Towards an inclusive society

Social action through empowerment

Engaging, learning, succeeding together

Cooperative Approaches

"The only path offering humanity hope for a better future is one of cooperation and partnership".

Kofi Annan

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WAYPOINT ADVENTURE

Cooperative Approaches, a quarterly journal (4 issues per year) has set itself the mission of promoting cooperative approaches in four key areas: youth and adult education, social action, organizational management, economics and citizen participation.

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A New Paradigm for Social Welfare

By Dominique Bénard

In this issue, we continue our analysis of cooperative approaches in society by focusing on social welfare on the premise that a societies' development can be measured by the position and fate it assigns to people in difficulty.

As explained in the Deciphering section, the social sector in France, as in other countries, is heir to a long tradition rooted in the Christian theology providing assistance to the most disadvantaged. Yet today the charitable and compassionate intent is often accompanied by an attitude of condescension whereby the beneficiary of assistance is often excluded from decision-making authority around their own care. There are also many examples of how easy it has become to slip from this sort of condescension to abuse.

The professionalization of social work has in some regards aggravated this tendency by encouraging social workers to adopt the medical model of diagnosis - prescription - treatment, which too often defers all decision-making to medical/social professionals.

In France, a January 2, 2002 law revamped aspects of the medical/social services by endorsing changes whereby social workers would take into account the rights of their clients by considering them ‘autonomous partners’ with access to a ‘power to act’.

Throughout this issue social work professionals explain how they have shifted their perspective giving the people they work with status of ‘subjects’ capable of autonomous decision-making and accompanied by professionals in building and fulfilling their own lives. Supporters and people with disabilities thus enter into a cooperative approach acting together. They thereby develop self-help behaviors that often lead to new ways of addressing their challenges. People in difficulty thus go from being mere beneficiaries to partners in a cooperative approach.

Yet there is still a downside. Insistence on developing this ‘power to act’ assigns public policies a liberal framework sometimes suggesting a diminished need which in turn risks cutbacks to vital public services. Still, the transformation of the relationship with users implies, as Yves Matho, author of ‘Understanding user participation in social and medico-social establishments’ reminds us that professionals should adopt a stance such that all of us can live together with a better understanding around how all have ‘their place in the city’.

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Empowerment of individuals and groups: Starting from the point of view of the other

Interview with Brigitte Portal and Edwige Cometti, from "Association Nationale pour le développement du pouvoir d'agir" (National Association for the Development of the Power to Act).

- **Hello ! I personally discovered your approach by reading your book "Développement du pouvoir d'agir des personnes et des collectifs" (Development of the power of action of people and groups) and I have tried to apply it in several situations. I have been interested by how professionals are seduced by this approach which aligns with their convictions, but then are surprised when they discover it implies new practices far from the current way of doing things. So I'm delighted to meet you both and I brought a whole basket of questions:**
  - **How did this come to you? What is the history of this approach and of your Association?**
  - **What is the DPA approach, especially compared with the already widespread concepts of autonomy, resilience, self-determination?**
  - **What changes in practice does it imply for professionals?**
  - **Do you have any examples of change recounted by professionals and by the people they accompany?**

BRIGITTE PORTAL. ANDADPA

- Let's start with a story. Claire Jouffray was an educational executive in a Regional Institute of Social Work. Following a conference one day she contacted Yann Le Bossé. That was the trigger. He was in line with her convictions and put into words her intended direction. He was then invited to a conference with the theme "neither policeman nor savior" in 2006.

I was there and it really touched me as a social worker at the time. I didn't feel like a policeman, even though our funders may ask us to be in control of people receiving social assistance funds, but I did identify with the posture of savior.

Yann Le Bossé proposed to serve as facilitator, as a go-between, and when he presented his method of developing the power to act (DPA) it was really very clear and compelling for me. Next, he presented at the National Days of Study in Montpellier in 2008 on the theme of developing the power of action for professionals. From there a group participated in a three-year training with Le Bossé to put this approach into practice and we applied it to ourselves. After Yann Le Bossé went back to his university in Laval, Quebec, we created ANDADPA to spread this approach. Implicit in the name is the idea of setting in motion also found in the Spanish verb 'andar' inspired by the nearby Spain DPA association. After that we organized many training sessions for professionals. As trainers came to join us the same approach was also developed in Switzerland, Belgium and of course in Quebec.

THE PERSON'S PROBLEM IS NOT LINKED ONLY TO HIM OR HER. IT IS PART OF A CONTEXT, HERE AND NOW,

Yann Le Bossé

- **What is it exactly? What does it bring to a sector that already speaks of autonomy, participation, ... terms that have often remained too general, without sufficient influence on practices.**

- It's really a translation of the American term empowerment. The central idea is that we do not have the power to develop the power to act of the other. It is the person him/herself who has this power and the professional who accompanies him/her is there to create the right conditions. And from there we discover that upstream of the situation there is a whole context in which the person is often caught up. This is what separates us from liberal empowerment: the person's problem is not linked only to him or her. It is part of a context, here and now, that we will try to understand with the person. This requires that we be ready to deconstruct our usual intervention by involving the other actors surounding the person.

- **And compared to the concept of autonomy so widespread in the discourse of social workers, what are the differences?**

Edwige Cometti. ANDADPA

- We talk more about empowerment as a process of increasing autonomy rather than about autonomy as an object to attain. The question for the individual concerned is to know what is important to them. It is not as much focused on a duty to act, but on recognizing how in a moment when they took action on a situation which they could not have taken action before, Over-coming this block is a process of autonomization or gaining self-autonomy. She does something she didn't do before. She learns about herself and her environment. She becomes aware of what she is capable of doing and she can transfer the insights or approach to other situations in the future. At this point, when a person is less dependent on professionals and places more of their our resources in action, within and around them, then we are in a process of empowerment.

- **But it is not always easy to handle. For example, in some instances an 'empowered' person with a mental disability may refuse collective housing accommodations prefering instead their own apartment even though they may not yet be able to manage it. In this situation it may be be necessary to accept the proposal of living alone in an apartment all while knowing that there will be problems around security, food hygiene, relations with the neighbors, etc... So, there are risks and not always just a small risk to take. How do we deal with this?**

INSTEAD OF PUTTING SOMEONE IN A SYSTEM, WE ADAPTED THE SYSTEM TO THE PERSON

The alternate approach would be to take a laissez-faire approach. Bit this is really the moment to share one's concerns with the person and to negotiate, To examine different points of view and to find conditions that are understandable to both sides.

In fact in one such instance, the person went to an apartment for a short time and then because it didn't work out that allowed him to better accept collective accommodations where transitionally the professionals were obliged to reinforce the decision by passing every day.

In this situation, instead of putting someone in a system, we adapted the system to the person. When we ask Yann Le Bossé, "what is the difference with a classic intervention?" He answers: "Instead of starting from your point of view, you will start from the person's point of view". That doesn't mean that the person's word is golden or that they are 100% right. But that positions us as a facilitator. If we don't find out what's important to them, we'll be rowing in the wrong direction. If we want to row in the same direction, we have to find what is important for the individual. Then, if I admit that it is important, I take steps to get it. That's why we work from the start on the issues of the person and his or her entourage, and also on our own with those of our hierarchy, and that's a lot of people.

IT FORCES ME TO GET OUT OF MY PROJECTIONS ON THE OTHER PERSON, TO LOOK FOR HIS POINT OF VIEW

- **Since this is common sense, in your opinion, why is it so difficult to achieve?**

- In fact, in the helping relationship, we are more in the position of giving advice and diagnosis should the person not have the capacity to formulate their own priorities. Our profession, institutions and public policies place us in this relationship to the person all the time. We are responding to needs based on the medical model of ‘diagnosis - prescription – treatment’. This is more insecure as it is easier than to work without knowing exactly how it's going to unfold. But ultimately it's more comfortable, because we stop being in mindset of care taking.

The position of facilitator is not obvious or easy because it implies getting out of the simply posture of the one who saves the other, who finds the right answers to his problem. It affects our sense of competence.

Where do we place our competence? The training of social workers mainly develops knowledge, a capacity for expertise, but no so much the art of helping the person to solve the problem that he or she has identified as the most important for him or her int he here and now. Sometimes it is quite vague for them, or there are so many that they are drowning in it and we have to sort out, prioritize. Often we define the problem for the person from our point of view and then start running ahead of a person who doesn't follow.

And we also tend to look at the person's deficiencies, their difficulties, while leaving aside their resources. We don't create the conditions for them to express their potential.

There may also be obstacles on the part of the person we are accompanying. Sometimes they want us to do everything for them, or they have become used to other colleagues doing everything for them and they reproach us for not doing the same. When we ask the question, what is important to you, there is often a big blank at the beginning. People say to professionals, "you know, is this the first time I've been asked this question?" Can you believe it. Such a simple question!

But this is only one of many ways to enter. The method proposes 4 axes which involves many reference points, and as many doors of entry.

AND WE ALSO TEND TO LOOK AT THE PERSON'S DEFICIENCIES, WHILE LEAVING ASIDE THEIR RESOURCES.

- **Do you have any examples that can illustrate this approach?**

- There are many examples, because we wanted to support professionals by suggesting that they document their experience. Some of these experiences can be found in our two books.

I am thinking in particular of professionals who were suffering, in burn-out condition, and who then raised their heads allowing themselves to do things that they would normally not allow themselves to do before, such as inviting families to meetings on issues that concerned them and that used to be held only between professionals, or those who dared to bring up subjects that were taboo. In the appendices of the second book, there is also an exchange between a young woman and a professional one year after the support, where she talks about what she got out of this experience. She evokes a relationship of equality.

- **It is also a learning process of negotiation and strategy to reach one's goals.**

- It is not so simple if I am accompanying a person with a mental disability, or if I have to apply, for example, a judicial measure in child protection with abusive parents. In this case, where are the skills? Where is the space for negotiation? It forces me to get out of my projections on the other person, to look for his point of view whatever the circumstances.

- **This relationship with the other is also, more broadly, a project for society, the one you outline in your charter?**

- It is the ambition of a more just society. We do not only have professional training activities. There are also volunteer commitments, seminars, conferences, support for professionals writing and for other people concerned.

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Expanding possibilities and perceptions through adaptive outdoor sports

An interview with co-founder Dan Minnich

WAYPOINT KAYAKING

- **What in your mind is distinctive about the Waypoint Adventure mission?**
- There are a lot of adaptive sports programs here in the Boston area and across the United States, but Waypoint is unique in that our philosophy is more aligned with Project Adventure and Outward Bound. The adventure experience is not just 'here is how you do a sport' like rock climbing or kayaking, but with us you also practice all those strategies required for being effective at the sport like communicating with your peers, advocating for yourself, making decisions, asking for and receiving support… These are also skills that help our participants be successful in life from school and academics to doing a job and finding roommates or housing. These are all directly

applicable skills – so that is our focus more than helping them become successful should they ever choose to go rock climbing again.

Another focus on a Waypoint program is the group experience and interpersonal interactions. This is why when we ride bikes we intentionally ride tandem. On a tandem bike you need to communicate in order to just get started together. These skills and the camaraderie are more important than 'can you ride a bike'. Of course if they enjoy it and want to bike in the future we think that is also great!

- **What brought you into this work?**
- As a student at the University of New Hampshire I was working at the Brown Center (a UNH adventure programming facility) and I also qualified for work study. At that time you would go to the office where they gave you a three ring binder of job listings. As I had to pay back student loans I went down the column to identify the job that paid the most. As it turns out it was with a social service agency that served people with disabilities. They hired me and assigned me to three young men who I met with each week. Immediately I discovered that they were not doing things that I did for fun, like rock climbing and going for hikes in the woods. This struck me - they were in high school and lived in towns surrounded by nature and outdoor sports opportunities. I was able to help them get outside and after graduating got a job with a Boston area organization servicing people with disabilities. Then in 2010 co-founded Waypoint Adventure.

GROUP EXPERIENCE AND INTERPERSONAL INTERACTIONS

- **Can you tell us about a couple powerful programming experiences?**
- There was a young man with disabilities enrolled in a Physical Education class at a High School outside of Boston and the school has their own ropes course. Well, this class was scheduled to spend the up-coming week on the course and some of his teachers were concerned. They met and decided he would do something else during this time. However, the PE teacher, who had not been in the meeting knew there had to be a way to include him so he appealed to the administration for help. Receiving no response he drafted a letter asking them to sign off on the fact that he had appealed for their guidance on how to include the young man and that they had dismissed his request. Of course this got their attention! After some discussion they encouraged this PE teacher to research strategies. The search led him to the Cotting School which was nearby and serves an all disabled

Waypoint Biking

student population. This school also has a consulting division that helps schools make adaptations for people with disabilities and they happen to partner with Waypoint.

Over the course of that week-long PE class Waypoint assisted the young man get up into the trees of the ropes course with his peers. The school administrators were there to observe and it became clear that these new accommodations were not just for the young man, but for everyone. The other students, by experiencing the young man included in climbing, learned that people with disabilities could be included in all kinds of other activities that didn't previously seem possible. School administrators also better understood how the scope of what's possible is far greater than imagined. They would also know what to do in the future with questions about access and inclusion of the disabled...and if it was about outdoor sports they would call Waypoint.

This story became what I define as an 'awareness opportunity'. Meaning sometimes we are just going through our lives, operating on what we know, and then something happens to change our understanding of what is possible. So those teachers are not to be faulted. They made a decision based on what they knew at the time, yet the PE teacher, even though not aware of a solution at the time, took the initiative to ask. He was thinking, ‘a solution may be out there’. Good for him!

- **Can you describe some challenges faced by the field of adaptive outdoor sports ?**

- It has been interesting how Diversity, Equity and Inclusion conversations are very popular now yet very often disability is left out. So, we are about raising up disabilities and giving communities ‘awareness opportunities’. We are about leading them to reflect on and see people with disabilities in a new light.

GIVING UP COMMUNITIES "AWARENESS OPPORTUNITIES"

On this point people with disabilities are the largest marginalized community globally and when combined with other marginalized identities such as race, ethnicity, gender identity etc, the disabled are at the bottom of that marginalized group as well. Also, anyone may become disabled and enter this group at any time in their life. One of our goals is to help people become more aware of these things, take action and as a result shape more inclusive societies.

- **Can you describe some other Waypoint mindset expanding experiences?**

- Sure. I’ll mention a few. When COVID started a Cotting School group of alumni all but stopped meeting until we helped them discover how they could gather for outdoor activities while maintaining 6 foot distance. As a result this cool group of Cotting alum got together for a hike every other week. It became their twice a month opportunity to connect with people rather than just be isolated at home.

Another is when Cotting did a huge renovation. As you walk through their new entrance, there right in front of you, is a climbing wall designed by Waypoint. All the time I have interactions with people who assume they could not do this or that, and yet they. The climbing wall is a metaphor for this expanding mindset.

Finally there is a dad who at age 70 is coming to Waypoint today with his daughter. Today will be his first bike ride so I asked his daughter about his goal in doing this ride. She said with Spaulding, a physical rehabilitation center, they secure his one good hand to the bike hand crank and he moves slowly down the sidewalk. She said, ‘he can do that any day, so with you my goal for him is that he feels the wind in his hair with a group of people’. So this is going to be a group ride with him riding alongside but not pedaling.

WAYPOINT - KILIMANDJARO

- **Why does it feel so important to provide access to outdoor sports for people with disabilities?**
- Some of us can put on our hiking boots and walk out into conservation land at any time. But not everyone can do that. During COVID the state parks were open but since no agencies were permitted to operate in the state parks people with disabilities requiring agency support were blocked. So this new regulation became unintended discrimination towards disabled people. They were effectively banned from this tax payer resource. People who needed it the most were not allowed! There are many other examples of institutions and organizations, public and private, that cannot accommodate people with disabilities. Despite all our progress there is still a huge access issue!! For all the reasons that the outdoors are good for anyone, it is also and especially good for people with disabilities.
- **How might your work be influencing a paradigm shift around collective perceptions of people with disabilities? Might a global social movement be emerging? How can**

other countries learn from what you are doing?

- I was just in Greece. The level of inaccessibility compared to the US was very apparent. At the Parthenon they are just starting to make it accessible – and most sites had no accessibility features. One of the barriers is money and the US, as one of the wealthiest in the world, is better able to put some of that wealth towards accessibility than others. But since these accommodations and especially ADA compliance (US law: American with Disabilities Act) is expensive, the Adventure field has developed more cost effective, creative ways of problem solving. We recently shared our cost effective approach in Africa.

ANY ORGANIZATION CAN ACCOMMODATE PEOPLE WITH DISABILITIES

In Kenya a former Waypoint staff member led 3 disabled participants up Kilimanjaro. They were told this was the first ever and it was done with just a few thousand dollars, not $7,000 wheelchairs. One of the porters, a dad, went back home and enrolled his 2 daughters who are on the autism spectrum in school. Previously his daughters had been isolated at home just because of their disabilities. As much as we need accessibility laws, organizations like ours with minimal equipment and a white board for training, can reshape entire communities' perceptions of what is possible.

The point is that our disability programs are not just about climbing a mountain once, but about going to school every day. That is beautiful. We can do more of that.

My ultimate goal is that we are not necessary. That any organization can accommodate people with disabilities. In time I believe this is possible by changing perceptions around inclusion.

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FREEING THE WORD, ORGANIZING LISTENING AND MUTUAL AID

In the caregivers' café: Helping each other!

Interview with Delphine Mantoulan, Director of the Nursing Service of Grignols, France.

- **Hello Delphine, since 2009 you have been developing the programs at "Agir à domicile" (Act at Home) where you serve as the director of nursing care. This focuses on supporting the elderly in Captieux and Grignols, France. Recently you developed initiatives involving caregivers and elderly in meetings on topics ranging from information and exchange meetings to adapted physical activities, sophrology, relaxation time and even caregivers' coffee hours.**

- At first I worked as a nurse in intensive care, so in a hospital environment. Then, when I arrived here, in a rural setting I welcomed my grandparents into my home. Being able to competently look after them was a great personal victory. At the time I met another person who was taking care of her mother-in-law at home who told me that the nearest nursing service was 35 km away. So we decided to create an organization with other people concerned with this challenge of keeping our elderly at home. We wanted to help preserve their lifestyle and also support the people who directly help them. Our project became recognized and supported so we were able to open our own nursing service. It worked right away and it continues to this day

Though we fulfilled the core mission, little by little problems arose because it is impossible to keep dependent people at home without the help of a relative. For example, at night, if there is a problem, we are not there. You go home after your rounds and you know that you are leaving someone alone in a closed house. Moreover, there is often a time lag between the moment when a person is recognized as being dependent and the implementation of appropriate responses. If there is no one close to the person such as a spouse, children, a neighbor, a friend, to provide assistance, there is a big problem!

- **But even when someone can help, it is not easy. For example, Mr. X goes out to buy his newspaper every morning and in the process meets people, does his shopping, has a coffee, and then suddenly everything stops. He is obliged 24 hours a day to be with his spouse who had suddenly become dependent. He has to help her with all her physical her needs, ... this is so hard. The new routine and obligatiobns break many social ties, causes mental health problems such as depression, and even risks of abuse if the caregiver is not helped.**

- The objective of the caregivers' café was to free up people to speak honestly about their challenges and to break down barriers yetthis is not so easy as we are in a village where everyone knows each other. Furthermore these care givers are public figures in a way, and they do not want to expose themselves to criticism or gossip.

THE OBJECTIVE WAS TO FREE UP PEOPLE TO SPEAK HONESTLY ABOUT THEIR CHALLENGES

Our big trigger was when we took care of a 92-year-old woman who used to go away for 6 months a year in a motor home with her husband. Yet now they found themselves "trapped" at home due to the state of health of the lady - and Mr. had a heart attack after 3 months because he could no longer sleep and could no longer go for walks. His health had deteriorated. That's when we decided to organize a support system for caregivers.

- **And what did this support consist of?**

- There was a whole program. First of all, at the medical level, the health insurance service sent them a consultation voucher for a medical check-up, especially regarding sleep. There were also informational meetings to help everyone understand the situation facing elderly especially the symptoms of aging. Above all, it was necessary to be able to free up time for respite, a bit like mothers who can leave their child at the nursery or at the nanny's to go shopping, get a haircut, etc... It's also not that simple since the caregiver may have difficulty entrusting the elderly person to another care giver.

Our program targeted the whole person: psychology, nutrition, wellness, somatic care. We couldn't do everything, but we developed sophrology, nutrition, a caregiver's

EXCURSIONS AND OUTDOOR OUTINGS

café, excursions and outdoor outings, gentle exercise, etc. They needed advice but also time to relax.

We have also built a network of partners with doctors, private nurses, home helpers, to go on site.

DURING THE CAREGIVERS' CAFÉ, THEY EXCHANGE A LOT WITH EACH OTHER

We also had to organize an additional network of home helpers so as to free the primary caregivers so that they could, in turn, be present at the caregivers' café.

- **And what did you find out from talking to them? Were they able to bring their own expertise to these situations?**

- We discovered that there are many things they know how to do in adapting to this new situation. A man who has always lived in the country and outside becomes a householder because his wife can't do it anymore. They live it more or less well but they know how to do it. The presence of the household helper completes the picture.

During the caregivers' café, they exchange a lot with each other about their experience. They need to talk. For example, Mr. X helps his wife who is already very dependent and no longer recognizes him and Mr. Y discovers this situation which he was going to face a year later. He also discovered interim care, which Mr X presented to him as a necessary breathing space, and then he was able to use it too. This recourse to temporary accommodation is vital in case of a break in the continuity of his life as a carer due to a family obligation, a health problem...

- **How are the relationships between seniors, caregivers and professionals?**

- It's not easy for the professionals either. When people are sad and need to be comforted, it's fine. They know how to do it and do it well. But people can also become aggressive and there, they are not prepared to respond. We naturally project our own family representations on the situation, how we think it should be, and it is sometimes difficult to take a step back. Practice analysis groups are very useful for that.

It's mostly a journey that's not stable. There are many moments of transition and each time we have to accept new aids, new dependencies: help with the toilet, medical bed, protections... At this moment we have to make decisions and this creates tensions between everyone, resistance to what is coming, phases of denial.

There are a lot of people involved in the situation: the elderly person, his or her family members, nurses, home care workers, the doctor... How can they coordinate to make the right decisions, especially in the transition phases?

There is a binder at home that can help. There are also meetings between the different services to agree on complex cases. But I have always been very careful to have all decisions validated by the person himself.

- **How can we improve the cooperation among all the actors around the elderly and their relatives**

- I have attended meetings on the concept of personalized projects for young people in the medical-social sector and I think we should develop the same in geriatrics. For example, we could rely more on the mobile geriatric teams and the different services, which are now trying to better coordinate. But families should be present in these meetings and there should be a global project, not only an agreement between professionals. The participation of users and their relatives in these bodies is not a given. This is linked to the fact that we have remained too focused on the health model and not enough on the social aspects.

TOO FOCUSED ON THE HEALTH MODEL AND NOT ENOUGH ON THE SOCIAL ASPECTS

Moreover, in the caregivers' café, one of the very positive aspects is that the elderly were able to help each other. Today there is only one person from the original group who still has a spouse. But I think they were better prepared for the loss due to the advice and support they gave each other.

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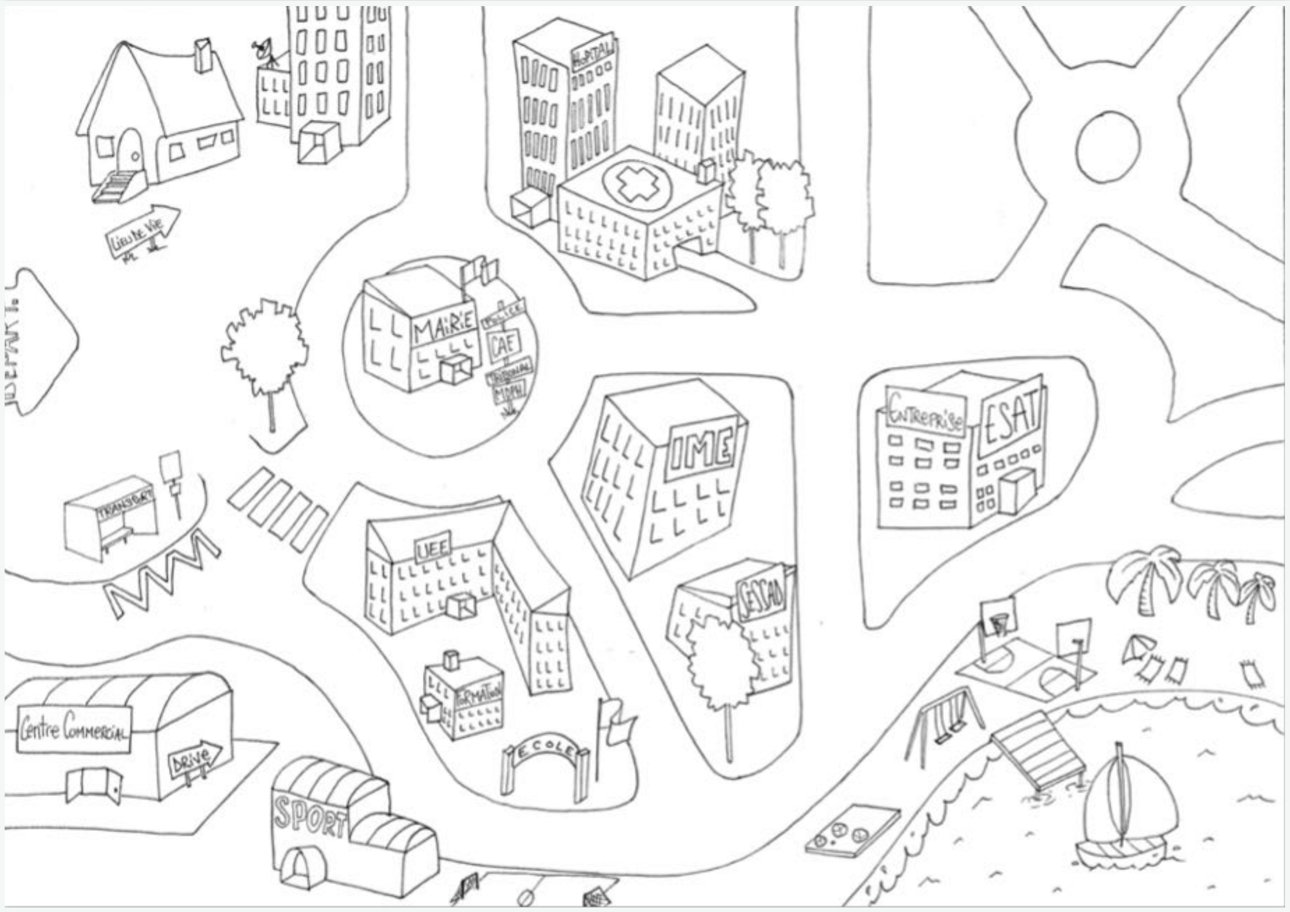
Route 21 Project: Walking together along a common path

Interview with Dominique Driollet, Director & Teacher of Special Education



- **Hello Dominique. We are here with you today on the campus of the Institut Médico Éducatif (IME) in Le Nid Basque, France overlooking the ocean. Here you serve 86 children and teenagers from ages 12 to 20. They all have mild or moderate intellectual disabilities with or without associated disorders and are in day programming with or without special accommodations or in the specialized education program with home care services (SESSAD). Since adoption in France of law 2002-2, it is required that institutes like yours elaborates a personalized plan for each child or**

young adult in close collaboration with his/her parents. We are meeting because you wanted to talk about changes to the ways you support this law. What do you have in mind? What did you find unsatisfactory such that changes were needed?

- Prior to passage of the law the needs and requests were collected during an oral interview that determined the educational, therapeutic and pedagogical needs of the child. It was a bit like an interrogation from which not much of value emerged. We wanted to refocus on the young person's own words and to find a medium, an approach that would facilitate dialog. This is especially important, with young people who have difficulties with comprehension and expressing themselves.

WE WANTED TO REFOCUS ON THE YOUNG PERSON'S OWN WORDS AND TO FIND A MEDIUM, AN APPROACH THAT WOULD FACILITATE DIALOG.

At the SESSAD we do things a little differently now. By refocusing on three domains: that of health, daily life, social participation; we have been able to get more concrete.

What struck us the most was the requirement in the law about developing the ‘power to act’. We realized that, in fact, we were building the young person's plan based first on the observations that professionals had made from the psychiatrist, the psychologist, and the speech therapist, to educators, and only then were the youth and their families brought in. We had to reverse the order. Turn the whole thing on its head.

So we wanted a medium and we decided to use a board game inspired by "Dungeons and Dragons" that allows us to consider the plan as a common adventure. On this adventure there are many actors around the young person who want to help them explore territories and develop competencies. This is achieved by taking into account the resources and the weak points each with its stages, assessments, new adventure and then new stages again.

- **Is it interesting and does it allow the young person to take ownership of their plan, rather than seeing it as defined by adults and adult authority?**

- Yes. It is true that for example the use of playmobiles to represent the actors as players was attractive for the youngest,Florent. When he saw the playmobiles he immediately wanted to play with them. It is perhaps a little different for teenagers or adults and it was necessary to change the objects to cards so as to match their interests. With cards and playmobiles everything is immediately more concrete so easier for the young person to understand whereas before it was only a verbal conversation. Moreover, to get into the game, the young person and their different actors focus on their resources whereas before we often focused on their difficulties

- **From this experience, what do you feel you are able to achieve? What seems most effective and what do you still need to work on?**

At the beginning of the game, we helped the young person identify the important people in their lives, who they are in the game, the various physical locations, and time of year. But it was more difficult to think with them and assess what is easy or difficult within the different areas> It was also difficult to determine how they would like to be helped. With Loréane for example I struggled because she was taking me into the areas that interested her but she forgot important details we had discussed at the school follow-up team earlier that same week. I went back to this because we need to allow ourselves to also speak our minds and give advice. That should be part of the structure of the game.

- **Precisely, how do you situate yourself in this new position? What do you call your function: Coordinator, guide?**

- I'll talk about guidance. We act based on who we are and with the knowledge we have of the young person, of their situation. For example, for Loréane, we had to intervene several times at the high school and I went there because I could help her find her way in that setting. I knew where we were headed because I knew her situation.

LEARNING HOW TO USE ROUTE 21

- **Does your help make her more independent or more dependent?**

- We don't let her feel dependent on us. Yet, there's often a conflict between your desire for her to be autonomous and the desire to protect her, or just what you project onto her, what you would do if you were in her place.

- **And in your opinion, does this tool seem adapted to your needs? How do**

Playing Route 21

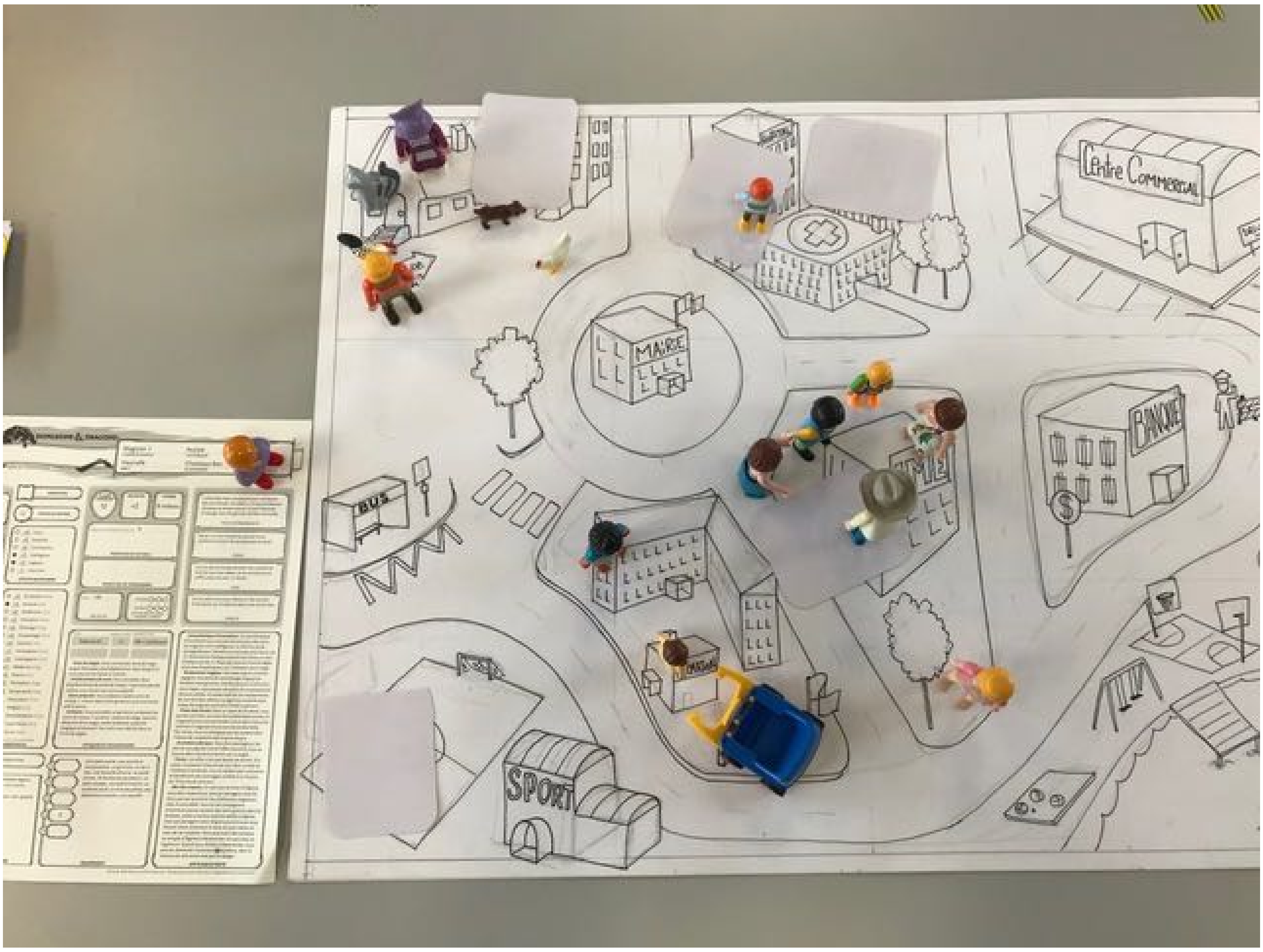
you use it and how will you develop the whole process of accompaniment?

- In fact, we understood that it was not a one-time process and that a personalized plan once a year does not match the time frame of a young person, especially with difficulties around comprehension. For example, after two months after his or her entry, I would only have done a review of his or her family situation and the people around him or her. The first meeting with him or her will be about his or her home, family and loved ones. We should be able to visit the map with the young person in his or her own way, in several stages.

IT'S A GREAT TOOL THAT ALLOWS US TO REFOCUS ON THE YOUNG PERSON, THEIR FAMILY, THEIR LOVED ONES, AND THEIR ISSUES

In this regard, we have just realized that, without thinking about it, instead of putting the young person and his or her family in the middle of the map, we have put the IME there? We are still a little centered on ourselves.

- **As it is, would you advise others to use this game and under what conditions?**



- Today it is not yet completed but we are on the right path. I'm more comfortable on some points than others but nd I'm convinced that it's a good tool. You can see it in the way the young people participate in interviews.

We are inventing something together. It's a great tool that allows us to refocus on the young person, their family, their loved ones, and their issues. The cards and the playmobiles help to make a richer and more concrete collection of resources and needs, even if we don't know yet how far to follow them in the course of playing.

Another useful component are the three domains and their corresponding to the Serafin-PH classification which allows us to have a common language with the school, the hospital, the other services. On the other hand, the Serafin-PH classification remains based on a logic of services, rather than on a psychological approach. It is not yet certain that it corresponds to the way a young person imagines their life and its different domains. We still have work to do on this. But the good thing is that we feel we are doing all this with them.

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