

INSIGHTS FROM INTERVISION

In this bite, we want to share some of the reflections that emerged in the Intersivision process we have carried out for the last two years. Every two months, through online Intersivision sessions (written and oral), as social workers from different countries, we developed a mutual understanding and created a context to learn together from our experiences. In this document we share some reflections that came up from these sessions, to help the reader fully grasp the meaning of Intersivision.

To learn more about this methodology to support the work of social workers, it is possible to read bites n. 11 and 12 and the factsheet n. 3.

Learning among peers

Starting the Intersivision process, we immediately realized the deep difference between our teams. We were different at an organizational level, but especially at a legislative and welfare level. Nevertheless, to our surprise, we discovered that we are often faced with the same dilemmas, we have analogous doubts and the comparison between us has become a precious source of knowledge and reflection. Indeed, as Professor Gui taught us, much of our knowledge is rooted in practical experience. We need contexts that help us bring out our implicit knowledge, which is the basis on which we move, to learn to reflect on it and make it transferable. Intersivision created the context in which this can happen, as emerges in the next cases that we share.

As is explained in detail in bites n.11 and 12 and factsheet n.3, each session begins with the story of a "dilemma" that one of the partners is experiencing. The group helps clarify the nature of the dilemma itself through a phase of questions. Later, instead of giving theoretical or abstract advice, the group tries to share memories of analogous experiences: situations in which every social worker has been faced with an analogous dilemma. Everyone tells their memory and describes how they acted in that circumstance and with what consequences. Each session ends with a sharing of the learnings that everyone developed from the discussion. The heart of this approach, inspired by Professor Gui's theories, is linked precisely to the sharing of memories, rather than abstract advice: in this way, we learn from concrete experience, in line with what we do in HOOD with the Enabling Co-planning approach.

Below, we share some suggestions and insights that came up during the Intersivision session. We hope they could give a better idea of the significance of the learning process and mutual support promoted by the Intersivision methodology

I'm worried about you

C. came to the Intersivision session with a dilemma that wasn't entirely clear to her, related to a man we will call Mr G. This man would soon lose the financial aid he had been receiving for a few months, without this being replaced by other money. Mr G. did not yet feel able to return to work and was working on his mental health. In the face of this reduction in money, according to C., Mr G. would have had to change his housing situation: at the moment he was living in a temporary co-housing, with a monthly rent that was too high for his finances. Mr G., however, was very determined to remain in that housing situation, spending almost the entire money amount he would receive by then.

C. was very worried: she feared that Mr G. would not be able to pay the rent and go back on the street soon. In the group, she shared her dilemma: should she support Mr G. in his decision to stay in the co-housing accommodation,

or convince him to change his living situation, perhaps opting for a double room to save money and not end up on the street again?

Other partners also told analogous stories: P. for example, had been the contact person for a lady who was soon to receive an eviction order, but who did not seem concerned about it. In doing the educational planning with her, the woman had not included the search for a housing solution as her priority.

Considering these situations, C. and the group learned something valuable: their concerns as social workers are not always those of the recipients. Priority among the problems a person faces is a subjective matter: something that seems more serious and more urgent to social workers than anything else may not be the same for the person considered. What to do in these cases? In shared experiences, presenting one's worries as "own worries" is the strategy that seemed more respectful of the person, and also more effective. It is important not to share it as an objectively most pressing issue – acknowledging that defining anything "objective" is problematic – but as "my concern about you". Participants learned to say "I'm worried about you".

Moreover, during the session, C. realized that she was facing a false dilemma. She thought she had two paths ahead: to support Mr G.'s will, but risk that he will end up on the street, or convince him to move to a cheaper place to protect him from falling back onto the street, contrary to the methodological assumption of the Enabling Co-planning approach. The comparison with the others helped C. to realize that "convincing him" meant exercising forms of threat (if you want to continue staying in our project, you have to move). Reflecting on Mr G. attitude, she arrived at the conclusion that faced with this "threat" he would have decided to leave the project and, therefore, would have ended up on the street. C. understood that she didn't have the power to choose for him, nor to have the certainty of protecting him. Her crossroads were a false crossroads: if she had forced him to move, she probably would not have protected him, but she would have had the opposite effect. Mr G. would get off the project and back on the street.

In the final round of sharing learnings, social workers shared awareness of the limitation of their power. They cannot replace people, nor fully protect them from the consequences of their choices. They can try to support them, putting resources in place to help them support their projects, and share their concerns with them. Learn to say "I'm worried about you", instead of "There is this problem". And finally, knowing that they will be able to continue to support them even in the face of the negative consequences of their choices, helping them to get up, but also to learn from their own experience.

At an emotional level



L. had been meeting Mr B. who was sleeping on the street for months. He had managed to build a trusting relationship with him. But L. was very worried: Mr B. had a paranoid attitude, he suspected anyone, especially the services. He consumed a lot of marijuana, which probably worsens his paranoid experiences. Mr B. was convinced that there is an evil organization that was conspiring against him, which prevented him from having a good life, and from finding a girlfriend and a job. He had had a job in the past and also had his own small business, which went bankrupt. In discussions with L., he said he wants to start his own business again, which was the only solution he saw in his situation.

L. shared his difficulty with the group. Self-employment, in Mr B.'s living conditions, seemed to him an impractical option. Furthermore, it was very difficult to put Mr B. in contact with any service: Mr B. was very suspicious of everyone and L. feared that at a certain point, he would start to be suspicious of him too, going to destroy the bond of trust developed. L. asked the group how to support him in the face of the danger of becoming part of the paranoid suspects.

Initially, among the participants in the session, the idea of having to bring the person closer to mental health services emerged. However, the past concrete experience of the group problematised this option. Different shared experiences revealed it is not possible to approach mental health services with people who do not personally decide to do so. Furthermore, in several partner countries, it is a prerequisite for mental health services, in line with Basaglia's perspective. It emerged that people are afraid of mental health services: the label of "mentally ill" is difficult to accept and to bring in front of other people. Furthermore, many persons have negative family experiences and deep-seated prejudices against mental health services.

A social worker said that in analogous situations, in her organization, they have managed to send the person to a psychologist - not a psychiatrist - outside the mental health services. The psychologist is a figure that carries less stigmatization and scares less. Then, the psychologist worked with the person, later bringing them closer to mental health services.

Others recounted their work of mediation between people and mental health services: mediation with psychiatrists in asking for special attention, explaining very clearly everything that happens with taking medicines; mediation with people to reduce prejudices and fears towards mental health services.

A participant told the story of a woman, Mrs T., who had paranoid experiences. After a long process with social services, Mrs T. had come close to entering a house and being employed. A step away from this "success", Mrs T. collapsed: she began to experience very strong paranoia, returned to living on the street, and abandoned the educational path. However, she continued to look for the social workers who were her points of reference: she looked for them to shout out all his anger and frustration. The social worker said, that at that moment, she abandoned the attempt to work with Mrs T. on a rational level and tried to remain only in touch on an emotional one. She welcomed her anger and frustration, listening to her, without trying to debate, reason with her or give her feedback on the real situation. For the social worker and her team, this was very frustrating, especially as Mrs T. had been so close to resolving her living situation. Over time Mrs T.'s anger and panic subsided and she continued to attend services that had not turned her away during her paranoid crisis but had welcomed her emotionally. After a very long time, Mrs T. has resumed her educational path, and today she finally lives in her own home.

From this session, participants shared the importance, but also the effectiveness, of connecting on an emotional level, when on the rational one it seems to be not possible. The relationship of trust between L. and Mr B. was an important basis to work on. Furthermore, the awareness that approaching mental health services often represents not so much the first step to take, but the outcome of a long and difficult journey has been shared within the group.

Learning to choose for yourself

Mr D. has a disability, he has been followed for several months by the team of one of the partner organisations of HOOD. The aim of the organisation, consistent with the HOOD project, is to restore autonomy and the possibility for Mr D. to choose for himself, but the perception of social workers is that after seven months of working together, Mr D. is no longer capable to decide for himself. The team asked the group how to support Mr D. in developing greater autonomy and the ability to choose. Faced with these requests, Mr D. often has a passive attitude: he says that whatever they propose to him is fine or explicitly asks "You decide".

In the group, it emerges how this attitude is widespread among many people we meet. After years of relationships with social services that leave little room for autonomous decisions, people learn to adapt, to be submissive and to let social workers decide for them. Furthermore, the person's disability does not help in this process.

“The idea was to broaden his horizon of experiences, to help him decide for himself”

F. recounts a strategy adopted in an analogous case: the person she worked with had a disability and it was very difficult to develop an educational planning process with her. So the team started using pictograms, and images. It was easier for the person to stay on a visual, concrete level, rather than making decisions on abstract subjects.

Another participant shared a different strategy adopted in the face of an analogous problem: the young person considered was very submissive and seemed unable to decide for himself, nor know his own tastes. The team had begun to accompany this young man on experiences he had never had before, such as going to the cinema or watching a football match, to get him to better know himself and understand what he wanted. In the process, he discovered for example that he liked basketball more than football. Over time they had also begun to propose to him experiences related to various working professions: the idea was to broaden his horizon of experiences, to help him

decide for himself. Furthermore, the team had started with simpler decisions – are we going to a basketball or football game? – to then go on to touch on more complex topics, such as work.

A final experience shared in the group by a social worker referred to the importance of supporting people even in the face of "mistakes" or choices that fail. Above all, with young people, the social worker understood the importance of reassuring them about the possibility of making mistakes and about continuing to stand by their side in the face of experiences of error and failure, to reduce the pressure that weighs on choices.

The group came out of the Intervision session with a wealth of experiences and strategies to support people in developing the ability to decide for themselves. However, it also came out with a shared question: to what extent is the same request for "you decide for me" sometimes to be taken as an expression of the person's will? Sometimes – the social workers asked themselves in the Intervision – perhaps we can think that this is a request for protection, which is in turn a decision of the person. The group shared the idea that it is possible to work simultaneously in a different way: to help the persons develop self-confidence and serenity by choosing for themselves in less crucial fields (such as hobbies, passions, and free time) and, as professionals, making decisions for them, when they ask for it, concerning more central themes such as home and work. According to the group, however, this must take place along a path: this time I am replacing you, but I continue to work with you so that, at a certain point, you decide to decide for yourself. This dynamic is very delicate and risks bringing the teams back to the classic organisation in which little real margin for decision and action is left for recipients of services. For this reason, social workers must always maintain a constant reflective discussion on these dimensions.

Conclusions

Experience is the best teacher– we could say – from these Intervision sessions. Actually, experience is the best teacher when it becomes an explicit heritage, that we can narrate, share and think to. Thanks to Intervision, we have built a practical learning environment that crosses national borders and helps us to manage the challenges and even the frustrations of social work. Mirroring ourselves in the experiences of our partners makes us feel less alone in the face of the hardships of our work and becomes a fruitful learning space, to become more aware and reflective social workers.

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