

# W.A.L.K.W.A.Y.S (Walsall Youth Projects)

## Using participatory appraisal as a means to assist person-centred planning in the lives of young drug users

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### Introduction

In our work, we are delivering interventions and support to drug users in a number of situations, be it in schools, informally on the streets or in a more on-going, intensive one-to-one relationship with clients. We have found Participatory Appraisal techniques invaluable in this work, both when working with groups and individuals. It is a process of learning with principles and aesthetics that we firmly support in that it *'enables local people to move to the centre of decision-making processes, and to actively contribute their knowledge of local needs and appropriate solutions.'* (Harris, Sellers & Westerby, 1997).

As an approach, it is also perfectly in line with our organisation's own 'client-centred' philosophy, which states that:

- Young people are OK; it's their behaviour, in some instances, that is not acceptable to self and / or others.
- Young people can change; if they are willing and support is available.
- Young people have rights; to respect, equality, support and confidentiality.

(adapted from the Principles of Group Treatment as outlined by Eric Berne, 1972)

Therefore, when working with young drug users, we feel it is essential to work with the individual and whatever issues they *choose* to present; we do not define them by their actions. Drug users are probably the only minority within our society whom it is still acceptable to discriminate against institutionally. Policy and legislation *should* ensure that agencies work equally with *all* individuals regardless of gender, race, politics, culture, religion, sexuality, and physical ability/size/appearance or lifestyle choices. Policy and legislation *should* ensure that as a member of an oppressed or disadvantaged minority, you are entitled to the respect, choice and level of service provision you deserve... unless you are a drug user. Drug users are forever being denied access to adequate support because they are 'unreasonable', 'unreliable' and 'have brought it upon themselves'. By applying a client-centred approach to our work with drug users, we aim to redress this cultural

prejudice and provide a credible alternative to the 'pull yourself together' mentality which still, unfortunately, largely prevails.

When we first came into post nearly three years ago, our remit was to deliver drug and alcohol information and support in a 'detached youth work' context. This means that we take our service 'out' to young people in pubs, clubs, parks and estates, ever mindful that we are operating on *their* terms, territory and time. We have found participatory appraisal (PA) ideal as a means for collecting and imparting information within this arena. However, as our project has become an increasingly credible and effective source of drug intervention, the way we use PA has also evolved, especially when working with problematic young drug users.

As with alcohol, people 'use' drugs for a myriad of reasons ranging from relaxation through hedonism to self-medication. To try and highlight specific examples would, we feel, run the risk of media generalisation; trust us when we say there are as many reasons why people use drugs as there are people. In UK, of the estimated thirteen million 'adults of working age... (who)... will have used drugs at some time'<sup>1</sup>, the Government estimate that 'the minority of illegal drug users—between 100,000 and 200,000—become addicts'(HM Government, 1998). That is approximately 1% of the potential drug taking population. In order to truly 'help' this minority of problematic drug users, we have initiated a more 'holistic', or needs-led, approach to our work. Our own practice has revealed that by the time a young person refers to us with a 'drug problem', there are at least four other additional 'problems' that they are having to deal with. We have, therefore, discovered a need to be prepared to facilitate change by encouraging our clients to prioritise their issues, offering interventions when and if appropriate. PA has provided us with perfect tools to realise this.

When a client chooses to work with us, good practice dictates we establish a negotiated, inclusive 'contract' which outlines client and worker rights and responsibilities. It does not dictate the amount or regularity of sessions, as this is part of the client's negotiated responsibility, but an initial 'review' point will be agreed. However, a hypothetical example of a contracted, six-session programme with a client may be structured like this:

<sup>1</sup> ISDD (Institute for the Study of Drug Dependence) 'Policy, Action, Trends' Website

- Session one would involve an assessment; establishing contracts with clients, explaining what we can, can't, and won't do, and formulating that essential initial 'relationship'. Semi-structured interviews would be used to gather information about 'where the client is at', why they have attended our project, etc.
- If the client is comfortable with what we offer and attends session two, we may then begin to incorporate more formalised PA techniques into the programme. Spider charts are an ideal way to encourage a client to consider some of the many 'issues' they are currently having to deal with. These can then be ranked in order to assist the client in identifying what they consider to be the most pressing of the issues raised. The facilitator and client could now have a more practical idea of what types of support and interventions might be required. The facilitator can then focus more specifically on the client's drug use by introducing a modified version of the causal/impact diagram, aimed at supporting the client in identifying the costs/benefits of their drug taking. If the perceived 'costs' of an individual's actions far outweigh the 'benefits', this may allow the facilitator to introduce concepts of *risky behaviour* (i.e. possible 'risks' to physical, mental or social well-being as a result of drug-related activity) whilst encouraging the client to question some of the choices they are presently making. A flow-chart can further reinforce the implications and effects of the risky behaviours the client is engaged in.
- Hopefully, by session three, the worker/client relationship has developed enough trust to support a more intensive use of PA tools. Timelines, for instance, can be used to identify behavioural 'triggers'; that is, the client may begin to see a pattern to their behaviour, highlighting not only *when and why* certain choices were made in the past, but also *how* similar triggers might be identified and avoided in the future.

Some practitioners might be surprised to see the timeline introduced so late into a PA exercise when, alongside mapping, it is often one of the first tools used when consulting with a community. However, the difference between using this tool to change one's own life as opposed to changing the life of a community is vast; the community is something 'out there', but dealing with one's 'own world' needs a particular bond with the practitioner. It is from this that a trusting relationship emerges and supports the premise that individuals have the *capacity* to change. This, unfortunately, is something that many young people termed 'disaffected' or hard to reach have long failed to believe. Therefore, it is essential that the facilitator and client are not only comfortable and relaxed in their relationship with each other, but also with whatever additional support mechanisms are available to them, as it is impossible to pre-empt the different sorts of sensitive issues that might arise.

To round off, the client may be encouraged to reflect upon the issues that have arisen over the last three sessions and talk about / write down possible solutions which they feel could improve their lives. These can then be ranked in an impact/implementation matrix (see Figure 1), according to whether the client feels their ideas would have a *high, medium or low impact* on their lives, and if these suggestions would be *easy, middling or difficult to implement*.

**Figure 1 Impact/implementation matrix**

	EASY	MIDDLING	DIFFICULT
HIGH			
MEDIUM			
LOW			

Ideally, all suggestions should end up in the HIGH/EASY category, as these provide the client with concrete strategies to work towards. Therefore, over the space of sessions four – six (and sometimes longer), the facilitator can support the clients chart how these progressions could be achieved.

## Conclusion

In conclusion, this brief article was intended to demonstrate not only the flexibility and versatility of PA as a research technique within communities, but also as a 'therapeutic' tool for supporting young people with problems. Through the incorporation of PA exercises into our work, we have witnessed our clients not only begin to understand and make sense of their own issues, but also identify possible interventions which can assist the necessary change of lifestyle that many of them so desperately crave. With on-going support, we believe that this process of change which has been initially facilitated through PA, can result in these 'disaffected' and discounted individuals becoming reintegrated in mainstream adult society, widening the scope for a *'new professionalism... (which)... recognises the power of personal choice, the prevalence of error, and the potential for doing better in this thing called development'*. (Chambers 1997)

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## Notes

Daren Garratt, is a full time drugs worker at W.A.L.K.W.A.Y.S. (Walsall Youth Projects), and was one of the two Walsall workers who were first trained in Participatory Appraisal at Hull University in 1996. Since then he has gone on to train his project partner Caroline Stokes, who in turn, facilitated a P.A.-based 'Personal Development' project at Cradley High School in Dudley. This project was managed by Dudley Council's Community Lifelong Learning

Unit, and contributed toward Dudley Youth Service receiving a glowing OFSTED (Office for Standards in Education) report. Daren and Caroline have also co-ordinated or proposed three community-based PA initiatives within Walsall; In April 1999, the W.A.L.K.W.A.Y.S drugs team initiated the PA needs assessment of drug issues and services for Willenhall (South) Federation of Community Services. The workers are about to embark upon a 3-month PA needs assessment for East Health Action Zone, as well as formally setting out their plan for conducting a Borough-wide 3 year PA needs assessment research project around stimulant users.

## References

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