DOING ENABLING CO-PLANNING.

The professional in the mirror

The work of implementing the Enabling Co-planning methodology was accompanied by the periodic collection of documents in which each team elaborated and shared reflections starting from the on-going experience. The UNITO scientific team collected and analyzed the data that emerged, which was then shared among all partners. The processed files collect reflections, doubts, dilemmas, and learnings that the teams have elaborated during the project. In this one and in the previous bite n.15, we want to share some themes that emerged during the project, to exemplify what the challenges and learnings that develop in practice can be. These are not lessons, nor operational indications, but rather dilemmas that emerge from doing and which often remain open.

Transforming the social worker's representation

Besides the dream, another recurring theme in the documents shared monthly by the teams concerns the role and figure of the social worker. Within HOOD, we have often talked about how the operator's mindset and working style must be transformed. But sometimes it is the beneficiaries themselves who have internalized a representation of the social worker that goes against an empowerment approach.

Klimaka observed that many of the people they meet are accustomed to another kind of treatment. They are often treated by workers and other social services in an unfriendly, sometimes hostile and quick way. Most professionals automatically help by answering the first claim/need/problem the beneficiary asks for. They often make a superficial assessment of the situation and then make hypotheses on what would be better for the person.

The operational style of Klimaka, strengthened by the HOOD project, is different. However, accustomed to this type of relationship, sometimes the beneficiaries think that the professionals of Klimaka are not "good enough" because they do not give an immediate answer or solution. For this reason, the Klimaka social workers, first of all, must explain to people the "new" style of working of their team and must convince them to trust them. The Klimaka professionals try to find the space and time to make the beneficiaries reflect on the traditional role of the social worker and on the alternative they are proposing, aimed at not providing standardized solutions, but at building personalized paths in which the person themselves sets goals and priorities, not the social worker.

Taking the lead

Projekt Udenfor works exclusively doing outreach work. An operator reported to the team a conversation with a rough-sleeper person. The latter had recounted the practice of "setting personal boundaries toward other people", for example towards social workers who suggest all sorts of things to do that he doesn't have the energy or the will

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to do. The outreach worker replied that it was good practice, but then wondered if that comment was actually aimed at her too. Together with her colleagues, she recognized that she has a very contact-seeking style towards the people she works with, because she thinks to be responsible for the contact in the relationship. At the same time, she was aware of the importance of respecting people's desire for loliness or distance. The Udenfor team reasoned on how to give people the opportunity to be the ones who take the initiative to meet, take contact and so forth in order to share power. The outreach worker therefore told the person that she was available to stay in touch with him and help him, but that she had to decide when and how. While previously she phoned him once a week, she proposed to the person that he will be the one to call or send her a message for setting a call. However, the outreach worker asked for the person's consent to call him if she hadn't heard from him for a long time, to be sure he was okay.

> **"Is the person who sets the priorities, not the professional".**

Udenfor made an experiment in this direction with the reported case. The team remains unsure who should take the lead in outreach work. In fact, it can be difficult for rough-sleeper people, in conditions of great vulnerability, to act directly, to take the initiative. The risk in asking them to do so is that of putting the "blame" for the lack of contact and planning back on them when they fail to take the initiative. For this reason, the choice of how to redistribute power and initiative at this juncture is very delicate and must be continuously reasoned on a case-by-case basis.

Setting the priorities

According to the HOOD methodology, it is the person who sets the priorities, not the professional. The latter can express their concerns about it, but being careful not to take them as "facts".

However, it's not always easy to let the person set their priorities. A social worker of Ufficio Pio worked with a man who gave his work as a tailor priority over everything, especially his housing condition. In the social project he took part in, he has always chosen less protective paths of autonomy, which left him with greater freedom. The Ufficio Pio's professional was repeatedly tempted to intervene on some of the riskier choices he made which undermined the possibility of having access to more stable housing in the long term. It was very difficult for the social worker to maintain a certain neutrality and to remain a facilitator of the person's choices. This has meant that, after three years, the man is still not in a situation of housing security. At the same time, this path has developed in him greater trust in social services, concerning which he is less suspicious and more willing to accept and evaluate proposals that can help him obtain stable housing. In addition, this process has expanded her formal and informal support network. In summary, letting him decide the priorities and direction of his path laid the foundations for building a relationship of trust with the services and designing a path that the man felt as his own.

Projekt Udenfor also had a similar experience, with a man who appeared to outreach workers as depressed. The person himself had admitted that he felt "too depressed to act on his dream". For the team, the severe depression that the person was going through represented a barrier for him to change his situation. The person, however, seemed much more interested in looking after his physical than his mental health. The social outreach worker respected his wishes and supported him in seeking a doctor for his physical condition. The professional tried to use the visit as an opportunity to talk about the person's mental health as well. However, the team is aware that they

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cannot force people in the directions they deem most appropriate: it is the person in question that should set the direction in terms of what needs to be prioritized not the social worker, in line with the HOOD methodology.

Conclusions

Applying the HOOD approach requires rethinking how one works as a social worker. It is first of all a transformation of mindset and attitude, which some of the project teams immediately felt was coherent with the work carried out within their own organization. However, as emerges from the reflections reported, it is not easy to put these principles into practice, especially in the face of people's extremely vulnerable conditions. As emerged from HOOD's work, redistributing power often also means giving up an attitude of protection towards the person. For this reason, some HOOD teams continue to choose, with respect to each situation and each person, whether to adopt an empower-ment approach or a protection approach, seeking a delicate balance between empowerment of the person and protection in the face of life-treating situations. From this consideration is proof that what HOOD conveys is not yet fully accomplished, but is a journey in which practitioners daily question their role, how to share power with the person and how best to do their work. Unlike the beginning of the project, today it is clear to HOOD members that the path of protection and the path of empowerment are two alternative, non-overlapping paths. Therefore, when they decide to take the protection path, they are aware that this entails giving up in terms of empowering the person, while the empowerment path means accepting the loss of control of the situation and, therefore, the necessity to deal - together with the person - with uncertainty.

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