A SELF-RELIANCE MODEL - DESCRIPTION

Innovative subject: Searching for early social intervention methods and counteraction against social exclusion of young people of over 15 years of age (focused on improving those people's professional situation)
Originator Name: Towarzystwo Psychoprofilaktyczne Oddział w Warszawie (Psycho-profilactic Society Warsaw Department)
Partner 1 Name: Powiat Otwocki - Powiatowe Centrum Pomocy Rodzinie w Otwocku (Otwock District - District Family Care Centre in Otwock)
Partner 2 Name: Instytut Organizacji Przedsiębiorstw i Technik Informacyjnych InBIT sp.z.o.o. (InBIT Business Organization and Informative Techniques Institute Limited Liabilities Company)
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Introduction

What the whole process of child upbringing from birth to adulthood serves most is getting them ready for self-reliance. In a well-functioning family, the child gradually gains greater range of freedom and autonomy, their self-reliance grows. New tasks and obligations come together with realistic consequences of the decisions taken. The positive emotional bond between parents and the child play a great role, too, as thanks to it the child, caring for parents' acceptance, tries harder. Parents pass their values, norms and standards on to the child by living their everyday lives. What the child takes from the family is self-attitude, hopes, expectations of the world and their closest ones, the family picture, family role patterns as well as their traumas, complexes and fears.

The self-reliance model the description and guidelines of which we have put here presents the correction process. It is addressed to young people whose experiences gained during childhood and adolescence and especially the shortage of those experiences might become a reason for serious problems in their adult lives as well as make gaining their self-reliance harder for them.

The person whose task is helping getting the ward ready for adulthood we have called the self-reliance assistant since the idea of assisting is most adequate to the assumed objectives of this process.

„Assistance is a method of working with the excluded ones, based on introducing an individual companion and counsellor who gives their complex support, motivates and leads the ward throughout the whole social and professional reintegration process focused on gaining self-reliance in life through a complete and lasting return to society, in a way and time corresponding to the person's needs."

The self-reliance assistant's job aims at recognizing and helping in solving problems that make gaining the self-reliance in life difficult. Getting one ready for a self-reliant life comprises the whole of the upbringing process. Each of the growth stages prepares a child to taking up new tasks and negligence in this process later results in problems on further stages.

Preparing to self-reliance a ward who is leaving their foster care means both working with the ward and with their carers, their family, sometimes the school workers and other significant people. The self-reliance assistant should be the one to coordinate the whole self-reliance process.

The ward's stay in foster care should equip them with the basic task and self-service skills. The assistant coordinates the self-reliance process focused on solving emotional problems being a barrier for further growth (often having their beginnings in early childhood experiences) as well as on gaining abilities related to fulfilling the basic social roles: of a partner, parent, employee, etc. The assistant's task is to support, motivate, and accompany the ward, leading to their gaining of self-reliance. The main assumption of this method is the individualization of dealing with the ward as well as respecting their subject role. Each person being subject to assistance sets up their own goals and their own way of achieving them, they might also need a different amount of time to do this. Only supporting the adolescent's own sovereign decisions enables them to identify with the goals being pursued. The assistance is a tool meant for people, families and environments not provided with the right support by the currently functioning aid system.

When creating the self-reliance programme model, we were drawing on both our own past experience related to developing the individual family assistance method under the PIW EQUAL DRUGA SZANSA (SECOND CHANCE) (A0283), and on the British experience gained thanks to international cooperation with a British partner.

Guidelines presented in the British „Children Leaving Act 2000" regulating the communities' duties towards the wards leaving foster care were greatly in accordance with our experiences and thoughts. The most crucial question raised was a possibly early time of building the self-reliance programme („the self-reliance planning should not take place on the day of the ward turning 16, it should be an integral part of evaluation and verification during the whole stay under fosterage"). The self-reliance programme is to be a „live" document undergoing constant assessment and evaluation. It should be based on the ward diagnosis, accepted by them as well as consulted with other significant people. Actions undertaken towards the ward should be planned according to three main guidelines illustrated by answers to following questions:

- Would the suggested solutions be good enough for my own child?
- Do I have a backup plan in case the current actions occur incompatible with the expected results?
- Is the support plan adjusted to the individual needs of the ward being a person with specific calls and having more difficult experiences than their peers?

Thanks to the cited act and our contacts with British social workers acting according to these standards as well as to the research conducted under the project we had a chance to see how very different the approach to making wards self-reliant is in Poland and in Great Britain. The greatest differences relate to the help intensity and quality, its individualization, the subject treatment of the ward as well as constant programme improvement and evaluation. The self-reliance process for the wards leaving foster care in Poland starts 2-3 months before the ward turns 18. What it focuses on is mostly the financial support, some help in formal matters occasionally, less frequently participation in professional courses is offered. The ward rarely writes a self-reliance plan, they just sign a prepared by a social worker document, and the self-reliance carer plays only a formal role. If they are a Powiatowe Centrum Pomocy Rodzinie (District Family Care Centre) (PCPR) worker, their contacts with ward during the self-reliance process come down to a few meetings connected with delivering certificates and signing documents.

In this context, it seems that the most effective form of social intervention increasing chances for a self-reliant life is enabling all wards leaving foster care the use of a self-reliance assistant's help.

Guidelines

An effective help in becoming self-reliant should be the answer to the wards' needs and problems. According to the law, children may be put away from their families when these do not fulfill their function and offered help brings no results.

Unfortunately, what leads most children to foster institutions or families is poverty and school failures, and it happens usually before the possibilities of helping the family have been used up. The children come from families with numerous problems: of the social, emotional, and health nature. Under pressure of these problems, in tough social conditions, with no job nor steady income, lots of these families have lived in poverty for several generations now. Not infrequently, it's an environment filled with numerous conflicts, violence and addictions. Taking care for a day to day survival, adults live by minor crimes, furtive trade, alimonies, benefits, and donations. Also children from families who have not coped with a crisis (an illness, job loss, divorce, parent death) and have not been offerred any help happen to be put in foster care.

Brought up in tough conditions, these children lack the sense of security, the stable, predictable situation, and adults' support. Their basic physical and emotional needs are poorly and irregularly met. In a lot of homes, there are no constant rules nor clear expectations.

Children live under permanent pressure caused by the family conflicts and crises. They are neglected on the health side: undiagnosed malformations, lack of vaccinations, checks, balances. The family members feed on irregularly and irrationally (sweets, fast-foods), and their improper diet is the result not only of bad eating habits but also of penury.

What parents pass down to their children is poor cultural heritage (models, norms, values, knowledge about the world). Children's vocabulary is poor, too, they happen to have difficulties understanding the language of their peers of different environments and of their teachers. Most of them have no access to computers, artistic, sports, or educational activities. Their personal hygiene is often bad and they are badly dressed which frequently results in the dislike, isolation and stigmatization on the side of both their peers and adults, including school.

Living under constant pressure makes them not able to focus and having poor memory. Always fighting for attention (eg. with destructive behaviour), they face numerous problems in their environment, including educational institutions. They live from one hour to the next, and just like their parents they plan no future, they lack self-efficacy and don't believe in themselves. They avoid risk and failures. They are distrustful towards others, especially adults. They cannot take long-term actions, nor learn from their mistakes. They are not capable of taking the responsibility for themselves and their lives, they lack hope for change. Passive and restitutionary, they have unrealistic ideas and expectations. On the other hand, they have got lots of forms of compensation: lies, fantasies, addictions, manipulations, games, pretence.

As a result of school or social services intervention, against the will of parents and their own, some of them are put in foster institutions or families that are to ensure decent living conditions, growth possibilities and safety for them. Unfortunately, both the institutions' stuff and foster carers are not prepared to corrective work with children having deep and rooted emotional problems. A lot of them think that the decent living conditions, discipline, and school education support will solve all the problems.

In foster institutions, it's the group that decides of the everyday life and not the house-parents who most often know little about the relations among children. Once placed in the institution, the ward must defend themselves or fight for their position in the group, adjust to the system, learn conformity, cold-heartedness, and manipulation. Simultaneously, having the service provided for, they learn passivity and the fact that while they cannot do much, they don't have to do much either and nothing depends on them. Those who protest and cause trouble are placed in rehabilitation institutions (more than half of the rehabilitation institutions' wards have earlier been to a children's home) or mental hospitals.

I. Obuchowska research results say that a long stay in an institution helps generating such features as: lower self-esteem, lack of aspirations, fear of leaving the institution and starting an adult life.

Inconsiderable amount of children are put in non-related foster families or family children's homes. Yet, having been put there against their will and the will of their parents, they protest, resist, break the rules and regulations also there. They behave even worse in their adolescent period, becoming the source of numerous conflicts, bitterness, growing common dislike. Frequently, not prepared to facing such problems, the carers are not able to cope with them, thus, they either give up looking after the difficult child, or they give up conducting the foster family or the family children's home. Yet, most children placed in foster families are brought up by their relatives (85%). Not infrequently motivated by financial reasons, it's their grandmothers or grandfathers who start the foster family. Many children live both with the grandparents and their own parents – making the foster family a fiction.

Vital problems of young people getting ready to live a self-reliant life come to these:
- lack of the sense of security,
- lack of self-esteem,
- low sense of self-efficacy,
- lack of trust towards others,
- lack of realistic evaluation of their own possibilities,
- sensitivity about their own dignity (aggressive reactions when they feel humiliated),
- results of having been brought up in poverty and shortage (egoism, egocentricity, aggression),
- lack of the knowledge of the world, lack of social and task skills.

Unable to solve their problems, they search for ways to cope with them, most often escaping them through different methods of compensation, such as:
- using drugs and alcohol,
- lies, games, and manipulations,
- making appearances,
- escape into computer games and compulsive use of internet communicators and social networks.

It's a common feature of many young people coming into addictions to easily live the imaginary lives. The border between reality and fiction often becomes blurred. Everything can be imagined and explained. What becomes most addictive is the fact that things tough and costly in reality, requiring a lot of effort and despite the effort not always bringing the success, are possible, easy and simple in imagination. The clue in this way of coping is a lie and a make believe.

It's the emotional problems that are this group's main source of problems, shortages, and failures. Before these are solved, the ward has no motivation to learn or raise qualifications, since the only thing they expect are failures and humiliations. Solving the emotional problems might be helped by a person who would succeed in gaining the ward's trust and even the slightest motivation for change.

The suggested self-reliance model assumes starting the work with the ward when they are 14-15 and, if necessary, keeping it on when they have come of age. The ward – assistant relation is based on attachment and trust. It aims not only at helping the ward gain experience and skills needed in adulthood, but most of all at solving emotional problems disabling the ward's growth. The whole self-reliance process is conducted by one person – a self-reliance assistant being in constant and intense contact with the ward as well as with all people significant to them. The assistant also coordinates the remaining actions supporting the ward's growth. The assistant's help is of an individualized nature, it corresponds with the ward's needs and possibilities and relates just to the areas agreed on with the ward. In their work, the assistant does not combine different professional roles towards the ward (eg. of a probation officer or a social worker whom granting of the financial aid depends upon). The ward accepts the assistant person, and in case of conflict or will to change they can inform the supervisor of the assistants' group.

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Stage I – help in solving problems reported by ward

The first stage of work aims at initiating contact with the ward and getting them motivated to change. The stage serves initiating contact and building a relation based on emotional bond and trust. Good contact and trust is essential for the emotional problem solving being possible on the next stages. When the assistant and the ward have met and the possible help offer has been explained, an initial contract is concluded stating generally the work objective: the help in solving problems.

The assistant helps the ward in the problems reported, they try to understand them well, they listen, follow, make attempts to feel into their situation. They only help in what the ward wants them to and just as much as they want them to. They support the ward's activity, do not replace them, do not impose, do not assess – they ask, help, and accompany. What is simultaneously possible is the social work with the ward's family as well as initiating relations with all people vital in their life: their siblings, foster carers or house-parents, teachers.

What is most crucial is generating the ward's own motivation to take up constructive activity. The ward will engage only in issues that matter to them. Thus, the assistant tries to support each constructive activity of the ward.

1. They help especially when seeing the ward resign of accomplishing their goals when difficulties appear.

2. They support each independent attempt of coping – doing things unassisted is more important than reaching an optimal effect.

3. They accompany and support, but do not replace.

4. They help only when the ward is not able to cope with difficulties on their own and the outside help is a must.

When rebuilding the ward's self-esteem and self-confidence the way the assistant treats them is vital. While working with the ward, the assistant respects their decisions, treats them as a partner and with due respect.

Most of all, they avoid:

1. arbitrariness,

2. patronizing,

3. assessment,

4. showing disrespect and disregard.

Most often, such help proves true in action so the problems that the ward reports become more and more serious and relate to more personal spheres. When the assistant keeps their word, is engaged and honest, the ward gradually develops trust towards them. With just a little help coping better and better, the ward starts believing in being capable of achieving something on their own. An important goal of this stage is also hardening the ward against failures and difficulties. Brought up in foster care conditions, these teenagers will rather escape difficulties. They think it's not worth trying as they are not going to make it. These actions objective is provoking them to learning from their mistakes.

Possible problems to be solved at this stage:

1. peer relations,
2. family relations,
3. problems at school, with grades,
4. problems in foster institution or family (peer, foster carers, and house-parents relations).

The assistant attempts to understand the ward and treats them with respect, kindness, tolerance, and as a partner. They respect the ward's right to their own evaluations and decisions related to the way of solving successive problems even if they are not too effective. It is vital that the ward performs as many actions as possible single-handed and hence gains their sense of self-efficacy. The very accompanying and supporting the ward when, overwhelmed with difficulties, they want to resign, is of great help.

What the assistant mostly cares about is that the ward does not give up, that they accept the fact that not much can be done at the first trial, that they keep on trying and learn from their own mistakes. The assistant talks to the ward about what went well and what didn't. Together they search for mistakes and possible future solutions. What's most crucial is that the young person gets gradually convinced of making progress, of being able to do more and more, and of themselves being the one who they owe it to. And that a momentary failure is not another humiliation but a lesson.

Solving the ward's most absorbing problems and meeting their needs is crucial for unblocking their energy, allowing their self-efficacy and self-esteem grow. The assumed effect of this stage is their sense of safety grow, which would show both in relationship with the assistant and in the ward's greater self-reliance and courage. The ward is able to openly ask for help, tries solving problems that occur unassisted, does not avoid difficulties, gets more failure-proof. They don't fear failure and being laughed at anymore, they also get convinced once they really try they will often succeed. It's then when proceeding to the next stage becomes possible.

Stage II - help in emotional problem solving

Once the ward begins to trust their assistant and gains a sense of safety in this relationship, the assistant starts talking to the ward about their features of character, emotional problems, wounds, complexes, fears, etc. Together they search for ways to understand both the ward's specific problems disabling their personal growth, and the sources of these problems in the past or in the present situation.

At this stage, the help starts with preparing together the ward's problem diagnosis. Helped by the assistant, the ward tries to answer questions about what they are like and what they would want to be like, what they can and cannot do, what they would like to learn. The diagnosis registers the ward's problems and needs as well as their shortages and potentials. The assistant helps the ward understand their constructive and destructive ways of behaviour that serve coping with problems. If the ward understands well what they're like and why they have certain problems, it will be easier for them to change or accept themselves. At this time, it's also crucial to facilitate the ward contacts with their natural family, to help understand their close ones, to break the myths about their own history.

When having prepared the diagnosis that is going to be verified during the whole ongoing work process, the assistant enters into a contract with the ward that relates to areas where the ward wants to introduce changes and the problems they need to solve. The contract also contains specification of tasks the ward points out and of forms of assistant's help. In this period, the work serves mostly solving the emotional problems, through:
1. changing the ways of behaviour (eg. actions undertaken despite resistance and difficult emotions),
2. gaining new experiences,
3. accepting reality.
The change of behaviour can relate to breaking the fears, resistance, refraining from destruction, bearing the tension.
Experiencing the effects of behaviour different than before, the ward can see that the change is possible, they gain new experiences and knowledge, learn about their own possibilities. They also find out that in a lot of areas they have got choice but bear the consequences of that choice, too.
They can choose the hitherto prevailing way of acting, easier for them, especially in matters less important, but they are also aware they can change their way of functioning. Choosing the hitherto prevailing way of acting they also need to accept its outcome.
This way, they learn the price of change or of the lack of change. If up till now they have believed that people's fate depended on luck or bad luck, they now have the opportunity to find out, thanks to their own action, that most often the success comes from trying hard and the "bad luck" - from not trying hard enough.
Gradually, they gain control over their life and start seeing the real interdependances. Breaking the fears, taking risks, confronting difficult feelings, they gradually set free from them. They start understanding that their life depends mostly on themselves and they will make as much of it as they try to. With new experiences, they gain self-assurance and make their aspirations more realistic, too.
The assumed outcome of this stage is the ward gaining a realistic, coherent, pretty ordered picture of themselves. The awarness of their strengths and weaknesses serves building back their sense of self-esteem – giving a chance for an adequate self-evaluation. It increases the sense of self-efficacy, trust in oneself and in other people. The result of the analysis is gaining awarness of one's potentials, shortages, aspirations and objectives. The ward answers the questions:
- „who am I and what am I like?"
- „what would I want to be like?"
- „what features and skills do I lack?"
- „what do I need to learn?"

Stage III – preparation to building close relationships and founding a family
Helping the ward at this stage relates to emotional problems vital and difficult to them. Most frequently, the ward has a lot of destructive models related to love and closeness acquired in childhood. Simultaneously, they have many unmet needs and unrealistic expectations in this sphere. This stage of work is related to preparing the ward to functioning in close relationships based on trust. Analyzing together the ward's hitherto existing vital relations with the close ones is helpful – what was their way of functioning in them, what have they cared about, what they have feared.
The assistant helps the ward understand themselves and their ways of behaviour in their relations with their close ones (parents, siblings, friends, partners). Too frequently, fearing rejection, the ward escapes close relationships. They cannot bear the tension that comes from fears resulting from previous experience. As a result, they are lonely or destroy their

relationships, checking partner's relation to themselves with destruction. Not trusting their partners, they often treat them instrumentally. Usually, they are not aware of causes and consequences of their behaviour. During this stage, the ward ought to understand their history, their parents' history, the consequences and influence of the past on their character and especially their relation to partner.

It's also worth for the ward to take a closer look at the negative outcome of their experience from the period of staying under fosterage: instrumental way of treating others, lack of trust, manipulations, appearances, etc. Their relation with assistant is important at this stage. If the ward feels kindness, tolerance, respect and honesty of the assistant, they can have a look at their fears and talk about them openly. It's then when they can see inadequacy of their beliefs and their models.

The assistant supports the ward in making attempts to enter their first erotic relationships, friendships, helps them understand their needs better. Talks to them about their expectations towards their partner, visions of their family, of bringing up children.

The first model of a man for a woman is usually her father, especially if he took part in her upbringing. Similarly, for a man, the first model of a woman is his mother. The child's experiences in relation with parents are then the basis for different hopes and expectations as well as fears and wounds. It's not just children's relations with parents that matter but also the common relations between parents. As well as these relations' dynamics, their gradual evolution and final outcome. At many homes, the models that children can get are of destructive nature, mostly based on lies, manipulation, domination, games, and violence.

All of this later shapes the child's expectations towards their partner and their family. What could help understand one's history and its consequences might be the analysis of childhood experiences or taking part in group workshop for people with similar experience. The suggestion would be, for example, a workshop focused on relations in the natural family, models taken, expectations related to love etc.

The assumed outcome of this stage is the ward gaining motivation and readiness to enter close relationships (friendship, love). The self-reliance programme's task is preparation to founding a family, breaking the distrust towards people, support in searching for friends. Loneliness as a result of distrust towards others is one of main problems of those leaving fosterage.

Stage IV – social and task skills training
Once the basic emotional problems are solved, the ward starts planning their own growth. As in previous stages, the assistant supports, motivates, but does not force nor relieve. At this moment, they help the ward search for possibilities of obtaining specific skills, coordinate different tasks. Together with the ward, they prepare a register of shortages related to skills:
- social ones,
- task ones,
- self-service ones,
- related to knowledge of the world, interests.

What comes handy in accomplishing this task is „The growing-up ward's register of dispositions and skills”.

Then, together with their assistant, the ward verifies the contract and formulates their self-reliance plan. This plan can contain different tasks, yet it should be realistic, possible to accomplish, and determined in time. The plan can contain, eg. taking up a job, searching for interests, meeting new people and environments. The ward might plan obtaining specific skills (a course for massage or hair-doing, driving-licence, foreign languages, computer skills, website constructing, etc.), leaving for holidays with friends, learning how to cook. At least once a quarter, the ward talks about the outcome and verifies their plan with the assistant. Just as in previous stages of work, the assistant mainly supports, accompanies in crises, helps

drawing conclusions from failures. All the time taking care of as much actions as possible resulting of the ward's will, independent choices and activity.

What is crucial in this period is gaining new experiences related to work, study, other people, and getting to know the world. Thanks to tasks accomplished at this stage the ward obtains and develops specific social and task skills.

The assistant's role gains on importance as a coordinator who shows different possibilities of activities, helps in choosing and gaining access to them. Social, task, and self-service skills may be shaped also during common leaves with peers, in a workshop group, or a support group. What might also be of help is taking up a voluntary work, taking part in a workshop related to active job searching or to a dealing with offices skill. The ward independently decides on which possibilities to use.

The goal of a so understood preparation to self-reliance is not as much teaching the ward specific skills but most of all breaking the barriers making learning and growth difficult. The success in accomplishing this programme is breaking the complexes and inhibitions, obtaining the sense of self-efficacy and self-confidence, the skill of accepting failures and learning from one's trials and mistakes.

The work with the ward's family
As many institution and non-relative fosterage wards go back to their families it is vital that the self-reliance assistant makes contact and starts working with the ward's family (if there is such a possibility). It is important to start contacts with helping in solving the family's social problems as this is a natural way of starting a relation, and without gaining the basic sense of security for the family members the work on rebuilding relation with the ward having for years lived outside the environment of family of origin is impossible. Neutralizing the family's most pressing social issues frees the energy and attention of its members hitherto taken by their day-to-day matters.

The outcome that the adequate work on solving the family's basic social issues might bring is:
- building the assistant's contact with the family members based on trust, credibility, legibility and authenticity,
- the assistant getting to know well and understanding the family,
- the family's sense of security growing by the most pressing issues being solved and a kind, engaged advocate being present,
- the family members' responsibility for their life growing,
- the sense of co-responsibility for the family's living conditions rebuilt,
- attention to issues other than current social problems unblocked,
- the family's motivation rebuilt and actions towards permanent change taken up.

The objective of working with the ward's family is thus helping in solving social problems, preparation for the ward's return home, helping in common understanding and rebuilding of relation, or possibly in acceptance of separation.

Leading the self-reliance process, the assistant also establishes relation with all people vital for the ward: the institution and foster family carers, teachers, etc. The objective of contacting vital people of the ward's surrounding is gaining their understanding and help in accomplishing the self-reliance programme.

Actions accompanying the implementation of the self-reliance model
What is helpful in working with young people at risk of exclusion is when the self-reliance assistant has got opportunities of helping in accomplishing tasks related to skills training. The assistant may use a possibly differentiated offer here, eg. establish cooperation with local non-governmental organizations or a Family Care Centre. The support of business sector is of

help, too: companies accepting the wards for trainings or practices, giving them their support and understanding.

Helped by the assistant, the ward gets access to opportunities of voluntary work, seasonal jobs, courses, trainings, help in learning, language courses, support groups, active forms of rest, groups of interest, artistic classes, sports activities, etc.

What is crucial is for the offer to be possibly wide so that the ward preserves the possibility of choice. Most of these forms should be introduced towards the end of the self-reliance process as a growth support element. Yet, being of individualized character, each programme may assume the mentioned activities at whichever stage of the process, depending on the ward's needs, readiness and goals.

What may play an important role in the self-reliance preparation process is a support group combined with a social or psychological skills workshop or a workshop of skills related to growing the task skills, interests, knowledge, etc. The workshop schedule should correspond with the needs of the group attending as well as the abilities and skills of trainers. The implementers' experience shows that with this group of recipients ready scenarios fail as what's more important is understanding the group process, partnership, and following the identified on each stage participants' needs.

A crucial experience might also be leaves and camps aiming at as much self-reliance as possible, when the wards learn to deal with different organizational matters, plan their free time, manage the money, cook, solve group problems and conflicts, etc.

THE ESENTIAL ELEMENT OF THE SELF-RELIANCE ASSISTANT'S WORK IS GROWING AND KEEPING UP THE MOTIVATION AT EACH OF THE STAGES OF WORKING WITH THE WARD

The indicators differentiating working with the assistantship method and other methods:

1. VOLUNTARY PRINCIPLE – the help is granted exclusively with the ward's voluntary participation in programme accomplishment.

2. PARTICIPATION - the ward's acceptance of the relation with self-reliance assistant, approval for active participation.

3. LEADING AND DIRECTING ON THE SIDE OF THE SUPPORTED ONE – the subject of the relation is the ward, the object - problems reported by the ward.

4. SUPPORT – supporting the ward's efforts undertaken in order to obtain self-reliance.

5. POSSIBILITY OF LEARNING – balancing the interdependence between supporting and educating.

6. DIRECTING TOWARDS A SPECIFIC GOAL – supporting the ward's constructive actions.

The self-reliance process:

a) is spread-out over time,

b) requires work based on individual approach corresponding with the ward's needs,

c) focuses on breaking the barriers making growth and accomplishing life self-reliance difficult.

The ward accomplishing self-reliance requires work in following areas:

- social work (solving the life problems as they appear),
- psychological work (related to emotional problems),
- social activization,
- work with family,
- education,
- preparation to undertaking professional work.

In order for the assistant's actions to be accomplished properly establishing an Individual Self-Reliance Programme is a must. The Programme should undergo constant monitoring and assume introducing modifications.

The self-reliance programme is created based on the ward's needs and problems diagnosis. It is important for the self-reliance assistant to have content support from a team dealing with accomplishing similar programmes so that they can, during such teams' meetings, talk about arising problems with their dealings, consult content doubts, gain information of alternative solutions or support offers for the wards.

The self-reliance assistant's work model.

The self-reliance assistant is a person working with the wards getting ready to leaving the fosterage. When accomplishing their tasks they cooperate with foster carers, house-parents, natural family of the ward, and school.

The model is based on:
- individual work with the ward,
- accomplishing this work in the ward's environment,
- building a platform of cooperation around the ward (natural family, the carers, the social worker from the Family Care Centre, non-governmental organizations, professional development centres, companies interested in organizing practices and professional trainings, young people's work agencies),
- help planning together with the ward, building an individual self-reliance programme.

The wards recruitment:

The self-reliance assistant enters into an individual contract with the ward (aged 14-15) and meets them once or twice a week the minimum. The first meetings are devoted to making contact and diagnosis of life problems. The assistant is a person from outside the institution or foster family, employed by the Family Care Centre, OPS or a non-governmental organization under the accomplished programmes of making the wards self-reliant. It is vital that the assistant's tasks do not overlap the duties of a probation officer executing judicial supervision or a social worker granting financial support.

The assistant's skills and competence:

The condition for employing an assistant to conduct a self-reliance programme according to the model presented is having made a 250 hour training and achieved a certificate within the range of the self-reliance assistantship.

 The required education:
- university education in the field (pedagogics, psychology, sociology, social help) or post-secondary education in the field of social work,
- for those who have no university education the length of employment is required
(with people socially excluded) of one year at the minimum.
Additional requirements:
- ability to plan one's work, responsibility,
- evidence that they have not been convicted or found guilty for an intentional offence or intentional tax offence,
- knowledge of the issues of social exclusion,
- knowledge of the legal regulations regarding social help and labour market area,
- knowledge of the specifics of a given „support market" (knowledge of the institutions and organizations helping young people and young adults at risk of social exclusion),
- knowledge of the issues concerning the active job searching methods.

Evaluation of the self-reliance assistant's work.
We assume a team work in the model. The self-reliance assistants working in a given district create a team meeting regularly in order to talk about the wards, exchange information about possible trainings, practices, additional activities, as well as about the course of conducted self-reliance processes. The team analyzes the more difficult cases together, gives feedback to team members, helps in solving critical situations, together searches for optimal solutions. As far as possible, they also use an outside supervisor's help eg. once a month. Periodically, the team evaluates the effects of specific team members' work. Every assistant documents their work and the documentation is evaluated by the team, too. The subject conducting the self-reliance processes designates a person whose task is to monitor the assistants' work as well as collect the receivers' calls, remarks, and complaints.

Indicators serving the assistants work evaluation:
a) hard ones:
- meetings regularity,
- meetings frequency and time of duration,
- establishing contract with ward,
- contacting people vital to ward,
b) soft ones:
- evaluation of the degree of the ward's trust towards the assistant,
- evaluation of the meetings' desirability (to what degree the vital subjects are undertaken),
- the self-reliance programme evaluation,
- evaluation of the degree of accomplishing the assumed objectives.

Supervision
Supervision constitutes a crucial element of raising the assistant work's effectiveness. Supporting the assistants' professional growth, it plays an educational role. It serves correcting the work done based on emotional bond, it introduces an additional dimension for the work analysis: the ethical standards. Regarding the required high qualifications of a supervisor, some teams of small towns might have difficulties with access to supervision. Hence, supervision is an element suggested in the model implementation, yet the team's work undergoing the outside supervision is not a must, the meetings of accomplishing members may also be devoted to monitoring and inner supervision of the assistants' work.