

PLA as a tool in participant process-orientated evaluation in the field of drug prevention psychiatry in Norway

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Introduction

Participatory Learning and Action approaches in Norway have developed during the last five years, initiated by people who experienced such ways of working in the South. The experience of participatory approaches as a tool of empowerment in the Southern context made us want to learn more about it ourselves and to try it out in the fields where we worked in the far North. Participatory approaches in Norway, as far as we know, have mainly been used in the health, community, education, and youth work sectors. The work is still on a rather small scale, and only a few people are trained – but these approaches of working together with people are creating much interest amongst other groups.

The growing interest runs parallel with strong governmental directives towards participation and empowerment from the patients ('users') in the health and community sectors, and towards more process-orientated and creative learning throughout the educational system. Our experience with PLA in these fields has so far shown great potentials for creative learning, dialogue and empowerment.

The context for Norwegian PLA work

People, of course, still live in places, but increasingly have their social relations connected to work and close family – and often also to people who live far away – rather than those living close by. Much of our time and energy is associated with professional life. Elderly people say that television also has reduced social relations and the care between people in the communities. So the sense of belonging and responsibility is changing; from being of use and responsible for others as a community – towards responsibility for one's own life and the ones who are close (e.g. Gullestad 1997, Foss 1994). So the ways of living together and thereby kinds of problems encountered differ from those of the South. This is a different kind of poverty. We do share, however, the need for empowerment, attitudes and tools that can help us facilitate dialogue, analysis and choices for action with and between people.

The way of working described in many examples from the South, where participatory projects work with whole communities, does not fit well into the present Norwegian reality. If you invite inhabitants in a community to a public

meeting, to discuss the future of the community for example, it is likely that only a small number of people will show up. The people who do attend are mostly those that have particular interests, are educated or are known to be very active in the community. The people who usually do not speak up, will not participate to get their say.

When we started working with participatory processes, we applied them to fields where people experience common problems or interest areas. Our aim has been to facilitate bottom-up processes, to empower those without a 'voice' and create dialogue between different stakeholder groups.

The drug psychiatry project in Oeksnes

People who battle with drug abuse combined with psychiatric problems are a group of people who 'fall between two chairs' (a Norwegian expression) in the health care system. They cannot easily be put into one category, but can be supported from the drug-helping systems, psychiatric health care and social services. The people who work in all these systems (the helpers) find it very difficult to relate to, and help, this group of people. The relationship between helpers and users is characterised by mistrust on both sides and helpers often try to avoid this user-group. The users are extremely vulnerable in terms of social relationships. Many face anxiety and loneliness on a daily basis and have problems relating to others when not under the influence of drugs. They often withdraw and use drugs when these relationships get difficult.

The Oeksnes area, which has a population of 2500, is located in the coastal region of Vesteraalen in northern Norway. The community is based on fishing and related industries. According to surveys, problems with drugs and alcohol are increasing in the region. There is also a group of approximately 15 persons categorised as having severe drug/psychiatric problems in the community. The project in Oeksnes is aimed at specifically reaching out to people with combined drug/psychiatric problems, although also aims for a wider outreach to other parts of the community (Project-description, 1996).

Initially the project had two aims

- Creating participation and empowerment among the users.
- Creating more flexibility and co-operation within the health/social services.

The project, funded by the national Department of Health, started in 1996 and ended in December 1999, although the participatory process it initiated continues.

From participatory projects to participatory processes

This has never been a 'PLA' project. Participatory approaches have been included in the project to facilitate process-oriented, participant evaluation. The evaluations have been organised as action research (Cornwall & Jewkes 1995, Hart & Bond 1995, Stringer 1996) – aiming at facilitating the participants' own analysis, planning and ongoing evaluation of the process. PLA-tools have been used in three phases of the evaluation: evaluation of the pre-project phase, evaluation mid-way and finally by the end of the project period.

Planning group – and meeting place

Attitudes, also central in participatory work, have strongly guided the ways of working of the project. The professionals in the project have tried to 'hand over the stick', to sit down, listen and learn, and to believe that people can do it. Right from the start, the users have been central in planning and developing the processes. The first planning group, organised in the spring of 1996, consisted of four persons; the project leader, two participants with long histories as users of the health care system, and one former drug addict, who is now working in the social services. In addition two of them were active in the local users' organisation for people with drug/alcohol problems. Persons with experiences as users dominated the planning group.

I emphasise this, because power-imbalances in the relations between helpers and patients have always been strong. The standard way of user-participation in health planning in Norway has been allowing one or two user representatives to join a majority of professionals. In this project, power relations were made more equal by letting the users outnumber the helpers. Later in the process, an advisory group for the psychiatric system in the community was organised. Here the helpers and users were represented in equal numbers.

The first planning group agreed that creating a good meeting place was an important factor. They worked on finding a suitable place, preferably away from the health care buildings. They wanted it to be physically and socially their own. At the same time they worked on how and who to recruit into the project. Initially they chose to invite a few people into the meeting place and from there, build on the networks that already existed. This extended the user group and the meeting place has been the nerve centre of the project throughout the process.

Evaluation of the planning and start – by the planning group

Liv Aune and myself were asked to take responsibility for the evaluation process. We accepted this but with the premise of trying out participatory methodologies as a way of working. Project staff (one with user-experience) had joined us in a three-day PLA-course, so they knew about participatory methodologies and also knew us. We had little experience, but were inspired, though a bit nervous, when we started. We had read that PLA approaches were developed specifically to develop dialogue and analysis with people who usually do not speak out, people at the bottom of local hierarchies (e.g. Chambers 1994, Pretty et al. 1995). The group of people we were going to work with, were definitely not the ones who normally set the agenda in the local community – they were in trouble, and stigmatised as difficult, hopeless and unstable.

In the first round of evaluations we organised telephone conversations with the project leader, Mr. Lathi, set up PLA-sessions with the planning group and did participant observation at the new meeting place.

The first report was mainly built on the PLA meeting with the planning group. We asked the open question (planned from readings and conversations with the group), and used visualisation tools to inspire discussion, analysis and priorities. The evaluation was intended to sum up what had happened so far, and make analysis and priorities for the future work. The report was to be used in applications for funding to go on with the project for a three-year period.

The PLA meeting was organised as follows.

- Hopes and fears connected to participating in the project (Hopes/fears – Delphi).
- What has happened so far? Important events, persons involved (Historical timeline).
- Aims for the project (Matrix-scoring).
- Who participates in the project, cooperation, influence (Venn-diagram).
- How do you want it to be in the future (Venn diagram).

The report, compiled by the planning group, documented the work completed to date and priority activities for the future, and placed emphasis on the participants' personal development ('getting oneself back into life', as one of them put it) to create a flexible meeting place and equal relations among the participants. Before finishing up, the report was sent back to the participants in the meeting place and the planning group for discussion and comments. The project was successful in obtaining further funding for a three-year period.

Midway evaluation

When we came back to facilitate the mid-term evaluation eighteen months later, our main aim was to create a discussion among the users of the meeting place. In addition, we wanted discussions with the original planning

group, and among the now formalised steering group for the project. This ruling group was part of the organisational structure, which was requested as part of the funding requirements. It consisted of representatives from the health care system, the administrative side, politicians and users. In addition to holding PLA meetings in all three groups, we conducted open interviews with users, helpers and participants in the public social/health system. From our point of view, this evaluation was the most important for the process. It should sum up, analyse and, if necessary *redirect* the ongoing project primarily from the users' points of view, but also from the people on the professional side.

In good participatory spirit, we wanted to organise a general meeting between the users and helpers, but the planning group considered this to be premature. The users were ready to meet with us, but the relationship with the helpers-system was still based on mistrust. The vulnerability among the users and in the project guided the way we conducted the meetings.

PLA meeting with the users

The meeting took place in their meeting-place, on one of their scheduled Tuesday evenings. None of us knew how many would show up, and we were happy when as many as 14 people came (including the three helpers). After a couple of hours of chatting, smoking and drinking coffee, we started the more formal PLA session. We split into two groups – working separately, each with one facilitator but each with the same questions and tools.

This time we asked:

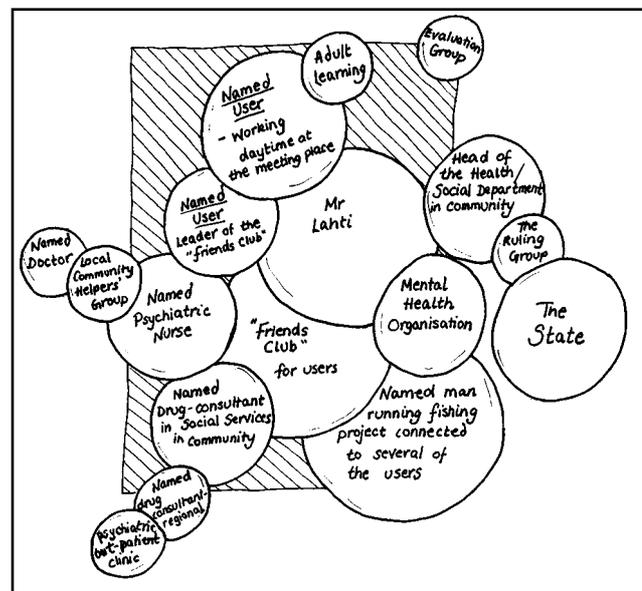
- What is the project?
- What activity goes on – and who participates in what? Including activities that have ended, and activities you want to start (Activity-sun)¹
- Who is participating (Venn-diagram)?
- What are the aims for the project now (matrix-score)?

The most striking thing about this meeting was the atmosphere, the analysis and involvement in discussions of the users. They found it interesting to visualise and see for themselves the many varied things they were actually engaged in. People compared the visualisations, which were explained in plenary by members of that group. The project leader commented that usually people do not sit down and get into serious discussions but this time they were able to engage in the tasks for four hours without getting restless and withdrawing – it was extraordinary. So our belief in participatory ways of facilitating dialogue and empowerment was strengthened.

The resulting report is quite detailed but central themes of the evaluation included: facilitated discussions around informal socialising, trips, evening courses, adult schooling and the workplace – with about 30 people involved in different ways (see Figure 1). The evaluation concluded that the project was heavily influenced by the users, although

little was known regarding the healthcare/social system regarding the project. Important aims were to keep the 'being together, caring for each other' aspect going between the people, to secure the continuation of the processes in the project after the three-year period, and to improve the quality of life for the participants.

Figure 1 Venn Diagram showing who participates in the project by participants at the meeting place



We also conducted a participatory meeting with the ruling group, participants of which came mainly from the administration and health care system, to establish to what degree they thought they influenced in the project. We asked similar questions as in the user group, who participates in the project, who has got influence, and who co-operates with each other.

Both diagrams showed a project where the users had much influence, but the last diagram showed a detailed illustration within the professional system and less detail on the user side. In comparing the diagrams – the participation and power from the users in the project was evaluated as important – but each of the groups actually knew very little about the other. The discussions showed a project that was clearly two-sided, one part focusing on the user-group and the other aimed at changing attitudes and ways of working in the helpers-systems. The project leader came out as being an important mediator between the two groups.

Throughout the facilitating process, our main aim was to empower the users as evaluators and planners. The group is, however, not used to this way of working – and some of them found it difficult to join into a process like this. Several of them did not show up in to the meetings and did not want to talk with us. We had problems in getting hold of users who were more critical towards the project. We have

¹ A visual tool similar to a flow-diagram, but a bit simpler.

started wondering if PLA tools (or maybe our way of using them) are creating more consensus than actually exist in the groups. The tools demand that people join into groups, working out common visualisations, or developing priorities together. This is a positive aspect in my point of view, but maybe the focus on shared visualisations and group dynamics can hide disagreements?

The evaluation at the end of the project period

'We need to evaluate ourselves forward' one of the users told me in an open interview. One of the common problems in evaluations is that participants will evaluate what has happened, and not use the experiences to plan for the future. A lot of evaluations, once finished, are put aside and do not help to further guide the process. In this process, each time we tried to focus on how to move on, as well as to evaluate what had happened so far.

The final evaluation days in Oeksnes were conducted in April 2000. We worked intensively for three days – facilitating PLA meetings, interviews and visits. The users were asked to evaluate the aims of the project and how far we had reached the different goals they set up in the midway evaluation. The highest score was given to the work on 'user-participation' and to creating a good meeting place.

The users

In open interviews most users stated that the project had been important to them as individuals. It was possible to come when you wanted, meeting people you knew, you could be yourself. One could drop out in periods and then be welcomed back. There were not helpers supporting you all the time, but it was possible to get help when needed. Some users were more critical towards the way of running the project – especially regarding the conflicts between the helpers and some of the users. Some were also critical about the lack of information about what was going on in the helpers' systems.

The helpers and administrators

The last round also showed that Mr. Lahti, the project leader, had put a lot of effort into attitude and behaviour change in the helpers' system. He had got funding for a series of seminars for professionals in different helper positions (and for some of the users) and was working towards improving the relationships between the different sectors.

In the last evaluation, we also focused on getting information about the economics of the project. In Oeksnes there is now one group working to figure project costs in relation to what has been saved from the health/social service budgets. As far as we know, this empowering and flexible process will show cost-reductions in the social welfare system in the long term (see Results section which follows).

One of the users criticised us for talking too much with the people higher up this time – a critique that is legitimate. We did spend more time with people higher with this evaluation, as we felt a need to get a clearer idea of what was going on in this side of the project. The project has, as far as we can see, developed as two sided, with the project-leader as the only one with a full overview.

Results

From the analyses and evaluations made by users, health care, social services workers and administrative personnel connected to the project, it has been important in the following ways.

The users, with support from the project staff, have created a meeting place that they consider to be their own place and around 30 attend the meeting place on a more or less regular basis. Here they can feel free, be themselves and meet friends in a safe and equal social setting. It has become easier for them to get help when they need it as the helpers in the project are also present and they function as mediators between the users and the rest of the care system.

At the time of the mid-evaluation, about 20 of the users were in some kind of work or school, but most of them still relied on the social services. Of these, nine were employed as a direct consequence of their participation in the project. Several of the users have also got help to get their own house.

People in the administration and helpers system of the community have accepted less control in this project than they would usually. Their evaluation is that this project has motivated them to work for more user-participation and empowerment in the future. The people working close to the users during the three years, however, have more subtle experiences. They feel that user-participation, working for greater equality and negotiation with the users, is very demanding and challenging – but still the only way to go forward.

The social welfare office reports a lowering of costs towards the user-group, which more than covers up the costs of running the project. The police reports show a clear decrease in the number of arrests among the group during the project period.

The project has been very influential in providing a new organisational model for the public services in the community. Flexibility within and between the services and more participation from the inhabitants are the central aims in this on-going process. The former project leader now has a central role in the reorganising process.

Difficulties, however, have occurred on different levels. There have been fluctuating conflicts between user-groupings. The helpers have had disagreements on if, how and when to intervene among the users. There has been

opposing interests within the health/social services, not everybody supporting the project and the project leader.

Lessons learnt

Throughout the evaluations, the users found having a special meeting place, the contact with Mr. Lahti and the availability of help as most important. The helpers experienced that user participation is necessary and fruitful, although not easily achieved. The process has received a lot of publicity as an empowering project for a widely stigmatised group. It has also influenced the on-going reorganisation of the administrative and political system in the community.

A participatory approach in this project has been one of many ways of working. We feel that PLA approaches have made a more user-participant analysis and evaluation of the processes possible. Attitudes that are important in participatory work, e.g. listening to and learning from participants, the belief that people can do it themselves, etc. have underpinned each stage of the project. Participatory techniques have been used in processes, to aid us to think, discuss, evaluate and plan together with different participants. We, as outsiders, have had roles as facilitators in the evaluation – not being directly involved in the project work at any time. We have learnt a lot from both the users and from the helpers in the project, not so much from failures, but rather from experiencing the potentials in this way of working together with user-groups.

The chance to facilitate process-oriented evaluations over three years has been important for our way of introducing PLA into Norwegian contexts. We believe that PLA attitudes and tools have important contributions to empowerment processes in the sectors we are familiar with. PLA methodologies challenge our ways of thinking and acting towards people. We have just started, and will continue experiencing and evaluating each other and ourselves forward.

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Notes

Nina Foss is educated as a trained nurse and social anthropologist. Since autumn 1999 she has been working in the Department of Social Anthropology at the University of Tromsø. The five years before, she lived in Melbu, working partly as a teacher in nursing education and partly doing research on psychiatric patients living in small communities in Vesteraalen. She took up participatory methodologies, inspired by Liv Aune, in 1995. She has worked with PLA-tools in health and education, as tools in process-oriented teaching, and in action-oriented participant research. She also runs seminars/courses in PLA – often with Liv Aune.

Liv Aune is educated as a biologist. For the last ten years she has been working at the community-office in Melbu in Vesterålen. The office is a centre for co-ordinating both voluntary and public work in the community; engaging people, co-ordinating organisations, summer festivals etc. and has a secretariat function in the local elected peoples' organisation. She adopted up PLA methodologies in 1995, and has developed the tools in Norwegian contexts of local communities, projects, planning and evaluation in different sectors. She also runs courses in PLA for a variety of groups, mostly connected to local community development and health.