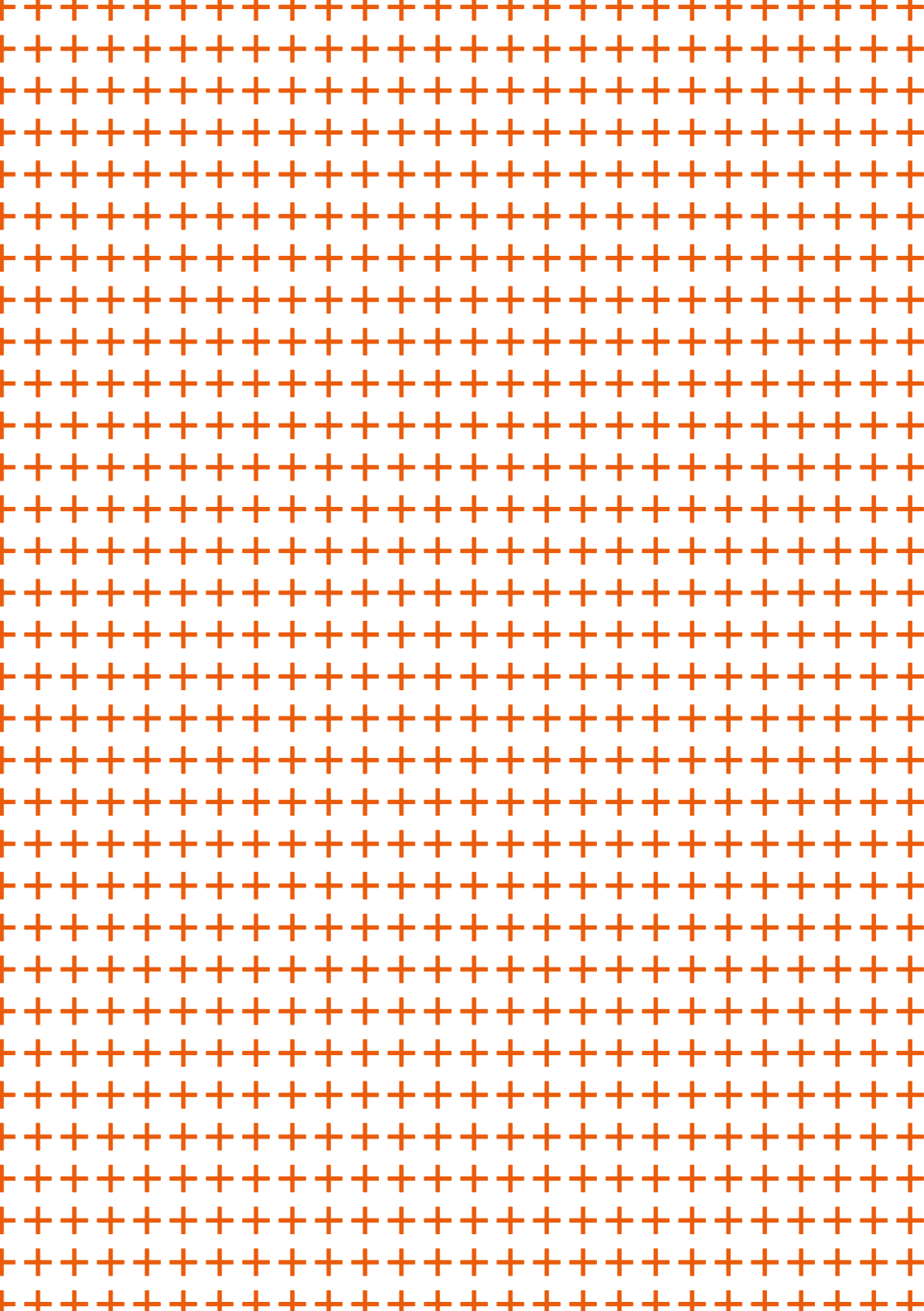


Innovative Methods of Family Assistance: Public Service Work and Social Inclusion



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Erasmus+

Table of Contents

Introduction	5
1 General description of the EU project “Integration through Education”	6
2 Information regarding the research with focus groups	8
2.1 Summary of the research undertaken in Poland	8
2.2 Summary of the research undertaken in Austria	9
2.3 Summary of the research undertaken in Czech Republic	10
2.4 Summary of the research undertaken in the United Kingdom	10
3 Learning objectives and outcomes of the new family assistantship methodology	13
3.1 Learning Objectives: <u>Knowledge</u>	13
3.2 Learning Objectives: <u>Skills</u>	14
3.3 Learning Objectives: <u>Attitudes</u>	15
4 Training Contents	17
5 Practical training course methodology for family members (public service users) and family assistants (public servants) as target groups	31
6 An overview of the social systems in each country – Poland, Austria, the Czech Republic and the United Kingdom	58
7 Conclusion	115
8 Additional training material	117
Bibliography	117
Web Sites	118
ANNEX No. 1	119
ANNEX No. 2	121
ANNEX No. 3	129
ANNEX No. 4	130
ANNEX No. 5	134
ANNEX No. 6	135
ANNEX No. 7	137
ANNEX No. 8	138
Final Combined Questionnaire	139

Introduction

The main goal of this E-book is to introduce innovative methods of family assistance / public service aimed at the equalisation chances for families at social exclusion risk.

Within the EU strategic partnership programme, four organisations (from Poland, Austria, the Czech Republic and the United Kingdom) have conducted focus research and created new working methods and tools for family assistantship / public service.

In this E-book you will find:

1. General description of the EU project “Integration through Education;”
2. Information regarding the research with focus groups, conducted with family assistants (public servants) and family members using family assistantship (public service users) in each country;
3. Learning objectives and outcomes of the new family assistantship methodology (public service methodology);
4. Practical training course content;
5. Practical training course methodology for family members (public service users) and family assistants (public servants) as target groups;
6. An overview of the social systems in each country – Poland, Austria, the Czech Republic and the United Kingdom;
7. Conclusion (final research questionnaire);
8. Additional training material.

General description of the EU project “Integration through Education”

The project “Integration Through Education” is realised with the support of European Commission under the Erasmus+ Program Strategic Partnership. Four partnership organisations from Poland, Austria, the Czech Republic and the United Kingdom have conducted the same research individually and then defined together a new cross-country analysis of working methods for better family assistantship / public service. The main objective is to improve the working practise of those who provide such support and assistance.

The goals of the project include:

1. Enhancement of the professional competencies of social workers and others in the field, by using modern and innovative methods of working with families at risk of social exclusion;
2. Preparation of a new, enhanced, way of providing environmental support for families who are at risk of social exclusion, by adapting the methods and techniques used throughout the process in organisations who assist families.

The partnership organisations are:

- A. Fundacja In Posterum (Poland); this is a non-governmental and non-profit organisation supporting families and individuals who struggle with unemployment, but also the elderly and people with mental or physical disabilities, national minorities, etc;
- B. Berufsförderungsinstitut Oberösterreich (Austria); this is one of the biggest Austrian institutes for vocational advancement dealing with re-entry into the job market, second chance education and vocational qualifications in health, social and other service jobs;

C. Masaryk University (Czech Republic); this is the second-largest public university in the Czech Republic and its Institute for Research in Inclusive Education conducts research and promotes practice, which enhance independent life and social inclusion;

D. University of East London (United Kingdom); this university is comprised of three colleges and six schools, such as the Cass School of Education and Communities and the Royal Docks School of Business and Law, both representing the interface between the academia and the third sector (business, labour market, etc).

Working across the four countries enhances learning and can also increase the number of shared working practices. The knowledge-sharing approach served as an international working tool that would enable all partners to benefit from it despite the differences in working practices. The key areas discussed were:

1. Ways of eliminating potential obstacles;
2. Building alliances for the use of good practices in European countries;
3. Tools used in the social care setting that were universal.

Note: In our project we have used the family assistantship concept, which in the British context actually means public service; the term family assistant means public servant in the UK. Accordingly, a family member in this context corresponds to a public service user. For better understanding, please see Chapter 6 (an overview of the social systems in Poland, Austria, the Czech Republic and the United Kingdom).

Information regarding the research with focus groups

The purpose of the research was to gain detailed information about the assistance / public service provided to the families and determine the effective support for the socially excluded families.

The research was conducted by speaking to professionals and families in need of extra support. The intention was to deliver a total of three focus groups sessions with professionals and three focus groups sessions with families, to be completed in each of the participating countries (Poland, Austria, the Czech Republic and the United Kingdom).

The research was conducted between February and July 2016 and the end result was a total of 14 focus groups (7–12 participants per group), 8 in-depth personal interviews and 3 telephone interviews. Interviews were recorded using a voice recorder and then analysed.

2.1 Summary of the research undertaken in Poland

Research respondents were in Poland and they were:

- ▶ Family assistants, representatives of large and medium social welfare centres as well as centres from small towns and villages of the Lower Silesian Voivodeship. In total, 32 family assistants participated in 3 focus groups;
- ▶ Families who use family assistants support were divided into 3 groups. The research covered the inhabitants of 3 cities – Wrocław, Walbrzych and Jelenia Góra. These locations / cities were picked because of the fact that the largest number of family assistants are employed in those areas, which increases the likelihood of obtaining consent to participate in research and, secondly, in smaller cities and more rural parts of the country it is difficult for families to travel and meet in one place;

- ▶ Thirty family members who had already benefited from support from family assistants took part in the research.

The study was carried out by the employees of the In Posterum Foundation, in the headquarters of the Foundation, in Wrocław. It lasted about 120 minutes and was recorded using a voice recorder.

2.2 Summary of the research undertaken in Austria

The research was organised by staff of Berufshilfeinstitut Oberösterreich (BFI OÖ) in Linz. Research respondents were:

- ▶ Social workers, social educators, social workers with children and local communities employed in public and private social inclusion institutions;
- ▶ The study was also attended by a local authority representative responsible for child and family support. The study with this group was carried out in accordance with the assumptions and based on a jointly developed research scenario. Austrian partners did not provide any additional discussion. In total, two focus groups were organised with staff working directly with the family and two individual interviews with representatives of local authorities.

In Austria, data protection laws are very restrictive, meaning that interviews with families could not be conducted. Social integration institutions are allowed to process their clients' data, but cannot share these data with other entities or institutions. Research organisers also did not receive support from their staff in the organization of research groups with the consent of the research participants themselves. One of the reasons for refusing to hold a meeting with family representatives, in the opinion of employees of support institutions, is the concern of clients to publicly disclose their family problems, mainly because of concerns about the well-being of children. The fear of taking children from the family was a barrier that could not be overcome despite the fact that one of the aims of the study was to develop working methods used by social inclusion

institutions to counteract the need for intervention – the separation of children from biological parents.

2.3 Summary of the research undertaken in Czech Republic

Research was organised by the Institute for Research in Inclusive Education, at Masaryk University. Research participants were:

- ▶ Family assistants – representatives of social integration institutions from Brno (2 groups) and Hedonin city (1 group). In total, 21 people participated in the research;
- ▶ Families using family support services. Three focus groups included families with disabled children. Types of disabilities include primarily physical disability, mental illness or conjugal disability. Meetings with families were organised in the cities of Brno, Zlin and Olomouc.

Research was conducted on the basis of the focus study, however, due to the specific nature of the work of family assistants in the Czech Republic (families with disabled children only), additional issues were identified such as prevention of burnout, personality traits of family assistants, and problem solving.

2.4 Summary of the research undertaken in the United Kingdom

The research in the UK was conducted by the University of East London. The UK child and family support system includes integrated health and social services. Therefore, the research included social workers, environmental nurses, family support workers, speech therapists, psychologists, and other professionals in the health and social care teams that are involved in the care of families.

A focus group was organised and held at Newham's Clinical Commissioning Group (CCG) office. Invitations were sent to many institutions and organisations for social inclusion, however despite high interest and verbal commitments only 9 people responded to

the invitation. Because of the difficulty in organising focus groups a drop-in session was organised instead. This was more effective as it gave the health and social care professionals a window of three hours to come along and speak to the researchers and therefore 6 face-to-face interviews and 3 telephone interviews were conducted. Recruiting family members was difficult, due to data protection issues, families were expected to have been recruited by their social workers. Social workers were supposed to encourage family members to agree to attend a focus group or to speak to a researcher in person about their experiences. This way of recruiting did not bring the expected results and therefore this part of the research assumptions was not realised.

As a result of the failure to meet the research objectives, the UK partners pointed to the difficulties arising from the internal organisational structure of the University of East London and the prolonged implementation of the project in the transnational partnership. Despite these difficulties, the report provides some general information on the specifics of the work, problems and also opportunities for further improvement of the support system for children and families experiencing difficulties. The scope of the information obtained from the London study has been broadened to include issues related to the understanding by professionals working with the family of the definition of “social isolation” and ways to counteract it in professional work.

The outcomes of this research are outlined in the report “Conditions of the efficient support for families at risk of social exclusion,” which analyses the needs of the social professions and the expectations of the families. Report is available on: www.inposterum.pl.

On the basis of knowledge of the difficulties found in the work of assistants each of the project partners had the task to prepare tools for effective work with the families.

As the determinants of effective support for the socially excluded families we defined core competences, the family assistant and family members receiving family assistantship shall have / gain.

Core competencies	Description
<u>(personal level)</u>	
Self-Awareness	be aware of self traits, feelings and behaviour
Critical Thinking	actively and skilfully conceptualising, applying, analysing, synthesising, and/or evaluating information gathered from (or gathered by) observation, experience, reflection, reasoning, or communication, as a guide to belief and action
Self-Confidence	develop and maintain inner strength based on desire to succeed;
<u>(social level)</u>	
Human-Awareness	be conscious of the feelings and opinions of others
Accurate Listening	maintaining a positive, open, and objective attitude toward others' openness to others and a willingness to hear what they are saying and not what one thinks they should say or are going to say
Communication	use a broad range of communication styles, choose appropriate, effective ways to communicate with other and/or to audiences in diverse situations
Relating to Others	make use of accurate interpersonal skills in interacting with others
<u>(professional/ family organising level)</u>	
Self-Management	prioritise and complete tasks in order to deliver desired outcomes within allotted time frames
Teamwork	work cooperatively and collaboratively with others to achieve collective goals
Planning	establishing course of action for self and others to ensure that work is completed efficiently

Learning objectives and outcomes of the new family assistantship methodology

The core competences for effective support for the socially excluded families will embed and integrate knowledge, skills and attitudes.

3.1 Learning Objectives: Knowledge

In the context of the ITE project, knowledge is described as theoretical and/or factual. The learning objectives of the program for the acquisition of Knowledge, in the context of know-what (“I learn the way that something is made”), include:

- ▷ knowledge of available opportunities in order to identify those suited to one’s own family assistance,
- ▷ knowledge about the phenomenon of functional illiteracy,
- ▷ knowledge about the phenomenon of good diagnosis,
- ▷ knowledge on the use of tools (scenario analysis of existing documents, evaluation survey),
- ▷ knowledge about non-formal education,
- ▷ knowledge about active listening,
- ▷ knowledge about empowerment strategies,
- ▷ knowledge about empowerment and prevention,
- ▷ knowledge about how professionals / family members perceive themselves,
- ▷ knowledge about dependency and resilience in social care,
- ▷ knowledge about co-production,
- ▷ yo develop a consensus approach to social inclusion,
- ▷ understanding success criteria.

3.2 Learning Objectives: Skills

In the context of the ITE project, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments). Accordingly,

- ▷ the participants will gain skills related to planning, organizing and analyzing their time,
- ▷ the participants will be able to restructure the conditions in their workplace / home,
- ▷ the participants will learn assertive techniques and they will learn how to ask for help,
- ▷ the participants will be able to identify one's personal strengths and weaknesses,
- ▷ the participants will be able to act proactively and respond positively to changes,
- ▷ the participants will be able to assess and take risks as and when warranted,
- ▷ the participants will be able to actively listen to individuals,
- ▷ the participants will be able to represent the hope of solutions,
- ▷ the participants will be able to control their own emotions and act rationally,
- ▷ the participants will be able to organise one's own life so that it can allowed the involving of the client / family member,
- ▷ the participants will be able to find different solution in difficult situations,
- ▷ the participants will be able to accept feedback,
- ▷ the participants will be able to know when to get supervision as help,

- ▷ the participants will be able to know when it is appropriate to self-open,
- ▷ the participants will be able to deal with ambivalence and complexity,
- ▷ the participants will be able to meet creatively the (material) the basic right on the needs of the client / family member,
- ▷ the participants will be able to recognise the signs of social care dependency,
- ▷ the participants will be able to understand concept of resilience,
- ▷ the participants will be able to nurture resilience in individuals and their communities,
- ▷ the participants will be able to determine signs and risks of social exclusion,
- ▷ the participants will be able to create targets for social inclusion.

3.3 Learning Objectives: Attitudes

In the context of the ITE project, the learning objectives at the level of attitudes, cognitive and relational capacity (“I am able to respond effectively in professional, personal and social situations”), are:

- ▷ disposition to show initiative,
- ▷ positive attitude to change and innovation,
- ▷ willingness to identify areas where one can demonstrate the full range of family assistance skills – for example, at home, at work and in the community,
- ▷ willingness to listen to the clients’ needs / family members needs,
- ▷ respect their own limits,

- ▷ cooperate with supervisors or other helpful institutions,
- ▷ disposition to show initiative,
- ▷ positive attitude to change and innovation,
- ▷ establish problem solving in the long term,
- ▷ develop and complete contracts,
- ▷ stated commitment to public service role,
- ▷ recognition of greater benefits of working together,
- ▷ fostering service user independence and self-determination,
- ▷ making social inclusion a key factor in work of strengthening families,
- ▷ demonstrating continuous improvements,
- ▷ getting it right first time.

Training Contents

After conducting research and determination key competences, each partner's institution presented the main problem area that arose in working with families at social exclusion risk. On the basis of knowledge of the difficulties found in the work of assistants, the four main chapters (problem area) were defined:

- A. Burnout syndrome (Czech Republic)
- B. The problem of functional illiteracy – The need for a good diagnosis (Poland)
- C. Social inclusion as a means of developing self-actualisation, greater partnership and resilience (United Kingdom)
- D. Our attitude towards the client (Austria)

Chapter A: Burnout syndrome

a) Introduction

The burnout syndrome expresses the state of a psychological and physical exhaustion caused by a long-time stress. In this way all power resources of a human are plundered (Křivohlavý, 1998).

There are many definitions of the burnout syndrome, which are identical in the following points:

- it is above all a psychological experience,
- it occurs especially in “assisting professions,”
- symptoms are especially in psychological area, but also in physical and social,
- key item is burning-out of emotions, cognitive wear and complete fatigue,
- it originates from chronic stress.

Symptoms are on three levels:

- psychical,
- physical,
- social.

PSYCHICAL	PHYSICAL	SOCIAL
Feeling that what I do is ineffective	Fatigue	
		Lapse of sociability
Feeling of psychical exhaustion	Fast getting tired	
Lapse of activity	Problems with heart, digestion, breathing	Tendency to reduce contacts with clients, colleagues
Depressive tendencies	Heartache, aching muscles	
		Low empathy
Negativism, cynicism	Sleep disorders	
Drop of interest in professional affairs, reduction of activity	General tension	
		Increasing conflicts in relations
Self-pity, feeling of lack of credit	Flabbiness	

Development of burnout syndrome

1. Enthusiasm associated with voluntary overworking;
2. Disillusion – seeing that the achievement of ideals is not completely possible;
3. Frustration and disappointment – doubts of work sense;
4. Apathy and negative feelings of profession;
5. Total exhaustion.

How to prevent burnout syndrome

It is important to have in mind that the control of stress is not a one-shot matter. It is extremely important to learn various strategies which will require our deliberate endeavor and strain. Therefore,

- working with time is very important (learn to plan, not to fill the head with trash),
- check whether you are feeling overloaded, exhausted, without taste, etc.,
- very important is the change of attitudes (rely on your self-confidence),
- it is important to relax, having time for oneself only,
- skill of correct communication – assertive behaviour,
- keep in mind that a change is always possible,
- know your social support.

Therapy

The condition of a successful therapy is the view of one's own psychological and physical condition, intention to be cured, and to accept responsibility for the therapy. Frequently, the help from the outside is also needed, including the support by the close persons, but also the employer, and often necessary is a specialist assistance – a psychotherapy.

b) Main aims and objectives

The program aims to familiarise the participants with the theme of burnout syndrome and to teach them techniques, which they can use to prevent it. They will also try out how they can react in situations, which could potentially lead to this syndrome. The program is based on experience, it is very important for each participant to have a chance to try everything out him/herself.

c) Key words

Burnout syndrome, personal assistant, helping profession, change, time, values, prevention

d) Detailed contents, indicative duration and expected learning outcomes: The basis for creation of this program was the experience of authors who use the techniques themselves as well as a detailed study of relevant literature. The program is divided into four parts. These parts are logically connected and their order was established in order to start with easier activities first and then follow with more complicated ones. During the first part, the participants have an opportunity to get to know each other and gain basic knowledge about burnout syndrome. The second part focuses on time management. The important part is guiding the participants and helping them realise how they work with time and to what extent they are overwhelmed with tasks, which they could delegate to other people (family, coworkers, etc). In this part, the participants will also learn assertive techniques – how to say “no” without offending anyone and how to have more time for themselves as a result. The third part fluently follows the second one. We are often overwhelmed with work, which is why we should learn how to relax even when our time to do so is very limited. And how to think positively. During the last part, the participants should realise that even if they have very little time for themselves at the moment, there is always a possibility to make a change. They think about their values and about the possibility of changing their situation. The final part also guides them to realise who they can ask for help and who can support them. The participants will try all the techniques themselves and they can also share everything with the group. The last part is focused on the program evaluation. The time schedule is only approximate – some of the activities can take more time, some less.

CHAPTERS (Duration hours)	UNITS	SECTIONS / ISSUES PER SECTION	COMPETENCES (ERF)		
			Knowledge	Skills	Attitudes
Chapter A.1 Burnout syndrome (30 minutes)	A.1.1 Introduction (15 minutes)	A.1.1.1 Introduction to the class (ice-breaking) - Trainers introduction - Participants introduction		- Introduction, communication	- Getting to know the lecturers, gaining thrust towards them
	A.1.2 Introduction (15 minutes)	A.1.2.1 Introduction to burnout syndrome - Introduction to the concept of burnout syndrome - Introduction to prevention	- Knowledge and information about the topic - Ability to explain - Understand reasons for Burnout	- Provide explanations	
	A.1.3 A personal swot analysis (5-10 minutes)	A.1.3.1 Strength and Weakness points - Introduction to the class	Strength points: The participant gain knowledge about the most important aspects of Burnout syndrome	Weakness points: The participants might not get enough knowledge, there could not be enough time to discuss the topic in depth	
		A.1.3.2 Opportunities and Threats	Opportunities: The participants will learn new preventive techniques, which they can continue using in their lives to actively prevent burnout syndrome	Threats: The participants might already be experiencing burnout syndrome or they might be at high risk of developing it. In this case, some activities might be too demanding for them, there is a risk of getting them too much out of their comfort zones, to hurt them emotionally	
Chapter A.2 My time (55 minutes)	A.2.1 Me and my time (15 minutes)	A.2.1.1 Me and my time	- Thinking about the time the participants have		
	A.2.2 My normal day (40 minutes)	A.2.2.1 My normal day (a human is more than time)	- Thinking about the time the participants have and actively organizing it	- Tasks that are more and less important, tasks which I can delegate to other people (and the ability to do so)	
Chapter A.3 Relaxation (15 minutes)	A.3.1 Today I liked... (15 minutes)	A. 3.1.1 Today I liked...		- The ability to relax on the way home from work	- Development of positive thinking
Chapter A.4 Me and my values – my change (30 minutes)	A.4.1 What am I focused on? (30 minutes)	A.4.1.1 What am I focused on? Me and my values			- Change of attitudes towards my values

Chapter B: The problem of functional illiteracy – The need for a good diagnosis

a) Introduction

The study shows that the main problem with the assistantship is the presence of functional illiteracy among clients of social service. Functional illiteracy is the inability to use the skills acquired in the process of educational socialization (reading comprehension, writing and ability to use own resources for functioning in the society). This means that family assistants' clients cannot cope with everyday life. These problems cause bad communication between the family assistant and the family. Functional illiteracy means that clients often do not understand the family assistant's commands and tasks – they do not understand the recommendations, they do not understand why they should do something. Therefore, we must pay attention to a good family diagnosis. If its members exhibit functional illiteracy, appropriate methods of work should be used for them. Choosing the right methods to work with your family will help you achieve success. Introducing awareness of functional illiteracy in clients' life, as well as developing diagnostic tools, can facilitate the work of assistants and help in the accurate diagnosis of clients' problems.

b) Main aims and objectives

The aim of the training is to increase the knowledge of family assistant about functional illiteracy and working methods connected with this issue. The specific objective is to understand diagnostic tools related to the description of the family and its proper diagnosis.

c) Key words

Functional illiteracy, diagnosis, family assistant, non-formal education

d) Detailed contents, indicative duration and expected learning outcomes: Our task is to present to family assis-

tants the problem of functional illiteracy. Lack of knowledge about functional illiteracy among family assistants makes them pursue irrelevant activities in the family – bad diagnosis, using wrong methods for working with the family. This makes working with the family inefficient. At the beginning we want to know how family assistants perceive their clients. Their first task is to draw a portrait of a client and say something about that. After the presentation of the portraits we will start talking about the attitudes they adopt to clients. This conversation is to inform family assistants of how they perceive their clients and how this opinion affects to continue working with them. The task is to force family assistants to reflect on approach to working with clients. In addition, we want to know what roles the family assistants adopt in the work with the client. They should ask themselves whether their roles are appropriate. Do they do more in families than they should? Then the family assistants will listen to a short lecture about functional illiteracy, which aims to familiarise them with the new problem and realise that their customers can be functional illiterates too. They will have a chance to comment on this problem in the planned discussion. After the lecture and discussion, there will be brainstorming during which assistants will be asked to recall customer behaviour demonstrating the functional illiteracy. A tool for the diagnosis of functional illiteracy will also be presented, under which the employees will be able to tell whether a client with whom they work is facing such a problem. Once the assistants have acquired knowledge about the problem of functional illiteracy, they will be presented with the tools required for working with families.

CHAPTERS (Duration hours)	UNITS	SECTIONS / ISSUES PER SECTION	COMPETENCES (ERF)		
			Knowledge	Skills	Attitudes
Chapter B.1 Introduction to the problem of the attitude (60 minutes)	B.1.1 Introduction to the problem of adopting the attitude towards clients	B.1.1.1 Exercise (portrait of a client) - Trainer explains the exercise - Participants complete the task - Discussion about each portrait	- How family assistant perceives his / her clients	- The ability to adopt a different point of view	
		B.1.1.2 Discussion about how family assistants perceive their clients and what attitude they have towards their clients	- Knowledge about role of the family assistant	- Ability to draw conclusions	- Positive attitude to new content
Chapter B.2 The problem of functional illiteracy (100 minutes)	B.2.2 Definition of functional illiteracy (100 minutes)	B.2.2.1 Definition of functional illiteracy and its significance (60 min) - Lecture - Discussion about meaning of the definition and problem - Presenting tool to diagnosis functional illiteracy B.2.2.2 Functional illiteracy in my clients' life (40 min) - Brainstorming about clients problems and showing signs of functional illiteracy in families	- The acquisition of knowledge about functional illiteracy - Familiarization with the new definitions - Knowing and understanding new phenomena	- Ability to assimilate knowledge - Ability to adopt new information - Ability to convey feelings - Ability to analyze situation - Ability to think analytically	- Positive attitude to change and innovation - Disposition to show initiative
Chapter B.3 (60-80 minutes)	B.3.3 Presentation of tools to work with functional illiterate families (60 minutes)	B.3.3.1 Presentation the topic of non-formal education - Lecture - Showing scenarios for working with the family	- The acquisition of knowledge about non - formal education - The acquisition of knowledge how to work with functional illiterate	- Ability to act proactively and respond positively to changes	- Positive attitude to non-formal methods - Positive attitude to adoption new knowledge - Willingness to identify areas where one can demonstrate the full range of family assistance skills
Chapter B.4 A personal swot analysis		B.4.4.1 Strength and Weakness points	Strength points: - Participants are well qualified workers - Participants are opened for changes	Weakness points: - Participants won't be interested in functional illiteracy and non-formal education methods - accidentally participation	
				Threats: - The situation of the family assistants can change - the lack of predictability of the legislative	

Chapter C: Social inclusion as a means of developing self-actualisation, greater partnership and resilience

a) Introduction

The UK Focus Group Research highlighted the need to strengthen the infrastructure, processes and opportunities gained from professionals and families working together. It identified that there needed to be a consistent, agreed and shared approach to service targets and outcomes, so that these could be reviewed, reflected on and effectiveness of intervention determined. Participants agreed that everyone involved – professionals, agencies, families – should be working with the same framework for understanding of the term social exclusion, put into the context as it is experienced by the families. They want to develop agreed measurements for determining the extent of social exclusion, through a set of risk indicators, consistently considered across the supporting and intervening professionals. Together they would then more clearly identify the indicators of demonstrable social inclusion, as a result of their collective efforts. The UK element of the Training Modules enable participants to review their public service undertaking. It provides the basis for recommitment to the ethics and core values of service user right to self-determination, empowerment, dignity and respect the necessary shift from dependency to supported and respected resilience for both professionals and family. It emphasises the significance of social inclusion as a means for maximising support and self-actualisation. It provides a basis for greater service user participation and co-production during support and as importantly during compulsory intervention processes. It enables carer feedback and satisfaction ratings based on identified success criteria. It includes a simple Tool used to capture the data. This was designed following the FGI work and input from health and social care professionals. Participants will gain a valuable insight into partnership and cooperative working, as methods of demonstrating good practice. They should be encouraged to keep this in the forefront of their work with families and careers.

b) Main aims and objectives

Aims are to refresh participants' commitment to good public service and ethics, to develop shared service approach to social inclusion support and intervention, and to motivate participants in understanding the necessity and benefits of direct user satisfaction reporting. Objectives include improvement in service user satisfaction levels and co-productive working.

c) Key words

Public servant, dependency, resilience, social inclusion, effective intervention, user satisfaction

d) Detailed contents, indicative duration and expected learning outcomes: Our task is to present to professionals a reminder of public service expectation and their duty to deter family/service user dependency and to create and support resilience. Further our task is to demonstrate the benefits of partnership working and co-production so that these approaches are used regularly and consistently to shape relevant and effective services. Finally, our task is to encourage open reflection and for professionals to positively expect and seek satisfaction feedback and effectiveness reviews. Most of the session is based on pairs and small or large group discussion as a means of recounting the values and ethics associated with social and health care work, using peer supported discussions and challenge. These exercises and discussions should draw out knowledge and attitudes and their impact on work and quality delivery, that is consistent with the child and families assessed needs and expressed desires. The professionals will have an opportunity to test out attitudes and learning by sharing their intervention views about a case scenario. There will be pointed queries to guide their thinking. They will then be presented with the tool that they will use to capture a range of basic opinions and measurements. Its analysis and use will be shared.

CHAPTERS (Duration hours)	UNITS (Duration hours)	SECTIONS / ISSUES PER SECTION	COMPETENCES (ERF)		
			Knowledge	Skills	Attitudes
Chapter C Public service (ethics and core values), co-production, social inclusion and measuring success (60 minutes)	C.1 The role and purpose of the Public Servant (8 minutes)	C.1.1 Public Servant - In pairs - Discuss: What does it mean to you to deliver a public service?	- How professionals perceive themselves and their delivery	- Ability to self-examine and reflect openly and honestly about public service attitude	- To refresh commitment to public service role
		C.1.2 Public Service - In pairs - Discuss: What does it mean to the public for you to deliver a public service?	- Whether this may differ from how the public perceives public servant	- Ability to self-examine and reflect openly and honestly about public service attitude	- To refresh commitment to public service role
	C.2 Partnerships and working together (10 minutes)	C.2.1 Public Service Agency Partnerships - In two groups - Discuss: Methods and tasks that can bring the above into greater alignment with other agencies C.2.2 Public Service Families Partnerships - In same groups - Discuss: Methods and tasks that can bring the above into greater alignment with families	- Sharing ideas and experiences about forming closer partnership working	- Ability to self-examine and reflect openly and honestly about skills and experience - Communication - Leadership - Partnership and teamwork	- Greater benefits of working together
	C.3 Dependency and Resilience (10 minutes)	C.3.1 Dependency - Discuss in Large Group - List signs of social care dependency for users and professionals C.3.2 Resilience - Brainstorm: What is resilience? What are the barriers to resilience for users and communities?	- Understanding the terms dependency and resilience in social care	- To recognise the signs of social care dependency - To refresh participants understanding of term resilience - To nurture resilience in individuals and their communities - Asset mapping	- Fostering independence and self- determination
	C.4 Co-production: A social care partnership with service users and careers (10 minutes)	C.4.1 Co-production - Small group discussion - what is co-production? - what are the benefits? - what can assist this approach?	- Understanding term co-production	- Motivation and confidence for practitioners to work jointly in partnership with each other and with Families	- Positive engagement with families, working together
	C.5 Social Inclusion (7 minutes)	C.5.1 Social Inclusion - Brainstorm as whole group - what is social inclusion? - why does this matter?	- To develop a consensus approach to social inclusion	- determine signs and risks of social exclusion - Create targets for social inclusion	- Making social inclusion a key factor in work of strengthening families

	C.6 Measuring Success (15 minutes)	C.6.1 Measuring Success - Discuss scenario: The family wish for the child to receive palliative care and end of life care at home until death. Health and social care traditionally prefer hospital-based care. - Consider: user and carer satisfaction? Reviewing of plans and targets? Managing and enabling risk? Mitigating factors? C.6.2 Tool - Frequency of use - Accessible versions - Management information - Analysis of data	- Understanding success criteria	- Goal and target setting and success planning - Ability to use Tool to capture data	- Continuous improvements - Right first time
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Chapter D: Our attitude towards the client (public service user / family member (family using family assistantship), hereinafter client)

a) Introduction

This part of the seminar deals with the access to the client and how this can be done successfully. We consider highly reflection on the attitude towards the customer as an important basis for social work to succeed. The trainer must communicate with the customer mindfully, compassionately and appreciably. The language patterns of the customer determine the level of communication. Through recognition of their own resources and that of the client communication at eye level (where appropriate) with the customer is made possible. The concrete relationship design between customer and social worker takes place in everyday life. It takes place in the normal daily routine and uses normal everyday situations. This demands a high degree of reflection of the attitude and attentiveness from the trainer and subsequently from the social worker towards the clients.

b) Main aims and objectives

The aim of the seminar is to show the trainees their own attitudes towards the clients and thereby strengthen them in their self-reflection. The deeper and clearer sight on themselves and on the client supports a coherent interaction and leads to less friction. This leads to a reciprocal relationship between customers and social workers.

c) Key words

Attitude towards the clients, successful cooperation between client and social worker, less friction

d) Detailed contents, indicative duration and expected learning outcomes: Chapter D finally works with the needs of the social workers / care givers on behalf of their self-reflection and their attitude towards the clients. We want help to improve the communication skills of the social workers / care givers and their ability to listen and reflect on their own resources and of those of the clients. With our tools we aim to increase the ability of self-reflection for the social worker / care giver as a whole and communication with the clients. This may help to communication less fictive between the client and the social worker / care giver. The setting of the methods is mostly in pairs and smaller groups to ensure a high outcome of self-experience during the workshop. So, most of the time the participants will exercise, literature will be recommended to be self-studied. There will be session of feedback at the end of the session. Participants shall train their possibilities to give and get feedback besides.

CHAPTERS (Duration hours)	UNITS (Duration hours)	SECTIONS / ISSUES PER SECTION	COMPETENCES (ERF)		
			Knowledge	Skills	Attitudes
Chapter D.1	D.1. Change accusations into wishes (30 minutes)	D.1. Improve communication with the client	- Knows about active listening	- Is able to hear the needs of the clients - Is able to use the instrument of communication	- Determine the importance of active listening for a successful communication - Willingness to listen to the client's needs
Chapter D.2	D.2. Empowerment to the social worker and the client (60 minutes)	D.2. Reflect on our attitude towards the client - Reflection about the social works own resources - Reflection about the client's resources	- Knowledge about empowerment - Knowledge about resources	- Ability to reflect strength and weaknesses and existing resources	- Determine the importance of empowerment of clients - Choose the most relevant empowerment activity for the certain client
Chapter D.3	D.3. Empowerment to the social worker and the client (30 minutes)	D.3. Yes but... - Trainee A explains a problem - Trainee B rejects the advice - Trainee A gives alternative advice - Trainee B rejects the advice And so on....	- Knowledge about empowerment - Knowledge about resources	- Skill to accept feedback - Communication skills	- Positive attitude to change and innovation - Choose the most relevant empowerment activity for the certain client
Chapter D.4	D.4.1 personal learning success (20minutes)	D.4. Feedback - What is my personal outcome of this training?	- Systematic reflection of professional action	- Skill to give feedback - Ability to accept feedback	- Positive attitude to change and innovation

Practical training course methodology for family members (public service users) and family assistants (public servants) as target groups

Training course methodology targeting family assistants

Trainer – family assistants

Introductory Session:	1. ICE-BREAKING: Getting-to-know-you
TIMING:	30 minutes
AIM:	<ul style="list-style-type: none">✓ to facilitate conversation amongst the participants,✓ to make them feel comfortable with each other and with the trainer,✓ to get trainees engaged in the proceedings and start to work co-operatively in pairs at the beginning and then flexibly as part of a team to contribute more effectively towards a successful outcome.
EQUIPMENT:	You will need: flip chart, pen
Participants will need:	A pen & a copy of the “Getting-to-know-you” worksheet per person to keep notes while interviewing each other in pairs.
Attached tools:	“Getting-to-know-you” worksheet
PROCEDURE:	<p>Start with a welcome to the trainees and explain the reason you are all in this classroom and how long will you stay. Continue by introducing yourself as a trainer by giving some basic information (e.g. name, educational background, professional background and some personal information such as family, hobbies, main interests). Then ask the trainees to get to know each other as following:</p> <p>1st Part</p> <ul style="list-style-type: none">- Ask the trainees to split in couples trying to avoid those that perhaps already know each other;- Devote a few minutes in order to give to each other some basic information regarding yourself (e.g. Name, educational background, professional background and some personal information such as family, hobbies, main interests); <p>2nd Part</p> <ul style="list-style-type: none">- As soon as the interviews of trainees in couples finishes, ask each couple to stand up and present each other to the plenary (2 min per person);- Step 2: As soon as the 1st presentation in couple is finished the plenary can ask any additional clarifications;- Step 3: Thank the trainees and ask for the next couple to present to the plenary;- Repeat the above steps until all trainees get the chance to present in couples.
TIPS:	Listen carefully and ask the participants to do the same. Ask questions that you think are relevant, try to make some encouraging comments.

Chapter A: Burnout syndrome (Czech Republic)

PART A.1	Meeting the participants
TIMING:	15 minutes
AIM:	✓ To get acquainted with the participants and to make familiar with the theme.
EQUIPMENT:	None
Participants will need:	Nothing
Attached tools:	
PROCEDURE:	We will ask the participants to introduce themselves to us, saying their names, where they work, and what their strengths are in the work process. As soon as they all introduce themselves, we will continue saying that despite of the strengths helping us to bear an obligations and responsibilities, we sometimes may feel overburdened with the obligations, and this may result in the burnout syndrome.
PART A.1	Burnout
TIMING:	15 minutes
AIM:	✓ To inform the participants on the burnout syndrome so that they would be able to describe it in their own words.
EQUIPMENT:	Power point presentation
Participants will need:	Nothing
Attached tools:	Power point presentation
PROCEDURE:	We inform the participants on the burnout syndrome – its manifestation, how we recognise it, how we can resist it. At the same time we discuss with the participants asking whether they have come across such feelings, whether they have known somebody like that. After the presentation we explain to the participants what is going to happen next – that means that we will try to learn how to prevent the burnout syndrome.
PART A.2	Me and my time
TIMING:	15 minutes
AIM:	✓ To motivate the participants for further activities, to think about their own time possibilities.
EQUIPMENT:	None
Participants will need:	Nothing
Attached tools:	None
PROCEDURE:	We ask the participants to close their eyes for a while and imagine that certain changes happened in the world, and, all of a sudden, the day has 26 hours. You have then obtained 2 hours of time more. Try to think about what you would do with the 2 hours of time more. After a while we ask the participants to open the eyes and tell the others how they would use the 2 hours. We will discuss “the new possibilities.” Consequently, we will inform that, unfortunately, we will not obtain the 2 hours of time more, but we can learn how to work with time so that more time remains to us for... (we will repeat what the participants have said).
TIPS:	Can be also treated artistically.

PART A.2	My normal day – a human is more than time
TIMING:	30–40 minutes
AIM:	✓ To teach the participants how to work with their time so that they have enough time for relaxation; self-reflection.
EQUIPMENT:	A3 paper, 4 packets of sticking slips of various colors (pink, green, yellow, orange), a power point slide with the division of tasks.
Participants will need:	A3 paper, 4 packets of sticking slips of various colors, a biro.
Attached tools:	A power point slide with the division of tasks.
PROCEDURE:	Each of you will get an A3 paper and 4 color sticking blocks of slips. Try to think about your normal work day and write individual activities on yellow slips, which you can arrange on one half in the way how they follow one after another. At the same time, try to write a time amount for them. As soon as you are ready, think about which activities are very important and you cannot delegate them to any other person (stick a pink slip on them), then think about those being also important, but can be delegated (stick an orange slip on them), and then there are those which are the least important, such as routine tasks (stick a green slip on them). As soon you have done so, look how much time you are able to save provided that you delegate some of the tasks or you do not need to devote them so much of your attention. We will ask the participants: How much time would you get, if you delegated certain tasks, if you put some of them off e. g. till a less busy day. Then we will ask whether the less important tasks can be completely put off. To be capable to get more time it is suitable to be able to reject further tasks, which may stress you and prevent us from having enough time for ourselves. That is why it is so important to learn to say “No.”
TIPS:	Try to test the time schedule in your daily life, nevertheless take care that you do not forget about the routine tasks completely.

PART A.2	The skill of saying “no” and not hurting anybody at the same time
TIMING:	30 minutes
AIM:	✓ To learn an assertive technique, to be able to reject a request without having a guilty feeling.
EQUIPMENT:	Model situations in pair
Participants will need:	Model situations
Attached tools:	A model situation sheet
PROCEDURE:	To get more time it is also suitable to be able to reject further tasks, which may stress us and prevent us from having more time for ourselves. That is why it is very suitable to learn to say “no” without having a guilty feeling. We will ask the participants to divide into couples. Each of the couple will get a slip with his/her role. Their task will be to play a sketch in 5 minutes so that those people, who are to reject the task given by a close person, are able to save their time – that is, to reject the additional task. After playing all sketches we will reflect on how the individuals were able to reject, how the other in the couple accepted the rejection. How they were feeling. At the same time, we will ask the other participants how it would be possible to reject in a more sensitive way.
	<p>MODEL SITUATIONS</p> <p>A: Your friend asks you to lend him your car. But he is a hopeless driver, and you will perhaps need the car. Try to reject him so that it is assertive in your opinion.</p> <p>B: You are the friend who wants to borrow the car.</p> <p>A: A managing social worker wants to assign to you another duty, and you would lose your day off, which you will have only for yourself after a long time, because you have been at work every day recently. Try to reject him.</p> <p>B: You are the managing social worker and you know that this personal assistant has always been very helpful, and you want to assign to him the duty of other assistant, who said he needed the day off urgently.</p> <p>A: A colleague calls you at 10 p.m. that he urgently needs you to take over the duty the following day, but you have a day off tomorrow.</p> <p>B: You would like to go out with a friend, but you have a duty. That is why you call your colleague to take it instead of you, but you will not tell him/her the real reason.</p>
TIPS:	Remember that you do not reject a human, but only a favour or task he/she requires from you.

PART A.3	Mind map – how to relax at work
TIMING:	10 minutes
AIM:	✓ To come to realise relaxation opportunities at work.
EQUIPMENT:	Paper, markers
Participants will need:	Paper, markers
Attached tools:	None
PROCEDURE:	Realization: Ask the participants to take a paper and think about how to relax even in the work process. Let them write their ideas on the paper. We will ask the participants what ideas they have had, whether they have already tried them in everyday life.

PART A.3	Let us breath the stress away
TIMING:	Max. 5 minutes
AIM:	✓ To learn to relax simply at work, whenever we feel tension.
EQUIPMENT:	None
Participants will need:	Nothing
Attached tools:	None
PROCEDURE:	Sometimes, despite of all our skills and abilities, we may feel tension, we may be in stress. We will ask the participants to sit down on chairs comfortably – but with their feet firmly on the ground. Next we will ask them to close the eyes and lay the palms onto the belly and start breathing slowly. As soon as they feel relaxation, we will tell them to imagine now that they are to blow up a big balloon, so that they have to breathe in thoroughly, and then to breath out as much as possible. We can repeat this several times. Reflection: What was that like for you? Did you feel relaxed?
TIPS:	At blowing up the balloon, do not breathe out too swiftly, so that you do not get dizzy.

PART A.3	Jacobson's progressive relaxation - for home, or when we are alone
TIMING:	10–15 minutes
AIM:	✓ To learn a relaxation technique to lose muscle tension.
EQUIPMENT:	Nothing
Participants will need:	Nothing
Attached tools:	None
PROCEDURE:	<p>Realization: The method is based on a systematic tensing and relaxing of selected skeleton muscles. This method makes it possible to remove the muscle tension. Using this method, you will learn to feel big muscle groups and to relax or tense them as needed, you will achieve a psychical balance. The basic training procedure consists of six parts:</p> <ol style="list-style-type: none"> 1. relaxing of hands and arms, 2. relaxing of face, 3. relaxing of neck, shoulders and upper part of back, 4. relaxing of chest, belly and back, 5. relaxing of loin, thighs and calves, 6. relaxing of all body. <p>We will ask the participants to sit down so that their back lean on the backrest and their feet are firmly on the ground and their arms were along the body. Next, we will ask them to close the eyes and breathe in through the nose and breathe out with the mouth or nose. During the exercise we will proceed through individual muscle groups in the above-mentioned order. Gradually, increase the tension in the particular area with the synchronous breathing in. Subsequently, remain in a short tension, holding the breath, and then, at breathing out, release. The correct rhythm is 5s of tension and 10s of release.</p> <ol style="list-style-type: none"> a) Clench the right fist so that you feel tension in the fist and forearm... Release; b) Clench the left fist so that you feel tension in the fist and forearm... Release; c) Bend the right elbow and flex the biceps, hands are released... Release; d) Bend the left elbow and flex the biceps, hands are released... Release; e) Stretch the right arm and flex the triceps... Release; f) Stretch the left arm and flex the triceps... Release; g) Frown the forehead and raise the eyebrows... Release; h) Tense up the muscles around the eyes... Release; i) Tense up the jaw by firm clamping the teeth... Release; j) Press the tongue against the palate, lips are closed, note the tension in the throat... Release; k) Clamp the lips firmly... Release; l) Open the mouth as much as possible... Release; m) Lean the head back as long as possible... Release.

PART A.3	Today I liked
TIMING:	2 minutes
AIM:	✓ To learn to sense the work environment positively, to be able to praise oneself.
EQUIPMENT:	None
Participants will need:	Nothing
Attached tools:	None
PROCEDURE:	<p>Of course, our work day may sometimes seem bad. It seems to us that we are not successful in anything, the client did not cooperate with us at all, and the like. Nevertheless even on the bad day it is possible to leave with the feeling that we succeeded in just something. Try to recollect a certain situation at work, which was not pleasant for you and was returning to your mind for a long time. You thought that everything you were doing then was useless. If there is such situation, now try to devote all your energy to find something positive in that situation, which you succeeded in. We will reflect with the participants on their situations, especially how they were able to praise themselves. We will draw their attention to the fact that just the positive attitude we take during the way home will help to remove the stress and at the same time to look at the situation from a different point of view.</p>
TIPS:	

PART A.4	What am I focused on? Me and my values
TIMING:	30 minutes
AIM:	√ To come to recognise significant values in life, to come to note whether my life is in accordance with the values.
EQUIPMENT:	10 slips (or 5)
Participants will need:	10 slips (or 5), pencil
Attached tools:	None
PROCEDURE:	Everybody has values in life to which he/she is focusing and which give sense of life. Try to think and write on every slip one value, which is significant for your life. Subsequently line them up from the most significant to less significant. As soon as the participant have done that, try to ask one or two of them to read their values for us. Subsequently we will ask them to think whether the way of their lives is in accordance with their values. We will ask them whether it is so, or not. If yes, what helps them in that, or when it is not, what prevents them from that? I will ask whether they note that we can lose certain values in life, however, the very most significant values should remain. What we must do for the most significant values.

PART A.4	Restructuring
TIMING:	60 minutes
AIM:	√ Seeing a problem from another perspective, searching for an active solution. Even though we are not in complete accordance with the values, there is always time for a change.
EQUIPMENT:	Two pieces of A3 paper, crayons, black ink, watercolours, cups, paintbrushes and glue for each participant.
Participants will need:	Two pieces of A3 paper, crayons, black ink, watercolours, cups, paintbrushes and glue for each participant.
Attached tools:	None
PROCEDURE:	We all have problems in our lives. And sometimes, we can get in a situation, when we can no longer find a solution to these problems by ourselves, because we keep looking at them from the same angle and we are not able to see other another option. The “restructuring” method allows us to split the original image, divide it and sometimes even break it into small pieces. From those pieces we can than put together a new, different image. It allows us to look at the problem differently, to see it in another context. And that can help us to find a functional solution, a way to deal with the problem or to come to terms with it.

First part: Participants will think about their lives – is there anything they would like to change, anything they are not satisfied with at the moment? When they can think of something, they will use the black ink to draw a tree that represents this problem of theirs.

Second part: Participants are asked to tear the entire paper to pieces.

Third part: Participants get a new clean paper and crayons or watercolours (depending on what they prefer). Then they transform the torn pieces into a brand new tree. The technique is entirely up to them. For example, they can crease them first and then glue them one by one on the new paper. They can also add some colours to the new tree with the crayons or use a paintbrush. While they are working, they can use this time to come up with possible solutions to their problems, which would be functional for them specifically. It can also just help them to realise that a change is possible, even though they might not be able to see a solution just yet.

PART A.4	Social Support
TIMING:	20 minutes
AIM:	√ To note that we are not alone to face the problems and the change, to note the social network/ support.
EQUIPMENT:	Papers, markers.
Participants will need:	Papers, markers.
Attached tools:	None
PROCEDURE:	To make a change may be very difficult for many people and it is very important to have somebody near who will support us and makes the changes easier. We will hand out the papers and markers to the participants and ask them to draw themselves in the center of the paper. Then we ask them to write people around them whom they can always on and who are important for them in difficult situations. We will reflect with the participants on who they have written. It is fine to note who we can rely on. Are you able to ask those persons for help? Will they do it?

PART A.4	I need help
TIMING:	30 minutes
AIM:	√ To learn to ask the others for help.
EQUIPMENT:	Model situations
Participants will need:	Model situations in pair
Attached tools:	Model situations in couples
PROCEDURE:	<p>We will ask the participants to divide in different couples and to sit down together. Now we will practice how to ask for help, because it is important not only to feel the social supports, but it is also important to be able to ask them for help when we need. Each of you will get a slip with his/ her role, and you will try to ask the other person for help. Note especially your feelings – they may be the source of stress, anxiety, and dissatisfaction.</p> <p>A: You have many tasks at work and you do not know what to do first. A colleague of yours, at the same time, always goes home three hours earlier than you. Try to ask him/her for help. B: You are a colleague from work who always finishes his/her work early, or he/she puts it off to be able to go home. A: You are mother/father, husband/wife and personal assistant. You come home at about 6 p.m. and you are always tired, but you know that you must do housework (tidy up, cooking, check homework of your children). Your children/husband/wife are at home from 4 p.m. Try to ask them for help and delegate some tasks to them. B: You are husband/wife/child and you are at home at 4 p.m. every day waiting for your husband/ wife/mother/father to come home. You are doing nothing during in the meantime, you are relaxing, and you have had a hard day. A: You are not successful with the client, he/she is in opposition all time. He/she is excusing himself/herself all time, and does not fulfill what you tell him/her. You have no more idea what to do. Try to ask somebody from work to help you. B: You are a work colleague, a personal assistant with 20 years of experience.</p>
TIPS:	You can let the participants make use of the model situations from their own lives.

PART A.4	Training course evaluation
TIMING:	15 minutes
AIM:	✓ Evaluation of the training course, to come to realise the newly obtained skills, attitudes.
EQUIPMENT:	None
Participants will need:	Nothing
Attached tools:	None
PROCEDURE:	We will ask the participants to evaluate the training course – what was conducting for them, what they have come to realise, what they want to try in practical life. We will ask them to evaluate the training course in general.

Chapter B: The problem of functional illiteracy – The need for a good diagnosis (Poland)

CHAPTER B.1	BL.1.1 PORTRAIT OF CLIENT
TIMING:	30 minutes
AIM:	<ul style="list-style-type: none"> ✓ to know how family assistants / social workers perceive their clients; ✓ to listen to each other about what they think of their clients; ✓ to gather knowledge about problems of clients.
EQUIPMENT:	Foil sheet, markers, ppt projector
Participants will need:	Marker and foil sheet
Attached tools:	
PROCEDURE:	<p>Start with a small introduction about the exercise. Give each participant a foil sheet with a marker and tell them they should draw a portrait of a client. Say that it can be a man or a woman. Tell that the portrait should include all silhouette, not only a face. If they find distinguishing marks, tell them to include it in the portrait. Give them 10 minutes for the portrait. Then gather all of portrait, turn on the projector and show each of them – ask who drew it and ask this person to say something about the portrait. Why does the portrait look the way it does? What does it show? As a next step, collect the portraits and try to group them according to similarities. Show them various categories of customers.</p>
TIPS:	Listen carefully and ask the participants to do the same.

CHAPTER B.1	B 1.1.2 Discussion about role of the family assistant and his attitude towards client
TIMING:	30 minutes
AIM:	<ul style="list-style-type: none"> ✓ to know how many roles they have adopted while working with clients, ✓ to get to know how they feel doing more tasks, ✓ to realise that taking many roles is not functional, ✓ to find a solution who the family assistant should be for the families.
EQUIPMENT:	Nothing
Participants will need:	Nothing
Attached tools:	
PROCEDURE:	Ask the participants what they are doing in families. In what way are they helping them? When they start talking, listen to them carefully and try to ask participant how they feel about doing such tasks. Do these tasks go beyond their working role? Maybe they are doing more – e.g. in addition to support for childcare also give support to the adult (parent) in his problems...
TIPS:	Listen carefully and try to ask about how they feel about their working roles.

CHAPTER B.2	B 2.2. 1. The problem of functional illiteracy - Lecture / discussion
TIMING:	60 minutes Lecture with presentation - 15 minutes Discussion - 20 minutes Presentation of a new tool - 25 minutes
AIM:	<ul style="list-style-type: none"> ✓ to explain what functional illiteracy is about, ✓ to know what they are thinking about functional illiteracy, ✓ to present a new tool to help with diagnosis of functional illiteracy, ✓ to talk about diagnosing clients.
EQUIPMENT:	Ppt projector
Participants will need:	
Attached tools:	Materials with diagnosis of functional illiteracy
PROCEDURE:	Start with short lecture about functional illiteracy. After the lecture, start a discussion about knowledge about that phenomenon. Try to find out whether they have ever heard about functional illiteracy. Listen what they are talking about. Following the discussion, show the participants a tool to diagnose functional illiteracy – give them materials with the diagnosis of functional illiteracy. This is a special tool containing questions for clients, helping to diagnose functional illiteracy in clients' behaviour. Describe the tool and try to talk about it (how the participants like the tool, if it would be useful, how to use it).

CHAPTER B.2	B 2.2. Functional illiteracy in my clients life - Brainstorming
TIMING:	40 minutes
AIM:	<ul style="list-style-type: none"> ✓ to know how to show signs of functional illiteracy in customers' life, ✓ to learn how to use a new tool to diagnose functional illiteracy ✓ to talk to each other about the problem of functional illiteracy ✓ to see if there is a reflection about clients' behaviour
EQUIPMENT:	A3 flipchart, markers, materials for participants
Participants will need:	Materials with diagnosis of functional illiteracy
Attached tools:	Materials with diagnosis of functional illiteracy
PROCEDURE:	Start brainstorming with participants about what kind of signs they see in their customers' behaviour, pointing to functional illiteracy. Write in flipchart every manifestation of functional illiteracy.

CHAPTER B.3	B 3.3.1. Presentation the topic of non-formal education
TIMING:	60-80 minutes Lecture and presentation - 15 minutes Discussion - 20 Presentation of scenarios to work with families - 40
AIM:	√ to get knowledge about non-formal methods of education, √ to learn how to use scenarios for working with families (non-formal education)
EQUIPMENT:	PPT presentation, printed scenarios
Participants will need:	Printed scenarios
Attached tools:	Scenarios of classes from non-formal methods of education
PROCEDURE:	Start with a short lecture about non-formal education. After this, there should be a short discussion about this phenomenon - what this is for, if the participants know non-formal methods, and how they try to work with their clients in other ways (methods of non-formal education). Try to listen or ask participants about how they could work with the functional illiterate client. Then show them scenarios to work with families or clients using methods of non-formal education. Describe each scenario - each exercise. Discuss them and ask if they have done already something that is presented in the scenarios.
TIPS:	Try to listen to the participants. Try to describe each scenario.

Chapter C: Social inclusion as a means of developing self-actualisation, greater partnership and resilience (United Kingdom)

PART C.1	The role and purpose of the public servant
TIMING:	8 Minutes
AIM:	√ To reflect on the situation of delivering a public service, √ To reflect on the public assignment to the social worker.
EQUIPMENT:	Flipchart paper, sticky notes, paper table cloth
Participants will need:	Model situations in pairs
Attached tools:	None
PROCEDURE:	The trainees work in pairs. Both partners discuss about what they think it is their role to deliver a public service and what they think the public expects from their work. The together write down on sticky notes their opinion and put them on paper table cloth to give a picture of their opinion.
TIPS:	None

PART C.2	Public service agency and family partnership
TIMING:	10 minutes
AIM:	<ul style="list-style-type: none"> ✓ Show possibilities to cooperate with other agencies under the context of the results from first session, ✓ Show possibilities to cooperate better with families under the context of the results from first session.
EQUIPMENT:	Flipchart paper, sticky notes, paper table cloth
Participants will need:	Model situations in two groups
Attached tools:	None
PROCEDURE:	The trainees bring in their reflection about their role working as a public servant and their understanding of the expectations of the public from the first session. Now they think about methods and tasks that make it possible to roll out their ideas in cooperation to other agencies and to bring it more into alignment with them. Then they reflect on their ideas under the context of the needs and wishes of families. Again, they think about how they may bring their ideas align with the expectations of the families.
TIPS:	The trainer may restructure the sticky notes brought in by the first session into a new picture or he asks them to write new sticky notes and place them in the new structure of the partnership to agencies and families.

PART C.3	Dependency and resilience
TIMING:	10 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect signs of dependency, ✓ To reflect barriers to users.
EQUIPMENT:	Flipchart paper, sticky notes, paper table cloth
Participants will need:	Model situations in large group
Attached tools:	None
PROCEDURE:	First of all, let the group brainstorm, discuss and list up signs of dependency. Make two lists, one for the users and one for the professionals. Than let the group brainstorm and discuss about resilience. What are the barriers to resilience for users and community? List it up into two lists with sticky notes and look and discuss the relationship between the lists.
TIPS:	The trainees may restructure the notes to show the correlation between the different lists.

PART C.4	Co-production: A social care partnership with service users and carers
TIMING:	10 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect the model of co-production, ✓ To learn about the benefits of the approach, ✓ To learn what assists the approach, ✓ To learn what works and why.
EQUIPMENT:	Flipchart paper, sticky notes, paper table cloth
Participants will need:	Model situations in small groups
Attached tools:	None
PROCEDURE:	The small groups discuss the model as a whole and describe it on sticky notes. Then they discuss the benefits of the model and what is working and why it works. They restructure the notes into working and not working attempts to find out the best approaches for the model.
TIPS:	

PART C.5	Social inclusion
TIMING:	7 minutes
AIM:	✓ To reflect on the theory of social inclusion and why it matters.
EQUIPMENT:	Flipchart paper, sticky notes, paper table cloth
Participants will need:	Model situations in large group
Attached tools:	None
PROCEDURE:	The whole group lists up what and why social inclusion matters to them as a concept.
TIPS:	

Chapter D: Successful communication leads to successful cooperation (Austria)

PART D.1	Social inclusion
TIMING:	30 minutes
AIM:	✓ Not to respond immediately to a charge, ✓ To learn to hear the wishes and needs of the clients.
EQUIPMENT:	None
Participants will need:	Model situations in pair
Attached tools:	None
PROCEDURE:	The trainees work in pairs. Both partners think about a small discussion they had with a client when the client made some serious accusations against the social worker. Then one of the partners takes over the role of the client, the other one that of the social worker. The client starts to make serious accusations against the social worker. The social worker does not reject, justify or in any way interfere with the allegations. Rather, he tries to ask the client what he actually wants. Next, the pairs are changing the roles. Reflection: What was that like for you? Did you feel relaxed?
TIPS:	Take your time to reflect on how you felt in the role of the client. Have you ever been asked about your wishes being the client?

PART D.2	Our attitude towards the client
TIMING:	60 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect on my attitude towards the client, ✓ To learn to understand the client (his resources), ✓ To meet the client properly, ✓ To identify your own resources that may help you.
EQUIPMENT:	None
Participants will need:	Model situations in pairs Possibility to discuss in smaller groups or in the whole group
Attached tools:	None
PROCEDURE:	<p>The social worker and a client sit facing each other. The social worker thinks about a difficult situation with a client he had. The social worker observes the client and contemplates his or her own emotions: what do I feel? The social worker thinks about which resources he or she will need: what supports me, what makes me strong, what are my competences, what is my experience? How does this feel? These feelings are allowed for some time, then the social worker chooses a person to symbolise these resources and that person stands behind the social worker. Now the social worker looks at the client. What are their resources, strengths? What makes up the client? Then a person is chosen to stand behind the client. What has changed for the social worker? The experiences are discussed in small groups or in the whole group, if there is a wish to do so.</p>
TIPS:	Take as much time as you need to decide who shall stay in place of the resources for yourself and next for the client. Take as much time as you need to feel into yourself step by step, without the resources and next with the resources standing beside you or the client. All the participants shall take over the role of the social worker that seeks his resources.

PART D.3	Yes, but
TIMING:	Max. 30 minutes
AIM:	✓ To learn about your own communication when getting under pressure.
EQUIPMENT:	None
Participants will need:	Model situations in pairs
Attached tools:	None
PROCEDURE:	<p>Both trainees think about a problematical situation they had in their work. Then they decide who wants to start in which role, the social workers or the clients.</p> <p>Trainee A explains a problem, Trainee B gives an advice, Trainee A rejects the advice, Trainee B gives alternative advice, Trainee A rejects the advice again, Trainee B gives alternative advice, And so on....</p> <p>Reflection: Being in the role of the client: How does it feel if someone gives you advice you do not want them to? Being in the role of the social worker: How does it feel if someone continuously rejects your help? What can you do to change the situation? Can you change your communication?</p>
TIPS:	Try both roles if there is enough time to do so.

PART D.4	Personal learning success
TIMING:	Max. 20 minutes
AIM:	<ul style="list-style-type: none"> ✓ To be able to give and to take feedback, ✓ To give the possibility to reflect on the whole day, ✓ Strengthening the learning experience.
EQUIPMENT:	None
Participants will need:	Situation with the whole group
Attached tools:	None
PROCEDURE:	The whole group sits together. Everybody is asked to give feedback about his personal experience within the group, the pairs and with his own experience of self-learning as far as he wishes it.
TIPS:	Focus on the question: What is my personal outcome of this training?

Training Course Methodology targeted on the client / public service user

Family assistant – client / public service user

In case the client / public service user has a disability (3rd and 4th types), it is possible to use the training course methodology with another family member caring for the client (Czech Republic)

Introductory Session:	1. ICE-BREAKING (just to feel relax with each other)
TIMING:	5 minutes
AIM:	<ul style="list-style-type: none"> ✓ To facilitate conversation between the family assistant and client, ✓ To make client feel comfortable with family assistant.
PROCEDURE:	Start with a welcome to the client and explain what we are going to deal with as usual (personal care) and how long we will stay in the individual sessions. Continue by introducing yourself as a family assistant by giving some more pieces of information, which are still unknown to the client (e.g. new hobbies, some personal information such as family, what I have done in last month). Then ask the client (if possible taking the handicap into consideration) to introduce him/herself in order to get to know each other a bit more and try to promote the client's verbal expression.
TIPS:	Listen carefully and ask the client to do the same with own family members.

Chapter A: Burnout syndrome (Czech Republic)

Chapter A.1	Meeting the client
TIMING:	10 minutes
AIM:	✓ To get acquainted with the client and to make familiar with the theme.
PROCEDURE:	Ask the client, where/what his/her strengths are in the family/home process. As soon as the client has introduced him/herself, family assistant will continue saying that despite of the strengths helping us to bear an obligations and responsibilities, we sometimes may feel overburdened with the obligations and this may result in the burnout syndrome.
Chapter A.1	Burnout syndrome
TIMING:	15 minutes
AIM:	✓ To inform the client about the burnout syndrome so that he/she would be able to describe it in their own words.
PROCEDURE:	Family assistant inform the client on the burn-out syndrome – its demonstrations, how we recognise it, how we can resist it. Later, family assistant discusses with the client asking whether he/she has come across such feelings, whether he/she has known somebody like that. After the short chat about that, family assistant explains to the client what is going to happen next – it means that we both will try to learn how to prevent the burn-out syndrome (practical examples prepared by family assistant).
Chapter A.2	Me and my time
TIMING:	15 minutes
PROCEDURE:	Family assistant asks the client to close the eyes for a while and imagine that certain changes happened in the world, and, suddenly, the day has 26 hours. He/she has then obtained 2 hours of time more. Try to think about what we both would do with the 2 hours of extra time. After a while (max. 5 minutes), family assistant asks the client to open the eyes and tell how he/she would use these 2 hours. We will discuss “the new possibilities” afterwards. Consequently, family assistant will inform that, unfortunately, we both will not obtain these 2 extra hours, but we both can learn how to work with time so that more time remains for us to... (family assistant will repeat what the client have said).
TIPS:	Can be also treated artistically, if needed.

Chapter A.2	My normal day – a human is more than time
TIMING:	15–25 minutes
AIM:	√ To teach the client how to work with his/her own time so that he/she has enough time for relaxation; self-reflection.
PROCEDURE:	The client will get an A3 paper and 4-colour sticking slips. The client is encouraged to think about his/her own routine day and write down individual activities on yellow slips, which family assistant can arrange, how they follow one after another. At the same time, the client tries to write the amount of time required for them. As soon as the client is ready, think about which activities are very important and the client cannot delegate to any other family members (stick a pink slip on them), then the client thinks about those being also important, but can be delegated (stick an orange slip on them), and then there are those which are the least important, such as routine tasks (stick a green slip on them). As soon as the client has done so, look how much time client is able to save if he/she delegates some of the tasks or he/she does not need to devote them so much of his/her attention. Family assistant will ask the client: How much time would you get, if you delegated certain tasks, if you put some of them away e. g. till a less busy day? Then family assistant will ask whether the less important tasks can be completely put off. To be capable to get more time it is helpful to be able to reject further tasks, which may stress the client and prevent him/her from having enough time for him/herself. That is why it is so important to learn to say “No.”
TIPS:	Try to test the time schedule in client’s daily life; nevertheless take care that family assistant does not forget about the routine tasks completely.

Chapter A.2	The skill of saying “no” and not hurting anybody at home at the same time
TIMING:	20 minutes
AIM:	√ To learn an assertive technique, to be able to reject a request without feeling guilty.
PROCEDURE:	In order to get more time, it is also helpful to be able to reject further tasks, which may stress us and prevent us from having more time for ourselves. This is why it is very important to learn to say “no” without feeling guilty. We will ask the client to sit down in front of us as family assistants. Each of us will get a slip with his/her role. Our task is to play a sketch in 5 minutes so that one of us, who is going to reject the task given by a close person, is able to save own time – that is, to reject the additional task. After playing the sketch, we will reflect on how we both were able to reject it. At the same time, we should ask one of the family members how it would be possible to reject tasks in a more sensitive way.
	<p>MODEL SITUATIONS</p> <p>A: Your friend asks you to lend him your computer. But he is a hopeless computer user, and you will perhaps need the computer. Try to reject him so that it is assertive in your opinion.</p> <p>B: You are the friend who wants to borrow the computer.</p> <p>A: A mother calls you at 5 pm that she urgently needs you to take over the tidy up duty, but you have a completely different feeling about current time situation.</p> <p>B: You would like to go for a short walk with a friend who is in the wheelchair, but you have a duty. That is why you call your sister to take the duty instead of you, but you will not tell her the real reason.</p>
TIPS:	Remember that you do not reject a human, but only a favour or task he/she requires from you.

Chapter A.3	Mind map – how to relax at home
TIMING:	10 minutes
AIM:	√ To come to realise relaxation opportunities at home.
PROCEDURE:	Realisation: Ask the client and think together about how to relax even in the home scenario. Let client write ideas on the paper. Family assistant will ask the client what ideas he/she has had and whether he/has already tried them in everyday life.

Chapter A.3	Let us breathe the stress away
TIMING:	Max. 5 minutes
AIM:	√ To learn to relax simply at home, whenever we feel tension.
PROCEDURE:	Sometimes, despite of all client's skills and abilities, the client may feel tension or be stressed. A family assistant will ask the client to sit down on a chair comfortably, but with his/her feet firmly on the ground. Next, the family assistant will ask the client to close the eyes and place the palms on the belly and start breathing slowly. As soon as the client feels relaxation, the family assistant will tell the client to imagine that they are about to blow up a big balloon, so that they have to breathe in thoroughly, and then to breath out as much as possible. We can repeat this several times. Reflection: What was that like for you? Did you feel relaxed?
TIPS:	When blowing up the balloon, do not breathe out too swiftly, so that you do not get dizzy.

Chapter A.3	Jacobson's progressive relaxation - for home, or when we are alone
TIMING:	Up to 30 minutes
AIM:	√ To learn a relaxation technique - Jacobson's progressive relaxation - to lose muscle tension.
PROCEDURE:	<p>Realization: The method is based on a systematic tensing and relaxing of selected skeleton muscles. This method makes it possible to remove the muscle tension. Using this method, the client will learn to feel big muscle groups and to relax or tense him/her as needed, the client will achieve a psychical balance. The basic training procedure consists of six parts:</p> <ol style="list-style-type: none"> 1. relaxing of hands and arms, 2. relaxing of face, 3. relaxing of neck, shoulders and upper part of back, 4. relaxing of chest, belly and back, 5. relaxing of loin, thighs and calves, 6. relaxing of all body. <p>The family assistant will ask the client to sit down so that her/his back will lean on the backrest, feet are firmly on the ground and arms are along the body. Next, the family assistant will ask the client to close the eyes and breathe in through the nose and breathe out with the mouth or nose. During the exercise the family assistant will proceed through individual muscle groups in the above-mentioned order. Gradually, increase the tension in the particular area with the synchronous breathing in. Subsequently, remain in a short tension, holding the breath, and then, at breathing out, release. The correct rhythm is 5s of tension and 10s of release.</p> <ol style="list-style-type: none"> a) Clench the right fist so that client feels tension in the fist and forearm... Release; b) Clench the left fist so that client feels tension in the fist and forearm... Release; c) Bend the right elbow and flex the biceps, hands are released... Release; d) Bend the left elbow and flex the biceps, hands are released... Release; e) Stretch the right arm and flex the triceps... Release; f) Stretch the left arm and flex the triceps... Release; g) Frown the forehead and raise the eyebrows... Release; h) Tense up the muscles around the eyes... Release; i) Tense up the jaw by firm clamping the teeth... Release; j) Press the tongue against the palate, lips are closed, note the tension in the throat... Release; k) Clamp the lips firmly... Release; l) Open the mouth as much as possible... Release; m) Lean the head back as long as possible... Release.

Chapter A.3	Today I liked
TIMING:	2 minutes
AIM:	<ul style="list-style-type: none"> ✓ To sense the home environment positively, ✓ Be able to praise oneself.
PROCEDURE:	<p>Of course, clients' daily routine may sometimes seem bad. It seems to us (family assistants) that the client is not successful in anything and did not cooperate with the family assistant at all. Nevertheless even on a bad day it is possible to leave with the feeling that client succeeded in just something. Try to recollect a certain situation at home, which was not pleasant for the client and was returning to his/her mind for a long time. If there is such a situation, now try to devote all your (both) energy to find something positive in that situation. The family assistant will reflect with the client on his/her situation. Family assistant can even draw client's attention to the positive attitude only, which can help to remove the stress and at the same time look at the situation from a different point of view.</p>

Chapter A.4	What am I focused on? Me and my values
TIMING:	15 minutes
AIM:	<ul style="list-style-type: none"> ✓ To recognise significant values in life, ✓ To note whether my life is in accordance with the values.
PROCEDURE:	<p>The client has personal values which give him/her sense of life. Try to think and write/name one value, which is significant for his/her life. Subsequently, line them up from the most significant to less significant. As soon as the client has done it, try to ask the client to read his/her values. Subsequently, the family assistant will ask the client to think whether the way of living is in accordance with own values. The family assistant will ask whether the client notes that he/she can lose certain values in life; however, the most significant values should remain. What must the client do for the most significant values?</p>

Chapter A.4	Restructuring
TIMING:	Up to 60 minutes
AIM:	<ul style="list-style-type: none"> ✓ Seeing a problem from another perspective, searching for an active solution. Even though we are not in complete accordance with the values, there is always time for a change.
PROCEDURE:	<p>Client has problems in his/her live. And sometimes, the client can get in a situation, when he/she can no longer find a solution to these problems by him/herself, because he/she keeps looking at them from the same view and cannot see other options. The "restructuring" method allows to split the original image, divide it and sometimes even break it into smaller pieces. From those pieces we can then put together a new, different image. This allows us to look at the problem differently, to see it in a different context. And this can help us to find a functional solution, a way to deal with the problem.</p> <p>First part: The client will think about his/her life – is there anything to change, anything client is not satisfied with at the moment? When he/she can think of something, he/she will use the black ink to draw a tree that represents this problem.</p> <p>Second part: The client is asked to tear the entire paper to pieces.</p> <p>Third part: The client gets a new clean paper and crayons or watercolours (depending on what he/she prefers) and transforms the torn pieces into a brand new tree. The technique is entirely up to him/her. For example, the client can crease them first and then glue them one by one on the new paper. The client can also add some colours to the new tree with the crayons or use a paintbrush. While the client is working, family assistant can use this time to come up with possible solutions to his/her problems, which would be functional for client specifically. It can also just help client to realise that a change is possible, even though client might not be able to see a solution just yet.</p>

Chapter A.4	Social Support
TIMING:	Max. 60 minutes
AIM:	<ul style="list-style-type: none"> ✓ To note that client is not alone to face the problems and changes, ✓ To note the family assistant network/support.
PROCEDURE:	<p>To make a change may be very difficult for many people and it is very important to have somebody nearby who will support us and make the changes easier.</p> <p>Family assistant will hand out the papers and markers to client and ask him/her to draw him/herself in the center of the paper. Then family assistant will ask client to list the people who are important for him/her in difficult situations.</p> <p>Family assistant will reflect with the client on whom they have listed. It is fine to note who we can rely on. Are you able to ask those people for help? Will they do it?</p>
Chapter A.4	I need help
TIMING:	30 minutes
AIM:	<ul style="list-style-type: none"> ✓ To learn to ask the others for help.
PROCEDURE:	<p>The family assistant will ask to sit down together with the client. Now we both will practice how to ask for help, because it is important not only to feel the social supports, but to be able to ask the family assistant for help when the client needs it. We will get a slip with his/her role, and will try to ask each other for help. Note especially your feelings – they may be the source of stress, anxiety and dissatisfaction.</p> <p>A: You have many tasks in the first hour of the family assistantship (tidying, etc.) and you do not know what to do first. A client of yours, at the same time, always lies and keeps watching TV. Try to ask him/her for some help.</p> <p>B: You are a mother/father, husband/wife or family assistant. You come home at about 6 pm and you are always tired, but you know that you must do housework (tidy up, cooking, check homework of your children). Your children/husband/wife are at home from 4 pm. Try to ask them for help and delegate some tasks to them.</p> <p>C: You are not successful with the client, he/she is in opposition all the time. He/she is excusing himself/herself and does not fulfill what you tell him/her to do. You have no more ideas what to do. Try to ask parents to help you.</p>
TIPS:	You can let the client make use of the model situations from his/her own life.
Chapter A.4	Activities evaluation
TIMING:	15 minutes
AIM:	<ul style="list-style-type: none"> ✓ Evaluation of the training course, to realise the newly obtained skills, attitudes.
PROCEDURE:	The family assistant will ask the client to evaluate activities – what was conducted for him/her, what he/she has come to realise, what he/she wants to try in practical life. Family assistant will ask client to evaluate the activities in general.

Chapter B: The problem of functional illiteracy – The need for a good diagnosis (Poland)

CHAPTER B.1	B1.1 DIAGNOSING PROBLEMS OCCURRING IN THE FAMILY
TIMING:	1,5–2 hours for each stage
AIM:	<ul style="list-style-type: none">✓ Diagnosing problems occurring in the family,✓ Increasing cognitive competence and self-awareness of problems by family members.
PROCEDURE:	<p>A correctly carried out diagnosis of problems occurring in the family is key to conducting effective preventive and intervention actions. Effective reduction or elimination of the client's difficult situation requires recognition of its causes and their sources.</p> <p>DIAGNOSIS</p> <ul style="list-style-type: none">✓ Fact recognition,✓ Data collection,✓ Drawing a picture of the family,✓ Establishing resources and possibilities. <p>The purpose of the diagnosis: Providing the family assistant/social worker with the data needed to decide on what problems/ issues he/she will be working on. Diagnosis is a preliminary stage in strategy and action planning. According to the literature:</p> <ul style="list-style-type: none">✓ This is a concrete and systemic action to avoid randomness and ambiguity,✓ Refers to a specific problem/issue,✓ Applies directly to the current situation,✓ The data collection is free from bias and prejudice (as far as it is possible). <p>Determining the facts is intended to establish:</p> <ul style="list-style-type: none">✓ If the assistant/social worker performs on the basis of knowledge, not guesses or powers,✓ Whether the interventions are adapted to the initial assessment of needs and opportunities,✓ Proper monitoring and evaluation of own activities. <p>PROBLEM</p> <p>Remember that the description of the problem is not the same as defining the problem. The description of the problem is to determine the state of affairs.</p> <p>Key question:</p> <ul style="list-style-type: none">✓ How do people experience the problem?✓ How is this state of affairs described by family members? <p>An assistant/social worker cannot make an assumption that he or his colleagues have defined the state of affairs as problematic – family members perceive it in the same way.</p> <p>Assistant/social worker must know:</p> <ul style="list-style-type: none">✓ If families/family members define the state of affairs as problematic,✓ And, if so, how and why it is defined the way it is. <p>Defining/describing a problem by the clients themselves is an indication of the family's motivation – whether and what to do with a specific problem.</p> <p>Important suggestion:</p> <ul style="list-style-type: none">✓ To what extent do people critically reflect on the problematic features of their situation? <p>There are many universal tools for collecting data. Therefore, it is important to be able to use existing information and create own tools addressed to individual families in response to their problems and needs. We offer the use of tools and methods commonly used in research.</p> <p>Desk Research Analysis is also called the analysis of secondary sources. It is a method of searching for information that already exists. It involves the analysis of a variety of available source materials such as interviews conducted by social workers, specialist opinions, internal data of institutions, etc. Desk Research is an important initial element of the research, important for its further stages. It will allow you to obtain information on objectives, implementation system and management of the support process, scope of activities, etc. Thanks to the use of this method, it will also be possible to prepare a research tool – a survey.</p>

Survey research is a method of collecting data directly from the examined unit (a person). This research is performed using a survey or an interview questionnaire. When developing a research tool – a survey – you first need to ask yourself: What do we want to know, and then, why did I ask such a question? It is important to avoid unnecessary, inadequate questions to the problem under examination. The best is to create separate tools for individual problem blocks. Questions should be clear and understandable, devoid of ambiguity, vocabulary adapted to the respondent's vocabulary, short and simple syntax. By using this method, it will also be possible to carefully prepare the next stage of data collection: in-depth interviews.

Interviews allow us to reach emotional and motivational patterns of behaviour. They provide material for the analysis of attitudes and behaviour of people, social welfare clients, both in the scope of aware factors and not aware of by the client. It is also possible to identify additional issues relevant to the opinion of the respondent.

However, it should be remembered that each of the stages of data collection should be considered, supported by appropriate tools and, above all, purposeful.

Stage 1 (Annex No. 1)

Collect all available data and information about the family and its individual members. Prepare a basic tool for analysing these documents according to the diagram shown in the annex. In each aspect/area of analysis, answer three basic questions: What has been done so far to eliminate (mitigate) the problem? If you have not taken action to solve the problem, find the reason why and specify the tasks to be done. Then, based on an in-depth analysis, prepare a questionnaire to get detailed information from the client.

Stage 2 (Annex No. 2)

Plan an appointment with the client; check whether he is not going to the office on that day or has other important matters on his mind. Sit with him calmly and give a questionnaire – let him complete the tasks himself, but in your company. Observe that there are no problems with reading and writing. Try not to help – it is important for the client to complete the questionnaire him/herself. When the client has completed the questionnaire, take it, but do not check it next to him/her. Analyze the questionnaire in the office and then answer the question: Does the diagnosis made on the basis of the questionnaire coincide with the problems and negligence you have noticed at the client's? Then prepare the issues for the conversation with the client, which should be targeted according to the client's answers in the survey.

Stage 3 (Annex No. 3)

Write out the problem situations on the basis of the answers in the survey, but remember that family members do not have to perceive them in the same way as you do. In-depth conversation is primarily aimed at understanding how the client defines the problem, but also to develop a plan of work with the family, which will reflect the actual, defined by the client, problems.

*You can use the documents prepared by us, but you can also create your own.

LITERATURE

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 - [3] J. Lutyński, Ankieta i ich rodzaje, WSNS, Warszawa 1997
 - [4] J. Szczepański, Techniki badań społecznych, PWN, Łódź, 1951
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CHAPTER B.1**B1.2 DIAGNOSIS OF THE FUNCTIONAL ILLITERACY**

TIMING: 1–1,5 hours**AIM:** ✓ Diagnosing functional illiteracy in the client's life,
✓ Improving cognitive competence and understanding of the text.

PROCEDURE: Social welfare clients often have a problem with the tasks that a social worker or family assistant has given them. This is partly due to the lack of need/habit/unawareness of the client who does not see the problem and does not need to repair it. Often this happens because the client does not understand the commands spoken by the social worker/family assistant. He does not understand the commands, he does not understand the content of the official letter, he does not understand the message spoken by the official. Most often, the client closes in and does not take action, postponing his implementation for an indefinite period of time. Sometimes the client does the task, but he is not aware of why he did it, what he gained due to such behaviour, what problem he got rid of. If a similar inconvenience occurs in the future, he will not be able to reproduce this behaviour. Social workers, family assistants, officials assume that their client uses a similar language competence and understanding of messages/text. Among the clients of social assistance, the occurrence of functional illiteracy is very often noticed.

FUNCTIONAL ILLITERACY is a situation in which people who do not have education or who have formal education cannot use knowledge to function effectively in everyday life in a modern society. It is also a lack of the ability to use the device in spite of having a user manual. Most often, the concept of functional illiteracy refers to the inability to write correctly, to read and understand correctly and to make simple calculations, and less frequently to the ability to use modern technologies, primarily information technology, regardless of having knowledge about them.[1]

Problems with understanding the written language are transferred to problems with functioning, not taking action, acceptance of a passive attitude towards life, which affects the life situation of both the client and his family.[2]

The attached questionnaires contain exercises that will quickly diagnose problems related to understanding. Plan an appointment with the client – check whether he is not going to the office on that day or has no other important matters to do. Sit with him calmly and give a questionnaire (Annex No. 4) – let him complete the tasks himself, but in your company. Observe that he has no problems with reading and writing. Try not to help, it is important for the client to complete the questionnaire himself. When the client has completed the questionnaire, take it, but do not check with the client. Analyze it in the office – you will see if the client shows problems with understanding of the text and if he has problems with counting. What is the conclusion? Does the diagnosis made on the basis of the questionnaire coincide with the problems and negligence you have noticed at the client – lack of dealing with matters in offices, problems with financial management, failure to payment deadlines/no fulfillment of obligations?

During a short meeting with the client, when you see that there are problems with understanding orders or, for example, managing money (money is lost, large sums are spent), do short diagnostic tasks that can be the basis for further diagnosis. Ask the client to count the simple operation of, for example, $4 + 3$ or 5×3 . Check if he can count.

If you want to know that he can read, take out the leaflet, whatever the written text in it and ask to read it. Ask what time is shown on the clock face of the watch which is not electronic. Ask for writing a short letter – check if he can write. Typically, clients have a very well-knowledge how to write their names or address – this makes us assume that the client can write. Reality, however, may look completely different.

* While the client is filling in the questionnaire, try to do your own matters (filling in documents, talking to the child in the other room, etc.). Take care of something so that the client does not feel that he is being examined. Do not tell the client about functional illiteracy – do not make him aware of it. This is information for you, to know how to handle it, what to look for first.

LITERATURE

[1] J. Skwarek, Analfabetyzm dorosłych jako jeden z czynników wykluczenia społecznego, Cieszyński Almanach Pedagogiczny2, 2013, s.160 – 171

[2] E. Przybylska, Analfabetyzm funkcjonalny dorosłych jako problem społeczny, egzystencjalny i pedagogiczny, Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika, 2014

CHAPTER B.1**B1.3 VALUES IN CLIENT'S LIFE**

TIMING: 1–1,5 hours

- AIM:**
- ✓ To find out what values the client uses in his life,
 - ✓ To find out how the client defines values,
 - ✓ To build relationship.

PROCEDURE: Values act as a motivator for a specific action, they determine our choices. Thanks to values, we know what is good for us at the moment and what is bad. They set life priorities and beliefs. The concept of life values is very capacious and often problematic – there is a problem in defining what a given value is and how we understand it.^[1] In order to get to know a second person, it is worth looking at what values he or she believes. We cannot assume that everybody shares the same values, that the same thing is important for every person. For some, the family and children will be important, for others it will be money and work. The culture in which we grew up, the environment, everything we have learned, experienced, whom we met on our way – has a very big influence on the values we profess. Very deeply rooted values are the basis for all actions, the driving force or inhibiting our behaviour.

The same applies to working with a client. We need to get to know the client well to get him diagnosed. We cannot assume that the client is the same as us and he/she is guided by similar rationality. In addition, it is worth noting that what is important to us (family, order, children) does not have to be a superior value for other people. By getting to know the client's values, we enter into his internal world and receive knowledge about why he behaves in this way. We are trying to find a resource that can be used to work with him/her.

Make an appointment with the client on a day when he/she will not have any duties or errands to deal with. Start a conversation about what is important in life. Try not to moralise, just say that it is because you want to get to know the client and that is why you have a few questions. Show him/her a questionnaire on which values are written. Explain what the scaling is about – how to use the scale, how to mark the answers. Say that it is very important for you to know the client's values, what he/she likes. And that is why you ask him to complete this questionnaire (Annex No. 5).

IMPORTANT! Also, fill in the questionnaire yourself, wondering what is important to you. Have it with you. Pull out and compare. Alternatively, if you want to, tell the client that you will also fill in your questionnaire and you will compare your choices. When the client completes the task, sit comfortably and start analyzing point by point. Ask a client how to define a given value – this is a very big knowledge for you – firstly, because you know what the client understands under a given value, secondly, you will also determine the state of client's awareness – what language he uses, whether he understands what is written or if he can read and write. When comparing your answers, do not evaluate – accept the hierarchy of the client. The most important thing is to find common points – which values are the most important for you and for the client. This will allow you to find a common point in cooperation with the client. Working on common values will allow you to build a relationship with the client, which will be helpful at work. Do the same exercise with the second questionnaire (Annex No. 6) – behaviour assessment. The behaviour presented in the questionnaire may be compared to social situations known from television, related to the socio-political situation. Ask him to explain why he agrees with some of the behaviour and not with others. This conversation allows you to see in the person not only the beneficiary of social welfare, but someone who has his/her own beliefs.

* Do not judge the client if you completely disagree with his/her values. It is not your task to get him/her to subordinate to you. Your task is to do the job so that the client does not need your help in the future. Do not change his/her values – accept them and possibly show what is important in a given situation for the client. Let the client make a conscious choice. Your task is to create conditions that will maximally support the activities of the client. Talk – try to motivate the client to talk. Often, clients take on the role of a "student" or petitioner who comes to the office. Therefore, he/she applies the behaviour adequate to this type of situation – officer knows what to do, the client only waits and receives the service. Change this type of relationship – show the client that you are interested in what he/she says.

LITERATURE

[1] J. Cieciuch, *Kształtowanie się systemu wartości od dzieciństwa do wczesnej dorosłości*, Liberi Libri 2013

CHAPTER B.1

BI.4 ROLE OF THE FAMILY ASSISTANT

TIMING:

It depends on you

AIM:

- ✓ Reflection on the roles assumed in the assistant's work,
- ✓ Enriching the workshop of family assistant.

PROCEDURE:

The social role is a set of rules defining how should behave a person who takes a given position in the group. We differentiate roles assigned and achieved. We will be interested in the roles achieved, especially the professional roles, that is, the set of behaviours and skills that are acquired in the profession.[1] However, we can also look at the roles we adopt outside the profession – the role of a parent, friend or colleague.

The professional role of the family assistant is characterised by such tasks as assisting and supporting. Assisting, in contrast to the direct assignment of tasks or exhortation, consists of attendance, accompaniment in something, participation, and support.[2] The assistant should work in a completely different way than social services. He/She should not play the role of a psychologist, social worker, teacher, pedagogue or policeman. He cannot fulfill a role to which he has not been assigned. Proceedings inconsistent with the assistant's professional role, taking up the scope of activities over the assistant's tasks are troubled – to themselves and to the family. Family – because it closes the family's path to meet other specialists, undertake an independent task, seek help. Assistant also harms him/herself – he is exhausted, and what is connected with it, falls on the burnout syndrome. Secondly, it incapacitates the family by fulfilling tasks for it, and also stops the process of improving the family, because the horizon of looking at problems in the family only strengthens the view of the assistant and not other specialists.

In addition to professional roles, we have assigned roles such as a friend, mother, child. In frequent contact with the other person people often have a desire to shorten relations, to change them to a friendly level. In the work of a family assistant, such situations can occur frequently, assistants are exposed to them. This is because the assistant has more frequent contact with the family members. He often enters intimate spheres of family life, which creates an atmosphere of closeness and understanding. Clients' children like the assistants very much and often treat them like their "aunt" or "uncle." Clients also become close to assistants treating them as parents they did not have. A family assistant should be attentive to such examples of sympathy.

Loosing contacts may lead to a conflict of roles. It occurs when we do several contradictory roles. So, we as assistants (the persons who provide support) are warm but we cannot turn a blind eye to certain things that the client does, because it is dangerous for him/her or his/her family or has a dysfunctional effect on the family's life. But at the same time, we allow the client to treat us like a friend, a person who does not assess, does not require. If in this situation we pay attention, there may occur two situations – both will be tragic. Either the client does not comply with the comments and will challenge our opinion, or we will lose with him/her the relationship that we have developed, and what is connected with it, we will also not help the client. Every role (a friend, a parent, a trustee) brings with it a certain type of behaviour and burdens connected with them. If you take on the role of a parent, the client may rebel – because children go through a period of rebellion and do not fulfill their parents' tasks. By entering into too close relationships with clients, you can lose the overall picture of the family and the distance to it.

Think about what tasks you complete in the families with whom you work? Do you only assist, support and motivate? Do you do additional tasks? Do you accept the role of a family member or friend?

Look at the questionnaire (Annex No. 7) – there are listed all the professional roles that family assistants have mentioned[3]. Circle those tasks that you fill in with your family. Think about how many of them are unnecessary, how much you can ask a specialist, which tasks can be completed by the family itself, or the family can be supported by the local environment, neighbourhood group. List these roles in the appropriate columns.

LITERATURE

[1]P. Sztompka, Socjologia. Analiza społeczeństwa, ZNAK 2012

[2]I. Krasiejko, Metodyka działania asystenta rodziny, Wyd. Naukowe Śląsk, Katowice 2012, I. Krasiejko, Zawód asystenta rodziny w procesie profesjonalizacji, Wyd. Edukacyjne „Akapit”, Toruń 2013

[3] Focus research was one of the assumptions of the project. Based on them, we found out what problems family assistants face. The subsequent stage of the research, after writing the report, was to prepare a thematic scope of training for assistants. During it, we did an exercise related to the adoption of roles.

Chapter C: Social inclusion as a means of developing self-actualisation, greater partnership and resilience (United Kingdom)

PART C.1	The role and purpose of the public servant / family assistant
TIMING:	Max. 20 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect on the situation of delivering a public service / family assistantship, ✓ To reflect the public assignment to the family assistant.
PROCEDURE:	Family assistant and client work in pair. Both discuss about what they think is their role to deliver a public service and what they think the public expects from their work. Together write down on sticky notes their opinion and put them on paper table cloth to give a picture of their opinion.
PART C.2	Public service agency / organisation providing family assistantship and client / family member partnership
TIMING:	Up to 30 minutes
AIM:	<ul style="list-style-type: none"> ✓ Show possibilities to cooperate with other agencies/NGOs under the context of the results from first session (to figure out methods and tasks that can align with other agencies), ✓ Show possibilities to cooperate better with client / family members under the context of the results from first session (to figure out methods and tasks that can align with families).
PROCEDURE:	The family assistant/client bring in their reflection about their role working and their understanding of the expectations of the public from the first session. Now they think about methods and tasks that make it possible to roll out their ideas in cooperation to other agencies/NGOs and to bring it more into alignment with them. Then they reflect on their ideas under the context of the needs and wishes of family members. They again think about how they may bring their ideas align with the expectations of client / family members.
TIPS:	The family assistant and client may restructure the sticky notes brought in by the first session into a new picture or ask to each other to write new sticky notes and place them in the new structure of the partnership to agencies/NGOs and family assistance.
PART C.3	Dependency and resilience
TIMING:	Max. 30 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect signs of dependency, ✓ To reflect barriers to clients.
PROCEDURE:	First of all, let the client brainstorm and list up signs of dependency. Make two lists, one for the client and one for family assistant. Than let the client brainstorm and discuss with family assistant about resilience. What is the barrier to resilience for client and community? List it up into two lists with sticky notes and look and discuss the relationship between the lists.
TIPS:	The client may restructure the notes to show the correlation between the different lists.

PART C.4	Co-production: A social care partnership with clients (service users) and family assistants (carers)
TIMING:	20 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect the model of co-production, ✓ To learn about the benefits of the approach, ✓ To learn what assists the approach, ✓ To learn what works and why
PROCEDURE:	Family assistant and client discuss the model of co-production as a whole and describe it on sticky notes. Then they discuss the benefits of the model and what is working and why it works. They restructure the notes into working and not working attempts to find out the best approaches for the model.

PART C.5	Social inclusion
TIMING:	Up to 20 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect on the theory of social inclusion and why it matters.
PROCEDURE:	The family assistant and client list up what and why social inclusion matters to them as a concept.

Chapter D: Successful communication leads to successful cooperation (Austria)

PART D.1	Transfer criticism into wishes
TIMING:	15 minutes
AIM:	<ul style="list-style-type: none"> ✓ Not respond immediately to a charge, ✓ Learning to hear the wishes and needs.
PROCEDURE:	<p>The family assistant and client work in pair. Both think about a small discussion they had when client/child has made some serious accusations against the family assistant. Then family assistant takes over the role of the client, the other one that of the family assistant. The "Client" starts to make serious accusations to the family member. The family member does not reject, justify or in any way interfere with the allegations. Rather, he tries to ask the client what he wants. Next both are changing the roles.</p> <p>Reflection: What was that like for you? Did you feel relaxed?</p>
TIPS:	Take your time to reflect on how you felt in the role of the client? Have you ever been asked about your wishes being the client?

PART D.2	Our relationship: the client-family assistant or carer-user
TIMING:	Max. 20 minutes
AIM:	<ul style="list-style-type: none"> ✓ To reflect on my attitude, ✓ To learn to see other person resources, ✓ To feel your own resources that strengthen you.
PROCEDURE:	<p>The family assistant (carer) and a client (user) sit facing each other. The client thinks about a difficult situation with a family assistant he/she had within last problematic assistantship/service. The client observes the family assistant and contemplates his or her own emotions: What do I feel? The client thinks about which resources the family assistant needs – what supports him/her, what makes him/her strong, what the competences are, what the experience needed is. Now the client thinks about himself/herself: What are my resources, strengths? At the end, the experience is discussed between each other and they both try to agree on feelings, support, competences and emotions.</p>

PART D.3	Yes, but
TIMING:	Up to the client
AIM:	<ul style="list-style-type: none"> ✓ To learn about your own communication when getting under pressure.
PROCEDURE:	<p>Both (family assistant and client) think about a problematical situation they had within the assistantship. Then they decide who wants to start in which role, the family assistant or the client.</p> <p>Person A – explains the problem, Person B – gives an advice, Person A – rejects the advice, Person B – gives alternative advice, Person A – rejects the advice again, Person B – gives alternative advice. And so on....</p> <p>Reflection: Being in the role of the client: How is it like if someone gives you advice and you actually do not want them to? Being in the role of the family assistant: How is it like if someone always rejects your help? What can you do to change the situation? Can you change your communication?</p>
TIPS:	Try both roles

PART D.4	Personal learning success
TIMING:	Max. 10 minutes
AIM:	<ul style="list-style-type: none"> ✓ To be able to give and to take feedback, ✓ To give the possibility to reflect on the whole day, ✓ To strengthen the learning experience.
PROCEDURE:	<p>Family assistant and the client sit together. Each of them gives feedback about his/her personal experience within the activities and with his/her own experience of self-learning as long as he/she wishes to.</p>
TIPS:	Focus on the question: What is my personal outcome of these activities?

An overview of the social systems in each country – Poland, Austria, the Czech Republic and the United Kingdom

Poland

Social assistance is a social policy institution aimed at enabling individuals and families to overcome difficult life situations that they are unable to overcome using their own resources and capabilities. The task of social assistance is also to prevent situations that may result in social exclusion. This is done by undertaking actions aimed at independence of people and families in a difficult situation and their integration with the environment. Public institutions are of great importance in the Polish social welfare system. Social assistance provided by public institutions consists in: granting and paying benefits, social work, carrying out and developing the necessary social infrastructure, developing new forms of social assistance and self-help in the framework of identified needs.

An important element of the social policy system in Poland is the system of helping the family and the child. This system is regulated by the Act of 9 June 2011 on supporting families and the foster care system. Included in it are solutions related to raising a child and system support, if this care is for some reason disturbed / insufficient. Actions taken under this system should provide the family with such help that, as a result, the threat of taking a child from the family is eliminated. Or provide a quick return to the family for those children who periodically had to be placed outside the family. It was recognised that preventive activities helping the family in the proper functioning and raising of children are very important. The basic tool is to work with family. That kind of work is important when the family experiences the first difficulties. It is necessary when there is a serious crisis in the family that threatens the well-being of the child. As a result of this work, the family should achieve the ability to function properly enough to ensure that children's safety is not endangered.

According to the provisions of the Act on supporting the family and the system of foster care, the task of the commune is to prevent placing children in foster care. Preventive and corrective actions should be introduced so that the child/children can bring up in their biological family in their living environment as long as possible. The family assistant service is supposed to help fulfill this task. The assistant is to make it easier for parents to fulfill their parental roles in order to achieve basic life stabilization. If the children are already in foster care, the role of the assistant is to help them return to the biological family as soon as possible.

The procedure for granting the family assistant is sanctioned legally. The tasks of the assistant, his duties and all guidelines related to the service are described in the Act. Support for families by an assistant takes place in all areas of life – from support in upbringing, help in cooking dinners and planning meals, payment for a flat, assistance in paying off debts, renewing home, to psychological support, conversations, motivating to change life, reformulating life priorities, etc. Assistant and social worker develop a family support plan that lists tasks to be carried out with family. These tasks seem simple and mundane to an ordinary man. You can think about – how to pay bills, cook dinner or help children with lessons? However, such ordinary activities related to functioning – householding, taking care of children – cause a big problem for social welfare clients. Lack of these skills leads to very serious negligence, which may result in placing children in foster care, because the mother or both parents are inefficient and act against the child/children.

Often, social assistance clients using the help of a family assistant are people who are incorrectly socialised during their childhood, who have problems in everyday functioning. Their inability to provide proper care and upbringing affects into poor functioning of their children. Therefore, family assistant must start working with the family from learning basic social behaviour. To start this work should do some basic, but the most important, in our opinion, activities – get to know the client, diagnose his problems and values. The starting point for proper work with the family is the appropriate professional preparation of family assistants. It is based on

appropriate methods and work tools created on the basis of scientific studies supported by practice. Preparing to develop appropriate tools for the work of family assistants in Poland, we conducted focus studies both on family assistants and family members.¹

Below we present the most important, in our opinion, conclusions from focus studies. Based on them, there were created tools for working in families with very low educational competences and low awareness of their own problems.

When writing a plan of work with family and also in contact with family, assistants should follow the standard of participation of all family members. You should not specify tasks for people who were not present during its creation. Often, family assistants write a plan to work with the family, charging only one member of the family with tasks, making him responsible for the whole family.

Diagnosis of the family is a significant task in helping the family. Assistants at the beginning use only the assessment of a family made by a social worker. They receive documents about the family, such as the opinions of specialists. Family assistants should additionally make their own family diagnosis. It should be deeper – family assistants should know the background of the family, its values. Understanding the values recognised in the family helps in looking at reality through the eyes of its members and realizing what is a key value for them. Faulty or inaccurate family diagnosis affects on co-operation.

Assistants in family diagnosis do not pay attention to social and cultural capital of family members – impairments, educational deficiencies, lack of education. These elements are crucial in cooperation – family members do not understand the assistant's message, because they do not have the right competence. They do not understand the meaning of words, they do not understand why they have to perform a given action – this results in the lack of proper communication, and what is connected with it, the lack of progress in

¹ Report is available on www.inposterum.pl.

working with the family. Functional illiteracy is a frequent occurrence in assistantship.

Assistants often do not know the limits of their professional role – they are assistants, so they should assist, support the client in his activities. In many cases, the assistant takes on too many roles – he/she is a teacher, psychologist, pedagogue, nurse, midwife, home carer, mother, friend, etc. They cannot set the limits of support, which causes professional burnout, reluctance and lack of distance to the family. Assistants often focus only on working with children, without involving parents. Parents feel relieved of the obligation of educational work, satisfying only the caring needs of the child.

The main and most important problem for families using family assistantship is the lack of awareness of the problems they face. They do not know why the assistant is in their family, what he/she wants to help them with. The assistant's services often lead to typically mechanical behaviours such as assistance in arranging housing issues, assistance in caring for a child. They do not show reflection on their behaviour, they do not treat it as a problematic situation.

Austria

The Diploma Social Worker / Family Worker describes a social occupation and is anchored since 2005 by law (regulated in a 15a agreement in the Federal Constitutional Law – Federal Law Gazette I No. 55/2005). The federal government set the framework conditions and called on the federal states to make more precise arrangements. Unfortunately, no immediate timeframe was set, which is why the implementation took at least two years, in some states even longer.

Who are the social care professions?

The social care professions are made up of occupational groups that were previously independent of one another and whose periods of education and job titles varied in the individual Austrian provinces. The establishment of the social care professions pursued the goal of achieving a uniform regulation within Austria. Social care professions include: graduate social worker (retirement work (A),

family work (FA), disability work (BA) and handicapped support (BB)) and specialist social worker (retirement work (A), disability work (BA) and handicapped support (BB)).

Diploma Social Worker / Family Worker functions in the context of mobile services and practice their activities in the private sector of the family or family-like life forms. The care is provided with the aim to maintain the usual rhythm of life and to support the family / family-like community to overcome their difficult life situation. Graduate social worker or specialist social worker with a focus on family support needs physical endurance, hand skills, cooking skills, organizational skills and independence. In addition, they need to be flexible, able-bodied, and communicative to build relationships with children, as well as the elderly, and adapt quickly to new situations. Social commitment, empathy, responsibility, but also mental resilience are other qualities that family helpers need to have.

The education of the diploma social care professions takes place with different emphases: on working with elderly people, on family work, on disability work and on disabled accompaniment. The training can be done at the following training organizations:

University: Psychology, Sociology, Educational Science (Healing and Integration Education, Social Education, Further Education);

University of Applied Sciences (*Fachhochschule*): Social Work, Social Work (BSc, MSc), Social and Administrative Management, Social Space-oriented and Clinical Social Work, Social Economy and Social Work;

Social organizations: Training Center of Caritas. The training can be completed at the school of Caritas and it lasts 6 semesters. Training in the social profession “Family Worker” is only available at diploma level. It is offered in both day and extra-occupational terms and includes 1,920 hours of practice and 2,400 hours of theory. The training can take place either as part of a training course or through the completion of individual modules. Again, there is the obligation to further education. The training is chargeable.

Further education

There is a wide range of training opportunities in this area, such as in the areas of social and life counseling, marriage and family counseling, youth and parenting counseling, psychosocial counseling, interdisciplinary mobile early childhood support and family support, social work and social management and career guidance. Graduate Social Worker Family work has to be completed every 2 years with minimum training of 32 hours.

Requirements

The requirements include enjoyment of dealing with people, social skills and communication skills, empathy, ability to motivate others, high sense of responsibility, confidentiality/discretion, resilience (above all mental stability and resilience), patience, good observation skills, problem-solving ability, consulting skills.

For the Diploma Social Worker / Family Worker the training can be completed at Caritas School of Social Care. Prerequisites include: minimum age of 17 years, successful completion of the 9th grade, health and personal fitness, sufficient knowledge of German in terms of education and professional practice, and admission test and / or admission.

Job profile

Fields of work can be: in mobile family care (for example, short-term help or long-term help), in the handicapped area (for example, residential groups), and in the socio-educational field (for example, as an everyday manager in residential groups).

The social care of families and family-like communities are among the target group of social service graduates. Helping families overcome difficult life situations such as illness, separation, death, excessive demands or the loss of a caregiver are among the key challenges of this job description. Other fields of responsibility include the implementation of nursing measures as well as the coordination and professional guidance of persons with training in specialist social care or home help. Trained graduate social workers are remunerated according to the collective agreement (eg BAGS) or

according to the respective service regulations or other wage-setting regulations.

Employment opportunities are offered by relevant advisory institutions, information centers and associations. These bodies are run by private as well as public corporations (such as communities), religious communities, initiatives or umbrella organizations. Advancement opportunities in this area exist, for example, in social management. Professional development opportunities are available by completing the psychotherapeutic, propaedeuticum with a subsequent training in psychotherapy.

Fields of activity and competences

Graduate social worker or specialist social worker with a focus on family support are specialists in the field of social assistance: they represent mothers or carers at short notice in case of illness, childbirth, spa or recreational stay. They help when children of working single parents fall ill, and support the family during and after a hospital stay of the mother. If the family includes sick, old or disabled persons, the family helpers also take care of them. Family helpers do the normal housework in the usual way (tidying up, cooking, necessary sewing, washing). They take over the roads, go shopping and do errands. They look after infants and toddlers, take the children to kindergarten and school, help older children with their schoolwork, and also take care of their leisure time activities. Family helpers take over the management of the household and the care of the children, if a mother can not or not fully carry out her duties due to illness, childbirth or spa and recovery stays for a long time. The activities of family helpers include all household chores, such as cooking, cleaning, washing, ironing, repairing damaged clothing, and shopping. They educate and nurture the children, help them with their homework and play with them during their free time; Larger children are also used by the family helpers to help in the household. If the family includes sick, elderly or disabled persons, family helpers also take care of them and provide for any necessary medical care. If necessary, they can establish contacts with social welfare authorities or social workers (for example, applications for

financial support, the admission of elderly, sick or infirm persons in homes). When learning difficulties, they keep in contact with the school and show through discussions with the children solutions to problems. Family helpers are usually available to the respective family for two to four weeks.

Work equipment

Only as a well-established person can you cope with the duties of a social work supervisor for family work and can give the other family members the support they need when a family member fails. Therefore, it is important to work on yourself again and again, and in spite of all the responsibility you have for the entrusted family members, do not forget that you also have responsibility for yourself.

Work environment

Graduate social workers working for family work work directly in the homes of the affected families and are therefore in direct contact with all family members living in the household. Diploma supervisors of family work employed on a farm may also be needed to care for animals. If needed, they can also get in touch with other social services or other social work and health professionals.

Czech Republic

Right to personal assistance is granted by the law, No. 108/2006, Coll., §39. The personal assistance is according to the law a service in the field, which is not limited by time and a personal assistant provides basic activities. It is possible to carry out also optional activities after an agreement with the client. Maximum price established by the regulation no. 505/2006 Coll. per an hour of personal assistance is 120 Kč. (A disadvantage is that the care allowance does not cover the monthly cost of personal assistant care and person with disability has to pay this services from their budget).

The aim of personal assistance is to enable the person with a disability to live in their natural environment and to prevent the social exclusion which is threatening to persons with disability. Personal assistance is of two types and it is either self-determining

(the client is able to direct the assistant) or controlled (personal assistance is required for the client by a coordinator).

Personal assistance is carried out by a social services worker who should have completed an accredited course of social service worker if is not medically educated. A personal assistant can work also in schools and helps pupil, especially with physical operations. A personal assistant should have physical, personal and professional predispositions. When choosing an assistant, the employer should examine motives for this activity, but in my opinion, the client should examine it as well, because negative projection can be created and if the personal assistant is not supervised, it may lead to establishing an unhealthy relationship between the client and assistant.

Only a natural person who is not a close person and who can provide care to a person dependent on the care of another person can be a social care assistant. The person must be older than 18 years and is physically eligible according to §83 paragraph 2 of the law on social services and does not provide care as an entrepreneur. An assistant of social care does not have to be registered according to § 79 of the law on social services and must be stated as a caregiver in the application for the care allowance and must have a written contract with the client for providing the assistance. Accepted amount from the care allowance as a payment for provided assistance is exempt from a taxation obligation in case of assistant care and simultaneously does not pay health insurance.

There exists social advice (basic and professional) that is provided without payment is focused on needs of individual groups of people, and services of social care (provided for payment).

Personal assistance – in the field service provided to people with decreased self-sufficiency and need the assistance of another person. It is provided without time limit, in the natural social environment and for activities which are needed by the person.

Care service – in the field or ambulatory service is provided to people with decreased self-sufficiency. Further, it is intended for families with children who require the assistance of another person. The service is determined by the time in the home environment and in social services facilities.

Guiding and reading aloud services – in the field or ambulatory service is provided to people with decreased ability of orientation or communication. Handling their matters.

Independent living support – in the field service for people with decreased self-sufficiency due to a disability or chronic disease (including mental) with a situation requiring the assistance of another person.

Facilitating services – in the field, ambulatory or residential services for people who have decreased self-sufficiency and they are taken care of in their natural social environment. The aim is to facilitate the social workers' necessary rest.

Centers of day care services – ambulatory service provided to people with decreased self-sufficiency due to age, disability or chronic disease requiring the assistance of another person. Assistance with personal hygiene, providing food, educational activity etc.

Day centers are an ambulatory service. It is provided to people whose situation requires regular assistance of another person. Activities range – handling their own care, assistance with personal hygiene, providing food, etc.

Week centers are a residential service provided to people with decreased self-sufficiency due to age, disability and to people with a chronic mental disease whose situation requires regular assistance of another person.

Homes for persons with disabilities are a residential service with decreased self-sufficiency due to disability whose situation requires the assistance of another person.

Protected housing is a residential service of social care. It is in a group or an individual form of housing.

Emergency care is in the field service which provides continuous voice and electronic communication with people exposed to a steady high risk of health or life danger in case of sudden impairment their health state or abilities.

United Kingdom

The issues surrounding social welfare occupy a truly important position in the UK system. In this respect, public institutions are supposed to assist the struggling individuals or families, so that different forms of social marginalization and exclusion are reduced. By providing goods and services, public institutions guarantee and protect people's fundamental rights, so that their conditions can improve.

In late 2010, the UK Office for National Statistics launched the Measuring National Well-Being (MNW) programme, which monitors the performance of the UK and then produces progress reports, biannually. According to the April 2017 report, the most improved areas relate to job and leisure time, greater interaction with the neighbourhood and more involvement in volunteering, but also people's financial position and education. In contrast, the areas that have worsened relate to anxiety, recycling, relationships, accommodation and sport exercise.²

Talking about social capital, the Office for National Statistics maintains that '[o]ur personal relationships form the foundations of our social support networks and are important for individuals as well as for community well-being. Social support can be particularly important in helping people and communities recover from periods of difficulty or times where we need reassurance, practical or financial help.'³ Accordingly, it is of utmost significance to have someone to rely on in times of crisis. Data shows that, while there has been a decrease of those with a spouse, relative or friend to rely on as well as support within families, there has been a slight increase of people providing assistance to a sick, disabled or elderly person and a slight increase of interaction with neighbours. In terms of personal well-being, the Office for National Statistics notes an

2 Office for National Statistics, 'Measuring National Well-Being: Life in the UK, April 2017,' 2017, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/apr2017>.

3 Office for National Statistics, 'Social Capital in the UK: May 2017,' 2017, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/socialcapitalintheuk/may2017>.

‘[i]ncrease in the proportion of people reporting very high levels of life satisfaction, worthwhile and happiness ratings.’⁴ For example, employment rate has reached its highest level since 1971 (when comparable data were collected), with improvements in both gross domestic product per head and net national disposable income per head. However, real household disposable income per head has decreased, with consumers expressing concerns about their own financial situation in the period April to June 2017.⁵

In the UK, social workers are registered professionals who, while acting as guides or advocates, support families and individuals going through difficult times. They must have a social work degree (undergraduate or postgraduate) and adhere to a professional code of conduct. Given the job of a social worker can be challenging, they often work together with health and educational professionals in order to achieve the best possible outcome. As summarised by the British Association of Social Workers, ‘[s]ocial workers work in a variety of organisations. Many work for local authorities in departments that provide services for children or adults. Some work in NHS Trusts and many others work in the voluntary and private sector. A new development is the creation of social enterprises, whereby social workers set up their own company, or work with others to contract for work.’⁶ Key groups assisted by social workers are the elderly, disabled children, teenagers and adults with mental health issues, drug and alcohol abusers, refugees and asylum seekers, families with problems of possible breakdown. In order to successfully approach any of these and provide assistance, social workers should possess good communication, intrapersonal and problem-solving skills.

4 Office for National Statistics, ‘Personal Well-Being in the UK: July 2016 to June 2017,’ 2017, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/july2016tojune2017>.

5 Ibid.

6 British Association of Social Workers, ‘Social Work Careers,’ 2017, <https://www.basw.co.uk/social-work-careers/>.

The main tasks performed by UK social workers involve ‘conducting interviews with individuals and families to assess and review their situation, undertaking and writing up assessments (sometimes in collaboration with other professionals), which meet specified standards and timescales, offering information and support, organising and managing packages of support to enable people to lead the fullest lives possible, recommending and sometimes making decisions about the best course of action for a particular person or family, liaising with, and making referrals to, other agencies, participating in multidisciplinary teams and meetings regarding, for example, child protection or mental health, maintaining accurate records and preparing reports for legal action, giving evidence in court, and participating in training, supervision and team meetings.’⁷

Looking more closely at families, it has been widely acknowledged that many of them are likely to face problems at some stage. As pointed out by Family Action, many families struggle with health issues, social interaction as well as educational achievement. Accordingly, ‘[t]he multiple needs are often accompanied by greater involvement of costly state interventions such as child protection, children in care, educational support and NHS mental health support.’⁸ For example, Family Support Services start with ‘the family’s own perspective of the action they need to take, in conjunction with the issues identified by professionals’ and they provide ‘home-based, practical flexible family support tailored to the family’s needs including weekend, evening or early morning work to help families establish routines, relationship and practical support, and activities for children and parents.’⁹

In 2017 alone, the UK Department for Communities and Local Government has tackled a range of important policy areas, relating to

7 Prospects, ‘Social Worker,’ 2017, <https://www.prospects.ac.uk/job-profiles/social-worker>.

8 Family Action, ‘Family Support Services,’ 2016, <https://www.family-action.org.uk/what-we-do/children-families/family-support-services/>.

9 Ibid.

drug and alcohol abuse,¹⁰ tax-free childcare,¹¹ support for workless families¹². In April 2017, the Department for Work and Pensions presented to the Parliament their Workless Households and Educational Attainment Statutory Indicators, listing educational attainment and cognitive skills as some of the most important factors affecting child's future progress, primarily in relation to employment and income. With this in mind, the government has placed a strong emphasis on improving education achievement of disadvantaged pupils.¹³ Accordingly, some of the benefits for families include free school meals, Childcare Grant, Child Trust Fund, Guardian's Allowance, Maternity Allowance, Parent's Learning Allowance, Universal Credit.

In terms of children support, benefits include financial support when a child is at school, such as help with home to school transport, free school meals and transport, help with school clothing costs, transport for children with special educational needs and disabilities, as well as childcare for school-age children, such as childcare out of school hours and assistance with before and after school and holiday clubs.

At schools, the presence of nurses is deemed crucial. Their main role is to foster healthy lifestyle amongst young people in accordance with the Government's Healthy Child 5-19 programme, so that

10 Department for Education, 'Family Drug and Alcohol Court National Unit: Evaluation,' 2017, <https://www.gov.uk/government/publications/family-drug-and-alcohol-court-national-unit-evaluation>.

11 Department for Education, 'UK Families Will Soon See Bills Cut as Date Announced for the Launch of Tax-Free Childcare,' 2017, <https://www.gov.uk/government/news/uk-families-will-soon-see-bills-cut-as-date-announced-for-the-launch-of-tax-free-childcare>.

12 Department for Work and Pensions, 'Improving Lives: Helping Workless Families – Evidence Base,' 2017, <https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>.

13 Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605825/workless-households-and-educational-attainment-statutory-indicators-web-version.pdf.

illnesses can be prevented.¹⁴ Therefore, school nurses can help with the issues ranging from bullying, chronic fatigue and eating disorders, to divorce, separation and bereavement, but also mental health problems such as anxiety, phobias, depression, sleep problems, post-traumatic stress disorder, etc. School nurses are qualified nurses or midwives, with an additional training in public health. According to the National Health Service, 'they may be based in a school, a GP surgery or a health centre and may work as part of a wider team with senior school nurses, community staff nurses and nursery nurses. They may be employed by local councils, the NHS or by schools directly. There are over 2,600 school nurses working in the NHS, most of them covering several schools.'¹⁵ So, by working across education and health, specialist community public health nurses work between school, home and the community. In addition, they can also provide teachers with training, so they can help with, for example, asthma. They can also teach children and teenagers about various issues, including mental health and sexual health.

The NHS prescribes that all children together with their parents must be seen by a nurse during their first year at school. This visit includes a vision and hearing assessment. Additional services may be agreed, as well. As clarified, '[t]he school nurse's day-to-day role varies greatly from area to area, and depending on the type of school. Typically, it includes carrying out health assessments, home visits to families in need, providing health education, advice, and signposting to other sources of information, providing immunisation clinics, advising and supporting schools with their public health agendas, for example, healthy eating advice, stop smoking programmes, and safeguarding and service coordination. They also

14 The key areas include 'resilience and emotional wellbeing, improving lifestyles, reducing risky behaviours, maximising learning and achievement, supporting complex needs, and seamless transition to adulthood.' TheSchoolRun, 'How A School Nurse Can Help Your Child,' 2017, <https://www.theschoolrun.com/what-is-a-school-nurse>.

15 NHS, 'School Nurse,' 2017, <https://www.healthcareers.nhs.uk/explore-roles/public-health/roles-public-health/school-nurse>.

advise on common childhood conditions such as asthma, diabetes and eczema.¹⁶

Finally, it is worth mentioning that the UK recognises the role of unpaid carers. There are three main types of public support for carers, including (1) the carer's allowance, managed outside local authority and given to people taking care of someone who receives certain benefits for at least 35 hours a week, (2) local services, which assist carers, (3) employment rights regarding flexible working and unpaid leave.¹⁷

So, taking everything that has been outlined above, it is understandable that prevention is key. The UK Department for Education has come up with a range of initiatives over the last couple of years, addressing bullying,¹⁸ extremism in schools,¹⁹ effective practice in schools²⁰. For example, the study *Participating in Learning post-16: Effective Practice in Schools* concluded that '[e]arly identification of disengagement – often as early as Years 4 or 5 – combined with targeted, appropriate provision which addresses pupils' specific and diverse learning needs are vital factors in securing post-16 engagement in education or training.'²¹ Such a conclusion undoubtedly delivers a clear message about the power of education in the context of integration.

16 Ibid.

17 Available from: <https://www.gov.uk/carers-allowance>.

18 Department for Education, 'Preventing Bullying: Guidance for Schools on Preventing and Responding to Bullying,' 2017, <https://www.gov.uk/government/publications/preventing-and-tackling-bullying>.

19 Department for Education, 'Preventing Extremism in Schools and Children's Services,' 2015, <https://www.gov.uk/government/publications/preventing-extremism-in-schools-and-childrens-services>.

20 Department for Education, 'Participating in Learning post-16: Effective Practice in Schools,' 2012, <https://www.gov.uk/government/publications/preventing-extremism-in-schools-and-childrens-services>.

21 Ibid.

Conclusion

The conclusion of the whole project was to evaluate how the professionals recruited as part of the study were finding working with new tools and guidelines. Each country recruited social workers, family assistants and other professionals to attend training sessions that was between one and five (Poland) days. The participating professionals were also invited to visit the other Partner countries in the project to observe resources and services and to participate in wide ranging discussions about the challenges facing social care and the effectiveness of the tools and methodologies being engaged.

After the training sessions an on-line self-completion survey was designed by Partners and all participating professionals were invited to take part in the study. The questionnaire was designed so that the professionals would complete it monthly to evaluate how the new tools and working practices were working and to gauge their efficacy.

The questionnaire was designed based on the training focus' with some areas being country specific related to areas they wanted to explore in greater detail.

The survey was managed using Smart Survey²² an on-line based survey that provides a secure tool for collecting data from respondents. It complies with all data protection and other security provisions. The software also allows for different languages to be used and all surveys were uploaded in native languages for Austria, Czech Republic and Poland. This included the questions and additionally survey instructions and directions. Questionnaires were translated by relevant representatives in each country and were then further checked once they were uploaded onto the questionnaire platform. Wherever possible the translations were back translated to ensure that the essence of each question was not lost in translation.

22 <https://www.smartsurvey.co.uk/>

Questionnaire

As a questionnaire was being used to evaluate the training and visiting sessions that the professionals had undertaken, the information that was delivered in the training sessions were used as a basis for questionnaire.

The questionnaire included sections related to:

- ▷ Country – Austria / Poland / Czech Republic / United Kingdom
- ▷ Burnout – 2 questions
- ▷ Functional Illiteracy – 5 questions
- ▷ Health & Social Care – 6 questions
- ▷ Integrated Neighbourhood Working (INW) / Early Help Record – 5 questions (UK Only)
- ▷ Social Exclusion – 4 questions
- ▷ Wishes & Attitudes – 4 questions

The team in Austria were interested in looking at the working relationships between the professionals and the families and also at how professionals can turn the family's criticisms into wishes. The Czech Republic focused on burnout and social exclusion. The UK focused on public service, co-production, engagement and social inclusion with extra questions related to service delivery success criteria, Integrated Neighbourhood Working and the Early Help Record both of which were specific to the UK. After much debate Poland decided, given the depth of training offered to their practitioners, that they preferred to conduct their own research and analysis.

Austria Results

Background

A total of 21 people completed the survey once they had completed the training sessions in Austria. There were six completed in April, five in May, four in June, five in September and the last one was completed in October. A total of nine professionals were invited to take part in the survey.

Burnout

When asked about the methods they had learned in the training to reduce burnout, respondents were overall positive about how they had worked with over three-fifths saying that they worked very or fairly well (62%) and a third saying that they worked somewhat (33%). Only one person had not tried the new methods.

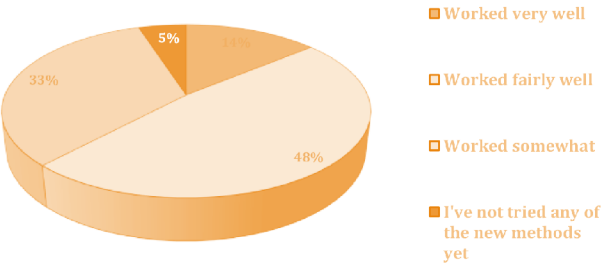
Feedback given from the respondents was generally positive and one person mentioned that the methods ‘provided a targeted work structure and individual categories to classify the outlet.’

‘Methods were already previously known with this could already apply. So far good experiences made.’

‘I think it in everyday work.’

‘I apply the pareto principle always with me even in the work.’

Burn Out – how well new methods have worked



Q2. Thinking about the chosen methods that you have been asked to put into practice, how well do you feel that they have worked?

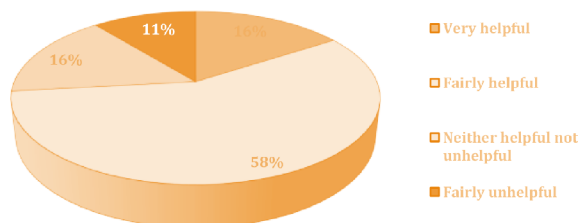
Base (21)

Partial methods

Overall nearly three-quarters of respondents found the partial methods used were very or fairly helpful (74%). While three people were ambivalent to the partial methods (16%) and two found them to be fairly unhelpful (11%).

The feedback was limited about the partial methods but one person mentioned that *‘every single methods can be applied individually on a particular case’* and that *‘used at the right time and tailored to the clientele, successes can be achieved.’*

Burn Out – how well partial methods have worked



Q3. How do you perceive the partial methods from your perspective?
Base (19)

Functional illiteracy

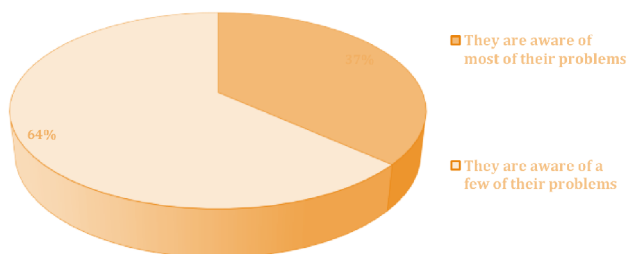
Respondents said that their clients / families were mostly aware of their problems (36%) while the remaining two-thirds (64%) were aware of some of their problems.

Comments made by the respondents mentioned that they did not have any clients that suffered from functional illiteracy (54%) while others mentioned that it can be difficult when working with these families.

'The child's mother does not see their problems due to their moderate intellectual deficit.'

'You deal relatively openly with it, unfortunately the extent of impairment is not aware of them often.'

Functional Illiteracy – clients awareness of their problems



Q4. Are your customers/ clients aware of what their problems are?
Base (11)

Type of help needed

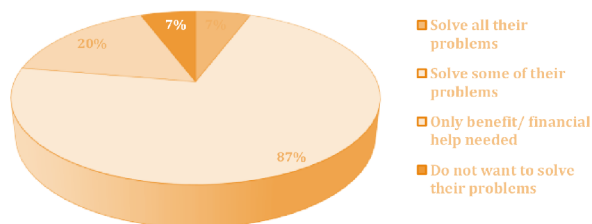
The majority of clients/families that the respondents worked with tended to want them to solve some of their problems (87%). A minority wanted someone to solve everything for them (7%) and a fifth only expected help with benefits and other financial support (20%).

Families are generally glad to have additional support but there are some that cannot define their problems or why they need support while others downplay the support that they need.

'Families are glad we you support in everyday life and relieving them of certain work or help them.'

'Not all families allow a deeper insight into their system, so many cannot even name their problems or identify.'

Type and quantity of help required



Q5. How much or what kind of help do they want to receive?
Base (15)

Social exclusion

Respondents were clear on the meaning of social exclusion and gave well thought out answers to the question, 'what is your understanding of the term: social isolation?' Some of the definitions were:

'If people on the basis of their origin, religion, language, are not accepted physical dispositions or similar by the company and incorporated.'

'People on the margins of society – due to financial, health, and social or inter-personal features.'

'Social exclusion is often due to economic as well as ethnic origin, as well as on the basis of mental limitation.'

'Due to various problems (financial, psychological, health) cannot participate in the community life (school, community, game group, etc.).'

When asked if their clients and/ or families identified with the risks around social exclusion, just over a half said that they did (53%), while over a quarter said no (26%) and a further fifth did not know (21%). The reasons given for social exclusion were:

'Financial problems, diseases, lack of social contacts.'

'Health problems (mental and physical), financial problems and unemployment, lack of social skills.'

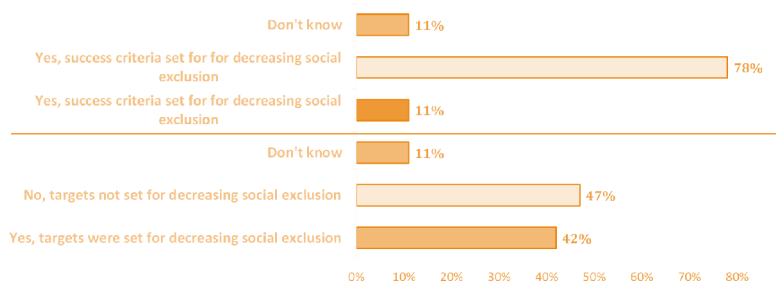
Achievement targets were being set for just over two-fifths of respondent's clients/ families (42%) and although this is seen as a good

starting position more needs to be done to increase social inclusion for families.

‘This is part of the work of the family help – especially the social integration of children (e.g. in clubs) or support for young families (play groups...) social networking, as well as helping the authorities time and again falls into the family Help task pane.’

Limited success criteria is being set for respondent’s families and/or clients (11%) with over three-quarters not being set at all (78%). Areas that were set as success criteria included ‘school support, financial assistance, body awareness and integration.’

Social Exclusion – achievement targets and success criteria



Q21. Were achievement targets set for decreasing social exclusion?

Q22. Was success criteria set for decreasing social exclusion?

Base (19 & 18 respondents)

Wishes and attitudes

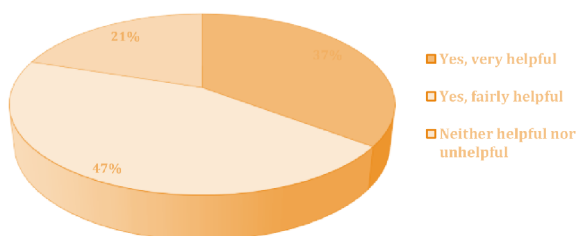
All the respondents had received information and/ or training around transforming their client’s criticisms into wishes and just over a third had found it very helpful (37%) but nearly a half had said that it was fairly helpful (47%) while a fifth were ambivalent about the training (21%). Some of the feedback given about transforming criticisms was around the issue that a client had been critical but quite often that criticism was not going to go away or be resolved.

'You can only read out wishes of allegations and even go into it but it doesn't solve the problem often and the accusation is still "on the table" and mostly unjustified.'

'Even if one reads out a request from an allegation, accusations are still there.'

'Criticism can be a sign of the uncertainty of the clients and is therefore to take seriously, to develop a viable relationship and goal-oriented work.'

Transformation criticisms into wishes



Q23. You have received some information and/ or training around transforming your client's criticisms into wishes, was this helpful?

Base (19)

Taking time to think about views and opinions

Positively respondents are reviewing how they think about their clients and they all take the time to think about how their views and opinions might be affecting how they react to their clients. Although not all of the respondents are reflecting all of the time (14%) they are all thinking at least most of the time (86%).

Feedback given was also optimistic in tone and shows that the training was helpful for the respondents.

'It is very important always to reflect and reconsider my position and correct (if necessary).'

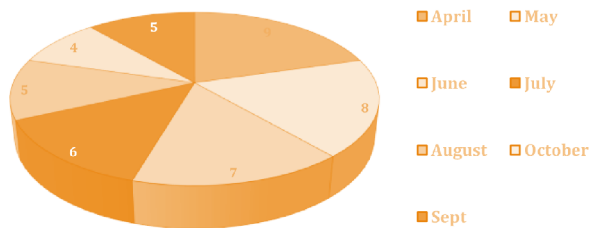
'Yes, because also the clients represent a factor of education towards me and best action on behalf of clients is my job.'

Czech Republic Results

Background

A total of 44 respondents completed the survey once they had completed the training sessions. There were nine surveys completed in April, eight in May, seven in June, six in July, five in August, five in September and the last four were completed in October. A total of ten professionals had gone through the training sessions and were invited to take part in the survey.

Completion



Number of completed interviews by month
Base (44)

Burnout

When asked how the training sessions had helped them to relieve burnout those who had tried them had found them to work very well (31%) while more than a third had found them to work fairly well (36%).

Those that had not tried the methods given in the training either had their own methods that they felt worked for them or were because they had missed that particular part of the training and were unsure if the methods they were using were the same or different.

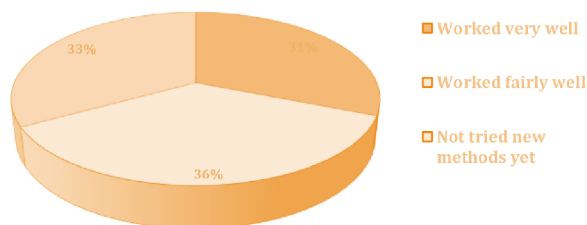
The delegation methods given in the training seemed to be working well in practice.

'More and more frequently I use these methods in practice, help me a lot at work.'

'I am most trying to use the delegation of tasks. If their processing is not directly dependent on me, I pass them on to assistants or, for example, colleagues with whom we work together.'

'I use burnout methods more and more, I am very happy.'

Burn Out – how well new methods have worked



Q2. Thinking about the chosen methods that you have been asked to put into practice, how well do you feel that they have worked?

Base (42)

Partial methods

Overall nearly three-fifths of respondents found the partial methods used were very or fairly helpful (61%). While under a third of people were ambivalent to the partial methods (29%) and a tenth found them to be fairly unhelpful (10%).

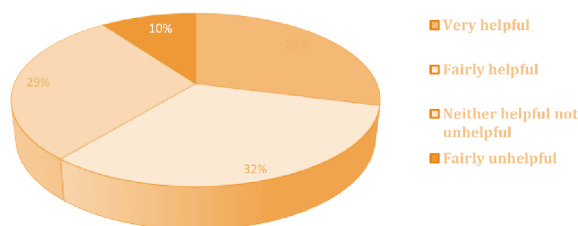
Feedback from the respondents was generally positive:

'Each method has its pros and cons, I'm learning to work with them and so far I am very satisfied.'

'Delegation of tasks works great and works better to me.'

'Each method has its both for and against, but the last time I used rather positive influence on my work.'

Burn Out – how well partial methods have worked



Q3. How do you perceive the partial methods from your perspective?
Base (41)

Functional illiteracy

Functional illiteracy was an important part of the training and is defined as is reading and writing skills that are inadequate ‘to manage daily living and employment tasks that require reading skills beyond a basic level.’²³ Functional illiteracy is contrasted with illiteracy in the strict sense, meaning the inability to read or write simple sentences in any language.

Respondents were asked if their customers or clients were aware of what their problems were. Most of the clients were aware of most of their problems (57%) while just under a fifth were aware of a few of their problems (17%). A further fifth of all respondents said that they did not realise any of their problems (19%) and a minority realised all of their problems (7%).

Comments given by the respondents included:

‘If I take the average of the clients, so the answer is above. However, in specific cases I have clients who are aware of all their problems and, conversely, clients who operate on feelings, i.e. You can recognise that they like something or vice versa.’

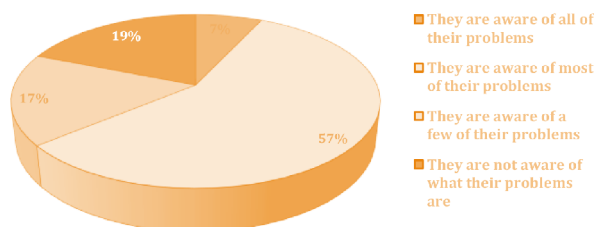
²³ Schlechty, Phillip C. „Shaking Up the Schoolhouse: How to Support and Sustain Educational Innovation“ (Pdf). From www.catdir.loc.gov.

'In our service we have clients with physical disabilities, but also have some mental disability, sensory, etc. Each comes from a different social stratum. It is hard to judge the extent to which they are able to all, but if I take into account the legal representative, then they do understand'.

'It depends on the severity of the problem and on the personality of the client.'

'It's an individual matter. Some are aware of everything and others nothing at all.'

Functional Illiteracy – clients awareness of their problems



Q4. Are your customers/ clients aware of what their problems are?
Base (42)

Type of help required

Although all clients are different there was a difference in the quantity and type of help that they needed with most wanting help to solve some of their problems (85%). Fifteen per cent wanted all of their problems solved while just over a tenth only wanted help with financial aid or assistance (12%) and three-tenths did not want any help to solve their problems (29%).

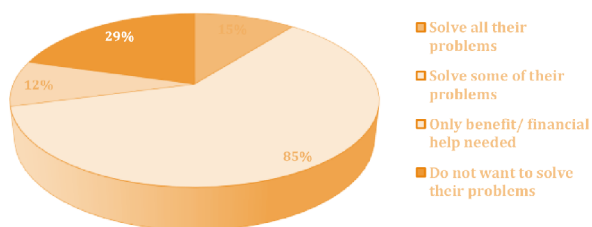
Respondents have a variety of clients / families to help and they are all different and require varying types of help from them. It does seem that in some cases clients/ families will try to solve problems themselves and will ask or require help when they are not able to do it themselves:

'This answer I have chosen for that reason, because not all clients require the same kind of help. Some clients require the full help (do not want to do themselves, or what they have mastered, all the work require Assistants) and some

clients are trying to solve their problems themselves, until the failure of the request for assistance.'

'I think that some clients do not want to deal with your problems, because he is unaware of, or do not perceive themselves as a problem. We have but also clients who are aware of its difference from the others, but does not know how to ask for help with what exactly they want to help. Of course, again, it depends on the degree of disability.'

Type and quantity of help required



Q5. How much or what kind of help do they want to receive?

Base (41)

NB: Percentages add up to more than 100

Level and accuracy of information received

When asked about the amount of information received about each family from colleagues for example, social workers/ social pedagogue, probation officers or others most said that they received sufficient information about new families or clients (64%). The remaining fifth of respondents said that the information received was sufficient but that more would be helpful (21%).

'I think that the information is sufficient. We have information from the parents in the questionnaires.'

'Basic information at the beginning of the negotiation of services is sufficient. We collect them yourself through the first meeting.'

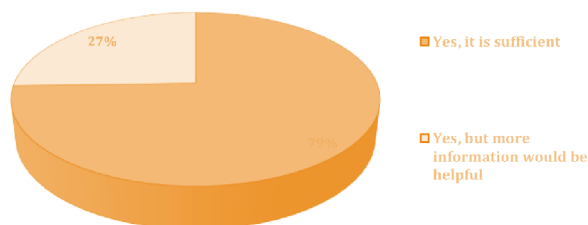
'Information we receive from parents and loved ones of the clients. Another source is for example. school, day care centres and assistants at the client.'

The accuracy of information received was either accurate (50%) or mostly accurate (53%).

'A case by case basis.'

'Always we have to rely on the information that we collect on the client are comprehensive and complete. As the family tells us about the large amount of information to the client, it can happen that we forget to tell you something or it is not considered important. I think that for almost every client has met with some Assistant situations that had no information and had to solve it myself.'

Quantity of information received



Q6. Is the amount of information you receive about each family from colleagues (e.g. social worker/ social pedagogue, probation officer etc.) sufficient or is more information required?

Base (42)

Change in working practices

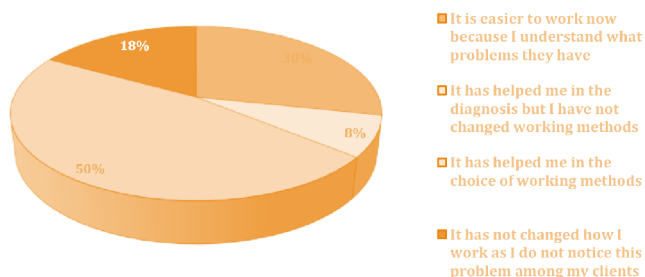
Respondents were asked how much their working practices had changed since their training sessions and just under a third said that they had changed their working practices as they better understood what problems their clients have (30%). Three people said that it had helped them with their choice of working methods (8%). A half of all respondents said that the training had helped them with diagnosing the needs of their client (50%). Just under a fifth of respondents said that they had not changed working practices but this was because they did not recognise functional literacy as being a problem (18%).

Generally, the respondents felt that the training was helpful for several reasons but were mostly around working better and improved communication with clients / families.

'Assistance for me have become easier, more fun, developing... I can better empathise with clients, I try to apply in the context of assistance to various methods, noticing the reactions of clients, their communications, etc.'

'In addition to a better understanding of the needs of the client training helped me in better selection of working methods in practice. At the moment, but I perceive that, the client's needs are more important and I try to give them as much as possible.'

Effect of training on working practices



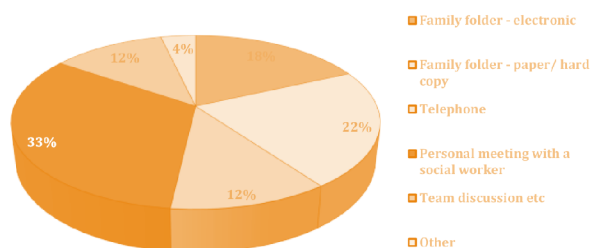
Q8. Now that you have been to the information session, how has this affected your work with your clients?
Base (40)

Method of information sharing

Information about families/ clients was shared in different ways and quite often was a mixture of methods. Face-to-face meetings with social workers and other professionals was the most popular method of information sharing (33%) following by sharing in writing using hard/ paper copies of individual plans (22%). Electronic means of information sharing was used by just under a fifth of respondents (18%).

'First phone info social worker. Then written info from social worker and the parents. Then a meeting with social worker and interview and appointments with the parents and the client.'

Method of information sharing



Q9. Thinking back to when the family was first referred to you, how was information about the family given to you?

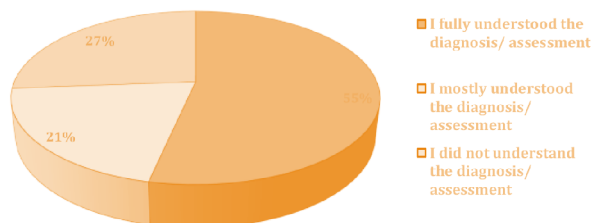
Base (40 respondents, 110 mentions)

Understanding of diagnosis/ assessment

The understanding levels of respondents was fairly good in that respondents fully understood the diagnosis/ assessment that had been given (55%) while a fifth mostly understood it (21%). Disappointingly, just over a quarter did not understand the diagnosis but it was explained that in some cases this information is not required to be given to them (27%).

'We don't need to know the client's health diagnosis. For our service is the important question: "How can we help?"'

Understanding of the diagnosis / assessment



Q10. Did you understand the diagnosis/assessment?

Base (42)

Health and social care plans

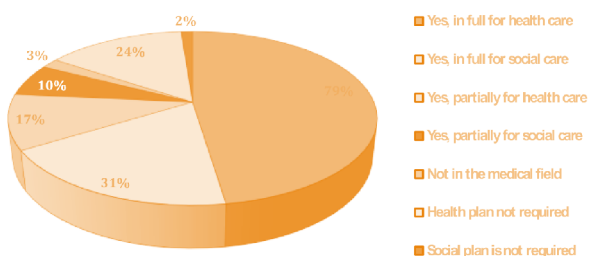
When asked about health and social care plans and how well their clients' needs were identified most said that the social care plans were met in full (79%) while they partially met for both social and health care plans (17% and 10% respectively). Health care plans were only met by just under a third of respondent's clients (31%). Positively no one said that plans were not in place or not met for social care plans but over a third said that health care or medical plans were not in place (33%) but this is due to the respondents not dealing or working in health settings – only the social care side.

'We are dealing with only the social, not health-legislation of the Czech Republic.'

'Information about the medical condition of the client we require. Only the manifestations of his medical disability. In the social sphere, the individual plan we describe in detail.'

Respondents generally understood that diagnosis and/ or assessment of the plans before they initially visited the client/ family (76%) while eighteen per cent said they partly understood the plan and a minority said that they did not understand it (7%). This was because care plans were generally 'comprehensible', 'professional', 'very well written and clearly worked out'.

Health and Social Care Plans



Q11. Were the families needs identified in terms of their health and social care?
Base (42 respondents)

Achievement targets and success criteria

Positively most respondents said that they usually have targets on their health and social care plan in place, despite the limitations that they have on the health or medical side of their clients/ family's needs.

'The targets are set so that the client was able to reach them.'

'A client has the objectives laid down only for medical/social area, some of the clients but have both social and health area.'

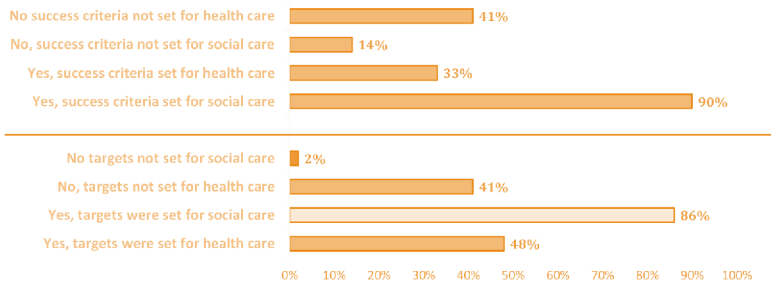
'Nothing has changed, always the objectives were chosen prudently and realistically.'

Success criteria are set for nine-tenths of all the respondents in social care and again are limited in the health aspect of the care given.

'The success of the assistance is determined by a specific description of the procedure, how will the support area to fulfill. This is a specific description of how a client something to learn, develop, etc.'

'The criterion commonly is coping with their day-to-day matters relating to self-care, household, maintaining contacts with the outside world, dealing with formal matters.'

Achievement targets and success criteria



Q13. Were achievement targets set for health and social care?

Q14. Were any success criteria set?

Base (42 respondents)

Social exclusion

All the respondents seemed to be fairly clear on the meaning of social exclusion and gave clear and well thought out answers to the question, 'what is your understanding of the term: social isolation?' Some of the definitions were:

'Our clients on the basis of their disability from their peers in some way distinguished and often making it outside the team and its events. In the context of assistance to our clients, we strive to engage in common, everyday activities that they perform their peers. Develop their skills and capabilities so as to be the most independent and self-sufficient. Thus, we try to reduce the risk of social exclusion'

'Are at risk of social exclusion, people with disabilities, which from health or mental reason makes the difficulties participating in social activities-make friends, join groups, where the client wants to belong, to find a job, be successful in it, the opportunity to study school, have access to information.'

When asked if their clients and/ or families identified with the risks around social exclusion, four-fifths said that they did (80%), while only one person said no (2%) and a further seventeen per cent fifth did not know. The reasons given for social exclusion were:

'The most I encounter situations where a client does not cooperate in group programs, does not respond to my questions, does not interact with other users, engaging in group activities.'

'Currently I can think of loneliness on the basis of a deficit in communication and social interaction. Clients would like for example. friends, but do not have sufficient skills to communicate with them and respond appropriately in different situations, to the needs of others or their own.'

'Definitely, yes. I meet with clients in a group of several users and assistants do not communicate, siding with, do not want to engage in joint activities. If this user even in individual personal assistance, I'll give him space for it to show up, I'm not pushing on it, I'm not forcing him into activities that are annoying.'

Achievement targets were being set for two-thirds of respondents clients/ families (64%) and although this is very positive more could be done to increase social inclusion for families.

'You could say that most of the goals that we have set with our clients and lead to the reduction of social exclusion.'

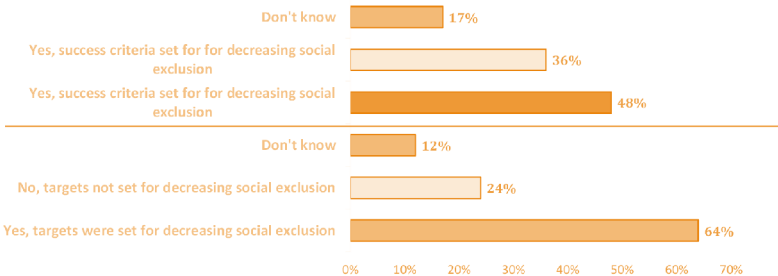
'I think Yes, but it depends on what the client takes as social exclusion and what not.'

'All the goals that we have established in the IP (Individual Plan) designed to reduce social exclusion. I think that goals are set appropriately according to the needs and wishes of the client.'

Although success criteria is being set for just under a half of the respondent’s families and/ or clients (48%) there are still some that are not.

‘The criterion are individual steps of how we will achieve the objectives. This is a fairly detailed description of how we do this, the client has bought itself. I think that the criteria are in most cases set to be achievable. If not, the individual plan during the period may be adjusted.’

Social Exclusion – achievement targets and success criteria



Q21. Were achievement targets set for decreasing social exclusion?

Q22. Was success criteria set for decreasing social exclusion?

Base (42 respondents)

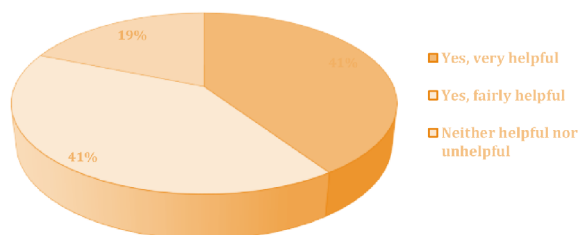
Wishes and attitudes

All the respondents had received information and/ or training around transforming their client’s criticisms into wishes most had found it very or fairly helpful (82%) while a fifth said that it was neither helpful not unhelpful. The feedback given about the training was generally positive and mentioned that it had changed their understanding.

‘It is good to look at your situation from the perspective of the client, and to break down the situation, change the perspective.’

‘The transformation into a positive perception of the situation is definitely useful. Sometimes it can be so demanding that you can resign.’

Transforming criticisms into wishes



Q23. You have received some information and/ or training around transforming your client's criticisms into wishes, was this helpful?
Base (42)

Taking time to think about views and opinions

Positively respondents are reviewing how they think about their clients and they all take the time to think about how their views and opinions might be affecting how they react to their clients. Although not all of the respondents are reflecting all of the time (14%) they are all thinking at least most (62%) or some of the time (21%). Only a minority almost never reflected on their reactions (5%).

Feedback given was also optimistic in tone and shows that the training was helpful for the respondents.

'It is too much work and clients that I need to make sure there is enough space for reflection, of course, if a common unit ' solution to the client's situation and consultations with colleagues, we discuss the situation.'

'To each client is treated individually according to its needs. I always try to understand the context in all their breadth.'

'This month was a more peaceful and more time thinking about each year and situations that have occurred. In the near time assessment of individual plan occurs, so I hope there will be more space to think through everything and find any improvements.'

'I'm trying to think about working with clients and outside assistance. Doing it more and more frequently.'

'Almost after every service I wonder what and how do to do, improve.'

United Kingdom Results

Background

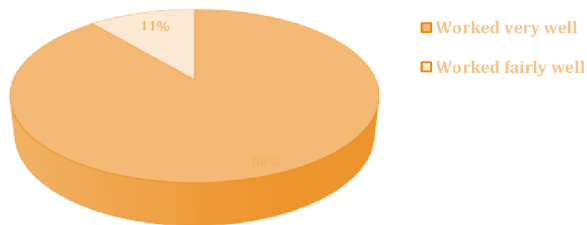
A total of 11 people completed the survey once they had completed the training sessions. There were four completed in April, three in June, two in September and the last four were completed in November. Of the six people that had gone through the training sessions each of them had completed the survey at least once. It must be noted that there internal issues and an internal enquiry at UEL that caused a suspension of work and this directly impacted on the project due to the project being put on hold; respondent's liaison and cooperation was directly affected.

Burnout

Each respondent was asked about burn out and whether or not the chosen methods they had been asked to put into practice were working well or not. The majority of respondents said that they worked very well (73%) while a further tenth said that they worked fairly well (9%). The remainder had not tried any of the new methods yet but also mentioned that they were not in a position to do so as it was not part of their job remit as they were responsible for managing people who did go out to meet clients/ families whereas their role was managerial. This does suggest a misunderstanding in that the matter of burn out delivered through the training was relevant to themselves as staff and not to the clients/families they served, directly or indirectly.

Other comments made by the respondents included that the methods have helped them to take care of themselves, reduce their workload by thinking more efficiently and by using the communication techniques it helped to have a better relationship with their clients.

Burn Out – how well new methods have worked

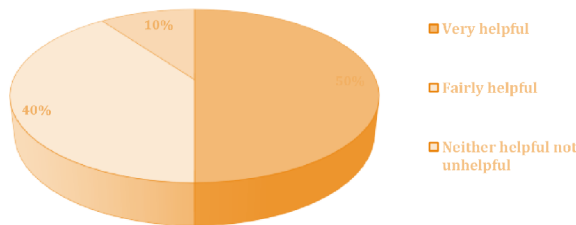


Q2. Thinking about the chosen methods that you have been asked to put into practice, how well do you feel that they have worked? *Base (9)*

Burnout – partial methods

Respondents were asked about their thoughts on the partial methods that they were trained on and nine-tenths found them to be very or fairly helpful. Comments given were that they were ‘very effective’.

Burn Out – how well partial methods have worked



Q3. How do you perceive the partial methods from your perspective? *Base (10)*

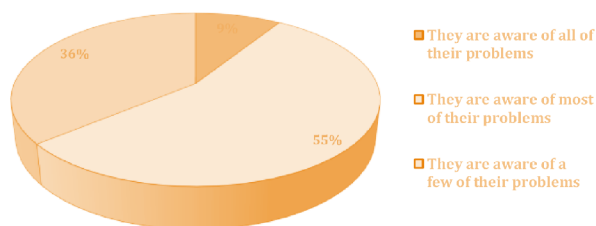
Functional illiteracy

Functional illiteracy was an important part of the training and is defined as is reading and writing skills that are inadequate *‘to manage daily living and employment tasks that require reading skills beyond a basic level.’*²⁴ Functional illiteracy is contrasted with illiteracy in the strict sense, meaning the inability to read or write simple sentences in any language.

Respondents were asked if their customers or clients were aware of what their problems were. Most of the clients were aware of most of their problems (55%) while just over a third were aware of a few of their problems (36%).

Although a couple of families were not aware of their problems, most were aware of some or most of these difficulties but were not aware of how they related to each other. For example, *‘poverty may lead to Domestic violence which will have an impact on the children’s emotional and mental wellbeing. The children may present with behavioural problems at home and school, such as defiance lack of confidence. These children may end up not achieving in school and may be vulnerable to sexual exploitation and gang affiliation. Parents find it hard to understand the vicious circle.’*

Functional Illiteracy – clients awareness of their problems



Q4. Are your customers/ clients aware of what their problems are?
Base (11)

24 Schlechty, Phillip C. „Shaking Up the Schoolhouse: How to Support and Sustain Educational Innovation“ (Pdf). Catdir.loc.gov.

Type of help required

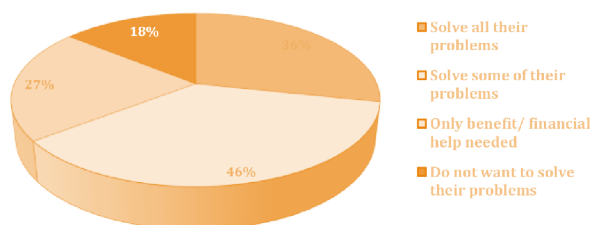
Although all clients are different there was a difference in the quantity and type of help that they needed with just over a third wanting them to solve all their problems (36%) while over two-fifths wanted some of their problems solved (46%). Just over a quarter only wanted help with their benefits or other financial help (27%) and under a fifth did not want any help at all (18%).

Although some families are happy to accept help with benefits and other financial assistance they are reluctant to ask for help with their parenting skills and others although initially unwilling to receive help will do so after working with them to understand the need for support.

'I have observed that they only want help with their finance when it is about support with improving their parenting skills they are quiet defensive. There can also be issues around culture and beliefs and allowing strangers into their confidence.'

'Many clients once they know we are able to support them, they want us to solve all their problems and they forget that they have to work with us. Some clients due to their culture and beliefs are not willing to let other people into their personal lives and they decline any support or service offered to them.'

Type and quantity of help required



Q5. How much or what kind of help do they want to receive?

Base (11)

Level and accuracy of information received

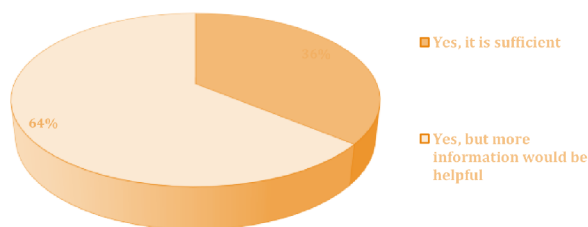
When asked about the amount of information received about each family from colleagues for example, social workers/ social pedagogues, probation officers or others most said that they received sufficient information about new families or clients but that more would be helpful (64%). The remaining third of respondents said that the information received was sufficient (36%).

There are issues around information gathering for example, from GPs or hospitals but usually information can be gathered from other professionals or from the families themselves.

'More information would be helpful, things like family set up family network. It's hard to get information from the GP's and hospitals maybe because of confidentiality reasons.'

Accurate information was more of a problem as nine-tenths of respondents said that the information received was only 'mostly accurate'.

Quantity of information received



Q6. Is the amount of information you receive about each family from colleagues (e.g. social worker/ social pedagogues, probation officer etc.) sufficient or is more information required? ?
Base (11)

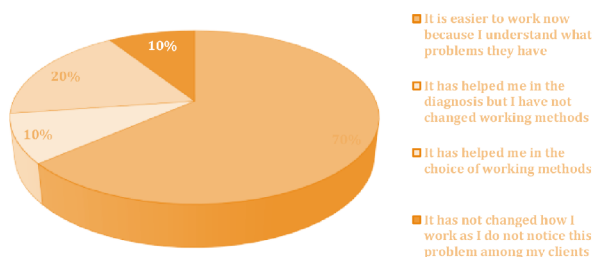
Change in working practices

Respondents were asked how much their working practices had changed since their training sessions and seven-tenths said that they had changed their working practices as they better understood what problems their clients have (70%). Two people said that it had helped them with their choice of working methods (20%) whilst although one person said that the training had helped them with diagnosing the needs of their client, they had not changed working practices. The last person also said that they had not changed working practices, but this was because they did not notice functional literacy as being a problem.

Generally, the respondents felt that the training was helpful for several reasons but were mostly around increasing empathy, understanding and not being judgemental.

'It's important as a professional to understand your clients and to try to look beyond their problems. It's easy for anyone to judge and fail to identify the causes of the problems e.g. a child may not be well presented because parents have financial problems, parents may not have good parental skills because that's how they were brought up by their parents, parents may not be engaging well because they do not understand English is their second language and a father maybe very argumentative because of his ego, he is the man of the house and he does not want to feel like he has failed his family.'

Effect of training on working practices

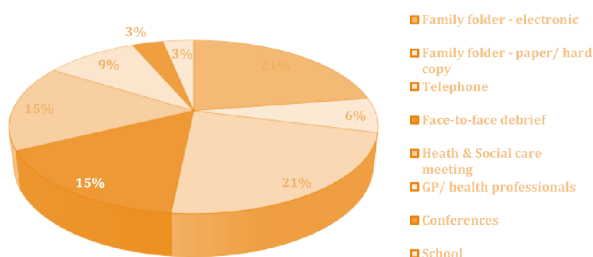


Q8. Now that you have been to the information session, how has this affected your work with your clients?
Base (10)

Method of information sharing

Information about families/ clients was shared in different ways and quite often was a mixture of methods. Electronic family folders and telephone discussions were the most popular (21%) followed by face-to-face debriefs and a health and social care meetings (15%) as well as meetings with health professionals (9%) and from schools (3%).

Method of information sharing



Q9. Thinking back to when the family was first referred to you, how was information about the family given to you?

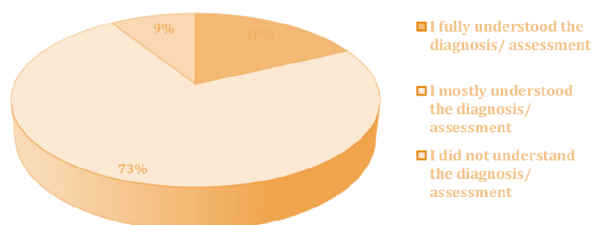
Base (11 respondents, 33 mentions)

Understanding of diagnosis/ assessment

This focused area of questioning was designed as unique to Future Generations, a multi agencies professionals' and user/carer Forum, led by Newham Clinical Commissioning Group (NCCG) some of whom participated in the Focus Group and initial interviewing but did not participate in the training, study visits or surveys. It relates to medical/health diagnosis, particularly related to continuing care needs. Despite this, it was felt to be appropriate and useful to use the questions during practitioners' surveying. In relation to the levels of understanding amongst respondents, it was fairly good in that they mostly understood the diagnosis/ assessment that had

been given (73%) although a fifth fully understood it (18%). Disappointingly, one person did not understand the diagnosis but it was explained that some of the information was not given so was understood at a later stage.

Understanding of the diagnosis / assessment



Q10. Did you understand the diagnosis/assessment?
Base (11)

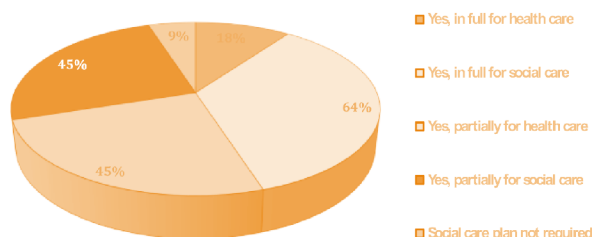
Health and social care plans

When asked about health and social care plans and how well their clients' needs were identified most said that the social care plans were met in full (64%) while they were partially met for both health and social care plans (45% respectively). Health care plans were only met by just under a fifth of respondent's clients (18%). Positively no one said that plans were not in place or not met for neither health nor social care plans.

Additional feedback given was that more issues came to light during the process and problems were resolved along the families' journey. It is also positive that the professionals who need to understand the care plans said that they understood the care plan fully (64%) or partially (36%).

'Normally the plan is set up after a meeting and everything is clearly written and explained how the family is going to be cared for e.g. the risks the safety goals and outcomes. The goals are always measurable so that professionals can go back and see if they have been met and if not what else could be introduced.'

Health and Social Care Plans



Q11. Were the families needs identified in terms of their health and social care?
Base (11 respondents)

Achievement targets and success criteria

Encouragingly all respondents said that achievement targets were set for all their clients and/ or families. When asked what the targets were they mentioned setting achievable targets such as keeping appointments, regular visits, GP and school nurse to be kept involved in the targets and that all professionals needed to liaise with social workers.

'For social care was for the family to have announced and unannounced visits every 10 days. Social worker to do direct work with the children, social worker to refer parents to domestic violence support groups and to try to empower the mother. These were reasonable targets, they applied to the family and they were achievable. Health care were supposed to see the children in school termly for health monitoring and this was also reasonable, and it would enable the school nurse to identify if there were any health concerns.'

Success criteria was also set for nearly all practitioners delivery in health and social care and these were also given milestones so that all the professionals and the families knew what needed to be achieved and by when.

‘During the review case conference both social and health care were to report and update other professionals on their outcomes.’

‘The success criteria currently is to gain a better insight into services being offered and if family are coping at home and mum is engaging with mental health team.’

‘Yes, all objectives were clearly set out in the plan and when they were supposed to be completed by. As the plan progressed we reviewed them and ensured that they were achieved.’

Integrated Neighbourhood Working (INW)

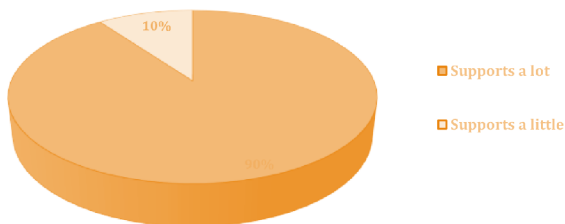
This focused area of questioning was unique to Schools Health Partnership Service respondents, London Borough of Newham. The level of support for Integrated Neighbourhood Working (INW) was high with nine-tenths of respondents saying that it supports them a lot (90%).

‘The model allows all professionals to look at all cases in a holistic way and it promotes good communication skills in information sharing.’

‘It is really helpful and promotes working together’

‘It supports a lot. The fact that all professionals communicate and support the family makes it easier to reach targets and results in positive outcomes.’

Integrated Neighbourhood Working (INW)



Q15. How does the Integrated Neighbourhood Working (INW) model support improved partnership working and professional wellbeing?
Base (10)

Early Help Record

This focused area of questioning was unique to Schools Health Partnership Service respondents, London Borough of Newham. The Early Help Records provides a very effective platform for partnership working and seems to be bringing problems to light early in the process and it also avoids repetition as feedback only needs to be entered once into the system.

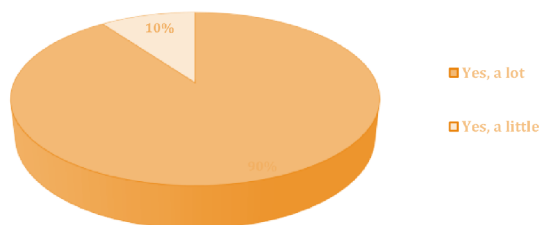
'Yes, I believe in identifying problems early before they escalate into a major problem... I feel Early Help is working to achieve this.'

'Early Help is a really useful tool to bring professionals and the family together to work effectively.'

Early Help also seems to be very efficient at facilitating partnership working (90% saying that it is very efficient) and feedback from respondents mentions that it is 'cost effective,' identifies problems early and prevents them escalating,' and 'has greatly reduced records/ information repetition.'

When asked how effective Early Help was as a tool for providing an indication of success in delivering integration, just under three-quarters said that it was very efficient (73%) while just over a quarter said that it was neither efficient nor inefficient (27%). Comments made included *'I need it is a good tool for assessing integrated working.'*

Early Help Records



Q16. Thinking now about partnership working, does the Early Help Record systems and processes provide an effective platform for this?

Base (10)

Social exclusion

All the respondents seemed to be clear on the meaning of social exclusion and gave clear and well thought out answers to the question, 'what is your understanding of the term: social isolation?' Some of the definitions were:

'My understanding of social exclusion is a person or group of people or community are deprived from their rights or opportunities and resources which are normally available to members of society.'

'This could be due to language barrier, culture, age, gender, religion or illiteracy.'

'I understand it to be missing out in rights as a result of poverty, illiteracy or belonging to a minority group.'

'I understand that social exclusion is the way of making certain groups of people in the society feel isolated and unimportant.'

When asked if their clients and/ or families identified with the risks around social exclusion, nearly three-quarters said that they did (73%), while nearly a tenth said no (9%) and a further fifth did not know (18%). The reasons given for social exclusion were:

'I identified that some families with disabled children were excluded and were not receiving the support they needed, e.g. if they have no recourse to public funds.'

'Ill health, poverty, restricted outcomes in adult life.'

'Mum has mental health problems and the medication causes her to feel dizzy and is at risk of falls and so does not want to go out alone with her 7 months old son. She has two elderly parents, and this adds to the pressure and makes it difficult for her to be able to go out.'

Achievement targets were being set for just under a half of respondents clients/ families (45%) and although this is seen as positive more needs to be done to increase social inclusion for families.

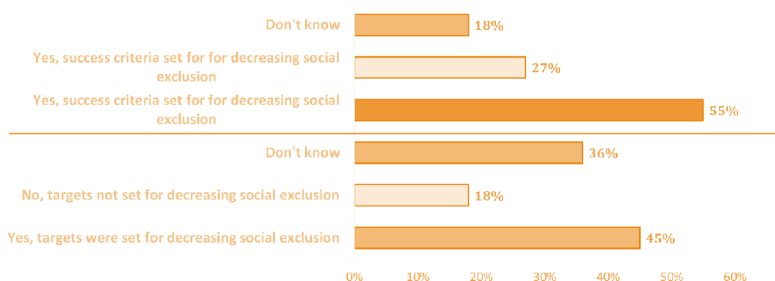
'No, it would be good if we can start using them but we are not currently.'

'Yes, families are being sign posted to services to empower them such as ESOL classes for English, applying for benefits and domestic violence services.'

Although success criteria is being set for over a half of the respondent's families and/ or clients (55%) there are still some that are not.

'We did not set targets as we are still getting a full picture of what is happening with this family. At the next meeting I will suggest this.'

Social Exclusion – achievement targets and success criteria



Q21. Were achievement targets set for decreasing social exclusion?

Q22. Was success criteria set for decreasing social exclusion?

Base (11 respondents)

Wishes and Attitudes

All the respondents had received information and/ or training around transforming their client's criticisms into wishes and most had found it very helpful (80%) while one person said that it was fairly helpful (10%) and another person was ambivalent but had not received the training (10%). The feedback given about the training was generally positive and mentioned that it had changed their understanding.

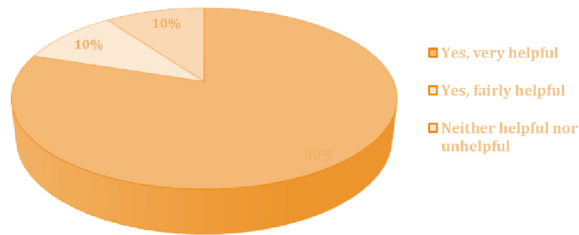
'It showed me how to turn a difficult situation around and how to move forward.'

'Yes, sometimes its easy to label clients and all they need is a bit of understanding and not being judged. The training helped me to understand this.'

'Yes, really helpful to be able to say 'what can we do now and how can we move on' and to be understanding and try to make things better for them.'

'Yes, it has made me able to understand my clients better and they are comfortable working with me.'

Transforming criticisms into wishes



Q23. You have received some information and/ or training around transforming your client's criticisms into wishes, was this helpful?

Base (10)

Taking time to think about views and opinions

Positively respondents are reviewing how they think about their clients and they all take the time to think about how their views and opinions might be affecting how they react to their clients. Although not all of the respondents are reflecting all of the time (55%) they are all thinking at least most (36%) or some of the time (9%).

Feedback given was also optimistic in tone and shows that the training was helpful for the respondents.

'I do need to think about it more and challenge my own beliefs.'

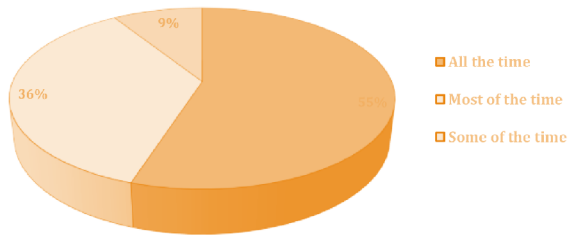
'Yes, before I was very judgmental if another was very defensive and rude. I now don't think that they are rude and aggressive, I now look beyond in order to understand where its coming from. It could mum feels overwhelmed and is not coping.'

'Yes, after the training at all times.'

'There is room for me to improve, I try to be reflective and I want to do the best for my clients.'

'A lot these days. I am no longer quick to conclude. I try to understand my clients.'

Taking time to think about views and opinions



Q24. Do you take the time to think about your views and opinions towards your client?
Base (11)

Final thoughts and comments

The ultimate thoughts from the respondents was that the training/workshops were very helpful, insightful and had an impact on their working in terms of integrated care planning.

'This workshop has been very positive and helps to create more awareness and understanding into how to support clients where they most need support and help.'

Poland Results

Background

In the period of 8 months, 10 family assistants from the Lower Silesia tested tools and methods to work with their families. Each of the assistants taking part in the training works on average with 15 families. The task of the assistants was to introduce to the families the methods learned during the training, as well as to try the tools needed for the diagnosis of the family, the diagnosis of functional illiteracy. It should be mentioned that the training has strongly influenced the participants – not only strengthened them in terms of knowledge, but also added strength to work. The reflection that appeared in them after the training influenced the approach to the client, as well as reorganizing their work technique. In the report, we quote statements illustrating the opinions of assistants about a given method / tool and its usefulness, as well as opinions on what has changed in their work while testing methods.

Professional role of the family assistant

One of the most important issues was to check if the assistants are doing their job well. Already during the research, they signaled that they do more tasks than are stored in their powers. They admitted that they often facilitate their work in this way. However, this is no easier for them, because after a while they feel burned out.

‘Well, I took the whole burden on myself – for a psychologist, for a pedagogue, as a curator. Because it is the best – I will not go to a psychologist only I will meet with you, because I am so strong, I can move mountains.’

‘Well, at some point I thought I would get a fool. I can not be in 100 places at the same time and burdened with everything. I thought he would go crazy’

They received a tool for delegating tasks – they had to think about which tasks they do belong to their professional role, and which they have to delegate to other employees. They saw with their own eyes that they are doing more, which does not affect their work well.

‘So, at the beginning of this school year, I met a teacher. And I said that I would like to cooperate, but we have to determine what belongs to the scope of the school. And as for the scope of the assistant. It was hard. There are not a thousand phones left. I go to school myself. I do not need an invitation. I know

what's going on, but I decide about it. And of course, if there is a situation that the world collapses, I am notified. But as I say, there are not a thousand phones. Because I put one down and the other is already ringing.'

'Well, I did it so that I stopped being the curator and stopped forwarding everything what happened in the family. I am a family assistant and do what I have to do.'

The participants paid attention to the subject of burnout syndrome. They began to pay attention to the comfort of work.

'We've started to respect ourselves and our time. We are not burdened anymore.'

All participants confirmed the usefulness of methods related to reflection on their professional role and prevention of burnout.

Family diagnosis

A very important thing for our assistants was the diagnosis of the family. They received tools to work with their family – to diagnose functional illiteracy, but also to diagnose the family and its educational behaviour. We will write about functional illiteracy and using the tool for its diagnosis in the next point.

Participants received a tool to diagnose the child's educational situation. Only 4 of them have used this tool. Other participants said they would use the new tool when starting work with a new family. They did not start testing the methods within 8 months.

The ones that tested were satisfied with the tool.

'This survey for parents of school-age children. I used it several times. It is good because it allowed someone else to see the picture of himself. So, it was not that I say something to someone or I order you. Only the person herself, by filling it, caught her own reflection.'

They stated that the families to whom they used the tools related to the diagnosis reacted differently. Some took offense at the assistant and wanted a break in providing the service – after the holidays and thinking about their commitment to the lives of their children, they resumed cooperation with the same assistant. Now, cooperation takes place at a satisfactory level. Other participants confirmed the need for a good diagnosis – after using the tool they developed a more detailed plan of work with the family, they paid attention to various things.

'I also used the smaller things you gave, that is, about the norms and values of the family. Also, at the diagnosis level – because I enter a family and create a picture of the family. These surveys forced people to talk. To talk to them what is important, what they would like. Because you can appeal – for example, as you have said, the future of your children is important.'

There were no objections about the questions.

Functional illiteracy

The problem of diagnosing functional illiteracy seems to be very important. It turned out that the participants started to notice this problem among their clients. Almost all (8 people) used the tool for the diagnosis of functional illiteracy. However, it should be stated that they treated this tool not as a whole, they used only selected exercises.

'We gave this task with the understanding of the rules of the community center. And there were such points and this client explained to me point by point – because I pretended I did not know what was going on. And she explained me everything and I saw that this woman understood everything.'

All the assistants stated that they began to be more attentive to the client and his dysfunctions. They already know that one of such dysfunctions may be functional illiteracy. They notice it with clients and do not treat it as a lack of willingness to cooperate.

'And I saw that I founded, looking at the girl's year of birth, that she is young, that she can write an e mail, that she can attach an attachment. It turned out that it was not. But I managed to capture it because I acquired such mindfulness.'

'Well, I also have a client and assumed that she graduated from the school, well, she has a job. But something was wrong here. And the psychologist, with whom she now finally works, also stated that she does not accept certain things or does not understand.'

This statement above shows that often assistants in Poland assume a priori assumptions without checking the skills and capabilities of the client.

'I have a guy who goes to therapy, but he has a problem with writing. So, I already know that he will not write, that you have to talk more to him. And now I know why he rejected group therapy. Because there are other people. He was on two meetings, but it was necessary to fill in the papers and he did not go.'

Information about functional illiteracy, learning about this phenomenon helped the assistants to develop their own work paths with the client. One of the assistants adjusted her working methods to the client's level.

'Well, I am now working with a woman who has difficulties in all areas. She has a disabled child who does not speak. And I work with both of them on this child's level. And the effects are. The psychologist already asked me what I'm doing with them, because the effects are visible.'

This is very important because the proposed methods have not only facilitated the work of the assistants, but also prompted them to reflect and self-develop.

Change in working practices

The use of methods proposed during the training allowed our participants to look at their profession differently. And they also dared – in addition to using something new, or new methods – to undertake new tasks or additional tasks, which are included in the assistant's work, but are usually not taken (because of lack of time, reluctance to this type of tasks, because they are not obligatory). Two of the participants created the “Mom's club.”

'We have initiated changes at the parent school. Because we have had a parent school. Well, this name was so unfortunate – you know... school. Our participants felt worse. Because it was school, so it means that they can not do anything, but yet they have children. And they did not want to come. So, we changed the name to the Women's Club, Mom's Club. But it's about the name, not the school. Now we have participants who are happy to come. We talked to a psychologist – because it is psychologist who conducts classes, and we only help, so we suggested that the ladies themselves could suggest what they want to do. That it would not seem that classes are imposed from above. There was a meeting, there was a poll. Everyone could invite whoever he wanted from outside. There were a few people who were invited and our ladies were delighted. There were shows – a beautician who prepared for this meeting prepared gifts – vouchers for free henna, cosmetics samples. Well, of course, we persuaded them to do it for free. And now our girls do not want to go out, sit and play. They do not want to leave. We now have the bar raised, we now have to rise to the task and improve it. So we are sitting and thinking to improve everything.'

Another participant undertook to coordinate work with family – she was a key person in working with her family. Social worker and curator did not feel strong enough to coordinate their work. Each

of them worked separately. So, the assistant called a meeting and agreed with the abusers what to do. It turned out that everyone was satisfied with it.

'If I can say something, we have arranged such a meeting with a curator, a social worker and a school educator. Well, we're separating these tasks.'

There has been a change in cooperation between other institutions that work with the assistant. In Poland, cooperation between employees who work with family varies. There is usually no communication between them. After the training, participants realised that this cooperation is needed and changed the approach to curators, pedagogues and social workers. They changed the rigid structure of "cooperation" by changing their work technique. This was noticed and the tasks and plans for working with families were reworded.

'There is a problem with us that there is no responsibility – that is, there is no person who is responsible for working with the family. The regulation does not say who is responsible, as everyone knows that a social worker, but it is not saved. And the assistant is the scapegoat.'

'Cooperation is very important. So, I've determined it so that I have to go, I do, I care. And now I see that I am harvesting this crop.'

Final thoughts and comments

Assistants noticed the advantages of using the methods and tools that were presented at the training. It can be concluded that half of them (5 people) will continue to use and modernise their work-family workshop. The other half may remain only in the declarative sphere – they know that there are such tools and methods, but they will be afraid to use them. The reasons for this are different – it is mainly related to the direction of work with the family, which is carried out in a given center. But also with an openness to innovation and a sense of the need to apply new methods.

Conclusions and Recommendations

To conclude, the training has been of value and assisted nearly all those who have been through a part of or the whole training session to be able to work better, more reflectively, to evaluate their views and opinions, to be less judgemental and to be more understanding of their clients/ families.

The initial part of the questionnaire looked at burn out and how to reduce the incidence of this happening. Burnout is a huge problem when working in the caring professions as it challenging and emotional work and professionals are often working with families who are going through multiple challenges simultaneously, for example, domestic violence, poverty, homelessness, a child or parent with a chronic or life limiting condition etc and these issues can often also impact negatively on the social worker/ family assistant or anyone who is working closely with these families. It appears that the training around burn out and how to reduce it has been effective for many of the respondents and has resulted in them taking time out to think about their clients, delegating work to colleagues and generally improving their working practices and self-care.

Recommendations

Partners should share the results and these recommendations with those Services and practitioners who participated at Phase one and Phase two and also across their service areas and widely in their countries through relevant social care related forums, to spread the outcomes and encourage further discussion and reflection.

Partners should review the methodologies and tools used during this project implementation alongside the feedback, to determine where improvements to the methodologies, tools and training can be made. An ambition should be to seek ways to further and fully roll out this training to all who are in these family assistant and support type roles.

The general perception was that it was useful to receive professionals' training in relation to the concept of functional illiteracy and to be aware that this could be a part of the client/ family's challenges. There should be further exploration to determine whether or not

such education and information may or not be helpful as a tool for clients. Very often clients do not really understand what the issues are around their problems and what the relationships are between domestic violence, for example, and how this impacts on their children's emotional and educational lives as well as their own. If appropriately planned and executed, it may well be a further useful tool.

Commissioners, Trainers, Senior and line Management should seriously consider making mandatory, that staff undertake training in relation to Burnout, on at least an annual basis, to help them to reflect on their roles and ensure that they are using effective techniques to keep themselves aware and well in relation to work impacts.

The survey respondents indicated that information sharing is generally both sufficient and accurate and although internal processes could be improved across the board it is always possible for all professionals to pick up the phone to find out more information. The UK Newham respondents are trialing a new system called Early Help Record which has had very positive reviews so far. This should encourage Schools Health Partnership Service to feed the information into their review and service improvements to Early Help and also enables them to consider how this may be widened across Health, Social Care and other supportive sectors and services, as well as across this Partnership of countries.

Overall the training sessions were received positively, and it does seem that social exclusion is already on most professional's radar and that actively developing methods of social inclusion is being constructively dealt with in various ways and with degrees of success. It is also very positive to note that health care, social care and social inclusion targets are being set with the addition of success criteria to measure and evaluate the strategies being used. It is recommended that these measures are shared widely as best practice and can then be considered in the future as mandatory requirements.

They can be used across the board by agencies, organisations, individual professionals and families to benchmark and measure how clients and families are improving or not improving in all areas against the effectiveness of professionals' chosen interventions.

Additional training material

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Web Sites

<http://www.helpguide.org/articles/stress/preventing-burnout.htm>

<https://www.mindtools.com/pages/article/recovering-from-burnout.htm>

<http://unesdoc.unesco.org/images/0008/000875/087580eo.pdf>

http://blogs.epb.uni-hamburg.de/lea-verlinkungsstudie/files/2015/09/Functionally-illiterate-adults-and-their-confidantes-%E2%80%93-results-of-the-quantitative-study_Buddeberg_2015.pdf

http://www.grundbildung-und-beruf.info/et_dynamic/page_files/267_datei.pdf?1334836254

<https://worldliteracyfoundation.org/wp-content/uploads/2015/02/WLF-FINAL-ECONOMIC-REPORT.pdf>

<https://tools.skillsforhealth.org.uk/competence/show/html/id/3833/>

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www.newhamccg.nhs.uk/GetInvolved/futuregeneration.htm

ANNEX No. 1

QUESTIONNAIRE OF THE DESK RESEARCH

Description	Attempts to solve problems / what have been done in this direction	If no action was taken to resolve the problem – why?	Tasks to do
Type of parenting / educational problems			
Low notes/grades in school			
Verbal aggression towards parents			
Conflicts with siblings			
Unwillingness to do house work			
Late returns home			
Improper company of peers			
Bad behaviour at school			
Truancy/ school absence			
Smoking			
Drinking alcohol			
Taking drugs			
Verbal aggression towards peers			
Physical aggression / against whom it is directed – parents, siblings, peers etc.?			
Lies			
Escape from home			
Early sexual initiation			
Crime behaviour			
Prostitution			

Description	Attempts to solve problems / what have been done in this direction	If no action was taken to resolve the problem – why?	Tasks to do
-------------	--	--	-------------

Does the child / Do the children have?

Own desktop			
Place to work			
Own bed			
Own room			
Room shared with siblings			
Space for learning/ playing			
Textbooks / school supplies			
Computer with internet connection			

How a child spends free time

In home watching TV			
Develops his own interests at home / eg reads books			
In the yard with colleagues			
In front of computer			
Participates in extracurricular activities			

Duties of the parent

Helping children in doing lessons			
Contact with school			
Preparing meals			
Maintaining order at home			
Organizing and controlling children's free time			

ANNEX No. 2

QUESTIONNAIRE FOR PARENTS OF SCHOOL-AGE CHILDREN

1. Does your child / Do your children like to go to school?

- a) Yes, they really like school and teachers
- b) Yes, but not all lessons
- c) Every day I force them to leave the house to school
- d) They do not like school, they do not want to go to school, they often truant
- e) Other

.....

.....

.....

2. Does your child / Do your children eagerly learn?

- a) Yes, they do their homework every day and are happy to learn
- b) Yes, but there are times when they do not do their homework
- c) Often do not do homework and do not learn
- d) Other

.....

.....

.....

3. Please tell me how your child / children are doing at school

Child's name							
Child's age							
He/she has very good notes (4,5,6 or A, B)							
He/she learns average (3 or C)							
He/she has very big problems in learning, he/she has barely pass to the next class							
He/she didn't pass to the next class							
He/she gave up her education during the school year							
Other							

4. How do you help your child / children learn?

a)

Specification	Everyday	One/two times in a week	Occasionally	Never
I check what the child has to do (homework)				
I check if the child has done his/her homework				
If my child asks me, I am helping him/her with homework				
Other				

- b) The child does not need help, he/she learns alone
- c) Someone else is helping my child in doing homework
Who?.....
How often?.....
- d) The child participates in compensatory classes at school
a/ what subject
b/ how often
- e) How often do you contact a teacher who conducts compensatory classes
.....
.....

5. Please specify how your contact with the child's school looks like.

- a) I contact the school at least once a month
- b) I contact the school only during organised meetings with parents
- c) I only contact the school during semester meetings (2 times in year)
- d) I contact teachers of particular subjects during consultations
- e) I only contact the school when teachers call me
How often you are called to school
.....
- f) I do not have contact at all
- g) Other
.....
.....

6. What is your child's / children's interest?

.....
.....

7. Do teachers pay attention to your child's interests and abilities?

.....
.....

8. In which extracurricular activities your child participates?

.....
.....

9. If the child does not attend in extracurricular activities, why is this happening?

.....
.....
.....

10. Do you reward your children? If so for what?

- a) I am rewarding my child/children for

.....
.....
.....

- b) I am not rewarding my child/children, because

.....
.....
.....

11. What rewards do you use:

- a) I am hugging my child
b) I am praising for good behaviour
c) I allow my child's friends visit our house
d) I let my child visit his friends
e) We are watching TV together
f) We are playing together in computer games
g) We are playing cards/ Monopoly/...
h) Together we go out for ice cream, to the cinema, to the opera, to the theater
i) I give money
j) I buy toys, what kind.....
k) I buy other things, what kind
l) Other

.....
.....
.....

12. Which of these awards give the child / children the greatest pleasure?

.....
.....
.....

13. Do you praise your children to other people?

- a) Yes, who is it
b) No,
Why do not you praise your child?

.....
.....
.....

14. Does any of the following happen to your child?

Specification	Very often	Often	Occasionally	It only happened once	It never happened	I do not know
Low notes in school						
Verbal aggression towards you						
Conflicts with siblings						
Unwillingness to do something in home (task)						
Late returns home						

Bad friendships					
Bad behaviour at school that requires your intervention					
Smoking					
Drinking alcohol					
Drugs					
Truancy					
Verbal aggression in relation to peers					
Physical aggression in relation to peers					
Lies					
Other, according to you, the symptoms of bad behaviour not mentioned above					

15. If the child/children behave badly, what do you do in this situation?

Specification	Very often	Often	Occasionally	It only happened once	It never happened
I use corporal punishment – spanking, beating, jerking					
I am shouting					
I try to talk, convince to better behaviour					
I set the time to return home earlier than usual					
I forbid leaving home and playing with other children					
I'm taking a child's pocket money					
I increase home duties					
I am asking for help other people (Who?)					
I limit access to the Internet, computer, tablet					
I limit access to mobile					
I want child to stand in the corner					
I am doing nothing					

Other type of penalties (not listed above) used by you

16. Which of these penalties, in your opinion, are the most effective?

.....

.....

17. What do you usually punish your child / children for?

.....

.....

18. In case of bad child behaviour, was necessary the intervention of:

- | | | | | |
|----------------------|-----|-----------------------|----|-----------------------|
| a) Police | yes | <input type="radio"/> | no | <input type="radio"/> |
| b) School pedagogue | yes | <input type="radio"/> | no | <input type="radio"/> |
| c) Social worker | yes | <input type="radio"/> | no | <input type="radio"/> |
| d) Probation officer | yes | <input type="radio"/> | no | <input type="radio"/> |
| e) Psychologist | yes | <input type="radio"/> | no | <input type="radio"/> |
| f) Other institution | | | | |

.....

.....

.....

19. How is your child spending his/her free time? (please give up to 3 answers)

- | | |
|---|-----------------------|
| a) playing alone in home | <input type="radio"/> |
| What is he/she doing? | |
| | |
| b) watching TV | <input type="radio"/> |
| What kind of programs is he/she watching? | |
| | |
| c) book reading | <input type="radio"/> |
| d) newspapers reading | <input type="radio"/> |
| What kind? | |
| | |
| e) computer games playing | <input type="radio"/> |
| What kind of games, do you know the titles? | |
| | |
| f) sports playing | <input type="radio"/> |
| g) developing his interests | <input type="radio"/> |
| What kind? | |
| | |
| h) sitting with friends at home | <input type="radio"/> |

- i) meeting with friends outside ☐
Where? ☐
in the backyard ☐
in the club ☐
in the discotheque ☐
I do not know ☐
Other place ☐
.....
.....
- j) spends time in a different way, how: ☐
.....
.....

20. If a child spends time away from home, do you know where and with whom? And do you know what he is doing?

- a) Yes, I always know his whereabouts ☐
- b) I rather know who and where he is ☐
- c) I often do not know where he is or what he does ☐
- d) I never know what he is doing and where he is ☐

21. Please list the best friends of the child / children from school

.....
.....
.....

22. Please list the best friends from the neighborhood, backyard

.....
.....
.....

23. Do you know the parents of these children?

- a) Yes, I know all of them ☐
- b) Yes, but I know only few ☐
- c) No, I do not know ☐
- d) Other ☐
.....
.....
.....

24. What does it mean for you to limit parental authority?

.....
.....
.....

25. Please list the court’s recommendations regarding the actions you should take to regain full parental authority

.....
.....
.....

26. Please write what you have done so far to regain full parental authority

.....
.....
.....

27. What responsibilities your child / children have?

[illegible]

28. Please tell me what you want to teach your child / children, which is important to you as for father / mother:

- a) I would like my child to be healthy ○
- b) I would like my child to have happy marriage ○
- c) I would like my child to have fair life ○
- d) I would like my child to have respect for other people ○
- e) I would like my child to have good education ○
- What kind?
-
-
- f) I would like my child to have good job ○
- What kind?
-
-
- g) I would like my child to have a good group of friends ○
- h) I would like my child to be able to preach his own views ○
- i) I would like my child to have contact with culture ○
- j) I would like my child to be reach ○

- k) I would like my child to have a life full of adventures and impressions ○
- l) I would like my child to succeed and be famous ○
- m) I would like my child to have success in his life ○
- n) I would like my child to have such a life wisdom that will help to take care of his interest ○
- o) I would like my child to be able to participate in democratic social life ○
- p) I would like my child to

.....

.....

.....

- q) I would like my child to

.....

.....

.....

- r) I would like my child to

.....

.....

.....

- s) I would like my child to

.....

.....

.....

29. Please list three, in your opinion, the most important things in life that you would like to teach your child / children.

1.
2.
3.

ANNEX No. 3

ANALYSIS OF PROBLEMS AND HELP PLAN

[illegible]

ANNEX No. 4

TASKS FOR DIAGNOSING FUNCTIONAL ILLITERACY²⁵

TEST – TEXT UNDERSTANDING

In PIAAC International Adult Literacy Competences, text literacy competences are defined as the ability to understand and evaluate information contained in written texts and to use this information to participate in social life, achieve their own goals and develop their own knowledge and potential.

Aims:

- diagnosis of competence in the field of text comprehension,
- diagnosis of causal-effect thinking, matching facts, logical thinking,
- determining the degree of functional illiteracy.

Task 1:

Please read the rules of kindergarten and then answer the questions that are below the text.

Kindergarten statute

Welcome in our kindergarten! We start a wonderful year filled with fun, learning and getting to know each other. We ask you to take a few moments to familiarise yourself with the rules of our kindergarten.

- ▶ Please make sure your children are in kindergarten before 9:00.
- ▶ Please bring a small blanket or pillow and / or a small cuddly toy for sleeping time.
- ▶ Please, dress your child comfortably and bring clothes to change.
- ▶ Please do not bring decorations or sweets. If your child has a birthday, please talk to the tutor about a special snack for the children.
- ▶ Please bring your child fully dressed, not in pajamas.
- ▶ Please sign with your full name. This is a requirement resulting from the regulations on kindergartens. Thank you.
- ▶ Breakfast is served at 7:30.
- ▶ Medicaments for children must be in the original packaging and the containers should be described.
Medicaments must be entered into the medicine sheet located in each room.
- ▶ If you have any questions, please contact the tutor or Mrs. Małgosia or Mrs. Hania.

Please answer the questions below:

1. At what time at the latest children should be brought to kindergarten?

Answer:.....

2. At what time at the latest, children should be brought to the kindergarten if they eat breakfast there?

Answer:.....

3. Is it allowed to bring sick child into the kindergarten?

Answer:

²⁵ Based on: M. Rynko (red.) Umiejętności Polaków – wyniki Międzynarodowego Badania Kompetencji Osób Dorosłych (PIAAC), Instytut Badań Edukacyjnych, Warszawa 2013, Anex;

Recommendation:

For this task you can use various types of regulations, operating instructions, forms. However, it is always necessary to remember that the client should fill in the test himself, in the presence of a family assistant / social worker / other specialist who observes client's attitudes while doing tasks.

Task 2:

Please provide any form to be completed, eg. application for family benefits, loan application, declaration to a health center, etc.

TEST – Basics of reading and writing

The lack of basic literacy skills prevents the development of key competences in private, professional and social life.

- diagnosis of competence in the field of reading and writing,
- diagnosis of causal-effect thinking, matching facts, logical thinking,
- determining the degree of functional illiteracy.

1. Understanding of sentences

Below you can see a few sentences. Please read them and assess the probability of their occurrence in reality. Please rate which of the sentences below are true and which are not. If the sentence is true, please mark YES, if the sentence is untrue, please mark NO.

Sample sentences

Three girls ate a bus	YES	NO
Man was driving green car	YES	NO
The lightest balloon floated against the bright sky	YES	NO
A comfortable cushion is soft and a city	YES	NO
A person who is twenty years old is older than a person who is thirty	YES	NO

2. Basic understanding of the text

The task is to select the appropriate words in the individual sentences in the text. Please read the text below and choose the appropriate words in sentences. Please, highlight those you think are right.

I want to draw the attention of the city's residents to an important matter. The public clinic at Main street will be closed in the next horse / month. And thousands of people have been treated in the forest / for years. It was in the clinic that the residents of the districts surrounding the city center / chairs were provided with medical care. Doctors and nurses working there do their work / Ian with dedication. Many of them have been working in the clinic since it was opened / called. It would be a mistake to let it close / discuss it. Our authorities say that opening a new clinic on the outskirts of the city is the best solution to provide all residents with a place where they can get the care they need. They argue that the new clinic is equipped with modern equipment and has spacious creatures / rooms. It is possible that this is true, but it is also a fact that many residents of the city will have to travel to / receive a new clinic for over an hour. Spending an hour on a bus or car can make a person feel even worse, especially when you're used to good medical care the nearest neighborhood / bicycle. If you share my opinion, please support the city clinic at the next meeting / relation of the city council.

Task 3: Ability to construct a letter

You asked the social assistance center for financial help. However, the center’s manager refused. He thinks you are too often using help, you are healthy and can work to earn money for your family’s needs. You do not agree with this decision. Please, write an appeal.

Task 4: Spelling/writing

Spell the date and place of your birth (and write it)

TEST – Mathematical reasoning

In the International PIAAC Adult Competence Research, mathematical reasoning has been defined as the ability to use, interpret and communicate information and mathematical concepts, in various situations of private and professional life requiring mathematical knowledge and skills.

Aim:

- diagnosis of competences in the field of mathematical reasoning,
- diagnosis of causal-effect thinking, matching facts, logical thinking,
- determining the degree of functional illiteracy.

Task 1:

The graph shows the number of births in the USA in the years from 1957 to 2007. The data was presented in periods of 10 years. Please look at the graph showing the number of births and answer the questions.

1957 4 300 000 *	▶	1967 3 520 959 *	▶	1977 3 326 632 *	▶	1987 3 809 394 *	▶	1997 3 880 894 *	▶	2007 4 315 000 *
------------------------	---	------------------------	---	------------------------	---	------------------------	---	------------------------	---	------------------------

Please answer the following questions:

1. Which year was the highest number of births?

2. Which year was the lowest number of births?

In which period (periods) the number of births dropped? Please tick all matching answers

- o 1957 – 1967
- o 1967 – 1977
- o 1977 – 1987
- o 1987 – 1997
- o 1997 – 2007

Task 2:

Below is the plan of Tomek's day. Please, read it and then answer a few questions.

7:20 – 10:00	Feeding animals
10:00 – 12:00	Walking through the wood
12:00 – 2:00	Dinner
2:00 – 3:00	Resting time
3:00 – 5:00	Playing with friends

1. What time does Tomek get up if he gets up half an hour before feeding animals?

Answer:

2. What does Tomek do at 1:30?

3. Please finish the sentence: At 3:30 Tom.....

Task 3:

Materials: receipt from big shopping in a supermarket, a piece of paper, or a calculator

I will present you a receipt from the store. Please, write down products and prices on a piece of paper, make a summary in individual items.

- a) Basic food products
- b) Stimulants (coffee, tee, cigarettes, alcohol)
- c) Personal hygiene products
- d) Cleaning products

And now, please answer what percentage of the total purchase costs was the cost of basic food products.

Answer

TEST – The ability of solving problems

The ability to deal with problems is inextricably linked to the degree of key competences useful in various areas of social and family life.

- diagnosis of causal-effect thinking, matching facts, logical thinking
- determining the degree of functional illiteracy

Task – level of awareness of the problem and the ability to solve it

Materials for the test: a court judgment (with justification) regarding the restriction of parental authority.

Please read the verdict that you received in connection with the decision to limit your parental authority. After reading, please answer the following questions:

1. Please describe the situations for which the court has limited your parental authority

Answer

2. What does it mean for you to limit parental authority?

Answer

3. Please list the court's recommendations regarding the actions you must take to regain full parental authority?

Answer

4. Please write what tasks you have taken so far to regain full parental authority.

Answer

5. What else do you have to do to let the court restore your parental authority?

Answer

ANNEX No. 5

VALUES IN CLIENT'S LIFE

	What do you think is important in life? Answer please give by pointing to the scale of point 1, which means the statement: <u>definitely not important</u> or point 7, which means the opposite statement: <u>very important</u> . If you have an indirect view, you can choose values between 1 and 7. If you do not know what to mark, you have no opinion, please tick 8, which means DIFFICULT TO SAY [table prepared on the basis of research CBOS http://www.cbos.pl/SPISKOM.POL/2013/K_111_13.PDF]								
A	Keeping good health	1	2	3	4	5	6	7	8
B	Happiness in marriage	1	2	3	4	5	6	7	8
C	Honest life	1	2	3	4	5	6	7	8
D	Respect other people	1	2	3	4	5	6	7	8
E	The peace of children	1	2	3	4	5	6	7	8
F	Life wisdom	1	2	3	4	5	6	7	8
G	Education	1	2	3	4	5	6	7	8
H	Work	1	2	3	4	5	6	7	8
I	Friends	1	2	3	4	5	6	7	8
J	Freedom to proclaim your own views	1	2	3	4	5	6	7	8
K	Faith	1	2	3	4	5	6	7	8
L	Connection with culture	1	2	3	4	5	6	7	8
M	Opportunity to participate in democratic socio-political life	1	2	3	4	5	6	7	8
N	Prosperity, wealth	1	2	3	4	5	6	7	8
O	A life full of adventures and impressions	1	2	3	4	5	6	7	8
P	Success, fame	1	2	3	4	5	6	7	8
R	Prosperity of children	1	2	3	4	5	6	7	8
S	Success in life	1	2	3	4	5	6	7	8

ANNEX No. 6

BEHAVIOUR ASSESSMENT QUESTIONNAIRE

	What do you think is important in life? Answer please give by pointing to the scale of point 1, which means the statement: <u>definitely not important</u> or point 7, which means the opposite statement: <u>very important</u> . If you have an indirect view, you can choose values between 1 and 7. If you do not know what to mark, you have no opinion, please tick 8, which means DIFFICULT TO SAY [table prepared on the basis of research CBOS http://www.cbos.pl/SPISKOM.POL/2013/K_111_13.PDF]								
A	Forcing employees to work overtime	1	2	3	4	5	6	7	8
B	Accepting bribes	1	2	3	4	5	6	7	8
C	Giving bribes	1	2	3	4	5	6	7	8
D	Beating children	1	2	3	4	5	6	7	8
E	Using the official position for your own benefit	1	2	3	4	5	6	7	8
F	Cheating your spouse	1	2	3	4	5	6	7	8
G	Homosexuality	1	2	3	4	5	6	7	8
H	The use of contraceptives	1	2	3	4	5	6	7	8
I	Neglect of your duties at work	1	2	3	4	5	6	7	8
J	Making fictitious donations or lowering income to pay less tax	1	2	3	4	5	6	7	8
K	Abortion	1	2	3	4	5	6	7	8
L	Exceeding the permitted speed on the road	1	2	3	4	5	6	7	8
M	Having sex before marriage	1	2	3	4	5	6	7	8
N	The exploitation of weaker by stronger (in work)	1	2	3	4	5	6	7	8
O	Giving gifts, eg to doctors, nurses, officials, for settling a case or speeding it up	1	2	3	4	5	6	7	8
P	Conscious buying counterfeit (faked)	1	2	3	4	5	6	7	8
R	Life in a relationship without marriage	1	2	3	4	5	6	7	8

S	Shortening the life of the incurably ill at his request	1	2	3	4	5	6	7	8
T	Travelling without a ticket on the bus or tram	1	2	3	4	5	6	7	8
U	Divorce	1	2	3	4	5	6	7	8
W	Cheating on exams	1	2	3	4	5	6	7	8
X	Using the employee at work by his supervisor	1	2	3	4	5	6	7	8
Y	Flirting and / or romance with subordinate employees	1	2	3	4	5	6	7	8
Z	Not participate in the elections	1	2	3	4	5	6	7	8
ZY	Simulations of work	1	2	3	4	5	6	7	8

ANNEX No. 7

QUESTIONNAIRE OF ROLES

The professional roles presented below have been defined on the basis of the statements of family assistants, training participants, who presented the most frequently made tasks at work with their clients.

Please look at the set of occupations / professional roles. Please mark all those that you fill in working with families who are in your care.

- | | | |
|-----|---------------------------|--------------------------|
| 1. | Teacher | <input type="checkbox"/> |
| 2. | Psychologist | <input type="checkbox"/> |
| 3. | Professional adviser | <input type="checkbox"/> |
| 4. | Professions trainer | <input type="checkbox"/> |
| 5. | Addiction therapist | <input type="checkbox"/> |
| 6. | Social worker | <input type="checkbox"/> |
| 7. | Psychotherapist | <input type="checkbox"/> |
| 8. | Relationship consultant | <input type="checkbox"/> |
| 9. | Parent | <input type="checkbox"/> |
| 10. | Sexologist | <input type="checkbox"/> |
| 11. | Pedagogue | <input type="checkbox"/> |
| 12. | Construction worker | <input type="checkbox"/> |
| 13. | Family doctor (GP) | <input type="checkbox"/> |
| 14. | Grand mother/Grand father | <input type="checkbox"/> |
| 15. | Cook | <input type="checkbox"/> |
| 16. | Dietician | <input type="checkbox"/> |
| 17. | Head - hunter | <input type="checkbox"/> |
| 18. | Friend | <input type="checkbox"/> |
| 19. | Couch | <input type="checkbox"/> |
| 20. | Lawyer | <input type="checkbox"/> |
| 21. | Family mediator | <input type="checkbox"/> |
| 22. | Mechanician | <input type="checkbox"/> |
| 23. | Babysitter | <input type="checkbox"/> |
| 24. | Negotiator | <input type="checkbox"/> |
| 25. | Guardian | <input type="checkbox"/> |
| 26. | Assistant | <input type="checkbox"/> |
| 27. | School nurse | <input type="checkbox"/> |

ANNEX No. 8

QUESTIONNAIRE OF DELEGATING TASK

Think about the 10 most common tasks you do in your family. Consider whether all of these tasks must be done by you. Mark in the table which tasks you can do yourself, which you can delegate, in which you will need cooperation.

L.p.	Task	What do I have to do on my own	I need cooperation with	Who can I delegate to the task
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Final Combined Questionnaire

Integration Through Education – Combined

Welcome to our survey. We are conducting research in Austria, Poland, the Czech Republic and the United Kingdom to explore the determinants of effective support for socially excluded families. This study was commissioned as part of the Integration through Education Programme. BERUFSFORDERUNGS-INSTITUT OBEROSTERREICH Training and Consulting company are working in Austria, the Czech Republic leg is being conducted by Masaryk University in Brno, the Posterum Forum are working in Poland and the UK research has been conducted by the University of East London (UEL).

This research is being conducted to evaluate the information session that you have attended and your experiences since then. Many thanks for taking the time to complete the research.

1. Firstly, which country are you based in?*

- ☐ Austria
- ☐ Czech Republic
- ☐ Poland
- ☐ United Kingdom

2. Burnout

These questions relate to burnout and how things have changed since your information session.

2. Thinking about the chosen methods that you have been asked to put into practice, how well do you feel that they have worked? PLEASE TICK ONE.

- ☐ Worked very well
- ☐ Worked fairly well
- ☐ Worked somewhat
- ☐ Did not work at all
- ☐ I have not tried any of the new methods yet

Why do you say this? Please write in full.

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3. How do you perceive the partial methods from your perspective? PLEASE TICK ONE.

- ☐ Very helpful
- ☐ Fairly helpful
- ☐ Neither helpful nor unhelpful
- ☐ Fairly unhelpful
- ☐ Very unhelpful

Why do you say this? Please write in full.

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3. Functional Illiteracy

These questions are about functional illiteracy. Functional literacy is the comprehension of written text and is defined as the ability to understand and evaluate the information contained in written texts and use this information to participate in social life, achieving their own goals and to develop their knowledge and potential. People who do not have these skills have functional illiteracy.

4. Are your customers/ clients aware of what their problems are? PLEASE TICK ONE.

- o They are aware of all their problems
- o They are aware of most of their problems
- o They are aware of a few of their problems
- o They are not aware of what their problems are

Why do you say this? Please write in full.
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5. How much or what kind of help do they want to receive? PLEASE TICK ONE.

- o They want us to solve all of their problems
- o They want us to solve some of their problems
- o They only expect help with benefits/ financial help
- o They do not want to deal with or solve their problems

Why do you say this? Please write in full.
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6. Is the amount of information you receive about each family from colleagues (e.g. social worker/ social pedagogue, probation officer etc.) sufficient or is more information required? PLEASE TICK ONE.

- o Yes, it is sufficient
- o Yes, but more information would be helpful
- o No, there is not enough information given

Why do you say this? Please write in fully
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7. Is the amount of information you receive about each family from colleagues (e.g. social worker/ probation officer/ health professionals etc.) accurate and gives you a good understanding of the family situation? PLEASE TICK ONE.

- o Yes, it is accurate
- o Yes, it is mostly accurate
- o No, the information does not portray the family situation accurately

Why do you say this? Please write in fully
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8. Now that you have been to the information session, how has this affected your work with your clients? PLEASE TICK ONE.

- ☐ It is easier to work now because I understand what problems they have
- ☐ It has helped me in the diagnosis, but I have not changed working methods
- ☐ It has helped me in the choice of working methods
- ☐ It has not changed how I work as I do not notice this problem among my clients
- ☐ It has not changed how I work as I do not believe that this is a problem for my clients

Why do you say this? Please write in fully

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4. Health and Social Care

These questions are around health and social care

9. Thinking back to when the family was first referred to you, how was information about the family given to you? TICK ALL THAT APPLY.

- ☐ Family folder – electronic
- ☐ Family folder – paper/ hard copy
- ☐ Telephone
- ☐ Face-to-face debrief
- ☐ Health & social care team meeting
- ☐ GP or other health professional
- ☐ Other (please specify):

10. Did you understand the diagnosis/assessment? PLEASE TICK ONE.

- ☐ I fully understood the diagnosis/ assessment
- ☐ I mostly understood the diagnosis/ assessment
- ☐ I did not understand the diagnosis/ assessment

Why do you say this? Please write in fully

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11. Were the families needs identified in terms of their health and social care? PLEASE TICK ALL THAT APPLY.

- ☐ Yes, in full for health care
- ☐ Yes, in full for social care
- ☐ Yes, partially for health care
- ☐ Yes, partially for social care
- ☐ No, was not met for health care
- ☐ No, was not met for social care
- ☐ Health care plan not required
- ☐ Social care plan not required

Why do you say this? Please write in fully

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12. Did you understand the health and/ or social care plan? PLEASE TICK ONE.

- ☐ Yes, fully
- ☐ Yes, partially
- ☐ No, it was unclear

Why do you say this? Please write in fully

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13. Were achievement targets set for health and social care? PLEASE TICK ALL THAT APPLY.

- ☐ Yes, targets were set for social care
- ☐ Yes, targets were set for health care
- ☐ No, targets were not set for social care
- ☐ No, targets were not set for health care

What targets were set? Were they reasonable targets to set? Please write in fully

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14. Were any success criteria set? PLEASE WRITE IN FULL.

- ☐ Yes, for social care
- ☐ Yes, for health care
- ☐ Targets were not set for social care
- ☐ Targets were not set for health care

What was this criteria? PLEASE WRITE IN FULLY

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15. How does the Integrated Neighbourhood Working (INW) model support improved partnership working and professional wellbeing? PLEASE TICK ONE.

- ☐ Supports a lot
- ☐ Supports a little
- ☐ Somewhat supports
- ☐ Supports slightly
- ☐ Does not support
- ☐ I do not use the INW model

Why do you say this? Please write in fully

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16. Thinking now about partnership working, does the Early Help Record systems and processes provide an effective platform for this? PLEASE TICK ONE.

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No, not really
- ☐ I don't use Early Help Record

Why do you say this? Please write in fully

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17. How efficient is the Early Help Record as a tool for facilitating partnership working?

PLEASE TICK ONE.

- ☐ Very efficient
- ☐ Fairly efficient
- ☐ Neither efficient nor inefficient
- ☐ Fairly inefficient
- ☐ Very inefficient

Why do you say this? Please write in fully

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18. How efficient is the Early Help Record as a tool for providing an indication of success in delivering integration? PLEASE TICK ONE.

- ☐ Very efficient
- ☐ Fairly efficient
- ☐ Neither efficient nor inefficient
- ☐ Fairly inefficient
- ☐ Very inefficient

Why do you say this? Please write in fully

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5. Social Exclusion

These questions are around social exclusion.

19. Now that you have you received information around social exclusion, what is your understanding of the term? PLEASE WRITE IN FULL.

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20. Were any risks identified with your clients/ families around social exclusion? If yes, what were these risks? PLEASE TICK ONE.

- ☐ Yes
- ☐ No
- ☐ Don't know

Please expand on what risks were identified

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21. Were achievement targets set for decreasing social exclusion? PLEASE TICK ONE.

- ☐ Yes
- ☐ No
- ☐ Don't know

What targets were set? Were they reasonable targets to set? Please write in full.

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22. Was success criteria set for decreasing social exclusion? PLEASE TICK ONE.

- ☐ Yes
- ☐ No
- ☐ Don't know

What was this criteria? Was it achievable? PLEASE WRITE IN FULL.

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6. Wishes and Attitudes

These questions are around your client’s wishes and your attitude towards your clients.

23. You have received some information and/ or training around transforming your client’s criticisms into wishes, was this helpful? PLEASE TICK ONE.

- ☐ Yes, very helpful
- ☐ Yes, fairly helpful
- ☐ Neither helpful nor unhelpful
- ☐ Not very helpful
- ☐ Not at all helpful

Why do you say this? Please write in fully

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24. Do you take the time to think about your views and opinions towards your client? PLEASE TICK ONE.

- ☐ All the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Never

Why do you say this? Please write in full.

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25. Do you have any other comments or thoughts that have not already been discussed? PLEASE WRITE IN FULL.

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Innovative Methods of Family Assistance: Public Service Work and Social Inclusion

