The Family Development Approach

Alexandra David[1] - July 2006

Updated by Anne Carpentier[2], December 22, 2009

Family followed by the « Tipa » project in Manila, Philippines

Important notice

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[1] Alexandra David is a clinical psychologist. Alexandra supervised Inter Aide social programmes in the Philippines, and a technical advisor for social programmes in India and Madagascar, from June 2005 to June 2008. From 2000 to 2005 she had worked in Cebu and Manila as programme manager.
[2] This document was updated in December 2009 by Anne Carpentier, Gestalt-therapist. Anne is supervising Inter Aide social programmes in the Philippines, and is the technical advisor for social programmes as well as Pratiques Network's facilitator.

FDP : family development programme

FDW: Family development workers

Foreword

Inter Aide started implementing Family Development Programmes in the 80's in deprived urban areas in Brazil, and later in the Philippines, in Madagascar and in India. The family development method has evolved throughout the years, based on the experimentation of new innovative interventions aiming at responding to the beneficiaries' identified and expressed needs.

This paper is a synthesis of various experiences and reflections on the implementation of Family Development Programmes (FDP). We felt it was relevant to write such document as the Family Development's concept and practices have evolved during the last years from an approach giving priority to concrete "problem solving", to a focus on the root causes of family issues (psychosocial components, family communication…).

Various writings of Inter Aide's Program Managers and Areas Managers (particularly Gaspard **Schlumberger**'s[3] writings, as he wrote the first draft of this document in French) as well as brainstorming, analysis and reflections with local FDP teams on the field, are the basis of the present document. This document also updates and replaces the first "Pratiques Notes" wrote by Emmanuelle Six-Razafinjao in 2000.

Rationale

The general objective of Family Development programs is to **alleviate poverty in the most deprived urban communities** in intermediate and developing countries, by facilitating a **sustainable access of the poorest to health, education, family welfare and social services**. More specifically, the aim of Family Development programmes is to bridge the gap between the **extremely poor** and the available organisations providing health, family planning, education, social and economic services in a sustainable way.

The family development approach was originally conceived in Brazil in the eighties to fit the context of intermediate countries. Though such countries are rapidly developing, they remain characterized by an extreme inequality of income.

Indeed poor urban areas contain small very deprived pockets of poverty, where about 10% to 30% of the population live in **utmost poverty**, facing **social difficulties** (health, education and economic issues) as well as **psychosocial issues**, such as violence, abuse and neglect.

Intermediate countries are starting to set public services in poor communities: housing, electrification, sanitation, health and education services that poor population can theoretically avail. Countries such as India and the Philippines also have a tight network of social and charity organisations working for the poor through community programs.

Still, some families remain out of the "train of development" and are not caught up in the safety net provided by charitable organizations.

[3] Gaspard Schlumberger supervized the social programmes in the Philippines, India and Madagascar from 1998 to 2005. See: Les bidonvilles: le contexte de l'Accompagnement Familial en milieu urbain G. Schlumberger 2006.

The "target" of family development programs is the **utmost poor**. **The added value of the Family Development Approach is precisely to reach excluded families through a home-based individual follow-up.**

Home-based family follow-up for the poorest of the poor, by trained and qualified staff, directly in the most deprived slums areas, fosters the most vulnerable populations' capacity to meet their basic needs, to avail existing social services, to improve the quality of their lives, and to reinforce their own development capacities. Group activities (parents-child workshops, group trainings or discussions…) are also organised so as to encourage these vulnerable families to take part in their community.

Family development programmes can also be implemented in developing countries (Inter Aide implements family development programmes in Antananarivo and Antsirabe in Madagascar), as long as there are public and private organisation and services to which the families can be referred (public or private schools, pre-schools, health centres, etc., accessible to the poorest both geographically and financially).

The target population

The Family Development Approach thus targets the **utmost poor** who remain out of the public and private programmes that are designed with a *community* approach. But generally the utmost poor are not integrated in the community and can only be reached through an **individual approach**.

The target population of Family Development Approach can be divided into two categories:

- **The extremely poor families,** (about 10 to 15% of the population of the slums of intermediate countries such as India and the Philippines — this percentage can be higher in developing countries such as Madagascar, where the economic level of poor areas' inhabitants is more homogeneous) **with heavy social** and **psychosocial difficulties** that hinder their capacity to take decision and to improve their overall situation; they need support in order to clearly identify their needs and to take action to improve the quality of their lives. The aim of the Family Development approach is to reach these very poor families, strengthen their capacities of resilience and autonomy, through a close home-based follow-up limited in time (6 to 9 months), providing counselling and referrals to existing organizations, so that they gain self-confidence and use available services — and become able to request services adapted to their needs through representatives participating in local governance bodies.

- (2) **The poor families who mostly need information and training,** and show capacity to take action on their own to improve their situation once they are properly informed. Most of the time, these families do not need home-visits, as they are able to visit social guidance & counselling centres, opened in the target areas by implementing partner NGOs, where they can avail advice and referrals. Of course, these families may also have psychosocial issues and may need individual counselling. But as they can take action on their own, and are able to come to the guidance centre for counselling sessions, a home-based intervention is not justified for them: on the contrary, the Family Development Approach recognizes and values their strength and builds on their capacity. Home visits to such families would be counter-effective as the objective of Family Development Approach is to foster the family's autonomy. Moreover, for better cost-effectiveness, the team worktime dedicated to home visits should be devoted to families who really need it and who would not be reached otherwise.

Different approaches for different target groups

Throughout the years, different types of FDP targeting methods have been tested based on the identified needs of the target population and / or in the context of experimental project. For example, in the past, some programmes used a single criterion of selection: to follow up all the families with an underweight child and focus on this particular issue. Family development programmes also used to focus on information dissemination with a *problem solving* approach.

Nowadays, FDP teams tend to work on a large variety of objectives with the target families, depending on their identified needs. More attention is given to the *quality* of the family follow-up, emphasizing active listening, basic counselling skills, observation so as to have a deeper understanding of the family situation and family dynamics as a whole.

Today, Family Development Programs combine several selection criteria:

- First of all **the family's poverty level**
- Social and/or psychosocial issues
- Incapacity to take action on their own

The poverty level is a decisive criterion even though as such, it is not a sufficient one to select a family for home-based follow-up: indeed, a poor family with a regular source of income enabling them to provide for the basic family needs, where all family member have a birth certificate, with all children immunized, with all school-aged children in school, and the capacity to use available services in case of need (health or social services…) will not be selected for home-based follow-up as they do not really need it. Of course, such family will be informed of the available services at the social guidance centre (information, referral, counselling sessions) and group or other activities (community trainings, saving program…) and encouraged to participate.
EnFaNCE's[4] Family Development program in Manila uses a Family Evaluation Form to estimate the families' level of poverty. This Family Evaluation Form has 4 levels going from 4, the poorest, to 1 the less poor: The family development project targets the level 3, as level 4 are usually homeless & itinerant families that FDP cannot reach. The target of the new pilot "PPI" project promoting family budget and savings (see below) is extended to the families ranked as "Level 2". A microfinance program such as UPLiFT, whose aim is to reach the poor, also working in the same area as EnFaNCE, only reaches families ranked as Level 1.

[4] EnFaNCE (Encourage Families in Need of Care and Education) is a Filipino NGO specialized in FDP created with Inter Aide's support.

The Dumpsite in Tondo, Manila, Philippines (EnFaNCE's programme)

Social and/or psychosocial issues: all families throughout the world and in all socio-economic categories, from the poorest to the richest can have psychosocial problems such as violence, neglect, abuse, addictions… In the areas where Family Development Programmes are implemented, all families can avail the services provided by Guidance Centres, including counselling sessions, in case of psychosocial issues and/or emergency cases.
Families with social and/or psychosocial issues are selected for home-based follow-up if they are not capable to use existing services by themselves. Poverty is not only an economic problem, it is multi-dimensional and exclusion always has a psychological dimension.

(In)capacity to take action on their own: a family who belongs to the utmost poor ("level 3") who is not capable (because of a low self-esteem, fear, or shame…) of using the available services and coming to the guidance centre will be selected for home-based follow-up. As seen above, families who can take action on their own will be encouraged to participate in other program activities. Yet, in case of emergency or other problem affecting their situation (health problems, accident, unemployment…), these families can of course be enrolled for home-based follow-up.

The challenge is to combine the general objective of reaching out the **highest number of deprived families** and the **quality** of the services provided by FDWs, by offering different types of services depending on the target families' needs (information, referrals to external agencies, group trainings or discussions, parents–child creative workshops, home-based intervention, counselling…). Of course, assessment systems should be defined for each type of target group and intervention.

A strong synergy with the other activities of urban programmes

Family follow-up programmes can precede or be combined with nearly all urban programme activities, such as education, primary health care, access to employment: it encourages the families to send their children to school or pre-school, to have them vaccinated, to use a family planning method, to better understand the advice and practices learnt at the nutrition centre, to save money in order to follow a job training course, to apply for a productive loan...

In the eighties and early nineties, Inter Aide implemented family development as part of integrated urban programmes combining preschool education, access to employment and microcredit: in many cases, family follow-up increased the impact of the other programmes' activities, especially those requiring a change of behaviour. Indeed the messages related to nutrition, family planning, job training, have more impact when given through personalized visits than through sessions of public information. This is particularly true for very deprived families for whom public information and the existence of public or private structures have not had a decisive impact. This is one of the reasons why family follow-up activities are so interesting in urban development programmes or associated to other development programmes.

To adapt to the rapidly changing urban environment in the Philippines, a pilot project has been set up: **The Family Budget training and Saving promotion project**, "Piso Piso Ipon" (PPI) in Manila or "Piso-Pisong Tigom" (PPT) in Cebu, is derived from the Family Development Program's overall objective to alleviate poverty by sustaining the autonomy and capacity of the poorest families living in urban slums. The goal is to help families to become self-reliant, by providing access, directly in slums areas, to a saving scheme adapted to the poorest (no entry fee, no minimum balance, daily collection directly in the slums) as well as to group and home-based training on family budget management.
Specifically, the objectives are: (1) to develop families' skills in effective family budget management (2) to reduce families' vulnerability to face difficulties and deal with emergencies (3) to enhance families' capacity to prioritize their needs and manage their financial resources so that they can plan and achieve their project(s).

Milestones of the development of FDP in a new area

The first step of FDP is to assess the situation of the target areas, the population's needs and abilities in order to select the activities which would bring the best results in terms of living conditions' improvements.

The second step is the actual implementation of the activities with an on-going analysis to adapt the action to the local context and identified needs. This is done while the number of beneficiaries is increasing; the type, quality and quantity of the activities can be adjusted over the years, until the coverage rate of the target population becomes significant.

Meanwhile, private or public services might have developed quantitatively and qualitatively, they are able to bring appropriate answers to the target families' needs. The payment of reasonable fees is sometimes required for the sustainability of services such as crèches, daycares and preschools: as the families have been able to measure the interest and impact of these activities, they are ready to pay to avail these services. Within that context, FDP can efficiently contribute to the sustainability of certain activities and services, since encourages poor families to use existing public and private services, which will in turn be stimulated by the requests of these families, with improved efficiency and quality.

As FDP also encourages poor families to act by themselves so as to answer to their needs and improve their situation, it can enhance families' participation in the life of the community, through their involvement in local organisations and local governance bodies. Such contexts provide the ground for **the third stage**: while the coverage of target population is being achieved, and local organisations prepared to continue receiving or referring all the families who need it, FDP can progressively withdraw ("phase-out"), keeping the social guidance & counselling centre opened for a 6-month transition period.

Endline surveys[5] can then be conducted to get an estimation of the effect of the action (it will of course only be an estimation, as the development of an area in such rapidly developing countries as India and the Philippines cannot be attributed only to one programme!).

While the "phasing-out process" is underway, new areas can be opened: thus geographical coverage can be planned so that all identified areas are covered within a predictable timeframe.

Today in the Philippines, the pockets of poverty are getting smaller and more scattered in the urban fabric. Therefore, areas are smaller that a few years ago, and usually covered in a much shorter period of time (1 year or 2). The teams need to be flexible and develop their planning, monitoring and evaluation skills, so they can assess their activities on a continuous basis and adapt to the rapidly changing urban environment.

Family Development Programme's objectives

The family development concept is a development approach, it follows a no dole-out policy and it aims at supporting poor families' capacities to solve problems on their own in order to progress towards increased autonomy, stability and reduced poverty. The general objective of Family Development programs is to **alleviate poverty in the most deprived urban communities**, by facilitating a **sustainable access of the extremely poor to health, education, family welfare and social services**. More specifically, the aim of Family Development programmes is **to bridge the gap** between the **poorest of the poor** and the available organisations providing health, family planning, education, social and economic services in a sustainable way.

More generally[6] **FDP expected outputs are**:

- Families have improved their self-confidence, awareness, knowledge and have developed appropriate problem solving skills.
- Families are able to identify their needs and to use the available services in order to respond to these needs.
- Parents are able to meet their young children's developmental needs in appropriate ways; children are given opportunities to fully develop their potentials.

[5] Indira Nagar Enline Survey 2008 - & Annexures – Online on Pratiques Website http://www.interaide.org/pratiques/pages/urbain/social/Pune_IndiraNagar_Endline_Survey_Report_2008.PDF

[6] These are the objectives defined in the project proposal funded from 2007 to 2010 by European Union for the implementation of the Family Development Programme in Cebu, in partnership with 5 Filipino NGOs, SACMI, FORGE, VINE, SAMA and STePS .

- Families are able to sustain their progress.

Therefore, poor families improve their overall situation towards reduced poverty.

Some actions are implemented at the level of the existing services (public and private) to create / reinforce coordination and collaboration. The expected outcome is to improve the way these services' staff consider their poorest clients, as well as the way the most deprived population considers these services (in most areas, public structures do not have a very good image – there are often seen as unwelcoming, inefficient, corrupted…).

Target beneficiaries are the poorest families living in the most deprived urban areas (slums, squatters' areas). These families are selected according to various criteria including their living condition (level of poverty; family size, income…) and the type of issues they are facing. Different services are proposed depending on the families' situation and capacities to respond to their own needs.

The main activity consists in following-up families through regular *home visits* conducted once a week or every two weeks by trained family development workers (FDW).

In the Cebu Family Development Programme implemented with 5 Filipino NGOs (4 implementing NGOs: SACMI, FORGE, VINE, SAMA, and STePS technical support team), the follow-up provided by FDWs to families through home-visits is composed of **6 main steps:**

1) The initial visit
2) The family assessment,
3) The identification of the family's needs and objectives,
4) Weekly or bi-monthly home-visits,
5) Assessment for phase-out and completion of the home-based follow-up,
6) Re-assessment of the family 6 months after phase-out time.

In Cebu, the FDP teams of the 4 implementing NGOs (SACMI, FORGE, VINE and SAMA) systematically follow-up this process; each Family Development Worker is in charge of a maximum of 30 selected families at a time in a defined area (25 "light families" followed every two weeks and 5 "priority families", with heavy psychosocial issues and/or life threatening situation (health problems…) followed every week.

This personalized and regular follow-up allows the FDWs to build a trustful relationship with the families so as to help them define their own needs, feel responsible for and involved in specific objectives related to health, education, family relationship, access to employment... The idea is to strengthen the families' confidence in their own abilities and to encourage them to use existing public and private services so as to meet their needs and improve their situation.

The families targeted by FDP are the poorest ones, who are most often not capable to respond to their own needs by themselves. It is very difficult for these families to plan actions, to anticipate problems, they often wait until the last minute before looking for help in order to respond to emergency, when the situation is already critical (health is a common example)… Hence, experiences[7] of focusing only on information dissemination and counselling centres (with or without giving financial support) for these families in order to solve health or social problems have proven to be inefficient with very poor families,

[7] In developing countries as well as in Europe.

leading commonly to exasperation among social workers, with a frequent tendency to blame / give up on these families. Social teams often consider that the families are "not interested", "resistant", "lazy" and that they "refuse" to be helped — thereby expressing their own level of frustration! Experience shows, on the contrary, that very deprived families are often able to clearly ask for help and to show a huge involvement in the home-based counselling with the staff.

Other families are able to use the information and referral services in order to meet their needs by themselves, and show their capacity to be active and use the opportunities available in their environment. Therefore, it is more efficient for FDP teams to propose to these families to come directly to the counselling centres so as to get the information and the referrals they need. FDWs do not need to go on home-visits, it is better to encourage and develop these families' existing dynamism and abilities to look for appropriate help and to improve their situation.

Mothers are usually the FDWs' main contact person in the family, even though it is very important to work with *the family as a whole* and to also involve fathers in the family development process (experience has shown that fathers' involvement contributes to faster, longer lasting improvements at the global family level)[8].

It is interesting to notice that FDP teams often use the term "family" even if they visit only one person in the family – usually the mother or the father (i.e. "I talked to the *family*", "the *family's* objective is…"). This is often explained by the idea that working with one or two family members has an effect on the family as a whole, or by the wish / "illusion" that the FDW is actually working with the whole family – which is in fact very rare. It is an interesting point to discuss with the FDP team.

Methodological basis of the project.

Family Development Program (FDP) teams :

Family Development teams are composed of Family Development Workers (FDWs), social workers and coordinator. In some programmes (such as in Manila) all FDWs are Social Workers. In others, such as in Cebu, only the coordinators are Social Workers. FDWs are high-school graduates with a strong interest for social work. They are trained by the technical support team, by their coordinator and their senior peers.

The team has weekly team meetings to review complicated cases, discuss the difficulties encountered and the results obtained, as well as to exchange ideas and propose new experimental interventions in order to improve the programme's efficiency. In Cebu, the weekly "Analysis of Professional Practice" sessions are facilitated by the team's coordinator and supervised by a member of STePS technical support team (either a psychologist of a senior social worker). Once or twice a year, "stress management" sessions are also organized with a clinical psychologist, where the FDWs can also open up about professional difficulties echoing with their personal situation. In Manila, the team has weekly "case conference" sessions as well as monthly group supervision with a clinical psychologist (also providing some individual sessions when needed).

[8] Working only with women entails the risk to see an adverse effect: the mothers ending up carrying most of the family burden, with a reduced involvement of men / fathers… The risk of such secondarily effect should be kept in mind by FDP coordinators.

The FDP staff should be hired very carefully considering the difficulty of the work. Here are a few hiring criteria:

- Motivation to work with very deprived population and / or dysfunctional families (interest for social work and field work).
- Interpersonal / communication skills, requiring specific training to achieve mastery of the way of interrelating with the family members, making them feeling comfortable, without hurting or making them ashamed
- Capacity to deal with stress and to keep a professional distance with the beneficiaries.
- Openness to consider and respect the beneficiaries' capacities.
- Capacity to assess & summarize the families situation
- Willingness to learn new skills, a new approach and capacity to work as a team.

🔔 In each country and slum area where FDP is implemented, the existence and impact of cast or ethnic groups in each particular social environment should be carefully studied. It might also have implication in FDWs' recruitment, as belonging to certain social groups might affect their working condition and output, as well as their relationship with the beneficiaries.

Ideally, although usually FDP staff come from similar social background as the beneficiaries', they should not be exposed to important psychosocial issues in their personal life (i.e. issues related to family and children, domestic violence, addiction…) in order to be able to perform this emotionally challenging job. Any kind of team building activities and group settings where the workers can freely express their feelings and experiences related to their work, should be proposed regularly.

FDP staff should not live in the same area as the beneficiaries they follow up, so as to be able to keep their professional distance with the families. Some NGOs believe that it is easier for the staff to work in the same area where they come from, since they are already familiar with the place, its organization and particular issues; as a matter of fact, they are well accepted by the people too. These points definitely do not balance all the complications and potential risks for the staff to work in the same place where they live (they get to know personal problems and heavy "neighbours' family secrets", they cannot act strictly as professional while working with the people in their own neighbourhood…). We have observed several examples of FDP staff coming from the same area as the target families, who had a very directive attitude, focusing their work on information dissemination, as a way not to discuss personal issues with the beneficiaries… This attitude obviously aims at protecting themselves, which we can easily understand.

In terms of team management, it is better for FDWs to work in teams of 2 to 3 per area, so as to allow team support and experiences sharing. Participatory type of management is recommended, in order to sustain the FDWs' motivation and initiatives, as well as to involve them in the analysis of the programme's results, brainstorming on new innovative activities to be implemented...

It should be reminded that the FDP methodology is often an innovative approach in developing countries where charity programmes and community organizing approach are most commonly implemented. In a few cases, this **strictly non-dole out, development approach, focusing on the family** rather than on the community, has even been perceived as "counter-cultural" (may be in a way innovation is always "counter cultural" at first, before it is appropriated and "digested" by the culture absorbing it…). But the individual approach is not meant to replace the community approach, but to **add** to it. Therefore, partner NGOs should be open to try new approaches, just like the FDP staff.

Identification of target areas:

FDP teams identify the most deprived "pockets of poverty" in slum areas, they draw detailed areas maps (the poorest population[9] usually gather in specific areas, where living conditions are extremely poor but where building houses / huts is cheap or even free). Based on this geographical coverage tool, the FDP staff systematically works with the poor families living there until the whole area is covered. This process helps the team to focus on the specific problems existing in identified areas, it creates a dynamic emulation process among the population in terms of information dissemination, health or child care practises, education, problem solving skills… It also helps the team members to observe and monitor the programme's progress - which contributes to sustain their motivation and dynamism.

[9] The poor commonly represent 25% to 50% of targeted areas and the utmost poor, eligible for home-based follow-up, represent 10 to 15% of the slums population in intermediate countries.

It is therefore recommended to target relatively small areas for FDP, in order for the team **to cover the target families' needs in a limited timeframe (3 / 4 years)**. Once the whole area is covered, the programme can be extended to other places.
As seen above, today in the Philippines the pockets of poverty are getting smaller and more scattered in the urban fabric. Therefore, areas are smaller that a few years ago, and usually covered in a much shorter period of time (1 year or 2). When preparing to phase out of an area, the partner NGOs can prospect, select and open a new area. Thus, geographic coverage can be anticipated and planned, so that identified areas can be covered within the timeframe of the project.

Selection of families:

Generally, 2 types of target families are identified: (1) families who mainly need information and "limited guidance" (ie: at the guidance or counselling centre), who are "active" enough to take action once properly informed about their concerns (for ex., when a referral is given, they are able to go to the agency and to ask for the service they need) ; (2) families who need support in order to identify their own difficulties and needs, and to avail the existing services. The families from the first category are invited to trainings and counselling centres (home-visits are not really needed), while FDWs provide families from the second group with weekly home-based follow-up. In the second group, the FDP team identifies the "priority families", who are particularly at risk as they are facing life-threatening situation (serious health problems), exposure to abuse / violence, certain types of psychological difficulties and other psychosocial issues. These families are closely monitored by FDWs with the on-going support of Social Workers and other technical staff. **The maximum number of priority families per FDW should be 15% (no more than 5 families out of around 30).**

Coordinators should pay a particular attention to the type of families selected by FDWs. Working with too many priority cases at the same time might put FDWs in a situation where they are overwhelmed by the heaviness of the beneficiaries' issues, and / or only focus on those few priority families because of the level of urgency, which entails a risk to neglect the other families having less priority issues. In order for the FDWs to feel at ease in their job, they need to work with families having different, more or less heavy issues.

The limitations of FDP:

Family Development Approach was designed to bridge the gap between the poorest of the poor and the existing health, education and social services; therefore it can only be effectively implemented in areas where such services, whether public or private, are available. In intermediate countries such as India and the Philippines, there are financial and human resources that can effectively set such services, and the role of an international NGO is not to substitute to local undertakings. **The added value of the Family Development Approach is to propose an individual approach to reach the most vulnerable families that are usually left out by NGOs or programmes working at the level of the community.**

Family Development also has limitations regarding the profile of families to be included in the programme. The risk is for FDWs to try working with families facing some issues that are beyond their skills and intervention capacity (this tendency can easily be understood considering the level of deprivation of the population living in the target areas, and their wish to support families having deep problems). Some problems/issues cannot be addressed by FDP as they cannot be solved in a 6 to 8 months follow-up, such as addictions, psychiatric illnesses, criminality and delinquency, disability, homelessness.

Therefore, some families whose problems directly derive from such issues cannot be enrolled in FDP (they can be referred by the FDP teams to specialized organisations or services if available):

- Families whose difficulties are due to drug-addiction troubles[10].
- Families whose main members show deep psychological troubles (i.e. psycho trauma) or psychiatric troubles.
- Families with problems of family violence related to criminal actions or severe delinquency.
- Families with impairments, which hinder their capacity to improve their situation.
- Families experiencing survival situations (homeless families for example), as they need other type of support (emergency support such as the "Samu social" in France)
- Families belonging to marginalized groups with their own functioning aside from the common social mainstreaming (nomads & gipsies for example).

In all the cases mentioned above, these families should be referred to external agencies / professionals who have the means and the expertise to provide appropriate support to these people. In short, FDP is efficient with population experiencing deep poverty, but who do not suffer from disturbances that are clinical in nature and require specialized interventions.

Systematized data collection and use of follow-up forms:

Family follow up is a difficult task, as the teams are working with families facing heavy psychosocial issues (violence, abuse, neglect, addictions…). This makes it even more important to have a clear vision of the results that are achieved: it is important for the Family Development Workers' team, to maintain their confidence and their high level of motivation. But it is also important for the families: when the FDWs are aware of the progress achieved by the families they are following up, they can also tell the families, to make them aware of their own progress, and thus increase their self-esteem.

[10] Coopé Sud's paper on **Addictions** has been updated recently :
http://www.interaide.org/pratiques/pages/urbain/petite_enfance/csud14_addiction09.htm

The specific individual approach provides the framework for data collection. To ensure precise and rigorous data collection, three levels must be taken into account:

- the FDWs must be carefully trained for the initial visits (building rapport, observation skills…), so that they are able to make a faithful description of the family's initial situation. This means that the selection criteria are clear and have been clearly explained to all and understood by all the FDWs.
- Family files must be designed and the FDWs must be train to fill them in a homogeneous way, so that the results can be consolidated in the programme activity reports. Quarterly assessments of the families' situation will allow to measure progress, adjust the intervention and propose new activities to the families if needed, as well as new training sessions for the team.
- The turnover of families must be regularly monitored. Families who have achieved their objectives as well as families who have been stagnating too long must be phased-out; at the same time, new families must be identified and entered.

Enrolling new families

Enrolling new families when others have achieved their objectives: Family follow-up usually lasts from 6 to 9 months (6 months in India, an average of 9 months in Cebu and in Antananarivo), depending on the complexity of the family's situation, the beneficiaries' capacities, their improvements as well as the Family Development Worker's level of experience as shown by this analysis carried out in Manila:

EnFaNCE - Manila	2007	2008	2009
Average length of family follow-up	6 months +	7 months +	8 months +
Average number of visits per family	20	24	25

In Manila, the average length of follow-up has increased since 2007 while remaining within the limits of Family Development methodology. In 2009, this increase is due to several new recruitment in EnFaNCE's team. Training the new FDWs requires time, anf then it also takes a longer time for new FDWs to build a trustworthy relationship with the families.

Networking and referrals to external agencies

Networking with and referrals to external agencies are a key point in FDP. FDP coordinators and social workers develop contacts and agreements with existing agencies (especially public structures) in order to be able to refer the beneficiaries who need services in the fields of health, education, administrative matters, access to employment, psychosocial issues... A follow-up of the referrals should be done at the family level, as well as the agency level, so as to assess the efficiency of the process. This intervention aims at giving access to existing services to the poorest families, maximising their use and at contributing to improve the type and the quality of services available for the most deprived population. This **intervention has a key role in the durability of the effect of the action and sustainability in terms of poverty alleviation.**

We know by experience that it is a long and sometimes difficult process to develop an efficient network, and some NGOs' staff tend to loose patience, to develop a bad opinion about the available services (especially the public ones), and to stop referring beneficiaries to these agencies after a while. However, we feel that it is important not to 'give up' and to work on analysing the lapses and difficulties

of these institutions in order to help them improve the quality of their services – in the limits of our interventions' possibilities. Very often, the agencies' staff need to feel supported and recognized, and when FDP teams have a close communication with them, share interventions processes and outcome, make them feel involved in the project and invite them to certain activities (trainings for example), collaboration can be very positive and bring satisfying results.

"Good Governance": the Cebu programme implemented within the frame of the 2007-2010 European Union cofinancing, added an innovative component to the Family Development Program to enhance participatory governance, with the technical support of one of the 4 implementing NGOs, FORGE, who has expertise in this field. The objective is two-fold: to encourage and train very poor families to become representatives and participate in Human Development Committees, and to raise the awareness of Local Governance Units to take into account the needs of the poorest families so that additional resources and/or services accessible to the poorest are set up in the area. Though the success of this "Good Governance" component depends on the willingness of the Barangays officials and might be challenged by new elections, it is decisive for the sustainability of poverty alleviation initiatives.

A few factors explaining the beneficiaries' quick progress

Most people who work in urban slums know how much some attitudes are determining to enable the poor families to improve their living conditions self-confidence, optimism, understanding the causes of the difficulties encountered, information on the existing services and readiness to avail them. The lack of these capacities (ignorance, fatality, lack of self-confidence, inability to participate in actions or to plan actions with several stages) limits the access of the poorest people to education, health, employment and other social / psychosocial programmes — however well organized and adapted these programmes might be.

The FDWs makes these families realize that he/she believes in their abilities to achieve tasks that they would never have dared to do by themselves. The beneficiaries start to feel more confident and realize that their children can go to school, be in better health, that they might find a job. Starting with this positive attitude, the beneficiaries are able to develop a new dynamic and to fully benefit from the support and activities proposed by FDP.

Therefore, the first reason explaining the beneficiaries' quick progress is that the Family Development action is personalized, close to the people, and that it focuses on the families' hardest difficulties. Home-visits are particularly adapted for individuals who are not yet able to ask for help / support, or to use available services.

The second reason is that the families start looking at their own situation with a new perspective, because of the specific relationship the FDW has established with them. Families are able to develop their potential to deal with difficulty and to improve their situation through the interaction with trained staff who:

- Listen to their difficulties, show their true interest for their personal / family situation.
- Believe in their personal value, their capacity to overcome difficulties.
- Help them in the process of identifying the causes of their difficulties.

- Support them to identify simple concrete objectives that would contribute to improving their situation.
- Support them to develop their self-confidence and to take initiatives in order to achieve these objectives.
- Help them look for appropriate services in order to respond to their difficulties and to meet their needs.
- Help them to be aware of their progress, the objectives they achieved.

Therefore, FDP staff should adopt a particular attitude towards the families:

- Non-judgemental attitude, respect of the beneficiaries' beliefs, wishes, opinions and decisions (even if the staff do not always agree with it).
- Sustained attention and a genuine trust in the families' capacity to improve their situation.
- Supportive attitude, with a mainly non directive approach (the staff should avoid to adopt a "teacher" attitude or to propose "ready-made solutions"[11]).
- Confidentiality should always be respected.

Again, the strict "no dole-out" principle should be implemented by the FDP staff (they act as facilitators of families' sustainable development, improvement and autonomy, so that families are able to solve problems on their own).

If FDP team members do not respect the non dole-out principle, our experiences in different countries (as well as other studies) have consistently shown that the workers become exposed to reject / aggressive reaction, manipulation from the families. This can be explained by the change in the relationship that occurs when the staff gives financial / material help: the FDW is often seen as a parental figure who is supposed to fulfil directly the beneficiaries' basic needs (it might bring aggressiveness / reject if the FDW refuses to give again, as the explanation of the donation being "exceptional" is difficult to understand by the families)[12].

We have also observed a tendency to manipulate the staff by telling lies in order to try getting additional concrete / financial support, as an expression of aggressiveness with a kind of despise towards the FDW, because of the unequal relation that is now existing between the beneficiaries and the staff. In fact, being in the active position of giving something to someone else puts this person in a passive, 'inferior' position. To escape this "inferior position" and reverse the relationship, the person who received the donation may manipulate the FDW and thus become the one to have a "superior position".

It is recommended that the FDP team coordinators and supervisors keep an open communication with the FDWs regarding these problems: the temptation to give material help to the beneficiaries should be considered as a part of the work, considering the difficulty of the FDW's role and the beneficiaries' situation. If team members feel about to break the "no dole-out rule", they should feel confident enough to discuss it with their co-workers and supervisors, in order to analyse the situation, to express their own feelings towards the families' situation and to get appropriate support so as to deal with the situation appropriately.

[11] Referrals to agencies should be proposed *after* the beneficiaries have identified their own needs, as an *outcome* of the discussion.

[12] In this case, we have observed that sometimes, families become jealous of the other families who received material help (some of them might even threaten the FDP staff). Such reaction evokes a very infantile type of relationship with the FDWs.

The target families' situation ; the relevance of family development methodology

Experiencing poverty affects one's psycho-emotional condition (i.e. lack of self-esteem, self-confidence, depressive troubles …) as well as one's way of thinking, analysing and solving problems. Being in the situation of daily struggle for survival affects one's time concept, forces the individual to focus on the immediate satisfaction of basic needs, with no (or very little) time and energy to reflect on the causes that led to such situation. In other words, very deprived people need to focus their attention on solving very basic needs related to survival (food, income, basic protection, shelter…), and not on "thinking" about the root causes of problems. In such a situation, it is very difficult to take efficient actions to improve their situation.

This focus on immediate, concrete, "physical" needs facilitates the tendency to express oneself using similar "physical" means. This partly explains the high incidence of acting-out tendencies among these families (physical / verbal violence, neglect, addiction…), as well as their frequent difficulty to ask for support in an appropriate way.

Considering this context, an **individual approach** of families is particularly suited. Most of these very poor families are not able to take initiatives or to ask for support in an efficient way. For example, in the Philippines, many of them say that they don't want to avail existing services because they are too "shy", ashamed and/or afraid, to go to the agency delivering the services they need. Therefore, the FDWs should approach them directly, going to their homes so as to establish a relationship, inform them about the programme, and offer them to benefit from weekly home-visits as well as other activities. Once an open and trustful relationship is established, and once they are able to achieve a few simple concrete objectives, most beneficiaries start to be more active and to come to counselling centres by themselves so as to get information and support. Such a process is the first step towards acquiring and reinforcing problem-solving skills, planning actions, taking more initiatives, and more globally building stronger self-confidence to develop lasting improvements at the level of general family situation.

Some families may be afraid to go to health centres or hospitals by themselves, even when referred to it by the FDP team (they do not know how to get there, where to wait, what to ask…) and it might prevent them from solving their problem. For a first visit to the hospital / health centre, a FDW may actually go with the family, to make sure that the referral is effective. This cannot be done with all families, as it would obviously be too time-consuming; but when we see that it is a real problem, forbidding the family to progress then this solution can be implemented. This has happened in some cases with very vulnerable families followed-up by the Family Development Programme implemented in Cebu with SACMI, FORGE, VINE and SAMA and STePS' technical support.

In the global context of social work in the Philippines or in India, most local organizations are familiar with community organizing and community development programmes. If community organizing can be very effective to solve concrete problems (for example, access to water, electricity, infrastructures, sanitation, garbage collection…), it does not provide a sustainable response to the needs of the most deprived population living in deep poverty, since most of them are not ready to attend and participate to community organizing programmes.

Individualised capacity building appears as the most effective approach to bring lasting changes. Family development intervention starts where the family is, respecting its own rhythm and capacity; the staff shows the beneficiaries that he/she truly believes in their personal resources and capacity to solve problems on their own. Therefore, the family development concept cannot include any "dole-out" or charity approach, which would be counter-effective regarding the objective, which is the self-reliance

and sustainability of the families — as charity puts the beneficiaries in a passive & dependent position…

The relevance of including interventions related to parenthood, childcare and parent – child relationship in FDP

In FDP, a special attention is given to young children, who are often the first ones affected by the family's difficulties. Observing children's behaviour and condition as well as the parent – child relationships are very good indicators of the family's general condition; we consider children (especially the youngest ones) as key persons serving as "entry points" to family issues.

Witnessing each of their child's development steps, revives the parents' own childhood experiences (positive and negative), including of course the relationships they had with their own parents, when they were children. This explains why parents tend to quickly open up about their own personal issues when FDWs start discussing about their children and the impact of the family issues on the children, listening actively and without judging the parents about their experiences.

For many beneficiaries, it is often the first time that they are able to express these remembrances, being listened to without being judged. These emotional difficulties that some of them tend to express physically[13], can then be expressed verbally; this is an important step to develop more inner stability, self-confidence and understanding one's issues. This experience makes them feel supported, valuable, it brings emotional relief and a sense of hope.

It explains why, when FDP staff is able to discuss children-related issues with priority or "resistant[14]" families, most of the time parents react very well. They actually become more at ease with the FDW and they often quickly open up about their own personal issues. It is an indirect way to discuss deeper factors that hinder the family's progress, it speeds up the process of building trust between parents and FDWs, often bringing a new dynamism in the family follow-up. Special activities focused on parents-child relationships (such as creative workshops) are very efficient to bring positive changes in the family, as it encourages self-expression and it helps to facilitate child's development, to prevent neglect, abuse of children and family violence in general[15].

About the specificity of the mother–infant relationship, we know that a mother needs to have a strong enough self-esteem, narcissism and a certain affective stability in order to be able to provide her baby with appropriate cares, and to enjoy doing it. This means that she actually has to accept to focus all her attention on another being, putting aside her own needs for a while. This situation is challenging for all mothers. It is therefore often more difficult for mothers having affective issues to properly look after their young children, as their own emotional needs limit their capacity to give appropriate cares to their children. In this context, mothers usually: (1) Develop depressive troubles which often leads to neglect since the mother is unable to look properly after the child, (2) Feel violent towards the child (even

[13] Acting-out tendencies through verbal / physical violence, psychosomatic troubles…
[14] Families said to be resistant by FDWs are beneficiaries who accepted to join the programme but do not show real involvement in the programme activities and tend to keep distance with the staff.
[15] This is the reason why parents-child creative workshops *can* be proposed to **all the families** (with or without specific difficulties) living in the target areas, according to the program main objectives.

without acting-out), which brings feelings of shame and anxiety[16], (3) Act out this violence towards the child.

Observing young children's condition is therefore a good indicator of the mother's own emotional condition, and offering mothers to attend parent–child activities that aim at supporting parents to strengthen the relationship with their young children, is often an interesting way to help mothers in difficulty to feel better as mothers, and to improve the way they take care of their children. Aside from the mother-child relation, signs such as the way mothers take care of themselves, are more active, their physical posture, their mood, the way they take care of their house… also reflect the improvements of their self-esteem.

Therefore, Early Childhood Development Programs and Family Development Programs complement each other: it is interesting to develop links between these two types of activities/programmes as they reinforce one another.

The FDP team's needs

In their work with very deprived population, FDWs are exposed to heavy family situations. They are given a specific role / position in the family dynamic, which they need to clarify in order not to be too much affected by the beneficiaries' issues and emotions (i.e. feeling responsible, feeling guilt, hatred, worry, fear, power, sadness, despair…). FDP staff need appropriate technical support in order to analyse family situations as well as their position and relationship with the families.

Supervisors should regularly organize **pre home-visits briefings and post home-visits debriefings as well as weekly case conferences**[17], in order to help the FDWs analyse the beneficiaries' situation and difficulties, keep an appropriate professional distance, and avoid becoming judgemental or 'over-involved' in the families' issues and problematic. Helping the team members to understand *objectively* the beneficiaries' needs, to define precise action plans for the family follow-up, are very effective tools for them to remain "professional" in their work. Coordinators should therefore stay close to the field and regularly accompany FDWs during home-visits (it is recommended that coordinators themselves follow-up a few families too, so as to have an on-going field experience); trained social workers and consultants should actively help the FDWs to handle difficult cases.

In Cebu, the weekly "Analysis of Professional Practice" sessions are facilitated by the implementing NGOs coordinators and supervised by a member of STePS technical support team (either a psychologist of a senior social worker). Once or twice a year, "stress management" sessions are also organized with a clinical psychologist, where the FDWs can also open up about professional difficulties that might echo with their personal situation and personal history. In Manila, the team has weekly "case conference" sessions as well as monthly group supervision with a clinical psychologist (also providing some individual sessions if needed).

In Antananarivo, Madagascar, the program has set up a system of regular field visits by two, debriefing with a third party as facilitator (other FDWs can attend too) and role-play sessions[18] to provide the

[16] The first two points are part of the normal experience of all mothers (more or less consciously). The *intensity level* of these reactions reflects the level of difficulty that the mother is facing.
[17] These meetings can be organized bi-monthly after 12 to 18 months of programme operation.
[18] Online in French on Pratiques Network website:
http://www.interaide.org/pratiques/pages/urbain/social/AF_Tana_2007_ex_triangle_jeuxderole.pdf

FDWs a place to analyse their work, understand and solve the difficulties they might encounter with some families.

In order to be able to perform their job, FDWs should be carefully trained. Before they start working in the area, an **initial training** is provided on the various aspects of FDP; these are the different training topics (example for the Philippines):

- Family development: FDP principles, approach, rules, use of follow-up forms, major steps of programme implementation and evolution in a new area, assessment.
- Health: common diseases, home-made / herbal remedies, family planning, prenatal care, delivery & post-partum care, parenting, nutrition and malnutrition, immunization, tuberculosis[19].
- Child's development: stages of child's development, role and importance of play and creativity, understanding and management of children's behaviour, child's rights, identification of basic development delays in children, identification of signs of child abuse, early parents – child interactions, steps in emotional development and self-expression[20].
- Family dynamics: basic communication in the family, roles and dynamics within the family, parenting, gender sensitivity, addictions (alcohol, drugs, gambling…), family violence.
- Conducting home-visits: communication, para-counselling, ethical standards in counselling[21], case management (including role play and case studies).
- Legal issues: how to get birth certificate, marriage certificate, children in conflict with the law and other legal issues.
- Facilitators' training (if FDWs are required to facilitate group activities).

The initial training lasts for about 2 weeks, with external or internal facilitators. However, it is important to regularly organize again short training sessions on these subjects, as FDWs are usually not professionals in social work, health or education… During the year, some team members participate to available workshops and training - with feedback of the trainings' inputs to the whole team and discussion on how to apply it *concretely* in the FDP framework. Visits to external referral agencies are also organized so as to have a better knowledge and to build a close coordination with the services available for the beneficiaries; therefore referrals are facilitated.

Aside from these formal group training sessions, *on-site technical support* is also needed, in order to help the FDWs apply the notions learnt during trainings in their actual work with the families. In Cebu (Philippines)[22], Inter Aide has set up a technical support team, STePS, composed of professionals (occupational therapists, specialists in education, social workers, psychologists) whose mission consists in developing adapted training and providing technical support to partners NGOs staff (SACMI, FORGE, VINE and SAMA). This is some of the technical team's observations on FDP staff training:

> "During the first six months, a new FDW should have quite an intensive theoretical and on-site training (especially at the very beginning of the program). This basic technical support aims at providing the worker with the most important and essential skills and knowledge: early

[19] These trainings are online on Pratiques website
http://www.interaide.org/pratiques/pages/urbain/social/enfance_FDP_list_of_pulongs.htm
[20] See "child psychology" training, online on PRATIQUES website:
http://www.interaide.org/pratiques/pages/urbain/social/coope_sud_sommaire.htm
[21] See Enfance "Ethical Standards for Family Counsellors" on Pratiques Website
http://www.interaide.org/pratiques/pages/urbain/social/enfance_FDP_list_of_pulongs.htm
[22] In Pune (India), a technical team, Swhabhimaan, is also active. However, the example of Philippines is developed here.

> intervention appears as a "key" so as to ensure the quality of the work being done, and to prevent any wrong understanding of the job or inappropriate practices / attitude with the beneficiaries. By cumulating a regular training on conducting home-visits with technical support on observing and facilitating creative workshops, as well as weekly case conferences, we noted that FDWs have a faster and deeper understanding of their work, their role and the essence of a Family Development Program. Reactions of frustration, helplessness or tendencies to give "ready to use" answers or solutions to the beneficiaries can then be discussed and corrected. After this on-site training for 6 months, the consultant can intervene less often, on special cases requiring more specific professional inputs."

A study has shown that (ideally), in order to reach a good quality level of intervention with the beneficiaries, a new FDW needs on-site training for about 2 half-days per week for the first 3 months, then one half day per week for the 4th to 6th month, and 2 half-days per month for the 7th to 12th month. During the 2nd year, on-site technical training can be reduced to one to two half-days per month.

This 'good quality level of intervention' refers to a proper understanding of the Family Development approach, to be able to comprehend finely the families' situations, needs and capacities. This also implies for the FDWs to develop some skills such as analysis and active listening in their work with the beneficiaries. With such capacity, a FDW can identify the best intervention for each family: follow-up and support provided through weekly home-visits, information and referrals on social issues, and / or invitation to specific trainings and activities, and / or visits to counselling centres etc. Through this process, the FDP team can identify the most effective approach for each family, and is therefore able to reach a high number of beneficiaries[23].

As a FDP team grows, the senior FDWs who are already well-trained, are able to train their new co-workers and to provide them with proper orientation on the work to be done. This is a guarantee of the quality of the work on the middle to long-term. Therefore, once the first FDWs are trained, the external technical support required is reduced and the sustainability in terms of work quality can be reached faster — we can't give details yet on the frequency and type of technical support needed as the team grows. But we think that, for new FDWs joining an existing trained team, the time of technical support needed could easily be divided by 2 or 3.

Organizing ***workshops*** once a year with different partner NGOs on FDP related topics, is very helpful in terms of sharing of experiences and techniques, analysis of the programmes' outcomes and reflections on various ways to improve FDP. This has been organized in Cebu by the consortium formed by SACMI, FORGE, VINE, SAMA and STePS[24]. It has also been done with the partner NGOs in India: these workshops executive summaries are online on Pratiques website[25] Exchange visits to other Family Development Programmes, withing the same country or abroad, (between some members of the Filipino and Indian teams), have also encouraged initiatives and helped keep the team's motivation and dynamism.

[23] Some already active families can reach their objectives only by coming to social / counselling centres and through referrals, others may need to attend trainings while others need a weekly home-based follow-up).
[24] Within the framework of the European Union cofinancing, January 2007- June 2010.
[25] Executive summaries of workshops are online on Pratiques website :
http://www.interaide.org/pratiques/pages/urbain/social/social.html#rencontres

The social guidance centres (or counselling centres)

One social guidance centre should be open in each area covered by FDP. These centres are open at convenient time for the population living in the target area (not only the families followed-up through home-visits), where the inhabitants can get proper information on various social issues, referrals to external agencies and counselling services. Social guidance centres are also a place where the FDP staff can have confidential counselling sessions with the beneficiaries who benefit from home-based follow-up or not. The centres are open a few hours per week; services provided and schedules should be clearly and widely announced in the areas (posters should also be set in the area and in other existing services: schools, health posts, local government offices, etc.).

The centres should be located in the target area, to facilitate the population's access. The social guidance centre might also serve as an office for the FDWs; sometimes the group training sessions and parent-child workshops are organized there too (as well as in other spaces: Barangay halls, health centres, chapels, temples, schools…).

A directory of all services that are geographically & financially accessible to the slum-dwellers (health centres, hospitals, social services, cooperatives, specialized organisations, emergency services, etc.), with addresses, telephone number and schedule, should be made to be used by the guidance centre staff.

Once an area is phased-out, the guidance centre is the last programme activity that remains open, a few hours per week, in order to keep a social service in the area (the FDP team decides on a case-to-case basis when the centre closes for good). Then the directory of all available services should be transferred to the local government office (or otherwise to a local community organisation) so that they can continue to refer the families when needed.

Documentation

All activities related to the project (family forms, referral forms…) should be carefully documented, following clear, simple but relevant parameters, so as to have enough data to assess the evolution of the project and its effect at all levels:

- At the Families level (numerical and qualitative results)
- At the Area level (geographical coverage)
- Networking and coordination with public and private services level

These tools reflect the programme team's progress and autonomy.

Family Development Programme's assessment

1) Quantitative assessment

Quantitative assessment is done through various data:

- The geographical coverage of target areas (see above).

- The progress of the number of phased-out families towards the estimated number of target families.

At the start of FDP, an **area assessment** is conducted in order to identify the most deprived areas that will be the programme's target areas. Secondly, the team estimates the total population living in these

areas and makes an evaluation of the number of very poor families living in these target areas. The programme coordinators use these numerical targets as an indicator of the programme evolution, and as a tool to define the number of FDWs to be assigned in each zone. Once an area is covered, the programme stops its operation and moves to another poor zone (usually, a FDW still assures a presence in the old area for a few hours per week in order to continue providing the inhabitants with information and referrals – it is a way to keep a minimal social service in the area).

Below is an example of the results of an area assessment (Philippines):

2003-2004	**Area 1**	**Area 2**		**Area 3**	**Area 4**	**Area 5**	**Manila Port**	**Cebu (Talisay, Mandaue, Cebu)**	**Cebu (Alaska)**	**Total**
Partners NGO	**Lingap**	**Lingap**	**Lingap**	**Lingap**	**Lingap**	**Lingap**	**Tipa/Enfance and Hope**	**Bidlisiw**	**Sacmi**	-
Dates of start and end of FDP	97 (end in 2002)	97 (end in 2002)	2001	2001	2001	2002	2003	March 03	April 04	-
Estimation of the population in the squatters' areas	15 000	8 000	8 500	10 500	4 400	6 600	8 000	50 000	12 300	123 300
Estimation of the total number of families	2 800	1 450	1 700	2 135	886	1 333	1 600	7 784	2 100	21 788
Estimation of the number of target families at the start of program	800 (28%)	620 (43%)	510	641	400	526	320 (20%)	2 730 (35%)	800 (38%)	7 347 (34%)
			(34%)							
Phased out families	955 since 1998		2203 since 2001				133	242	28	3 561 (48% of target families)

2) Qualitative assessment

Measuring the results of FDP is not an easy task, as family follow-up aims at supporting very deprived population to meet their basic needs in the various areas of health, education, legal documents, family planning, childcare, early childhood development, family communication… Improvement in terms of attitudes, communication and self-confidence are part of the global process of reaching these concrete objectives. These types of progress are very hard to assess.

FDP teams use family assessment forms, family files and other monitoring tools in order to evaluate the beneficiaries' situation, poverty level, needs, as well as their improvements (family assessment forms have been developed and are tested in the different countries of intervention).

Clearly these tools are not perfect, and could surely be improved. They certainly don't provide a "scientific" assessment of the families' situation and progress. Indeed, we are estimating **human progress**, not counting planted trees or vaccine shots. Unlike education programmes, or public health programmes, for which indicators have been tested and validated at the international level for many years, or even microfinance programmes for which indicators, tools and "best practices" are being examined and validated at the international level for 20 years or so, Family Development Programmes

can only share and rely on their own experiences, and on the knowledge acquired on a trial-an-error basis[26].

Family Development programmes assess the progress of the families regarding **concrete objectives** that can be achieved in a limited time span (immunization of children, processing of birth certificates, complete prenatal check-up…) as well as concrete objectives that can **only be measured in time** (such as education, as a child may be enrolled in school at the time of phase-out and may drop out of school a few months later; a mother can be using a child spacing method at the moment of phase-out and may give up after a while): this is why some programmes such as Cebu have decided to conduct a third evaluation 6 months after phase-out: still, this last evaluation only gives an **estimation** of the sustainability of the family's progress. And it will only give a "snap shot" of the family at a given time (this is why Inter Aide's programmes in Madagascar have named the family evaluation form "*la photo de famille*": the family's picture). Family development programmes also aim at estimating the achievement of **much subtler objectives** such as improved parent-child relationship, enhanced husband & wife relation (Cebu's programme has conceived questionnaires to assess the family relationships[27]), **increased self-esteem, autonomy and sustainability**. These subtle objectives can only be assessed intuitively and subjectively. To reduce this "biais", the assessment of each family's case is discussed and validated in team meeting.

Family assessment forms

The indicators of concrete results are related to a precise number of families selected based on various criteria concerning their vital needs.

Making an inventory of these families and their needs gives a reliable description of the initial situation and allows an easy and correct assessment of results. Individual family assessment forms (see p. 35) have been developed in order to record these elements; the consolidated data of all the family assessment forms gives a global picture of a given FDP (general profile of target population, types of issues existing in the areas, services available…), its evolution, the areas of success and weaknesses… It helps program managers analyse the project and take appropriate decisions to improve the FDP's efficiency.

Here is a **summary of the most common families' issues / objectives** — although heavy issues (addictions, handicap, incurable sickness, psychiatric troubles…) are also taken into account in the analysis of families' situation, they cannot be solved in a 6 to 8 months follow-up; therefore, they are not mentioned in the table below.

For each identified objective, the level of achievement should be clearly defined by the FDP team. For example, the objective "prenatal care" is usually considered achieved when the mother knows about prenatal cares, when she is informed on the existing structures providing prenatal check-up, when she is confident enough to use these services regularly, has decided where to give birth. It is useless to wait until the mother *actually* gives birth so as to consider the objective 'achieved'. The goal here is to reinforce the mother's knowledge on prenatal, her ability to avail appropriate prenatal cares and to plan her delivery in safe and good conditions.

[26] Inter Aide, Initiative Développement, Essor, and Enfants et Développement's social programmes have shared their tools, methods and capitalized on their experience through the Pratiques Network since 1997. All is freely accessible online for anyone to use throughout the great wide world ! See the Pratiques website : http://www.interaide.org/pratiques/pages/presente/present_english.html

[27] STePS, the technical team in Cebu, has made a documentation set presenting the Family Development Approach implemented in Cebu with SACMI, FORGE, VINE and SAMA, as well as the main tools used by the program to monitor and assess the activities. It is online in English on Pratiques website: http://www.interaide.org/pratiques/pages/urbain/social/social.html

Health	Education	Legal documents	Psychosocial issues	Economic
- No prenatal / postnatal check-up and care - Child delivery at home - Closely spaced births - Incomplete or no immunization - Malnutrition, diarrhoea among young children - Ignorance, misconception or fear to use family planning methods -Ignorance / difficulty to identify common illnesses'[28] symptoms; illnesses aggravate - TB - STDs / AIDS - Parents lack information on available health services / do not dare to avail these services - Lack of hygiene[29]	- Preschool aged children not enrolled - Elementary school aged children not enrolled / drop-out / fail at school - Children (often girls) ages 7-14 out of school, work at home. - Illiterate / out of school teenagers, with no vocational training - In case of school failure, parents cannot help their children complete their school assignments, and cannot pay for private lessons - Children (often older daughters) don't go to school in order to look after their younger siblings.	- No birth certificate (needed to enroll children to school) - No ration card (India) - No identity card (needed for certain employments) - No legal property title, no rental contract - Lack of information on documents required, administrative processes.	- Money related issues : the family bread winner don't share income with the other family members / lack of proper management of family budget - Women alone with their children: abandoned by their husband / widow - Domestic violence - Abused children - Working children - Forced marriage - High dowry (India) - Depressive troubles - Lack of capacity to identify family's needs, take initiatives, plan actions - Juvenile delinquency / prostitution - Family members involved in criminal actions	- Unemployment - Insufficient / irregular family income - No savings - No professional plan - Lack of professional experience / no vocational training - Indebtedness - No access to productive loan - Ignorance / lack of proper management of family business / budget - Insalubrious / precarious house

The review of concrete results should be done in parallel with the evaluation of other aspects such as the significant adults' attitude, middle-term plans / projects for the family, communication, behaviour, self-confidence… This complete picture of the beneficiaries' progress is the basis for a relevant analysis of the family improvements' sustainability.

Qualitative assessment is done based on:

- The quality of the families' progress: the evolution of the family status from time of enrolment until the end of follow-up, is assessed based on family evaluation forms. The extent of progress is reflected by the nature of phase-out:
  - **Phase-out ++**

    Priority issues and concerns identified were achieved; family has regular source of income, with couples helping in their livelihood activities, enough to meet the family's basic needs; well-motivated; participative in program and community activities to which they were invited; can access external assistance, when needed, and able to take actions on own initiative.
  - **phase-out +**

    More than half of the family action plans have been accomplished. Remaining issues are non-life threatening and do not violate the rights of the child. Have regular or irregular sources of income, but still able to address basic needs. Are able to act on their issues, with

[28] Cough, cold, fever, digestive troubles, skin diseases…

[29] This objective, which affects the family's health situation, is related to psychological / psychosocial difficulties: as soon as the mother's (women are most often in charge of household chores) self-confidence, dynamism and feeling of hope improve, she takes better care of herself and the home environment.

minimal assistance (such as information or referral obtained at the social guidance centre), but volatile family situation if a family emergency or crisis occurs.

- **phase-out =**

Priority issues and concerns identified (family-based action plans) not addressed, despite consistent motivation, follow-up and assistance by the program. No action from the family BUT they start to realize that their capacity to change when they will be ready.

- Families whose progress cannot be analysed because they moved out, are not available or chose not to participate in the programme, are noted "out of area" or "no further data".

This is an example of such reporting table (Philippines):

	2004 / 2005								Total 04/05	
	Lingap		EnFaNCE		Bidlisiw		Sacmi			
Phased out families		568		149		292		85		**1094**
Phase out ++	-	-	1%	2	10%	30	14%	12	**4%**	**44**
Phase out +		453	53%	79	81%	237	63%	53	**75%**	**822**
Total + & ++	80%	453	54%	81	91%	267	77%	65	**79%**	**866**
Phase out =	2%	10	21%	31	4%	11	8%	7	**5%**	**59**
out of area / no further data	18%	105	25%	37	5%	14	15%	13	**15%**	**169**

Another assessment is done 6 months and / or 1 year after the time of phase-out, in order to evaluate the families' progress sustainability. If some families have regressed and are again facing difficulties they are not able to deal with, re-enrolment may be considered.

The Cebu programme uses the "Family Evaluation Form" to assess the family's situation thrice: upon entry ("eval A"), upon phase-out ("eval B") and 6 months after phase-out ("eval C"), to assess the durability of the effect of the action. The comparison of the scores of "eval A" and "eval B" gives an indication of the family's progress; comparing "eval B" and "eval C" scores gives an estimation of the sustainability of this progress.

Family Evaluation Form

Family Name : _____
FDW : _____

Date of Evaluation (A): _____ Score: _____
Date of Evaluation (B): _____ Score: _____
Date of Evaluation (C): _____ Score: _____

Family Status	A	B	C	4 points	A	B	C	3 points	A	B	C	2 points	A	B	C	1 point
Monthly Family Income				More than 5000				3500 - 5000				1500- 3500				Less than 1500
Target Family Size + Dependents				Less than 5 members				5 – 7 members				8 – 10 members				More than 10 members
Personal Hygiene/ Cleanliness				Very good				Good				Fair				Poor
House Ownership				Owned the house				Rent				Sharer				No house
(Privacy) Rooms				With permanent partition				Temporary partition				No privacy (one room)				No privacy (no room)
Toilet				Own Sanitary C.R.				Communal C.R.				With Unsanitary C.R.				No C.R.
Assets				VCD/ Karaoke/ Refrigerator				TV/ Good Quality Furniture				Fan/ Radio				No Appliances
Time Management				Organized with 1 child under adult supervision				Not organized with children under adult supervision				Organized but children not under adult supervision				Not organized and children not under adult supervision
Health				Health Needs Handled with Savings				Health Needs Met on Time and no savings				Health Needs Meet but Not on Time				Health Needs Not Handled
Education				All Children of School Age are in school (pre-school – secondary)				More than half of children enrolled				Less than half of children enrolled				No Child Enrolled
Birth Certificate				All Children Have BC				All children were registered but more than half have BC				All children were registered but less than half have BC				At least one child not registered
Parent-Child Relationship				19-25				13-18				7-12				1-6
Husband and Wife Relationship				14-18				10-13				5-9				1-4
Nutritional Status				All children are normal				At least one child is 1st degree				At least one child is 2nd degree				At least one child is 3rd degree
Family Planning				FP users or No FP needs				With FP needs and both are interested				With FP needs but only one is interested				With FP needs but not interested
Total				A: B: C:				A: B: C:				A: B: C:				A: B: C:

Scoring:
Level 1 : 18 – 32 points
Level 2 : 33 – 46 points
Level 3 : 47 – 60 points
Level 4 : 61 – 72 points

- The rating system gives a finer analyse of the beneficiaries' progress.
- The length of follow-up and number of home-visits reflect the FDWs' work (and often their level of expertise).
- The objectives' achievement rates among phased-out families, based on consolidated data of individual family files. This is an example of such tool:

Comparison of the situation of phase-out families from the time of enrolment (TO) to the time of phase-out (Tpo)

Issues and Concerns	Beneficiaries at (TO)	Situation at (TO)	Situation at (Tpo)	Problem Solving Rate
Health:				
Immunization	24	4/24	19/24	15/20 (75%)
Prenatal Care	5	2/5	5/5	5/5 (100%)
Family Planning	45	11/45	32/45	21/34 (62%)
TB in Adults/Children	1	0/1	1/1	1/1 (100%)
Education:				
Children enrolled in preschool	30	11/30	19/30	8/19 (42%)
Children enrolled in elementary school	68	46/68	52/68	6/22 (27%)
Legal Documents				
Birth Certificates	193	141/193	157/193	16/52 (31%)
Psychosocial Issues				
Family conflict	2	1/2	1/2	1/2 (50%)
Livelihood				
Stable job/regular income	60	0/60	2/60	2/60 (3%)

Programme evaluation meetings (usually every trimester + a yearly evaluation) aim at assessing the various activities' outcome. The conclusions are used as a basis to decide on necessary adjustments and to plan new innovative activities so as to improve the programme's efficiency.

External evaluations can also be conducted. They give another vision of our work and can propose new tools to assess our action. In Cebu, an external evaluation of the Family Development Program implemented with 5 partner NGOs, was conducted by a Filipino evaluation team from the Cebu University; the evaluation team used **focus groups** to grasp the beneficiaries' perception of the Family Development Programme: even though a few persons among some partner NGOs' teams had labelled the family development approach as "counter-cultural", **the families' perception collected during these focus groups were exclusively positive** ! [30]

Here are some of the families' feed-backs quoted by the External Evaluation team (see Cebu FDP External evaluation report [29]):

[30] The evaluation team also gave a few interesting proposition on monitoring tools. The evaluation report is online on Pratiques website http://www.interaide.org/pratiques/pages/autres/suivi_eval/enquete_eval.htm#eval_ext

"Before, when I had problems, I got depressed immediately. Now with the FDWs' advices, I am encouraged and become hopeful".

"I learned how to prioritize my problems using the FDWs' advice."

"I was able to unburden and now I know how to handle my problems".

'Now my husband and I work together to solve our problems.
We do not ignore problems anymore; rather we laugh about them".

"I learned not to beat and scold my child when he commits a mistake. Rather, talking is more effective"

Conclusion

The Family Development Approach has been designed to **bridge the gap** between the **poorest of the poor** and the existing health, education and social services available in the urban slums of intermediate and developing countries.

Through an **intensive** home-based follow-up by social and field workers, **specifically trained** to establish trustful and empathic relationships with **the most vulnerable families**, it aims at fostering the **families' capacities, self-esteem, resilience and autonomy**. This is the key of the sustainability of the effects of the action at the family level.

The added value of the Family Development Approach is to propose **an individual approach limited in time** allowing **to reach the most vulnerable families** that are usually left out by NGOs, GOs and programmes working at the level of the community, without substituting to local resources. Close networking with the local public and private organisations during the implementation of the program is the key of the sustainability of the effect of the action at the community level.

Documents available in English:

Family Development Approach - Cebu – Philippines
http://www.interaide.org/pratiques/pages/urbain/social/social.html

Mumbai Family Development Program Objectives, Procedures, training guide and tools (home visits, guidance centre & Early Childhood Development) –

http://www.interaide.org/pratiques/pages/urbain/social/Mumbai_FDP_InterAide_2009.html

and many others online at http://www.interaide.org/pratiques/pages/urbain/social/social.html