers would arrive during that time. Then we would each introduce ourselves, just using a first name, and saying something about ourselves. Sometimes there might only be two or three of us; sometimes there were ten or even twelve. We did not try to regulate the numbers as they were never excessive. It takes great courage to attend groups like this, and I would often get an apologetic phone call later from someone whose nerve had failed her.

This introductory session usually took about half an hour, and sometimes it was followed by a visiting speaker or event, but at least every other meeting, we would talk about particular issues, either suggested by someone present, or arising out of what someone had said

about how things were for them. I had expected to need to have rules about how we should behave, but we never did develop anything more than the ground rules we borrowed from Shaping our Lives meetings (see appendix).

These very simple arrangements gradually had a profound effect on most of the women who came. Once they began to talk about their lives and their issues it was as if they had never had the chance to do so before. This might have been expected to result in some people taking over too much of the meeting time, but in practice this very seldom occurred. Usually they would stop of their own accord and different women would ask questions or say how their experiences matched or differed.

Lynne, a regular attendee, recently told me:

*It was so good to meet other women, who'd had the same experiences, away from pressures around our alcohol use ... there was support in the group ... and I really enjoyed our outings, without any alcohol!*

Women would say how much easier it was to talk about some of their experiences in a women-only group. Research has confirmed that this is likely (Cummings et al, 2010; Women's Resource Centre, 2007; Niv and Hser, 2007), and may be on account of the way that both domestic abuse and sexual misadventures are understood as too shaming to discuss in a mixed sex environment. Also our group was patently not directed at any form of 'rehabilitation', only at reassurance and personal growth. This is in contrast to the form of groupwork often adopted in correctional facilities, where social control is a primary factor, or even the most economical way of dealing with several people at one time (Doel and Sawdon, 2001). Alcohol treatment centres too often operate in the same way, and for similar reasons; i.e. their aim is to control how their clients think.

Those of us who had started the group would act as facilitators, and we tried to ensure that the group operated in a very equal way, with everyone having the right and the opportunity to speak and with minimal structure. As previously stated, this way of working came from the feminist groups some of us had attended. We were all aiming at mutual empowerment, and sought to counteract the effects of a society which still sees women as 'the second sex' (de Beauvoir, 1997).



We would encourage people to form a circle, and start with introductions, in which people said as little or as much as they wanted to say at that point. Going round the circle was an easy way to make sure everyone had a turn. Usually women were soon eager to share experiences and make suggestions about what they found helpful in dealing with alcohol and their lives as a whole. They also talked about what caused them problems. They were always very anxious to make new people feel at home, and it has been subsequently described to me as having provided a nurturing environment.

This type of 'unstructured' meeting had its critics even at the height of the feminist movement (Freeman, 1973). It was suggested that there was no such thing as structurelessness, and underlined concerns that power may be exercised by some group members but not recognised or acknowledged. I would not argue with that, and I would not suggest that it should be the only sort of support offered. However, it does have a place in helping women and other disadvantaged groups to begin to make sense of their lives and to have a space and friendship in which to work out what other processes might be most helpful for them. This space should not be part of a treatment centre or other medical or correctional facility, but geographically and operationally separate.

A form of group consensus did begin to emerge. This has been described as 'collective thinking' (Panselinas and Komis, 2009, referring to Mercer, 2000). Most of us had been carrying a burden of guilt and shame about our past, but discussing what had happened and how it had come to happen, among people with similar stories to tell, helped many of us to put our life-stories into a political framework. Some of us began to see finding new ways of helping women recover as a matter of social justice and to want to become more active in this respect. We kept a rough check on the time, and found that usually women felt ready to leave after a couple of hours. Before they left, we would make sure they knew when we were meeting again and what was happening at the next meeting. Sometimes women who had not met before would leave a meeting together, which was encouraging, as many had told me on the phone that they felt very isolated.

We also held several events designed to help women to socialise without needing a drink first; we had speakers and ran workshops and went on outings. These outings were viewed and are remembered with particular affection. They acted to confirm our group identity and our

belief that we were able to be citizens in a way that some of us previously had not. We usually alternated these events with the discussion groups, which of course cost less to run, but also gave women a chance to get to know each other and try to make sense of their lives

Many women came erratically; at the time we found that depressing and it made us feel we must be doing something wrong. We would try to find better ways of engaging women, and of retaining their interest. However it is possible that our experience was neither better nor worse than that of the treatment centres, or of counselling as a whole. Women experience numerous practical difficulties in attending regularly, quite apart from the many psychological reasons which might make them unhappy with how things are going (McCrary et al, 2011).

The project eventually settled on a programme of fortnightly meetings but without paid staff even this was very hard work for the handful of us who were committed to WIAS.

## **Benefits of the group for members**

What drew people together was a shared background and a need for acceptance. This acceptance was similar to the 'unconditional positive regard' offered by person-centred counselling (Rogers, 1978). We offered this to each other, even when our views might vary, because we had realised that such acceptance was not available elsewhere and that it was desperately needed by women with alcohol issues. All women are likely to suffer low self-esteem (Staddon, 2013) particularly those with alcohol and mental health issues. A blame-free space which was entirely separate from a world of gender imbalance, in which women are expected to stand as icons (Legault and Chasserion, 2003) helped many women either to come to terms with their alcohol use or to moderate or to stop it. Other work has described the overwhelming appreciation felt by women with mental health issues of being 'treated as a human being' (Holly, 2012).

After four years, the numbers of women coming regularly to our meetings had dropped, and we felt that for the time being we would call a halt while retaining the phonenumber for another year so that no-one found herself cut off. Women told us they were now in work, or had too much to do, which we saw as success. One decided to go into formal

Twelve Step residential treatment but after that we never heard from her again. Many of us did remain in touch with each other, and were sure that the group helped them, as a stepping stone, or safer place, between 'illness' and 'being recovered'. We did not draw up evaluation sheets but we frequently discussed as we went along whether what we were doing was of benefit and how it might be improved, and we would act on these suggestions. Members saw their lives as being considerably improved, just by knowing that the group existed, even if they did not actually attend (Staddon, 2012).

### **Shortcomings and challenges for the group**

The group operated on an informal, drop-in basis, because we wanted women to be free to come or not, and this made planning difficult. It could also be disruptive when someone came in part way through a session, which often happened. Also it was not possible to ensure that volunteers would always turn up. There would be childcare issues, and a variety of crises could occur. Certainly I was sometimes the only facilitator, which could be extremely stressful especially if someone arrived who had been drinking, which sometimes happened. Whenever possible, we used a method whereby when someone was particularly upset, one of us would go and sit quietly to listen to the person, while the group carried on with whatever it had been discussing. For that reason particularly, two facilitators would definitely be a recommendation. There was also the problem that there was no way of being sure as to how many people would come on any one occasion. Occasionally no-one did, which meant a depressing Saturday afternoon for the facilitator (who was not, of course, paid).

Money was always an issue. We usually relied on a free or nearly-free venue, and once we were given a twelve month grant which paid rent on a very nice room in the city centre. We did not charge, unless a trip was planned, when we had to find money for transport. This may in retrospect have been a mistake as it may be true that people are more likely to attend if they have paid in advance. However, we felt that the women we were trying to interest were used to being able to attend places like AA meetings without necessarily paying, and we were afraid they would not come if there was a charge. We also knew that for many

women money was a real issue—even finding the cost of getting to the venue—and we did not want to put them off. In future, we could perhaps consider a system of donations, based on income.

### **Advice for other ‘users’ thinking of carrying out similar groupwork**

It must be remembered that none of us had any theoretical knowledge of groupwork. We had only our mixture of good and bad experiences to guide us. I have since read that this was not necessarily a weakness (Cohen and Garrett, 1999) although the person leading the group needs a variety of skills and experience. I would not take on this role again without having further training, and ideally, payment for an additional, trained facilitator—preferably another service user. There is also a real toll on the organisers. It would be better only to run the groups formally for a fixed number of weeks then take a break to evaluate, talk to a mentor, and regroup, before the next set of sessions. Ideally there would still be a helpline running so that desperate women did not feel that their only recourse was formal treatment or AA. I would also recommend ensuring there is at least a small grant first, to pay for the phonenumber, the venue, and people’s expenses.

There is also a lot of ‘emotion work’ ( Letherby, 2003; Hochschild, 1983) for people running the group. They may need to ‘manage’ how they feel and how they show, or do not show, their feelings. At the same time, they must be attentive to the feelings of other group members, and mindful that they do not inflict distress by appearing to offer more intimacy and support than they can ethically and practically maintain. A mentor would be of great value, or at least someone with whom to share some of the pain that often emerges for all concerned. This can be very healing but it is also demanding.

Having said this I do not think any of the core group who did this work for the four years would not want to do it again—indeed this is what we plan to do.

## The future

We have recently registered as a charity, and are in the process of re-launching in Bristol, although the phonenumber and our website <http://www.wiaswomen.org.uk/> will be accessible across the country. We are applying for funding for training, but it is our service user perspective and experience that women consistently tell us matters to them. Consequently we feel it is crucial to retain that perspective, although we feel we would benefit with support and training from professionals. This will involve locating professional expertise but remaining in charge of the process ourselves.

When the face to face groups start again, we plan that they will be led by service users who are supported by two group facilitators. One will be a qualified facilitator, the other a social work student, so that the service users will have professional resources available, and also so that someone in distress can be supported in another room, while the group meeting continues. We hope also to link up with a counselling service which will offer inexpensive one to one counselling for women who want it, and to continue our policy of taking groups out for social events—basically, ‘just’ having fun. We know that such events meant a good deal to women during the previous project. We have made links with numerous local organisations. Between us we hope to ‘turn the tide’ away from blaming and shaming women for using alcohol in an attempt to deal with distress, and help towards positive futures.

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## **Appendix**

### **Shaping Our Lives - Ground Rules (Revised August 2013) How we like to do things -**

Start the meeting with introductions.

Respect what each person needs to join in the meeting and value that everyone is different and will think differently about things.

Respect each other's personal space. Be polite, including to those not present, and avoid criticising or speaking badly about people. Comment on the issue not the person.

Listen, do not interrupt or speak when another person is speaking. If you need to, ask the Chair.

Raise your hand if you wish to speak and say your name when invited to speak, or do whatever you can to let others know you wish to speak and are the speaker.

Use plain and simple English and use words in full, like Shaping Our Lives instead of SOL.

Talk slowly and try not to talk for too long. We understand that for some people it might be necessary for them to speak for a longer time and that is fine.

If you do not understand what someone is saying, please ask them to repeat it or explain it. You are probably not the only person who does not understand.

Be aware that covering your mouth when speaking might make it difficult for people to read your lips or hear what you say.

Try to keep to agreed timings of the meeting

In any reports or discussions after the event do not use people's names when personal things have been discussed, for example when people talk in confidence about something that has happened to them.

If you disagree with something someone says, say so either during that meeting or during the next meeting. Do not argue about it outside of the meeting.

Try to attend meetings on time; switch off mobile phones or place them on silent mode

It is alright to leave the room if you want to for any reason.

Speak to the Chair of the meeting if you are concerned that the ground rules are not being met.