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THE PROCESS OF ACCOMPANYING WOMEN AND CHILDREN IN SITUATIONS OF VULNERABILITY IN PERINATAL PERIOD

IO 4. Accompaniment Tool

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Summary

This document focuses on the accompaniment process for mothers and their babies in a situation of vulnerability during the perinatal period. In order to produce this paper we have reviewed the concept of accompaniment and made an analysis of the different accompaniment tools used by professionals in the CapeVFair project. The theoretical review has enabled us to outline the concept, the objectives and the key aspects throughout the accompaniment process in order to improve the wellbeing of this high-risk group, and, as a consequence, to minimize their vulnerability. The ongoing reflection and debate between University research teams and professionals who take part in the CapeVFair project has nourished this process, resulting in a new framework where the professional intervention guidelines have been set as a result of dialogue between theory and practice. The accompaniment framework offers new guidelines for professionals focused on this group during the perinatal period.

This material can be made use of by different professionals who are researching the accompaniment process and those who have direct contact with vulnerable mothers and their babies during the perinatal period. The paper, in addition to the general framework, offers different instruments which each professional can adapt to their environment; the specific needs of the group they are working with and the specific necessities of the country where they are working. This paper should provide guidelines for professionals in their role of accompaniment for all these groups.



1. -Introduction

The accompaniment processes during the perinatal period addressed in this paper are to be applied in contexts and situations of vulnerability. Our understanding of vulnerability during this time is defined in Intellectual Output 1 “Definition of vulnerability in perinatality” (from now on IO1) and Intellectual Output 2 “Vulnerability Tracking tools in the context of perinatality” (from now on IO2).

To sum up, we want to point out that “vulnerability” is a concept with many meanings and applications. The interpretations of various aspects of vulnerability and the recognition of its complexity are a basis of action and analysis for professionals (Fawcett, 2009). Although the term vulnerability is commonly used in policies, in literature it has become a vague terminology, applied to diverse situations when it is associated with pregnancy, birth and postnatal period (Spiers, 2000; Briscoe, et.al.2016) from IO2 (2016).

The perinatal period can be defined in a number of ways as we can see from the World Health Organisation stating “The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. Perinatal and maternal health are closely linked (WHO, 2016). According to the Perinatal Institute, the perinatal period “... describes the period surrounding the birth, and traditionally includes the time from fetal viability from about 24 weeks of pregnancy up to either 7 or 28 days of life “(Perinatal Institute, 2011).In any case, it seems to be a common opinion that it encompasses the period of advanced pregnancy (from four and a half to five months) and the first four weeks of life after birth.

In our CapeVfair project, given the professional concerns about using a biomedical definition in socio-medical and social interventions and considering the intervention contexts in each of the 4 partner countries, we have adopted a broad definition of the perinatal period from pregnancy to 3 the years old of the child. This broader period allows articulating the effective support and the accompaniment needs in a more comprehensive period.

2.-Essential needs during the perinatal period

Women have a number of needs during pregnancy, during birth and post-partum:

- a) During pregnancy they have described: the need to understand the risks which would compromise the development of the pregnancy and how to minimize those risks, increase security, protection, prevention, wellbeing and the woman’s autonomy from the health workers; combining diet and healthy habits and being aware of the repercussions these factors have on different individuals(mother, foetus, family); emotional needs, both on a personal level for the woman and with regard to their partner; the importance of



clarifying the support role of the partner during the pregnancy and their future role in the upbringing of the child; and also taking into account other needs such as sexuality and preparation for the birth. All this experience is also to be considered when redefining the life habits of the pregnant woman and, over time, the key aspects of knowledge forming the basis of a healthy mother-child relationship can be established.

- b) During the birth itself, a number of needs have been identified, regarding the design of a birth plan, which implies that considerations are made about the type of birth and pain relief, taking into account the limitations of their health centre or hospital, the necessities once the birth is underway (identifying the onset of birth, remaining calm, breathing, pushing) along with the awareness of possible complications of the process; and needs related to the understanding of the woman's own body. Considering these needs helps to identify and define the most adequate support during the birth process, requirements that are met by the person accompanying the mother in order to help her feel safe and calm. This process enables a positive view of this chapter of motherhood, establishing attachment and strengthening the bond between mother and child.
- c) Finally, the post-partum period is a moment when it is necessary to switch the focus towards establishing parental competencies: feeding, and how to go about it successfully, making a decision between breast and bottle regardless of pressure from their environment; daily care of the baby and gaining competence in their role as a mother; it is an important time for building emotional bonds and satisfying the baby's needs; and responding to the baby's behavior. There are however general needs that emerge such as adapting to this new phase in the life-cycle, aligning the views they had of maternity with the realities of motherhood; readjusting relations with their partner and their family, building a support network which allows them to get support on logistical level and to share experiences with other mothers in a similar situation. Finally, there are needs related to the physical recuperation of the mother after the birth (Fuentes-Peláez, Amorós, Molina, Jané & Martínez, 2013).

These requirements are important for the general population. However research demonstrates that there are specific needs associated with this high risk collective (Gognan & Sandall 2007; Fuentes-Peláez et al., 2013) and this group has traditionally been excluded from antenatal education programs due to the limited scope of the curriculum (Nolan, 1997). Particularly, adolescent mothers and immigrant women (Jané, Vidal, Tomás & Cabezas, 2009).

So it is vital to ask ourselves what happens when we face the at-risk groups who find themselves in a position of vulnerability that we work with in CapevFair. What additional needs do these groups have? The lack of data to answer this question is precisely what has justified the CapevFair project in order to work on providing guidelines and tools to steer these groups. The



work done in the project and reflected in the IO1 and IO2 help us to focus on these specific needs during the period from pregnancy to 3 years old of the child in order to offer more adequate support. As examples of these needs:

- The need to recognize the importance of taking care during pregnancy: avoiding drug use by the pregnant women, taking care of the healthy diet, taking medical controls especially in high risk pregnancies,...
- The need to be accompanied during the ambivalences about the pregnancy
- The need to be accompanied to communicate to her healthcare team
- The need to be supported and guided in the learning of maternal care to give to her child (bath, change ...)
- The need to be accompanied in identifying the needs of her child, according to her stage of development (what does my child eat, at what time, in what quantity, when does he need to sleep? What does it play with? What can we play together?)
- The need to be accompanied to identify parenting and childcare resources
- The need for the child to be recognized in the singularity of his personal needs
- The need include the mother into a specialized network (logic of complementarity in the partnership). It means, if necessary, accompanying the mothers towards speech groups for battered women (domestic violence), towards a follow-up by an addiction midwife, towards specific financial resources towards mental health supports, ...
- The need to include the children into a specialized network (logic of complementarity in the partnership). Eg. Accompany the mother with the children towards early medico-social action centers (if psychomotor delay occurs)

3. -Professional accompaniment during the perinatal period

We define the process of accompaniment as a professional process of intervention during the perinatal period which helps mothers and their babies feel recognized as empowered individuals. In this sense, the work of the professionals acts as a guide by recognizing, valuing and activating their individual strengths, so that they serve to build on the qualities which will be helpful to them during the upbringing of their child, exercising parental responsibilities and achieving overall welfare of the mother and child.

3.1.- Focusing on strengths as a guide to accompaniment

It is important to emphasise the consensus between professionals regarding the importance of "the positive view" towards the mothers' resources, competences and potential as a central feature defining the intervention process, a view which CapeVFair shares.

In the past, psychoeducational intervention models focused their attention on people in an especially vulnerable situation and as such these models were structured around the limitations



and shortcomings of these mothers. This negative perspective is based on detecting the risk factors and indicators, i.e. the challenges these people face, with the aim of finding action plans and programs that help to overcome these challenges.

The introduction of a new perspective based on strengths relies on a positive view of the challenges of adversity, vulnerability and/or conflict and social exclusion; the professional intervention is structured around the individual's protective factors that have been identified at the onset of the resilience study.

A strengths-based perspective has aided the development of psychosocial and educational intervention working towards prevention and promotion (Rodrigo et. al., 2008). Focusing on prevention requires us to put measures into practice to minimize the risk factors and to strengthen the influence of protective factors in the environment of vulnerable individuals and their families. Meanwhile the work on promotion focuses on activities which help develop competencies and resilience in individuals and families in order to help meet their needs resolve problematic situations and activate personal and social resources to help ensure their autonomy, allowing them to take control of their lives. In our project the intervention towards prevention means, to put efforts in a continuous process during all the perinatal period reducing risks factors (i.e. perinatal substance use and abuse or other bio-psico-social risk factors) and increasing protectives factors (i.e. increase the formal support through specialized services) to avoid the high risk pregnancy and the high risk newborn and infant. The objective is to build nurture and healthy family environment, to avoid child maltreatment and, consequently, don't need the foster care or adoption measures. Meanwhile the promotion try give the control of the situation to the women-parents accompany them to activate the resources needed to develop a healthy pregnancy and face up the upbringing of the child developing parental competencies and building connections with their network.

Strengths-based perspective is helpful in every situation, including the most challenging cases addressed in this document. Individuals and families are going to benefit during the intervention process by recognizing their most positive strengths and seeing that they have potential (Amorós, Balsells, Fuentes, Pastor, Molina, Mateos, 2011).

In this sense, the accompaniment, along with the processes and the instruments exposed in this document help shape and define the "change process". It is an enriching alternative compared to the previous intervention models which were more focused on a caring yet patronizing approach and which have been established in different times and in different countries. It has become evident that this approach perpetuates the negative cycle of vulnerability.



What follows is a selection of comments from researchers who have examined the accompaniment process. These quotes help us understand the importance of defining an accompaniment model. This will allow us to develop a process of reflection and analysis of the instruments of accompaniment, a crucial stepping stone for interpretation and adaptation to professional intervention in various contexts.

3.2. –Setting out the conceptual limits

“Accompanying a person in need of social support suggests travel; a road, a journey, migration, coming from and going towards, effort, and the new horizon we are approaching” (Planella, 2008:8).

This quote by Planella illustrates the philosophy which guides our understanding of accompaniment. This quote has been our starting point in the construction of the model of accompaniment which we are presenting here and frame the work to do with the vulnerable mothers and their children during the perinatal period in terms of accompaniment.

Some authors such as Pérez (2004) define accompaniment as *“ongoing work requiring a close and enduring relationship, to understand individuals to ensure that they understand and take control of their situation and recognize the sources of their difficulties; support, stimulate and mobilize their resources and capacities; the potential of each individual and their environment. This is a process which requires the application of a series of resources within a structured action plan, offering flexibility and opportunity”* (Pérez, 2004: 101).

From this point of view, accompaniment is interpreted as a unifying thread in the intervention process, necessary in order to avoid dependence on and use of formal support resources (Pérez, 2004). Raya and Caparrós (2014, p.85) define accompaniment as *“a way of understanding the relation between the professional and the individual (at risk), it is a horizontal relationship, in which the professional is in a position to help guide and support but not to control.*

Accompaniment must be visualized in its entirety, as a relationship based on help and support from the professional who guides the subject through a process of change, through learning and developing a social network.

Therefore, from this view point the difference between an accompaniment and a monitoring/supervision intervention becomes very evident. In a monitoring intervention the individual is a passive object, submitted to regular observation under the jurisdiction of the professional. The concept of accompaniment divides the person from the subject and from their own strategies to put their resources to use in the most effective way and there cognition of challenges which will



shape the accompaniment process (Pérez, 2004). And this helps explain another of the most important aspects of accompaniment and the keystone which holds it together; the individual experiencing the process.

In the cases which concern us, mothers in a situation of vulnerability are the protagonists of the accompaniment process during the perinatal period. We must move beyond the tendency to see these mothers as passive victims in difficulty, which are in the hands of a professional who will tell them what is wrong, what they must do and how they must do it. And we progress to an intervention model in which the mothers' involvement and participation is vital for the progress of the accompaniment process. In this way we are strengthening their feeling of control over their own lives in the face of feelings of incapacity, helplessness and defenselessness. So, in terms of our project, the accompaniment is use for developing social and educational relationships offering listening, support, advice and mutual help (as Planella, 2009 suggest) which enable personal development of the women (both an interpersonal and intrapersonal level) to empower them to take control of their life and children and help to incorporate into society.

An example of how to articulate the attention to the uniqueness of the person with a communitarian and relational dimension of accompaniment in the case of immigrant women is: in addition to institutional support, to offer to the woman the opportunity to empower her cultural resources as linguistic belongings and gender identity providing the opportunity to meet women of the same mother tongue and have awareness of her identity.

And, last, but not least, in this positive view of accompaniment, it is just as important to recognize the limitations, as it is for the individual to be capable of recognizing and promoting their own potential strengths and those of their environment.

3.3. -Types of accompaniment

In their review, Alonso and Funes (2009) outlined three main types of accompaniment: Social accompaniment, educational accompaniment and therapeutic accompaniment:

- a) Social accompaniment: traditionally the most common type of accompaniment, which refers to the social incorporation of the individual (i.e. the type of accompaniment done from the social services to help the women and her family incorporate into society by helping with social resources).
- b) Educational accompaniment is the most complex type of accompaniment. It requires a rethink education as accompaniment considering this the only way to influence in the people life (Alonso & Funes, 2009). It's a new approach to the concept of mentoring, based on an established key concept, the Mentor. I.e. if we considering



adolescents mothers, we accompany them helping to manage the doubts that the pregnancy provokes and to clarify with herself.

- c) Therapeutic accompaniment focuses on the processes of personal development and social adaptation which helps the individual reposition themselves in other contexts. I.e. if we consider the mothers with problems of drug abuse, involves aspects such as perceiving yourself progressively in another way, helping you to imagine possible routes and balance what you live with the baby (the efforts you make and what you enjoy).

As we can see and as these authors point out, it is about a formal theoretical distinction. In practice, the three types of intervention complement each other and are combined in varying proportions depending on each individual case. For example, in the last example, it is also helping to learn to train to work, to manage precariousness, to build new relationships, etc.

And, according to the authors mentioned before, to the three categories of accompaniment we should add a complementary one, which can affect all at some point: the accompaniment between resources and services. In our target group, often, the mothers often are disconnected, wandering without any kind of coherence between services, even they don't know the existence of possible services that can help in their difficulties. Through the accompaniment we can help mothers to reconnect, and re-build a personal itinerary between resources.

3.4. -Elements of successful accompaniment

As Planella states (2008), the following factors enable successful accompaniment:

- a) discovering a person viewing from different angles to create an image of the person;
- b) the partnership form accompaniment: work "with" someone rather than work "on" them;
- c) learning to accompany a person.

a) DISCOVERING A PERSON VIEWING FROM DIFFERENT ANGLES TO CREATE AN IMAGE

When working with people it is evident that professionals construct an image of them. We are not talking simply of a diagnosis but of a multifaceted representation of the person.

Health and social professionals build an image of the person which has an impact on how the accompaniment plan is applied.

A kaleidoscopic view allows us to create an image by observing them from different angles:

- The "noun" angle: requires us to discover the person, and work with the noun not the adjective. In many cases we objectify, focusing on the adjective. For example the



VULNERABLE women. And we may overlook that as well as vulnerable... this is a WOMEN. When the adjective overshadows the noun we run the risk of stigmatising the person by only highlighting the negative aspects of the individual.

- The “multidimensional” angle requires you to consider the person from a global perspective which includes biological, cognitive, emotional, behavioural, moral (spiritual), and ecological factors which allow you to take into account the specific of the individual which helps explain their present situation and indicates what stance they will take to projects.
- The “space” angle requires us to recognise that the person considers their actions and that they have goals to move in their life and this could be different from what the professional plan.

So, accompaniment requires us to discover the person, work with the noun and not the adjective (objectify, stigmatise), combine necessary regulations with emotional needs, promote cooperation and involvement of the individual or family and avoid limiting the accompaniment process in a “control context” but to progress the concept to a “helping hand” bringing the individual (mother/child) and the professional closer together.

B. THE PARTNERSHIP FORM OF ACCOMPANIMENT: WORKING “WITH” RATHER WORKING “ON”

The second key point to consider is the FORM which the accompaniment takes (how the professionals approach the task). One of the most empowering experiences to offer a person during accompaniment is partnership working “with” not “on” the person.

The professional takes on the role of guide, reaching out to the person they are helping and aligning all the necessary cooperative actions during the intervention.

Another aspect to consider is what sort of relationship is established between professional and individual during accompaniment process. This approach promotes a reciprocal relationship which enriches the process of change.

Finally, to promote empowerment and ensure the person’s autonomy, it is important that the aims and goals of the project are established by mutual agreement between the person and the professional so that the person takes ownership of the project and its outcome.

C. LEARNING TO ACCOMPANY A PERSON

Accompaniment through partnership implies a revised approach to listening, looking, and how we change through our relationship with others.

- Learning to listen, to keep quiet and take a momentary step away from the role of professional



Learning to look. This model of accompaniment implies viewing the person and their history from a new perspective, believing in their potential. Learning to allow yourself to be changed by the process is alters the normal roles of subject and professional, empowering the person's capacity to transform themselves and others.

This approach, as Horvat, Horey , Romios and Kis-Rigo (2014) said, implies that professionals get to know the mother and child and meet their needs basing on cultural competence, avoiding standardized approaches and taking into account instead the mother's experience and meanings concerning pregnancy, birth, mother-child relationships, community.

In a practical sense "Accompaniment" is not a new approach, what is new, however, is that currently it is on a positive trajectory, transforming work with people in risk situations (Planella, 2008).

So, to sum up, a professional's positive approach is what we consider to be the most important aspect of the process. This approach steers the accompaniment process, and allows for the person's empowerment, in particular, when supporting women during pregnancy and in early motherhood.



To conclude this section, we can define the social or health-social accompaniment as "a relational act which consists, along with the other and following his rhythm, in welcoming what comes from him with respect for his person" (Pandelé, 2007:92).

However, at that point, we should note the complexity in accompaniment when a professional accompanies a dyad in a situation of vulnerability, namely a mother and her child. It's important to reflect about how to succeed, in the accompaniment that is proposed, in supporting both:

- the woman (sometimes the adolescent),
- the mother
- the child of (this mother and a father)
- and the little one to come

The following examples illustrate the complexity from the mother's side: need to live her life as a woman in becoming, in a very early pregnancy context and needing to be supported in her role as a mother, since she is also a mother. Or need to be accompanied in her therapeutic approach to alcohol abuse and need to be recognized and supported in her status as a mother (society often gives little credit to a mother who drinks). And, this example illustrates the complexity from the young child's side: need to be protected from the possible negligence of a mother and need to develop within a secure framework, need for relational experiences with her mother that allows them to build and maintain a quality and healthy bond.

How to support the different needs that arise can sometimes be contradictory and requires that the professional reflect about it.

4. -Analysis of the instruments of accompaniment

A cohesive approach to professional accompaniment during the perinatal period requires us to use instruments which allow for the analysis and intervention considering every dimension to ensure success of the process, especially in situations of vulnerability.

This document highlights the results of an analysis of some of the instruments which are used during the accompaniment process in participating European countries. The objective of this analysis has been to identify the strengths and weaknesses of the resources used in the accompaniment process.

In order to analyse the process we proceeded to outline the variables linked to accompaniment of vulnerable women in the perinatal period in each of the instruments. The variables are as follows:

- a. Woman's needs (adult/adolescent) as a mother and a woman (social, emotional, health and educational)



- b. Child's needs (social, emotional, health, educational)
- c. Parental roles (motherhood, fatherhood and co-parenting)
- d. Maternal bonds – with the child and with the family
- e. Informal support: family, social and community
- f. Formal support: professional and institutional
- g. Specific situations: visits, when the mother is separated from her child

Given the diversity of the characteristics with regard to the groups mentioned before and the varying contexts for intervention, analysis also was focused on the following variables:

- 1) Objectives of the accompaniment;
- 2) Reasons for intervention
- 3) Aspects of accompaniment; and,
- 4) Phases of intervention.

Different countries use distinct strategies for accompaniment. E.g Video intervention technique in Antaviana (ES) or Voice's Workshop in Caminante (FR). Although the accompaniment model and support methods are different in each country and depend on social and cultural contexts, they are all based on an ecological model, focused on the mother and her competencies and the children's needs.

An element common to all instruments (Holtis-RO, Caminante-FR, Casa di Ramia-IT and Antaviana-ES) is the establishment of an individualised work plan which is discussed and agreed on with the mother.

However, the majority of the instruments extend beyond the perinatal period and are concerned with the children's upbringing.

4.1. Summary of the instruments by country and characteristics

	Accompaniment objectives			Context of intervention			Areas of accompaniment	Phases of intervention		
	Observation of the intervention	Preventing separation/maintaining family unity	Building/encouraging emotional bonds	Family context	Mother institutionalised (with or without children)	Children in care		Pregnancy Birth	Post partum	Childcare
Romania										
Individualized Protection Plan (IPP)	X					X	<ul style="list-style-type: none"> - Child's needs - Specific situations (Visits) - Informal support - Child's needs (Child protection) - Child's needs (Education) - Child's needs (Health) - Mother's needs (Rehabilitation) 			X
Services Plan (SP)		X		X						X
Francia										
Individual Care Project	X				X		<ul style="list-style-type: none"> - Informal support - Specific situations (Visits) - Parental roles (father figure's relationship with child) - Mother-child bond and family communication - Accompaniment of the child 	X	X	X



The Voice's Workshop			X		X		-Mother-child bond and family communication using music as a medium - Mother's needs (Working with emotions and latent memories) - Specific needs of the mother	X	X	
Italia										
TheTodd chart			X		X					
Extended context of mothering	X	X		X			- Informal support: family, social y community (building a social network where they feel a sense of belonging)			X
Conversation based on resonance	X							X	X	X
Storytelling group	X				X		- Mother-child bond and communication within the family (expressing views, talking/discussion) - Informal support: family, social and community, (Informal social network groups)			X
España										
Video- Intervention		X	X		X		-Mother-child bond and communication with the family, observing short videos - Mother's needs (Positive reinforcements of mother's skills)		X	



Intervention plan	X				X	<ul style="list-style-type: none"> - Informal support: family, social y community - Needs of the child in different areas - Mother-child bond and communication within the family. - Parenting roles (the mother as a woman, a mother and an adolescent) 	X	X	X
Three Generation genogram	X			X	X	<ul style="list-style-type: none"> - Needs of the mother to be (Information on difficulties, shortcomings and vulnerable situations) - Needs of the mother to be (gather information on strengths, personal resources and capabilities of her family circle) - Needs of the future mother and her child (recommend the drafting of a work plan) 	X		



4.2. -Characteristics of each instrument

a. Romania	
Individualized Protection Plan (IPP)	
Description	<p>The Individualized Protection Plan is the documentation through which, according to the Law 272/2004 on the protection and promotion of children's rights, is elaborated the planning of the services, the social benefits and the social protection measures of the child, based on the psychosocial evaluations of child and his family for the integration of the child who was separated by his family in a stable family environment in the shortest time possible.</p> <p>IPP makes part from the child's file, being an official document developed through the active implication of the family/ legal representative/ important persons from child's life, depending on the case.</p> <p>IPP is realized and it is revised (it is revised every 3 months or whenever is necessary) according to the methodological norms approved by the Ministry of Labor, Family and Social Protection.</p>
Who	DGASPC has the obligation to elaborate the IPP in 30 days after receiving the request of the establishment of the protection measure or after the director of DGASPC proposes the emergency foster care.
When	<p>The elaboration of IPP starts immediately in the next situations:</p> <ul style="list-style-type: none"> - after SPAS referred the case, or persons involved in providing social services from the administrative territorial unit where the family and the child live - after the General Director/Executive Director of DGASPC in the county ordered the emergency foster care
How	Based on the psychosocial evaluations of the child and family for the child's integration who was separated by his family in a stable family environment in the shortest time possible.
Why	<p>IPP has the purpose of:</p> <ul style="list-style-type: none"> - reintegration in the family - socio-professional integration of young people over 18 years which will leave the child protection system - internal adoption



<p>What kind of vulnerability</p>	<p>IPP is elaborate in specific intervention programs for the next aspects:</p> <ul style="list-style-type: none"> a. health needs and the promotion of the health b. care needs, including security needs and welfare; c. physical and emotional needs d. educational needs and tracking the school results according to the potential of the child e. needs of spending free time f. social needs g. ways of keeping the contact with the parents, family, extended family, friends, and with other persons
<p>Legislation</p>	<p>Law 272/2004 on the protection and promotion of children's rights Order no. 286/2006 for the approval of methodological norms for framing the standards of services and detailed procedures for framing the individualized protection plan Order no. 288/ 2006 for the approval of minimum mandatory standards on case management in the children's rights protection field.</p>
<p>Services Plan (SP)</p>	
<p>Description</p>	<p>Services Plan is the document through which is elaborated the grating of social services and social benefits based on the psychosocial evaluations of child and his family, to prevent the separation of the child from his family. SP is elaborated for child, but also for his family.</p>
<p>Who</p>	<p>Public Service of Social Care or depending on the case DGASPC designates responsible persons for the case, who have the obligation to elaborate SP.</p>
<p>When</p>	<p>The responsible of case prevention has the obligation to elaborate SP within 30 days from the registration of case in the institution (Public Service of Social Care). SP is elaborated before establishing the measure of protection for the child.</p>
<p>How</p>	<p>Based on the psychosocial evaluations of child and his family to prevent the child separation from his family.</p>
<p>Why</p>	<p>Services Plan has the purpose to prevent the separation of the child from his family in the next situations:</p> <ul style="list-style-type: none"> - for the children being at risk to be left by their family - for the reintegrated children in family, after the protection of measure stopped - in any situation that requires the granting of the social benefits and/or the social services in order to respect children's rights.
<p>What kind of vulnerability</p>	<p>The main purpose of SP is to prevent the separation from his family, following the aspects for:</p> <ul style="list-style-type: none"> - social vulnerability - economic vulnerability - socio-emotional vulnerability - medical vulnerability



b. France

Individual Care Project

<p>Description</p>	<p>The 2 January 2002 "social and medico-social reforming" law aims to recognize and promote the rights of users and those around them. New tools promote the exercise of their rights and in particular the residence contract (also known as individual management document), a common document received by all people, which then comes in individualized care plans.</p> <p>The development of the residence contract and care projects that comes as a result is an essential element of the child and mother's care in the mother-child unit.</p> <ul style="list-style-type: none"> - The residence contract fixes the essential daily-life rules inside the center, as well as the rights of the resident and his commitment to sign a fixed term. See the model of the residence contract in Appendix 1. <ul style="list-style-type: none"> – Meanwhile, the care project allows to better target areas of work each month, also giving a reassuring framework.
<p>Who</p>	<p>The residents, a CSAPA professional team and a Deputy Director.</p>
<p>When</p>	<p>A week after his arrival, the resident received in the mother-child unit signs his contract and we develop his first project of individualized care. This one week period allows the team and the (mother-baby) dyad to get acquainted and to base the first project of care based on the 1st concrete observations.</p> <p>The individualized care plan is then reviewed and adjusted every month until the end of the care period.</p>
<p>How</p>	<p>These individualized care plans are made during a formal interview between the mother and the assistant director, always accompanied by one of the team members. The interview usually takes about 1 hour and is an opportunity to make a report, both for the mother and for the team, about everything that has happened since the previous interview (Advanced work on the care objectives, difficulties encountered by the mother every day, child development, management strengths ...)</p>



	<p>There are 3 support arrangements in the mother-child unit, for women with addiction:</p> <ul style="list-style-type: none"> - Pregnant women can stay during pregnancy in the unit and can then return with their newborn, - Mothers can come only if their child (ren) is stays elsewhere (father, relatives) or if the child is placed in a child welfare service <p>Mothers can come along with their baby. The baby can be a measure of legal protection or not. Some babies are placed on CSAPA by court decision, during the time of their mother's care.</p> <p>In the 3 scenarios, parenting is one of the key points of the individual project of the mother or soon to be mother, and are therefore the working axes (for her and for the professional team), but there are two separate documents of "individualized care plan)</p> <p>a) When mothers come with their child, individualized care plan includes 3 dimensions: support the resident (as wife and mom), accompanying the child and support the mother-child bond. See Individualized care project model in Annex 2</p> <p>b) When mothers come alone, or when they are pregnant, their individualized care plan is actually more focused on them: as wife and mother, but we always approach them with the issue of parenthood and motherhood. See Individualized care project model in Annex 2</p> <p>Different individualized care plans are stored in the folder of the resident and are searchable by the whole team at any time in order to better follow the evolution.</p>
<p>Why</p>	<p>This support tool tends to provide the mother, as well as the team, with a "roadmap" for the work to be done, in order to try to reduce vulnerabilities (identified and measured) or try to find ways to overcome them, helping the mother and child progressing to wellness. Sometimes, through the interview, we identify other difficulties and vulnerabilities of the mother (or soon to be mother) and the individualized care plan may prove to be a screening tool, even if it is originally designed to be an accompaniment tool.</p>
<p>What kind of vulnerability</p>	<p>We are discussing the difficulties that led the mother to be supported in the CSAPA mother-child unit (pregnant, with or without a child). All are welcomed regarding addictive behaviours, but other difficulties can be grafted to vulnerability, like for example social, medical, psychological or psychiatric difficulties, as well as difficulties regarding the quality of the mother-child bond.</p>



The Voice's Workshop	
<p>Description</p>	<p>We now know that before birth, the baby is sensitive to sounds (voices of parents, heartbeat of his mother, the sounds of life). At birth, the mother's voice is familiar. He will be worn, washed, massaged by the voice that will make him discover the world. The voice's workshop will enable fragile and vulnerable mothers who participate to reconnect with their child by finding the first link.</p> <p>The voice workshop time is experienced in pleasure: singing, being wrapped, receiving, transmitting, exchanging, are the hallmarks of this moment shared around a repertoire of lullabies, nursery rhymes, songs scales, adult songs, dance and songs chosen in the traditional European and extra-European directory. The songs of the infantile folklore are our musical language. For the transmission of this directory, the child will be anchored in its culture.</p> <p>During the workshop, the professional mother-child unit and musician sing this repertoire, the mother and the child receive, wrapped and bathed by the voice. All together, they are in this emotional and musical resonance that allows them to experience deep emotions. Playing with sounds, words, babbling, vocalizing, dancing, swinging, naming the world around the child ... and do it again, again and again, as many fun times that mom will discover or reclaim. Singing for the little means opening the doors of language, giving him access to the beautiful, to art, to wonder. The voice vibrates and shines, he receives it as a gift.</p>
<p>Who</p>	<p>The workshop voice is always co-driven by the guest speaker, a professional musician and a professional team of members of the mother-child unit care center (early childhood educator, special educator, pediatric nurse ...)</p>
<p>When and How</p>	<p>a) Moms are invited to participate in voice's workshop, which takes place once a week and lasts approximately ¾ hour.</p> <p>b) The place: The workshop takes place in a room of the "mother-child "Unit, namely the awakening room. Cushions and mats are installed for mom and baby so that time can be received while relaxing, enveloping with sweetness and pleasure.</p> <p>c) Preparation: Before each session, the speaker and music professionals in the mother-child unit take the time to review the "state" of the mom and baby at that time; and how was the week has been for both of them.</p> <p>The sessions adapt to the dyad and availability at the time of the workshop:</p> <ul style="list-style-type: none"> - Workshop in the presence of the dyad - Workshop with mom only if the baby is sleeping, or sick, for example, one can propose a workshop to mum to her attention exclusively (songs about motherhood, parenting adult). Sometimes the baby joined us in a second time. - Workshop with the baby only on agreement of the mother if the mother has a last minute appointment at the time of the workshop, or if she does not feel available to attend the meeting.



	<p>d) Development of the session: The workshop always begins with a welcome song, hello through which the intervener song greets the various participants in the session. Then alternating songs are proposed for moms, lullabies, songs gestures for babies. This time is also a time when we ask mom if she used to sing for her, for her baby, what her musical tastes are: we can offer her to share, sing together what she likes. It is a way to respect, a recognition of who she is. The songs are transmitted in generosity; we do not ask mothers to sing if they do not feel capable.</p> <p>Mothers sometimes need to regress, to live the workshop as if they were their own baby or child. They need to receive in order to give, to better invest their mother role. Then it's done for her, for them.</p> <p>The music, the singing voice, the vibrations of the guitar, the selected directory sometimes arouse strong emotions in the mother. All these "mediators" pick in the depths of emotions or buried memories; it then gives her the opportunity to let them emerge. During each session, the musician must adapt his repertoire choices at every moment; the extreme fragility of these mothers and the relationship needs to "be aware" to be attentive, to observe the reactions and adapt the songs to the receptivity and to the mood of the mother and the child. The professional mother-child unit supports the mother and child during the session: It is the link between the dyad and the intervene. He observes the interactions between mother and child: the mother exchange with the child and the child with his mother. This is an additional way for him to assess the quality of the mother-child bond. He may invite the mother, during this mediated mother-child exchange time in order to experiment with other forms of communication: he may make proposals to the mother in terms of portage, caresses, to the baby receiving massage songs. He may instead invite the mother to let the baby freely express on the carpet. All this takes place in the greatest of pleasures, without direct intrusion unless he observes that the child is in obvious discomfort and the mother doesn't care.</p> <p>e) The end of the session: The workshop always ends with a song through which the intervener thanks and says goodbye to the mother and child. He invites her to express in a few easy and fast words on the way she lived the session.</p> <p>f) The following session: the intervener and the professional cross their looks, their observations they could have made during the session on the mother-child interactions, the responsiveness of the one and other. Professional enriches the look of the intervener about the reactions of the mother and child during the workshop.</p>
Why	



**What kind of
vulnerability**

The voice's workshop is a support tool for mothers and children attending the care center.
It is, for the professional, a rich observation media and evaluation tool of the quality of the mother-child bond.

It must also allow the dyad to discover, to experiment, to (re) appropriate communication modes favorable to their link. The caring attitude of the musician and professional now tends to reassure the mom in order to make her feel at ease to babble and communicate with her baby in a simple and fun way.



c. Italy

The Todd Chart

Description	Gradually, as the case management advances, professionals are called to update the Todd Chart (Born M., Lioni A-M.1997; Tood D.1970 ¹) (see tracking tool document) since it allows them to be aware of changes that actions triggered and to consider the successive steps. This tool allows to have an integrated vision of the specific actions initiated by the different services.
Who	The Todd Chart can be: -updated or completed with user -shared with other professionals who support the user
When	
How	
Why	
What kind of vulnerability	

Extended context of mothering

Description	It is possible to implement this practice in semi-formal and formal contexts: we experienced it at Casa di Ramia that is an institutional context, yet "open". Women can access freely, not necessarily under invitation from social services, without appointment. This kind of spaces requires expert management of a social worker or someone who can handle the associations or group. A social worker can thus foster relationships between citizens and institutions.
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¹Born M., Lioni A-M., *Aide aux mères en situation de pauvreté*, Bruxelles, FondsHoutman, 1997; Tood D., *Social networking mapping*, en Curtis W. R. *The future use of social networks in mental health*, Boston, Social Matrix Inc, 1970



Who	In this context not only professional (social workers, cultural mediators etc.), but also non-professional figures (for example: women belonging to the same linguistic community of the mother) interact. The co-presence of several women - professional and non-professional - opens the possibility of an accompaniment that does not follow a rigid protocol, but recreates a broader context of mothering where the mother is supported in her competences.
When	
How	<p>Since it is a semi-formal or "domestic" space, women and children have free access, without fixed schedules, sometimes daily and without appointment. It is not a space designed by a "target" of users: all women can enter.</p> <p>In this context it is possible to participate in a female social life: participation in various groups (learning languages group, crafts group, storytelling group etc) aims to include mother and child in non pathologizing contexts, without an evaluative approach, where the mother can gain confidence in her own abilities and she can develop her own expertise.</p> <p>This space is part of the broader social work's context: at Casa di Ramia, in networking with other services, it is very effective to organize meetings in presence of the users and other professionals involved. As an "intercultural center" does not occupy a position of power in the social service system, the operators mitigate professional disagreement (ex: between social workers and educators, or with the doctor or psychologist). In the "center" there is not the user but the situation: professionals and users analyse the situation, sharing duties, taking reciprocal commitments.</p>
Why	Feeling part of a women's social context can foster mother to recognize the source of her own suffering in social role, since she is surrounded by other women who did awareness raising experiences.
What kind of vulnerability	<p>Through the participation in this kind of environment it is possible to investigate:</p> <ul style="list-style-type: none"> -The various pressures (economic, political, cultural, psychological, etc.) faced by women -specific problems related to sexual difference: they can be summarized in the sociological notion of 'female role'. This concept comes from the rules of social behavior internalized or induced aimed at determining or increasing the social and psychological subordination of women.
Conversation based on resonance	
Description	The interview is focused on listening to the demands of the user and to professional own impressions and feelings about them. The interview can be aimed just to take into account needs expressed and to explain the opportunities that Casa di Ramia offers. Or, if the user requests a personal interview, it is necessary to listen to what she offers.



Who	A professional or a team of professionals
When	In any time: in the first meeting and on request of the women or the operator when she/he believes it would be helpful
How	<p>If during the conversation the professional takes notes, she/he must explain what he/she is doing.</p> <p>The interview aims to capture the view of the interlocutor, to record important factors of her personal history: the manifestation of the vulnerability, the arrival to the service, the period of support, the period after. In the interview the woman gives her own interpretation on this process, reaching a specification and a codification of the conditions of well-being in contrast to those of vulnerability. It is a process of awareness.</p> <p>The professional listens without interpreting, he/she refuses to speak instead of the other: it is very important to revive the conversation from what the professional feels or thinks (resonance).</p> <p>-If the resonance is personal and it evokes an experience in first person, the professional can make mirror function.</p> <p>-If resonance evokes the experience of someone else, we can propose meetings.</p> <p>-If the professional realizes that the user lacks important informations about other services, he/she provide them. In any case it is better to consider the practical aspects at the end of the interview, not to accelerate the closure of an deep communication.</p> <p>When giving practical guidance, we must be sure that there are no misunderstandings, the professional must be as clear as possible on the terms of access to the services. The professional can also ask whether it might be useful the presence of a cultural mediator or an accompanying person.</p> <p>It is important to take note of own impressions after interview.</p>
Why	<p>During the accompaniment this kind of interview is useful to:</p> <ul style="list-style-type: none"> -Check the transformations of women in contact with social services, especially the qualitative factors that are active when the user goes beyond the perception of vulnerability -Check whether and how the description of the link "vulnerability / feeling inadequate / social pressure to adhere to patriarchal roles" gives woman sufficient cognitive and emotional tools to overcome the perception of vulnerability - Analyse the validity of the accompanying process
What kind of vulnerability	<ul style="list-style-type: none"> -a listen based on the <i>resonance</i> can affect vulnerability in common, between the two women ("professional" and "user") who meet in the interview -vulnerability can also be due to lack of information
Storytelling group	
Description	



When	During the accompaniment. The narration group meets once a week, participation is free and voluntary
Who and How	<ul style="list-style-type: none"> -it is necessary the presence of a conductor who knows the method and knows how to involve herself in the activity. The conductor is attentive to vulnerabilities and weaknesses of all participants but she also tells stories from her own experience -the group needs a recorder and a ritual object to open and close each story -to create the group of women (usually ten to fifteen women) there are two possibilities: the group can be made by women linked by the topic or without taking into account any "target". -The themes of the narrative are "oblique": there is no immediate connection between the theme of the narration and the category that identify women in social services (eg, you do not ask to trafficked women to speak about trafficking) - you can choose a theme to create a space "in between", a theme from the life and everyday objects let to emerge behavioural and cultural norms. We can also use myths or tales -The participants are invited to not comment on the stories of others. Participants can ask questions to clarify passages. -between participants there is the pact of "secret"
Why	<p>Participation in storytelling group</p> <ul style="list-style-type: none"> -promotes women's speaking from herself -promotes listening to similar stories to her own -diminishes judgment, normative indication, the repetitiveness of the story the user "must" tell the social services in order to match to the normative expectations or protocols -opens a look at the self, memory, resonance, care, emotions -encourage sharing and feelings of belonging -encourages being sensitive to differences and similarities, to reciprocity and to give value to own's and others' words
What kind of vulnerability	<p>Participate in a storytelling group allows</p> <ul style="list-style-type: none"> -to tell intimate experiences: vulnerability is named from interiority -to live the vulnerability you feel when you are exposed to the gaze of others, and therefore face ourselves -to expose her own wounds to start treating - to experience the linguistic vulnerability (problems to speaking and to learn languages) -to bring out vulnerabilities and misunderstandings in multilingual groups, in the presence of several cultural and symbolic worlds, and various métissage process



d. Spain

Video-intervention

<p>Description</p>	<p>It consists of recording a sequence of the interaction mother/child, at the same center, during a situation of daily life created spontaneously. Also the recording can be done in the external Children/Youth Mental Health Center, CSMIJ, in which there are psychologists specialised in this technique, who give support to Antaviana professionals.</p>
<p>Who</p>	<p>Social professionals who work in Antaviana (educators, family Psycho-therapeutics) with an external supervisor The technique is applied by professionals (social educators and/or family psychotherapist) of the maternal residence Antaviana, as well as by external clinical psychologists from the Children/Youth Mental Health Center (CSMIJ), who carry out functions of training/supervision of the team of professionals of Antaviana. It is not obligatory for all mothers, it is a possibility for the professionals of the Centre, and the explicit consent of the mother is required to make the recording.</p>
<p>When</p>	<p>During the intervention/ when the girl is in the center. The team of professionals of Antaviana, or the external psychologist of the CSMIJ, propose the possibility of applying the technique when they consider it interesting, according to the following criteria: based on the mom situation and her relationship with her child, based on the personal moment of the mom and the process in Antaviana (continuity in the process in Antaviana and the desire to continue with the process of bonding with his child). No protocol defines when to use this technique, but mothers are proposed if they want to participate when it is considered that it may be useful for them to improve their relationship with their child, as well as if professionals consider they can intervene in an appropriate way.</p>
<p>How</p>	<p>1. Recording the interaction mother-child 2. Watching the scene (professional and mother) 3. Attending to the positives aspects 4. Watching the scene (professionals and supervisor) Once the sequence of the mother-infant interaction has been recorded, for 5 - 10 minutes, with a camera or mobile, these recordings are viewed by the rest of professionals of Antaviana, together with the external psychologist (with supervision-training functions), and are discussed during a session of team work. Then it is displayed and discussed directly with the "teen - mom" in the individualized tutoring space, with the psychologist. And/or in the psychotherapy space with the Antaviana family psychotherapist.</p>



<p>Why</p>	<p>To empower and evaluate the relationship and the attachment between the mother and the child. To intervene by putting attention and reflection in redeemable aspects, considered positive, of such interaction. To promote strength, maintenance and amplification of relationship patterns that favour the affective mother-child bond, and the psycho-affective development of the baby.</p> <p>Also to identify situations that could be built in a more positive way, in the sense that they could activate the resources of the mother and her baby, building a richer and more stimulating mother bond and a better psychological and psychomotor development of the baby.</p> <p>Other reasons that may result in the proposal for the video-recording, are related to perceptions, concerns, and alerts that could be generated in the team of professionals about the difficulties and the risks of mother-child interaction. With the aim of clarifying, reflecting and defining possible objectives and/or lines of intervention.</p>
<p>What kind of vulnerability</p>	<p>Underage mothers in the protection system. The context of the maternal residence Antaviana is a context of protection and control (the young mothers and children are under the custody of the Administration). They are teen moms (up to 18 years), with their children (up to approximately 4 years).</p> <p>The functions developed in the maternal residence Antaviana, are those of protection, care, assessment and accompanying for the process of maternity.</p> <p>This implies that the application of the "video-recording technique" is optional and requires the collaboration and explicit consent of the adolescent mother. Always granting the protection of data of all the professionals intervening in such process.</p>
<p>Intervention plan</p>	
<p>Description</p>	<p>This instrument is a formal customized contract for a families with children that are on residential centers under the child protection system.</p> <p>The characteristics of the families implied are related to the coincidence of different variables that define vulnerability situations: poor economic level, different difficulties in family dynamics that do not facilitate the proper exercise of the parenting (difficulties in conjugality, absence of one of the parents, lack of support from the extended family, lack of social network, migratory grief situations, psychopathology in parents). The main objective would be to work with the network of professionals in the community intervening not just with the mother and child (inside the centre) but also with the origin, extended and/or created family to promote:</p> <p>a) The return to the family as the first choice whenever possible.</p>



	<p>b) When this is not possible, other non-internment options are valued, taking into account first of all the skills and capabilities of the mother as well as the resources offered by Community environment (flats and/or residences protected by services and social organizations for adult mothers with children and social rental housings)</p> <p>c) in coordination with the systems of protection, the separation of the child from his/her mother could be ultimately proposed, if it is valued that at that stage mother/child link building involves risks for the baby (temporary foster care in origin or extended family, foster care in unrelated families, pre-adoptive placement and/or internment on residential centres of protection).</p>
Who	Social workers, educators and psychologist.
When	When a situation of vulnerability/risk for a teenager mother is detected.
How	Professionals, family and other significant people linked to the family (grandparents, aunts...) meet at the social services to identify the main simple and basic problems and needs. Professionals promote that families are aware of their own needs and problems, in order to take the best decisions. Professionals also work with the family in the definition of a working plan that takes into account very specific and well defined objectives.
Why	To work with the needs of the family to promote a healthy bond, based on existing parenting competences and those acquired during the intervention process.
What kind of vulnerability	Vulnerabilities related to the exercise of parenting functions and produced by different variables explained in the "Description" section.
Three Generation genogram	
Description	<p>This tool is useful both for vulnerability detection and for accompanying stages. It helps to identify areas of vulnerability at different levels and at the same time it allows to raise hypothesis and define objectives and intervention strategies. It also registers changes in the family as well as the chronology of significant family events.</p> <p>Professionals are allowed to take a picture, in a metaphorical sense, as a family tree, of the family situation according to criteria of bio-psycho-social model. This is, family data related to health, emotions-relations and social issues are collected for three generations.</p>
Who	This tool is intended for professional use by: social workers, social educators, family therapists and psychologists.
When	<p>At the vulnerability detection stage this tool is used in different primary care services, in health basic areas services, basic social services and specialized services of protection.</p> <p>At the accompanying stage, the tool is used by professionals in the residential centres of educational action, in the mental health services, centres of care and early stimulation in the early stages of the psycho-evolution development.</p>



How	The genogram is jointly built between the professionals and the different members of the family, distinguishing three generations (grandparents, parents and children), reflecting the type of relationship they have (conflicting, or harmonious), the dates of significant events (deaths, marriages, separations and divorces, couple relationships) the configuration of the different families (structure and organization) and data related to the place of origin, the current residence, studies, work, hobbies and health.
Why	<p>In the initial detection phase this tool is used to identify the strengths, resources and capacities of the individual's socio-familial environment. It is also useful for obtaining detailed information on difficulties and the gaps in support in different situations of vulnerability.</p> <p>In the accompaniment phase, this tool also helps build a work plan; a theoretical framework for professionals and community resources. This plan establishes and addresses the different areas of vulnerability. As the accompaniment process develops it allows women to perceive their situation from a new perspective. This allows for the identification and evaluation of changes during the intervention so that new approaches and strategies can be implemented.</p>
What kind of vulnerability	In the detection phase it is useful in any situation where the subject initially appears to be at risk. In the accompaniment phase it is useful in all situations to provide a broader view of each complex situation.



5. - Conclusions

- Regarding the objectives of accompaniment, studies reveal that there is a predominance of intervention over promotion and avoiding intervention.
- The majority of the instruments considered here examine the family context without specifying the family context without specifying the members of each family.
- The elements of accompaniment are examined to allow for different needs of the mother and child. The majority of the instruments considered here show a considerable emphasis on informal support. However, none of them consider formal support.
- Some instruments only address the mother's needs or the child's needs, while others offer a broader approach.
- Of the three distinct types of accompaniment (social, educative and therapeutic), there appears to be very little focus on educative accompaniment.
- Regarding the intervention phases, there is a noticeable predominance of instruments targeting parenting skills and postpartum care, but few focused on pregnancy and birth.

6. -Recommendations

- Focus the instrument on an all-encompassing care program based on promoting family unity as well as monitoring the accompaniment process.
- Incorporate the "positive view" seeking and developing an individual's strengths not just the recognition of their limitations.
- Take all three types of accompaniment equally into consideration (social, educative and therapeutic), equal emphasis on educative intervention will allow for a more effective response in other types of accompaniment.
- Introduce formal support as a dimension of the analysis in each instrument.
- Consider the dimensions of accompaniment as a whole to ensure a broader view (biopsicosocial) and to address the needs of the mother and her child as well as those of the immediate family.
- Consider all the needs of the mother and the child (emotional, educational, health and social).
- Envisage accompaniment as a process, it is important to recognise which phase has been reached when applying an instrument.
- Differentiate between the perinatal and the parenthood phases when applying an instrument as needs vary depending on the age of the child as do the variables to be



considered. However, it may be worthwhile to continue using the perinatal instruments after this phase is over.

- Include variables that allow for the analysis of how parents adapt to their new roles.

7.-Final thoughts

It is vital to have access to a wide variety of resources for the accompaniment process to ensure good professional practice. Resources can be adapted in various ways to meet the needs of professionals working in different environments, in order to meet the needs and develop potential strengths in mothers, children and their immediate families.

It is also important to reconsider how these accompaniment instruments are applied, given that in addition to the attitudes of professionals and care teams overseeing the intervention we must consider the attitude of the mothers and their families towards the accompaniment process.

Finally we must examine how the accompaniment process is shaped by frames of reference and the professionals' attitudes. It is the professionals who are applying the instruments and it is they who can turn the accompaniment process into a transformative one. In our view the elements of the process that have transformative power are the individual's perception of self, working with that person and learning to accompany them.

"The vulnerability of precious things is beautiful because vulnerability is a mark of existence"
Weil (1998: 181).



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