

Process Supervision: Professional and Personal Support

Organisation(s):	Bucharest`s 6th District General Directorate for Social Care and Child Protection	
Country:	Romania	
Contact:	policy@esn-eu.org	
Theme:	<input type="checkbox"/> Ageing & Care <input type="checkbox"/> Asylum & Migration <input type="checkbox"/> Young People <input type="checkbox"/> Support for Children & Families <input type="checkbox"/> Community Care <input type="checkbox"/> Integrated Care & Support <input type="checkbox"/> Co-Production <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Housing & Homelessness <input type="checkbox"/> Artificial Intelligence <input type="checkbox"/> Digitalisation <input type="checkbox"/> Quality Care	<input type="checkbox"/> Labour Market Inclusion <input type="checkbox"/> Social Inclusion <input type="checkbox"/> Technology <input checked="" type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Social benefits <input type="checkbox"/> EU Funding <input type="checkbox"/> Social Service's Resilience <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Person-centred Care <input type="checkbox"/> Other, please specify:
Principles of the European Pillar of Social Rights: <i>Check the 20 principles here.</i>	<input type="checkbox"/> 1. Education, training, life-long learning <input type="checkbox"/> 2. Gender equality <input type="checkbox"/> 3. Equal opportunities <input type="checkbox"/> 4. Active support to employment <input type="checkbox"/> 5. Secure and adaptable employment <input type="checkbox"/> 6. Fair Wages <input type="checkbox"/> 7. Transparent employment conditions <input type="checkbox"/> 8. Social dialogue <input type="checkbox"/> 9. Work-life balance <input type="checkbox"/> 10. Healthy, safe work environment	<input type="checkbox"/> 11. Childcare and child support <input type="checkbox"/> 12. Social protection <input type="checkbox"/> 13. Unemployment benefits <input type="checkbox"/> 14. Minimum income <input type="checkbox"/> 15. Old age income and pensions <input type="checkbox"/> 16. Health care <input checked="" type="checkbox"/> 17. Inclusion of people with disabilities <input checked="" type="checkbox"/> 18. Long-term care <input type="checkbox"/> 19. Housing and assistance to homeless <input type="checkbox"/> 20. Access to essential services
Current status of the practice:	<input type="checkbox"/> Concept and Design Phase <input type="checkbox"/> Execution & Monitoring Phase <input checked="" type="checkbox"/> Consolidation Phase <input checked="" type="checkbox"/> Scaling Up and Transformation Phase <input type="checkbox"/> Other (please specify)	
Context/ Social issues addressed <i>Please explain the problem you attempt to solve.</i>	In the social service activity, specialists can be overwhelmed by the specifics of working with a category of emotionally consuming beneficiaries, with the risk of being overworked. Supervision is necessary to support employees who may have difficulty discharging their accumulated emotions at work. Mental stress can have	

	<p>consequences on both professional and personal and family life, and the quality of work, at a professional level, can decrease.</p> <p>The idea of this program was born in 2018 when supervision meetings were organised at the level of teams working with people with disabilities. Thus, from the discussions held, we found the need for supervision at an individual level but also with the entire team of the two structures involved.</p> <p>That is why, starting in 2022, professional supervision by teams of professionals has been replaced by process supervision, which combines professional and personal difficulties in order to overcome them. In Romania, the foundations are only now being laid for the training and certification of the occupational standard of supervision in the field. Thus, we have the opportunity to be part of the first generation of supervisors trained in Romania. In turn, the support groups offered to disabled people families solve urgent problems that may arise at the family level of disabled people, such as the difficulty of accepting the child's diagnosis, the reluctance to self-disclose, the fear of stigmatisation, the lack of awareness of the need to participate in such of activities, stiffness due to age, etc.</p>
<p>Objectives: Please provide a maximum of three objectives in bullet points.</p>	<ul style="list-style-type: none"> • Improve the work capacity of those who deal with disabled people. • Offer an exchange of experience and a support group for people with disabilities (adults and children).
<p>Activities: Please summarise the activities put in place to achieve the objectives (maximum 200 words).</p>	<p>The supervision sessions were held online on the Google Meet platform, which offered a private, comfortable and secure space. The working sessions took place on the same day of the week and at the same time, and in the situations where a session was not carried out, it was rescheduled for another two weeks on the day of the week and at the time established in the initial planning.</p> <p>The entire process of individual supervision was concentrated in the area of the resources brought by the supervisee in the context of the work sessions, experimenting with different techniques for their identification, use, consolidation and development. During the working sessions, the technique of de-centring and re-centring was used based on the previous professional experiences of the supervisee. Throughout the process, the supervisor paid special attention to the supervisee's relationship with the institution and accompanied its efforts in order to define the professional identity and the need for fusion in the sense of the importance of his actions for the team.</p> <p>Active listening was used in all the team supervision sessions, but to achieve this approach, the supervisor used a wide range of means (notes, photos, video recordings).</p>

<p><u>Evaluation of practice:</u> <i>Please explain how you evaluate the practice and what the results were/are so far</i></p>	<p>The project has been evaluated by:</p> <ul style="list-style-type: none"> - Feedback through people's experiences of services - Feedback from staff and leaders <p>Measured Impact:</p> <p>Through individual and group supervision of employees, the cohesion of the work team increases, awareness of personal resources increases, reluctance to reveal oneself decreases, part of the tensions accumulated throughout a working day with this category of people is released, the fluctuation of personally, employees find more creative ways to solve cases.</p> <p>Through the participation of relatives (children and adults with disabilities) in the support group, the degree of acceptance of the child's diagnosis increases, horizons are opened regarding the participation of children/adults in various ways of recovery, the reluctance to self-disclose decreases, the fear of stigmatisation decreases, decreases the risk of separating the disabled person from their relatives.</p> <p>Quantitative indicators are difficult to identify in social services. The only argument that can demonstrate quantitative growth is the operation of the two centres at maximum capacity and efficiency. Decreased staff turnover can also be measured, which shows that employees have overcome many issues that might cause them to quit. Most of the time, the employees of those who work with disabled people get tired and choose to find other jobs.</p> <p>Results:</p> <p>Through individual and group supervision of employees, the cohesion of the work team increases, awareness of personal resources increases, reluctance to reveal oneself decreases, part of the tensions accumulated throughout a working day with this category of people is released, the fluctuation of personally, employees find more creative ways to solve cases. Through the participation of relatives (children and adults with disabilities) in the support group, the degree of acceptance of the child's diagnosis increases, horizons are opened regarding the participation of children/adults in various ways of recovery, the reluctance to self-disclose decreases, the fear of stigmatisation decreases, decreases the risk of separating the disabled person from their relatives. Through the previously mentioned, the effects are also felt at the macro-social level; in the long term, there are as many people with disabilities as possible inserted into the labour market and socially integrated. It should not be forgotten that both categories of beneficiaries of this program (employees and dependents) work long-term with disabled people, sometimes since they were children and until later in adulthood.</p>
<p><u>Links to supporting documents:</u> <i>e.g. website or report of the practice</i></p>	<p>https://www.protectiacopilului6.ro/</p>
<p><u>Comments and tips</u> <i>i.e. for people</i></p>	

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Practice*