

The role of consultants in the development and implementation of health promotion projects

6.1 Introduction

University College South Denmark joined the Healthy Regions project with the following main goals:

- the development of knowledge and methods at the strategic level;
- the generation of knowledge and methods to put it into practice; and,
- clarification of the roles of consultants and instructors when dealing with municipalities.

Above we have described the development of knowledge and methods at the strategic level in connection with projects in three municipalities. In addition there are other reports: from previous projects in the Municipality of Esbjerg concerning health ambassadors and the development of the scenario-planning model; from an empowerment project ('Viggos Vanskelige Verden') in cooperation with an NGO; and an end-user investigation in the Municipality of Varde with a view to clarifying the wishes of citizens, and the problems and opportunities that arise when working with health.

We will now analyse the experience gained from consultancy jobs and the role of consultants – in connection with strategy formulation, development and implementation – to present the model for how consultants can approach the work which was designed in the course of the project. The following section thus refers to Figure 5 (Section 2.4): 'Phases in projects and processes of change'.

6.2 Experience from the cases

The Municipality of Billund

The experience gained here about the role of consultants was mostly in connection with the launching of a cross-departmental health promotion project. It consists of reflections on what issues external consultants shall make sure are clarified in Phase 1 (see Figure 5), and how they should go about this. This is all about securing a basis and mandate for the project, about what needs developing and about the implementation of development projects. In this case, the consultant plays an exploratory role; he or she must ensure that enough time and attention are set aside for this phase, as the credibility of the whole project depends on this being done properly.

The data contains examples of many activities in relation to which consultants play a coordinating role, ensuring that things happen at the right time and encouraging internal cooperative partners to take an active role. Consultants play a decisive role throughout the implementation phase (Figure 5), both in terms of supporting the implementation of the health strategy, and of getting the organisation to assume ownership of both process and product, so that the project becomes part of the day-to-day running of the organisation when the consultant's work is done.

Another role played by consultants in connection with this project was to plan and carry out the training of health ambassadors, the idea being that they would be able to continue the health promotion work at places of work throughout the municipality when the project was over. This training helps to make it very likely that the project will become part of the daily running of the organisation at the end of the project.

This job calls for a consultant with a solid academic and professional background; who is good at starting processes and rounding them off; who is able to achieve a clearly-defined goal or product; who is able to navigate among many different interested parties and their agendas; and who can start up different kinds of educational or training courses. In connection with the role of the consultant we have been inspired by Schein's ideas concerning process consultants¹, which emphasise that how things are done is more important than what is done. According to Schein, consultants must be able to distinguish between three basic models:

- The Expert model ('Selling and telling'): typically, the client has a problem which they cannot solve and need help with.
- The Doctor-Patient model: an organisation hires a consultant to check if the organisation is functioning as it should, or why some things are not.
- The Process Consultant: a process of development takes place in collaboration between the client (organisation) and the consultant, and as a result the client becomes better equipped to tackle future problems.

Just as in the Billund project, the training of health ambassadors and certified coaches was part of the consultant's task in the Esbjerg project. In this case, the consultant was working both at the strategic level and at the operational level (organising and running training courses).

The scenario planning model

The scenario planning model was used to develop the template for a citizen satisfaction survey, which proved to be useable as a model for use in health strategies as well. The role of the consultant in this connection was borrowed from the Process Consultant model, in which the establishing of good relationships is central. It is important that the consultant stick to the management of the process and leave the work on the various phases of the model to those involved. The model requires users to know it well and be loyal to its premises, but can be adapted to particular tasks. It is intended to be used for the development of scenarios with a view to strategic planning, and is thus a tool to instigate processes of change, primarily at the organisational level.

'Viggos Vanskelige Verden' ('Willy's Worrying World')

In this case the consultant's role was to offer support and carry out the functions required by the NGO, which in this case consisted of mentally challenged persons – this was the Process Consultant model again, though with elements of the Expert model. In this situation, a consultant must be able to work cooperatively under the given conditions and have the expertise and process understanding necessary to support the goals and visions of the task such as they are understood by those who have hired him. This means that the consultant must be able to 'step into the other person's shoes'²; Axel Honneth's theory about the fight for recognition³, that is, a thorough knowledge of acknowledging and repudiating processes, is very relevant here. In other words, the consultant must be able to put the task in a theoretical context in order to manage and apportion his efforts, being aware of what is at stake and offering suitable support or opposition at the right time without taking over the process. The consultant must also possess the imagination to turn things upside down, and to think laterally and innovatively to find alternative solutions.

¹ E.H. Schein: *Process Consultation Revisited – Building the Helping Relationship*. Addison Wesley, 1999.

² G.H. Mead : *Mind, Self, and Society*. Chicago, University of Chicago Press, 1934.

³ R. Willig (red.): *Axel Honneth – The Need for Recognition*. Hans Reitzels Forlag, 2003 (in Danish).

Citizen satisfaction investigation in the Municipality of Varde

The task here was to carry out a citizen satisfaction investigation. The results were to be graphically represented and would create the basis for the development of new initiatives, both with regard to end-users and personnel employed by the municipality. This task called for consultants with the skills required to carry out quantitative investigations and present the results, and to work on processes in an empowerment context. To embrace these aspects in the same investigation called for imagination and a lot of expertise: the usual patterns and contexts had to be suspended, and the task called for cooperation with some novel partners, such as the National Association of People with Mental Disabilities and college students, all of whom had to work together. The task had thus many facets and called for a diversity of consultancy skills. The consultant's role included running quantitative and qualitative investigations, being an entrepreneur, process consultant, counsellor, teacher and communicator – placing heavy demands on the consultant to play the right role at the right time, switching between the Process Consultant model and the Doctor-Patient model. The design of this investigation was inspired by Anne Kathrine Krogstrups 'Bikva model'⁴, which calls for the involvement of end-users.

6.3 An overview model

In connection with the citizen satisfaction survey in the Municipality of Varde, researcher Frank Bylov from University College South Denmark designed a model for a research approach to the mentally disabled, developed on the basis of research on disabled persons in general. The model has been further developed and is now used as an overview model in connection with consultancy work.

The model shows four polarisations of the functions and roles of consultants. In practice, people seldom work exclusively in one field; several fields will come into play and will be represented to varying degrees in different phases of a consultancy task. The model can be used as a tool to draw attention to the different tasks of the consultant and the roles they entail – and can thus be used as a tool when designing and running a project. This model should be used in conjunction with Figure 5, 'Phases in projects and processes of change'.

Inner and outer barriers

The inner barriers are the clients' mental structures, mastering strategies, academic and personal skills and qualifications. The outer barriers consist

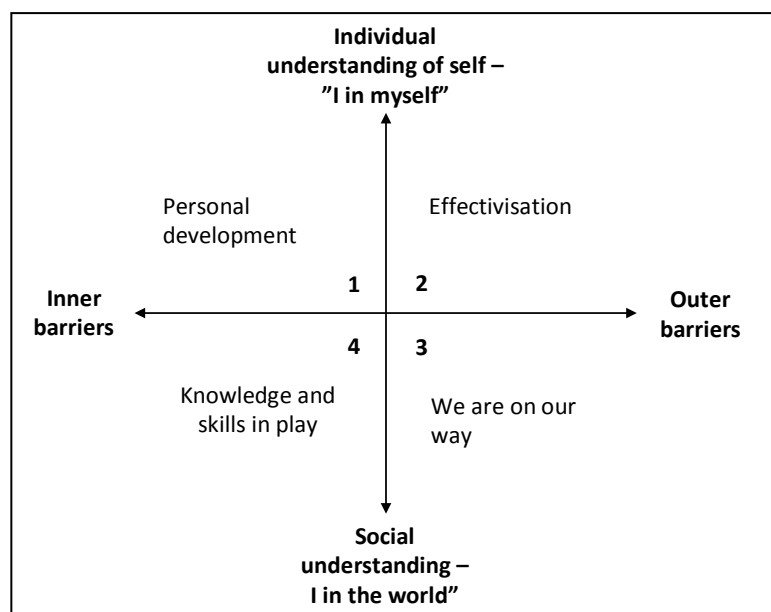


Figure 1. Approaches to consultancy

⁴ A.K. Krogstrup & P. Dahler-Larsen: *New Trends in Evaluation*. Academica, 2009 (in Danish).



of social, political and legislative factors, as well as organisations and structures in the clients' own world.

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Field 1: Personal development

The context here is the individual; the focus is on individual structures, skills and qualifications. This means that the consultant works with individuals – whether alone or in a group – focusing on their resources and barriers. The role of the consultant is to support the person, reveal existing resources and barriers and work on these, or add new knowledge. Thus, the consultant either runs the whole show (asymmetrical relationship), or lets individuals take the lead themselves (symmetrical relationship). Resistance to change will often be a factor here, especially in asymmetrical relationships.

The consultant needs to have communicative skills, empathy, and a sympathetic insight into individual mental structures and mechanisms, backed up by solid professional knowledge. The methods used will be supervision, coaching, guidance/counselling, and teaching (perhaps especially teacher-centred, but including participant-centred elements based on the development and learning styles of the individual).

In the work done by University College South Denmark in the Healthy Regions project, Field 1 is primarily used in the instruction of health coaches, who are trained to work principally in this field.

Field 2: Effectivisation

The context here is individual and the focus is on social and organisational factors. The field will be characterised by principles for the organisation of work, guidelines for individual employees for carrying out the work, and examples of best practice. In the health sector, for example, there are guidelines for the care of patients.

The consultant's job will mostly consist of processes related to personnel within a relatively well-defined framework, in accordance with the goals set by the management (top-down). It will be a question of adjusting personnel to fit in with the structures that have been dictated, which themselves may be adjusted along the way within the framework of the goals that have been set. This field means security for personnel within a familiar framework, though also here it will be necessary to work with the concept of 'resistance'.

The consultant has to guide the preparation of suitable guidelines and work routines, and will often use well-defined models and methods familiar from other processes. To do this, the consultant will need skills based on a knowledge of processes and the use of models, and be able to guide the actual processes using the models and methods. This does not call for any specific professional knowledge of the area he is working in.

In relation to Field 2, the work done by University College South Denmark in the Healthy Regions project has involved particular sections of several projects, such as the quantitative investigation in Varde.

Field 3: Knowledge and skills in play

The context here is inner barriers and the focus is on social and community aspects, that is, the individual's mastery, skills and qualifications vis-à-vis the 'community', understood as a group of colleagues, voluntary workers, people in study groups, and so on. The consultant works with the interaction between the individual and the relevant group or groups, bringing knowledge and skills into play – but also challenging them! The focus is on processes, especially group processes.

A consultant in this case needs to have experience, knowledge and skills relating to process management, and must be able 'to navigate in chaos' – reading the situation, giving it meaning and feeding it back to the

group. This calls for a clear perception of his/her own role, which is to stay on the outside and not take over the process. Participant-centred teaching methods will be used when knowledge is to be passed on in a formal context. Some of the methods from Field 1 can be used, adapted to the group situation, but methods of working will need to be adapted to the actual task and will perhaps have to be changed as things move on.

We have worked in the Field 3 context in connection with the citizen survey, doing group work and group interviews with the mentally challenged, which were carried out by the participants themselves. Consultants had to take a step backwards in this situation and play the role of consultant from a certain distance.

Field 4: We are on our way

The focus here is on the sociological conditions that shape the contexts for communities; this calls for formulating and implementing strategies. This field is characterised by legislation, policies, structures and organisations such as municipal administrations, hospitals, services for children and the elderly, voluntary organisations, etc. The task of the consultant involves developing and changing organisations, both at the strategic and operational levels.

A consultant in this case will need to have an insight into the development of organisations, group processes and processes of change. There will be a lot of work with empowerment and bottom-up processes, so consultants will need skills in these areas: good at managing processes, analytical, with a clear view of the field, attentive to her/his own role, and able to keep on the outside of ongoing processes.

The consultant will be required to plan and initiate the consultancy task, develop and adapt methods to suit the actual tasks, as well as timing and overall grasp of the situation, ready to change or adapt as the process moves on.

In the Healthy Regions project, University College South Denmark has used two models: the dialogue methods and scenario planning, both of which are in the range of Field 4. Elements of this field are also to be found in the citizen survey, especially with regard to the hope that the investigation and the whole process would lead to projects more suited to changing the organisation. 'Willy's Worrying World' is obviously situated here: an empowerment project, aiming to help mentally challenged people take responsibility for their own lives – which, if it became a general movement, would have consequences for the organisation of the whole professional system around them. The projects run in municipalities are basically situated in Field 4, as their aim is a kind of organisation that has integrated health promotion into the planning and carrying out of its activities.