Health Innovation
Oxford & Thames Valley

FUNDED BY
NIHR | National Institute for Health and Care Research

Invisible to visible:

"I feel seen if something is said in my language"

Discussion with members of the Brazilian Portuguese about Artificial Intelligence in healthcare

Katie Lean
December 2025

FUNDED BY
NIHR | National Institute for Health and Care Research

Health Innovation
Oxford & Thames Valley

Acknowledgements:

To the members of the Brazilian Portuguese community: for sharing your stories, your insight into healthcare, and for your wisdom, and knowledge around new technologies. You are a remarkable community, and without you we could not do what we do.

Silvia Fermo, Founder, and Director of Clube dos Brasileirinhos: for your enthusiasm, for choosing to work with us, and introducing us to a remarkable group of women.

Ana Molinari, for supporting in the organisation of the focus discussion group.

Ufonia for the development of Dora.

This project is funded by the National Institute for Health and Care Research (NIHR) under its Invention for Innovation (i4i) Programme (Grant Reference Number **NIHR207466**). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Contents

1. Introduction

The use of technology to make care more effective and efficient is a cornerstone of the 10-year Plan for the NHS. The use of Artificial Intelligence (AI) solutions are highlighted throughout. This report presents themes arising from discussion with members of the Brazilian Portuguese community about the use of AI in healthcare: specifically, a Brazilian Portuguese speaking version of an AI telephone assistant, Dora.

Developed by a UK-based company, Ufonia, Dora is designed to conduct responsive, clinically validated patient follow-up after cataract surgery. To date, Dora has been used in over 60,000 follow-up telephone calls.

This work is funded through a NIHR grant to develop Dora in ten languages, other than English. Health Innovation Oxford and Thames Valley (HIOTV) is supporting the research by conducting focussed discussions with different communities, and feeding their ideas into this development. It is hoped that the deployment of multi-lingual versions of Dora will help address language barriers, and digital exclusion that disproportionately affect minority, and marginalised communities.

Background

Cataract removal is the most common routine surgery performed in the UK. Every year more than 450,000 operations are carried out [1]. The outcome of surgery is usually very good: less than 1 in 100 people experience complications. However, follow-up after surgery is still important to check on recovery. To help improve services for everyone, information about all people who have cataract surgery is collected and stored in the National Ophthalmic Database [2].

Demand for cataract surgery is unlikely to decrease, particularly given the ageing population. In the context of a national workforce crisis, this places significant pressure on services. The 2023 NHS Long Term Workforce Plan acknowledges that there are severe staffing shortages across the NHS. The adoption of new technologies to improve efficiency, and patient care are seen to be part of the solution to address this [3].

People from ethnic minority backgrounds often experience poorer health outcomes, and face multiple barriers to accessing and receiving care, driven by structural inequalities and discrimination [4]. Increasing the availability of multilingual support is one approach to addressing this.

[1] https://www.rcophth.ac.uk/news-views/latest-audit-figures-show-increase-in-numbers-and-outcomes-of-cataract-procedures/
[2] Policy briefing: Cataract surgery and independent sector providers
[3] NHS England » NHS Long Term Workforce Plan
[4] NHS England » Ethnicity health

2. Methodology

HIOTV conducted an in-person discussion with members of the Brazilian Portuguese community. We aimed to explore participants' thoughts and feelings about healthcare communication, perceptions of AI in health services, and of Brazilian Portuguese speaking Dora in particular.

Participant recruitment

Participants were invited to take part through community outreach in collaboration with the Clube dos Brasileirinhos, based in Queen's Park, London. Interested individuals were offered £50 reimbursement for their time. A total of ten Brazilian Portuguese speaking adults took part in the session. The group were women, mixed ages, with a good proficiency of English. An interpreter was present, but was not required to translate throughout the session.

Discussion group design

The timing of the discussion group was agreed with Clube dos Brasileirinhos, to best suit the range of participants. It was held on a Saturday, between 1030-1300, with a ten minute break.

A briefing paper, [Appendix one] and consent form [Appendix two] were sent out to all participants before the session so that they knew what to expect.

A discussion guide [Appendix three] was developed, and used during the session to explore the following:

- experiences of healthcare in general, including use of translation services.
- comfort, and trust in using automated systems.
- preferences for language, tone, and cultural sensitivity in AI communication.
- perceived benefits, and concerns about using Dora in Brazilian Portuguese.

To support discussion an eleven minute clip of Dora speaking to a patient in Brazilian Portuguese was played to the group.

The session was taken by two facilitators, and recorded with participants' consent. Notes were also taken.

Data Analysis

The audio recording was transcribed, and thematic analysis undertaken. Themes were agreed by both facilitators. The draft report was shared with participants to check for accuracy.

3. Findings

The discussions that took place were centred around participant's experience of healthcare in the UK. The key themes focussed around:

- being visible in a complex healthcare system.
- the magic pill is listening: are humans losing their humanity?
- AI who is it really for: the patient, the workforce or the NHS system?
- mechanical, but precise: the first impressions of Dora.
- information to empower: knowing what will happen.

Being visible in a complex healthcare system

It was recognised that when a person needs to use the healthcare system, they probably require treatment rather prevention advice. This can increase anxiety when having to communicate in a different language. It was felt that at this point, it becomes more complicated to communicate exactly what you want to say, and takes a lot of concentration.

"When you are in an emotional state, you want to speak your own language."

Some of the participants, stated that they felt they "didn't have a voice" or that they felt "invisible". This feeling of being invisible came from many areas of healthcare including not having a "tick box" to capture their ethnicity, and having to "fit" into another group.

They also highlighted that when under stress, and in pain it is difficult to communicate in another language. One becomes reliant on others, compounding the feeling of being invisible, and loss of agency. One participant shared that she needed her husband to translate for her in a stressful situation which only emphasised the feeling that she did not have a voice. There was a comment around would speaking to an AI chat bot compound this feeling of being invisible.

"AI bothers me, it emphasises that I don't have a voice. As a woman I am less visible, who else needs to have agency over how I feel?"

The proportion of attendees agreed that someone to interpret on their behalf would be valuable at this time. This person should be trained, impartial, and empathetic.

One participant shared that they used to interpret for the NHS, but this service was cut due to funding. This has forced family members to take the role which was felt to be a

mistake due to the possibility of family bias; bringing a family agenda rather than represent the patient fairly. In some cases, it was noted that children are being taken out of school to interpret at healthcare appointments.

"Bringing family members to interpret is a huge mistake. We need something that is more impartial"

The magic pill is listening: are humans losing their humanity?

There was positive feedback about how warm, and empathetic healthcare staff are where children are concerned. The power of play being one of the ways to connect with children in stressful situations. However, it was noted that with adults it felt like "humans were losing their humanity". This theme of empathy, or lack of, ran deep throughout conversations. There was a consensus of experience which pointed towards feelings of a lack of empathy, warmth, and not being heard by healthcare staff.

A participant in the group noted that when speaking to a doctor, it was not English that they needed to learn to be heard, but the language of the NHS.

"I'd say to the doctor how I feel, and they recommend walking, and fresh air. I've had to learn to rephrase it to "this is significantly impacting my life," and I'm referred to a specialist. I had to learn a phrase to trigger the system."

Others noted that when they saw a specialist, they felt like the specialist relied heavily on their clinical knowledge with a tendency to dismiss how the individual felt. It is not just about feelings, but about an individual having knowledge over their own body, and what is normal, or not for them.

One participant shared how the only person that they have known to demonstrate empathy, and listen to them was their General Practitioner (GP). It was recognised by the group that GPs are always under a time pressure. They have a ten minute appointment where you are often only allowed to discuss one thing, which did not allow for the root cause of the problem to be identified, and managed.

A good example of healthcare getting it right first time was shared. This was around allowing enough time to talk to the patient, listen to their concerns, and get it right first time.

Getting it right first time

A member of the group highlighted that in a London based audiology department, a first appointment of 90 minutes is given.

This gives time to listen, understand, and problem solve with the patient. Whilst a follow up is offered, it is rarely required as the patient has felt heard, had an opportunity to have their questions answered, and leaves after one appointment confident to use their hearing aids.

Another participant who had experience in holistic medicine noted that clients always thanked them first, and foremost for listening.

"They (clients) are looking for a magic pill: the magic pill is listening."

The group concluded that there are close links around listening, and empathy. They also highlighted that whilst this is a need for the patient, it is also a need for the healthcare staff, that they too feel heard.

Collision of healthcare knowledge and provision: prevention versus treatment

When discussions were held around the importance of being heard by healthcare staff it became evident of a difference in focus between UK, and Brazilian healthcare systems. The UK focused primarily on treatment, and Brazil on prevention prior to treatment. The group concurred that before any treatment was started in Brazil, multiple tests would be taken to ensure other diseases were not present before starting treatment that could impact health. An example was given around pre-screening for cervical, and breast cancer prior to starting Hormone Replacement Therapy (HRT). In the UK there has been lived experience of starting HRT prior to investigation, or the offer of antidepressants instead of HRT. This was part of the discussion around the need to be listened to, and heard rather than just starting treatment. A growing sense of the need to co-collaborate together around health.

Through the conversations it evolved that the following would help support members of this community to feel empowered in the UK healthcare setting:

- agency over how they feel.
- time to be heard.
- healthcare staff to grow in empathy, and warmth.
- the use of non-biased interpreters where necessary.

- time to get it right first time.

AI who is it really for? The patient, the workforce, or the NHS system?

There was a general discussion around the use of an AI chat bot in healthcare. One of the first considerations was around who the chat bot is for: is it for the benefit of the patient, the workforce, the NHS system, or legal (to demonstrate a follow up undertaken).

"Who is at the centre of this, is it for the NHS to understand us better or for us to understand the NHS better."

Where English is not a first language, there were concerns around dialect, and AI being able to understand an accent. The lead facilitator noted that this is currently an issue with chat bots in English, and understanding a wide range of dialects across the UK.

A discussion around how chat bots could be used in the future highlighted the possibility of a conversation held prior to a consultation (in a variety of languages). This could be transcribed so that the clinician was aware of key concerns prior to a consultation. Linking to the importance of empathy in healthcare, one participant questioned if a chat bot could be trained to be empathetic noting that "there is a person on the other side of the telephone". This prompted conversations around whether people would divulge how they feel to a "robot" or just want to get to the point.

"Why should I tell a robot how I feel? Need to just get to the point."

"Even though I'm very talkative, I would probably stick to brief answers, it's almost like I won't bother."

Digital inclusion was addressed noting the fact that AI might exclude population groups such as the elderly. However, it was felt to be more beneficial than a family member interpreting when a language barrier is present.

Mechanical, but precise: first impressions of Dora

Participants were played an 11 minute audio recording of Dora talking to a patient in Brazilian Portuguese. They were asked to reflect on the conversation including the AI voice, tone, and language.

There was an overwhelming agreement that the conversation was too long, and repetitive. Whilst the group acknowledged that Brazilian people love to talk, they agreed that when talking to a chat bot there should be less questions, and focus kept on key symptoms. Dora used questions such as: "do you have any pain?". It was felt that a

scoring system from 1-10 would be more beneficial, otherwise it is difficult to measure pain, and a yes/no answer is limited. The group felt that symptoms should be scored this way too for consistency. There were other multiple open ended questions where the group felt a yes/no answer may be all that was needed. This brought up the question around whether this was primarily a clinical support tool, a learning platform for AI, or both.

The group identified that Dora missed answering one of the questions. At the end of the telephone call, they suggested that Dora should ask "do you have any other questions?" rather than "have I answered all of your questions?". Whilst the re-cap at the end was thought to be beneficial, all agreed that it was mechanical, too long, and repetitive.

"Overall, talking to a machine, it wasn't too bad."

The nuance of language: dialect, and accuracy of translation

There was consensus that Dora had a good accent, pronunciation, and was easy to understand. There were minor language issues such as Dora stating:

"do you **feel** redness in your eyes?" instead of "do you **see/have** redness in your eyes?"

There were also times when Dora didn't appear to understand what the patient was talking about, and answered a question from a different perspective. Dora said "ok" a lot when a yes/no answer would have been more appropriate.

The group agreed that having something in their language was a positive step forward.

"It makes me feel seen, if something is said in my own language."

"Just the fact that the NHS is trying to speak to me in my own language, I would feel so, so happy"

Information to empower: knowing what will happen

There was a discussion around the importance of what knowledge would be needed prior to, and post the telephone call. These included:

- that the call would be undertaken by a chat bot.
- how the call is booked for a time that is good for the patient (if at work, not able to be honest with answers).
- how does the patient know it's a "real call" where information can be disclosed.
- when will someone review the answers.

- how will the patient know that the transcript has been looked at.

Thoughts around what could be better included the ability to be sent a link of the transcript to the patient. This would enable the patient in a 24/48 hour window of the call to review their answers, and amend if they had made a mistake.

4: Discussion

Feedback from the Brazilian Portuguese community discussion group, highlighted concerns about their experience with healthcare in the UK. Participants expressed feelings of invisibility, and a loss of agency, emphasising the need for approaches that restore voice, and dignity.

The need for empathy emerged as a central theme. Respondents stressed that healthcare interactions should prioritise active listening over quick fixes. Many felt that time constraints in GP appointments undermine meaningful conversations, reinforcing the perception that "humanity" in care is diminishing.

While Dora was seen as linguistically competent, its role raised critical questions around the need for technology to complement the human connection rather than replace it. Ultimately, the community's feedback underscores that AI solutions must be patient centred, empathetic, and designed to enhance not erode the human aspects of care.

5: Recommendations

The Brazilian Portuguese community highlighted the following recommendations around the use of an AI chat bot in healthcare.

- **prioritise empathy, and listening:** AI should complement, not replace, human interaction.
- **keep chatbot conversations simple, and concise:** avoid lengthy, or overly scripted dialogues. Allow an opportunity to review transcript.
- **ensure privacy:** the patient should be able to decide when calls should occur to ensure a confidential setting.
- **clarify purpose:** communicate that AI tools aim to support patient care, not just operational efficiency.
- **test usability:** validate that language, tone, and flow feel natural, and that there are appropriate translation of key phrases.

Appendix one: Briefing paper

NIHR | National Institute for Health and Care Research

Health Innovation Oxford & Thames Valley

Community conversations: healthcare, and the Brazilian Portuguese community

Saturday 22nd November 2025, 1030-1300

Salusbury Primary School, Queens Park, London, NW6 6RG

Briefing Paper

Background

In 2021, 91% of people living in the UK said that English was their main language[1]. The most common languages other than English were Polish, Romanian, Punjabi and Urdu[2]. Language barriers can easily lead to miscommunication between healthcare staff, patients, and their families. This can have a negative effect on everyone's experience, and can reduce the quality of care and safety[3].

Dora – a computer programme that calls patients by 'phone

As part of a National Institute Health Research funded project, Health Innovation Oxford and Thames Valley are working with a company called Ufonia. Ufonia have developed a computer programme called Dora. Dora has been trained using Artificial Intelligence (AI) to have telephone conversations with patients. A Dora telephone call can help make sure that patients are ready for surgery, or that they are doing well after their surgery.

Testing Dora in the NHS

Dora has been tested in the NHS, making telephone calls to patients who have had cataract surgery, checking that they are recovering well. Overall, in the 13 hospitals that have tested Dora, patients are very happy with these conversations. Ufonia now want to translate Dora into ten languages, other than English. To make sure that this is done well we are having conversations with communities whose language will be included in the new Dora conversations. This includes the Brazilian Portuguese community.

FUNDED BY
NIHR | National Institute for Health and Care Research

Health Innovation Oxford & Thames Valley

NIHR | National Institute for Health and Care Research

Health Innovation Oxford & Thames Valley

About the conversation

The session will be a small, interactive, discussion with people from the Brazilian Portuguese community. We will discuss your thoughts, and feelings about:

- what it is like to receive health care in the UK.
- how you feel about the use of interpreters - family members, NHS staff or language line.
- the use of Artificial Intelligence in healthcare.
- after listening to a DORA conversation in Brazilian Portuguese, your initial thoughts about how it sounds.

At any time you can decide not to take part in the conversation. A member of the team will be available for a discussion if you want to talk to someone before, during or after the discussion.

The discussion will be led by Sian Rees and Katie Lean from Health Innovation Oxford and Thames Valley.

Joining the meeting

This discussion group will take place:

Saturday 22nd November 2025, 1030 - 1300

Salusbury Primary School, Queens Park, London

Tea and coffee will be provided

After the conversation

Your insights will be used to write a report that will help Ufonia improve the design of Dora. We will not identify anyone who takes part in the conversation in the report. If we use any quotes people will remain anonymous. We would like to record the session for accuracy of notes, and will ask you to sign a consent form on the day.

A £50 Amazon voucher is available for taking part in the conversation.

Contact

If you have any questions before or after the discussion group, please contact katie.lean@healthinnovationoxford.org.

[1] Language, England and Wales - Office for National Statistics
[2] Implications of Language Barriers for Healthcare: A Systematic Review - PMC
[3] Implications of Language Barriers for Healthcare: A Systematic Review - PMC

Appendix two: Consent

Health Innovation Oxford & Thames Valley

Consent Form

A focus discussion group with the Brazilian Portuguese community around healthcare, and technology

Thank you for agreeing to take part in the above focus discussion group on Saturday 22nd November, 1030-1300

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley[1] are working with a company called Ufonia. Ufonia have developed a computer programme which they call "Dora". Dora has been trained using Artificial Intelligence (AI) to have intelligent conversations with patients. It is a telephone conversation that can be used to make sure that patients are ready for surgery, or that they are progressing after surgery.

This will be a small interactive discussion group with members from the Brazilian Portuguese community. We will be seeking to understand how you have felt when receiving healthcare in the UK, including the use of interpreters (family members or language line). We will be sharing a short recording of a clinical conversation between a patient, and Dora in Brazilian Portuguese, and looking for your feedback on how it sounds, as well as how you feel about artificial intelligence (AI) in healthcare.

The discussion group will explore the following:

- your experience of healthcare in the UK – what has worked well and what could be improved.
- your thoughts around Artificial Intelligence in healthcare.
- your initial thoughts around the Dora conversation in Brazilian Portuguese.

Your insights will be used to write a report and help the company to improve the design of Dora. No one who takes part in the discussion will be identified. We may use quotes in the report, but no names will be used.

At any time, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone before or after the discussion.

A £50 Amazon voucher is available for taking part in the conversation.

The workshop will be led by Sian Rees and Katie Lean from Health Innovation Oxford and Thames Valley.

If you have any questions before or after the workshop, please contact katie.lean@healthinnovationoxford.org.

[1] Home - Health Innovation Oxford & Thames Valley

Health Innovation
Oxford & Thames Valley

CONSENT FORM – Focus discussion group with the Brazilian Portuguese community around healthcare and technology

If you choose to take part, please complete and sign below. By signing you agree that:

- you have read the briefing paper supplied, and understand what is involved in taking part.
- you have had the chance to ask questions and know you can ask more questions at any time.
- it is your choice whether or not you want to take part in this discussion.
- you can withdraw your consent at any time.

I AGREE TO TAKE PART

Please mark each statement with an X if you agree (leave blank if you do not agree)

Statement	Put X in each box if you AGREE with the statement
I agree to take part in the focus discussion group with the Brazilian Portuguese community around healthcare and technology with Health Innovation Oxford and Thames Valley.	
I agree to a recording of the discussion for analysis, and reporting purposes.	
I agree to a transcript of the discussion being held by Health Innovation Oxford and Thames Valley for analysis, and reporting purposes until completion of the project.	
I agree to anonymous quotes being used in a report which will be shared with the company and wider.	

Please insert date, name, and signature below and return completed form to katie.lean@healthinnovationoxford.org

Date: _____

Name: _____

Signature: _____

Appendix three: Discussion Guide

Health Innovation Oxford & Thames Valley

Dora Brazilian Portuguese Discussion Guide

Saturday 22nd November 2025

1030-1300

Salusbury Primary School, Queens Park, London, Nw6 6RG

Background

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley (HIOTV)[1] are working with a company called Ufonia. They have developed software called Dora that can undertake automated medical telephone calls. It can assist with pre and post-surgical review telephone calls which can save the time of doctors and nurses. This grant is focused on a multilingual accessible, telephone-based Artificial Intelligence (AI) conversational agent for cataract surgery follow up.

This will be a small interactive discussion group, with members of the public who are from the Brazilian Portuguese community. We are interested in hearing thoughts on how people feel about the healthcare (eyecare if appropriate) they have received, thoughts around Artificial Intelligence in the care pathway, and initial thoughts on a recording of Dora (to be played).

The discussion group will explore the following:

- experience of healthcare to date – what worked well and what could be improved.
- thoughts around Artificial Intelligence in healthcare.
- Initial thoughts around Dora conversation in Brazilian Portuguese.

Note on the role of this guide

This document is a **guide** written for qualitative research, not a script. Conversation in the group should flow as naturally as possible. The approach, content and conversation flow in each group is likely to differ depending on the interests, and conversational style of participants. We aim to let participants come to topics as spontaneously, and naturally as possible. Therefore, not all questions in the guide will be asked and not in the order or exact wording here.

The role of the guide is:

- an aide-memoir for the facilitator of the main areas of interest to cover off.
- a default structure, and flow.
- a set of suggested wordings for key questions.

[1] National Institute for Health Research and Health Innovation Oxford and Thames Valley

Health Innovation Oxford & Thames Valley

Timing	Questions	Objective
	Introduction	
1030 30 Mins	Introduces self, explains role, welcomes everyone, give people some time to settle in / check tech. Shares agenda slide with clear timings on breaks. Why we are here: Your discussions will be used to inform healthcare (eye care) for the Brazilian Portuguese community, and those where English is not their first language. This includes the benefits, and concerns around using Artificial Intelligence for follow up appointments for cataract patients. A report will be written to summarise the discussions that happen today. No one who takes part in the discussion group will be identified. We may use quotes in the report, but no names will be used. Anytime during the discussions, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone after the session. • covered by GDPR – written consent to audio recording (Record and transcribe) • share ground rules slide • No right or wrong answers • Any questions? Please introduce yourself with your name and share just one word that describes how you're feeling today. It can be any word — there are no right or wrong answers. If you like, you can say why you chose that word, but you don't have to.	To put participants at ease, share plan for session and set up the rest of the conversation

Health Innovation Oxford & Thames Valley

Main Session		
1100 40 mins	**Session 1: Experiences of Healthcare (Eye Care)** **Aim:** *to gather experiences of how people feel about the healthcare they have received.* We'd like to start with understanding a bit about your experience of receiving healthcare (eye care). Can you share a bit about what it was like for you? *Prompts* • Thinking about your experience what worked well for you/made it a good experience • When things haven't gone so well – can you share a little about what was hard about it and would have made it better? • When you've been receiving healthcare (eye care) has language ever been a challenge for you or your family? **Interpreters** • Can you share your experience if any when interpreters have been used to support your care • What worked well and what do you think might have worked better? **Healthcare method** Have you ever received **any** automated telephone calls? *(if time branch out to not just health)* • Can you share what that was like for you and what worked? • What could have been done to make it better for you? • Have you ever received a telephone or video call for health? *Explore what worked and what didn't.*	Understanding the experiences of those in the Brazilian Portuguese community

Health Innovation Oxford & Thames Valley

	Additional question if time • What one thing could doctors/nurses do to support clinical discussions with a member of the Brazilian Portuguese community? Recap key points from discussion and check with the group they've captured everything. Any questions?	
	BREAK 20 MINS **1140-1200**	
1900 50 mins	Welcome everyone back from break **Session 2: Introduction of AI in healthcare and DORA** **Aim:** *to understand how people feel about receiving an audio recording from a conversational AI assistant. Gather thoughts on whether technology could be useful, nuances in translation. Explore trust, privacy, access to devices etc.* We touched upon receiving automated telephone calls in the last session. Now we are going to play a short audio recording of a conversation between an Artificial Intelligent chat bot who has been trained to undertake conversations with patients following cataract surgery. As you listen, we'd like you to think about things such as: • How it makes you feel, how the language sounds, the accent and speed of conversation. **Play the recording (think about if we play before we say AI)** Can we start by finding out your first reactions to the voice and style of the AI call.	Gather detailed feedback on thoughts from AI conversational assistant.

Health Innovation Oxford & Thames Valley

	Prompts • How does it make you feel? • Language correct, sound, accent speed? How do you feel about the possible introduction of a telephone assistant like DORA? *Prompts* • In what way might it be helpful in your care? • What might be good about using a technology like DORA? • What concerns might you have about the introduction of technology like this? • What would make you trust this sort of technology? • How does it compare to other automated telephone assistants you might have used? What do you think others in your community might think? *Prompts* • What might stop someone from using it? • What about access by phone/landline. Can everyone do this easily? Are there any changes you might make to make DORA more useful or trustworthy?	
	Summary & Next Steps	
1245 10 mins 1255	Recap key points from discussion and check with the group they've captured everything. Any questions? Explain next steps: go away, write report and suggest amendments to DORA based on your feedback. **Sign consent, thank you, and close**	Hear final thoughts. Finish the workshop and explain next steps.

This page is intentionally left blank