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TOOLKIT FOR SOCIAL SERVICES AND POLICIES

Instituto Príncipe Real

GOOD PRACTICES IN SOCIAL INTERVENTION

Partners



Introduction

Self-criticism refers to the inner capacity of the individual to perform a critique of himself. It implies the analysis of their actions, their way of acting, the mistakes made and the possibilities for self-correction. In this way the subject improves. This mechanism is inherent in the process of self-knowledge - being knows itself, identifying its strengths and weaknesses, its potentialities, and from there it corrects the course of its existential journey, and it also applies to a social group and an institution.

Usually people are so immersed in the routine and concerned to see in the other the defects inherent in it, as well as in judging their fellow men, who forgets to turn to himself and perform a thorough examination of his own attitudes. Those who venture into this inner journey find in their path humility and susceptibility, blockages and other difficulties. On the other hand, there are extremely perfectionist people who demand too much of themselves, and thus exaggerate in their self-evaluation, delving deep into self-criticism and seeing only defects and shadows within themselves. While others err for lack of this quality, they sin by their excess. It is necessary to always find balance in these psychological processes.

On the other hand, positive self-criticism can be understood as the ability to assess the negative and positive points of activities, behaviours and thoughts. It is precisely through this capacity for self-analysis that we can learn from mistakes, correct or mitigate weaknesses and take advantage of opportunities for learning and growth. If self-critical capacity does not exist, personal growth stops.

This document presents some reflections of technicians involved with the support of individuals and families. It is a starting point that can serve many other professionals. It should be read as an experience only. Other professionals in different organizations may, after reflection, join other points.

Identification of good practices

Good practices of professionals [in direct contact with families]:

Define clear and meaningful goals for families. The existence of a "Signalling Form" is an instrument to support the clarification of the objectives. It should include the main information about the family and the history of involvement with the services: problems, how they came about, who intervened, what is being done, other professionals involved and explanation of the request;

Our goal must make sense for that family. If it does not make sense to her, we will not get results.

Define moments of evaluation in the process of intervention together with families. To involve more "families in the decision and in the evaluation of what the work is doing" and to counteract the tendency to "manage the process in the light of what is emerging."

"One thing we understand to be good practice is that the Promotion and Protection Agreement presupposes that the actions contemplated are negotiated."

The professional should:

- Establish a relationship of help and empathy with the family / population;
- Be flexible [for example in negotiating the tasks to be performed by the family, such as the decision on the hour of the child's bath];
- Be "Polyvalent"; The commitment, the versatility, the being constantly ready to intervene in any situation.
- Be available and dialogue with family and other professionals;
- Listen to the voice of people:

- To know what is the perception that each of these individuals has of themselves and in this process of social intervention.
- Have realistic expectations about the progress of families and convey a positive message and hope;
- At a certain point, we set a bar and we should not expect more than what the family can give at this moment. It does not mean that reaching that goal, she cannot succeed ...
- Intervention plans must respect the time and characteristics of households (eg cultural differences);
- We must respect people's rhythms and spaces. It's not my rhythm, it's not my space. It's theirs.
- Closer interventions (for example, those conducted at home or in a close family / community context) allow for a more empathetic relationship, a better understanding of people and their needs. In this context, the work of family helpers is recognized (*"It is a resource that families value highly"*);
- Sometimes, at home, talking can establish a more empathetic relationship than the technique in the office. The technique has a notion that the family is like that and is roasted. And we came home from the house visit and it's not like that! Because we at home perceive other things.
- Invest in prevention and be available to support families:
"We have to be careful about prevention. At this moment we must work hard on prevention and be very close to families, so people know that if they need it, they can turn to us and that we are there for whatever comes"
- The implementation of information / awareness actions with families helps:
 - i) the professional to intervene at home; and
 - ii) families to plan their actions in advance;
"We work on some" theoretical "skills in our [institution] and then on home visits for us it's easier" Look, do you remember that we talked about this?". "In the summer, for example, we do this awareness work before school holidays begin to raise awareness of the family by that time and we get results."

- Present a positive discourse centered on the competences of families:

"I notice that it is very difficult to put our families to think in an optimistic way, because it falls so much in that discourse of: "forgot ... was missing ... " ... that suddenly stop and think like this" Tell me there how Was it your childhood? At the end of the afternoon, when he came from school, what did he do? What were the jokes they did? And what was there to do? It was good at what? "And people have great difficulty and are ashamed even to expose themselves in this way. "I do not know, I'm not used to people appreciating it in me." So it's something that gets so hidden ... "

- Punctuate and strengthen the competences of families:

"People tell me, " I must see for my life! ", " I deserve it too! ". That is, people are telling themselves what they think. (...) They are very conscientious people and they develop their conscience. I was listening to a person yesterday and I was thinking, "It is good for her to say this and I reinforce it. It's good to be her to have this thought! "

- Promote the quality of care:

"There is a level of conversation and relationship that only comes when we give the person a little time and opportunity. (...) [It takes the technician] to turn off the plug and say, "Now I'm for this person!", Is not it? I've been feeling it over the years ... I have to give quality time to that person, to our relationship, to see what there is still to do, what you need to know ...

“. Adopt a "collaborative stance" of greater transparency, negotiation and shared decision-making:

"It's telling people how things work. Being able to integrate them is this; is to say, "Look, this works like this, but if you feel like you're out of order, you can come here and we'll take some action later!"

"There was an experience ... with these exchanges of lists of people benefiting from food support between the institutions ... There were people who received from several sites at the same time ... (...) but it was an excellent opportunity to work with people the issues of justice: what is fair, what is not ... Even we can understand that in their situation, the more the better, but then this is not fair to others because there is only to give X people and if the same person is receiving in two places, there will be someone who is not getting anywhere. And I think these issues of justice, sometimes at these times, are great opportunities to talk to people and raise awareness. "

Good territorial practices [in the organization of social intervention and interinstitutional articulation]

- Existence of legal framework that guides the intervention of the professionals and defines the time of the intervention and the steps to be followed;

"I also think that time management is a problem, the added value is this: We have a law that says what procedures we have to follow, and this causes us to temporarily have our structured actions. I think this is good practice! The fact that we have a model that obliges us to meet deadlines means that we can develop a more proportional, more current intervention. The question of the underlying principles of the law also guides our intervention more easily and we know that our intervention has to start from these principles. "

- Existence of a Consent for the intervention that binds the family to the intervention process; fosters the commitment of professionals with the family and enables greater transparency.

"A very important thing in CPCJ's intervention is the existence of consent for the intervention. The fact that there is a compromise signed in which that family accepts the intervention of this service makes what is intended to be more transparent. "

- The investment in the continuous training of the technical team;

"It is good practice to continue training the technical team, the commitment (...)"

- The promotion of joint and regular meetings between partners that fosters networking and increases engagement;

"It is a good practice: working in partnership, networking, exchanging information, studying strategies at consortium meetings (...)"

The Lost parental education program was cited as an example of good practices to be implemented in institutions, as it contemplates a set of assumptions, usually absent from social intervention practices:

- i) greater proximity and informality between services and families;
- ii) more trust and openness among professionals;
- iii) more time to listen and be with families (time for the relationship). For the success of this intervention, it was essential
- iv) to provide transportation and babysitting services to families and
- v) to maintain contact with the case manager. Involvement of the case manager is crucial to encouraging the family to participate in the program.

Enable the community to get involved in supporting the most vulnerable families / citizens:

"You need a local working group. (...) Because school, for example, may not be able to see everything, because we may not realize everything that is happening. We have to work with the people of the community! (...) It is to take the intervention only of the technicians and to mobilize the whole community. Everyone can play an important role, as long as they fit well and fit into an intervention."

Constraints to the generalization of good practices

- Collecting social information is fragmented, that is, each professional collects the information he needs, often without the collaboration of other professionals involved, and rarely promotes team meetings to analyse cases together.
"We gathered information, but in a corseted fashion. We do not make such a network meeting and I think that's where we qualify what each one is doing, how they are doing and what they are doing and what is working and what is not working and define a common strategy. We collect the information and we define our strategy. "
- The tight timings imposed by some policy measures condition the planning of a more adequate intervention to family characteristics (the professional has little time to be with the family).
"I think this meeting is in fact an asset, but we in the RSI face a huge constraint. Our social worker has to receive the social information (...) [within a maximum of one week], goes to deferment, has to sign an agreement without time to meet the family. "

- Existence of a "hard negotiation" between professionals and families based on the logic of the counterpart, since the social benefits are accompanied by "impositions". Sometimes negotiation has a rigid and coercive character that conflicts with the flexibility and openness between the two (professionals and families) present in the good practices of intervention.
"The basis of intervention with some families is the" negotiation, take it, give it! "
- Deauthorization of the intervention of the professionals by the heads or higher instances (for example, the courts);
"I think there is a higher level that is attacking us a lot. And that is disowning us, and how close to these people! "
"... the feeling of impotence arises when good practices exist, when relationships between professionals exist, but we feel that at the level of the system there is something that is failing ..."
- Preponderance of quantitative criteria in the evaluation and planning of social intervention;
"[The more personalized intervention requires time to be with the family and investment in the therapeutic relationship; therefore (...) has little numerical impact. The number of caregivers may not be as high and, perhaps, the time each session takes to hear the family and work with the family is much higher than the immediate care that provides direct support at the moment ... And comes the hierarchies again. In terms of the functioning of an institution, it is often not feasible. And we even know that the way is there, until we know the results, and are not ours, are the results of the family. But, in fact, it has been the most effective and with the most stable changes in time. Sometimes we want to go there, but then we feel a certain pressure not to waste so much time, not to wait so long, to produce in quantity and not so much in quality. "
- Dissonance between the central administration guidelines and the needs of the communities.
"[Institutions are not differentiated to respond to the diversity of needs felt on the ground] given the fact that the agreements are very typed, very closed."
"There's the difference between what the technicians want and what the central administration tells us to do."

Data from experience:

- Professionals report that multidisciplinary teams that do not offer material aids have achieved more stable and lasting changes in families compared to those who provide material and practical aids. The same situation seems to occur within a multidisciplinary team when there are professionals who manage the material and others who provide other supports (other than materials).

"And what's true, what we've been feeling, is that we've gotten a lot more change in the families of that team [without material aid] than the other team [with material aid], because that's achieved at the time, but then not is reflected in time; while the other team that does not give money, is able to achieve much more stable and much more lasting changes. "

- For professionals, it seems easier to deal with families when they seek the service without being able to (just) obtain material help;

"The professionals feel that [...] they do a completely different job. They feel that they can work in another depth. People look for other motivation. "

- Practitioners mention that change is more stable when families actually feel the need to change and become autonomous in relation to services.

"What we feel is that changes are more stable when what drives people to seek a service is the will to change and the need to change and become autonomous in relation to services. It is these stable changes that will allow them to be autonomous and not need to continue to use services over time. "