



FAMILY DEVELOPMENT PROGRAM

HOME VISITS OPERATION MANUAL



European Union

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This document was born out of the lessons learned of the FD project implemented by Enfants&Développement in collaboration with the University of Labor and Social Affairs (campus HCMC) and the HCMC Open University.

Enfants&Développement

13, rue Jules Simon - 75015 Paris - France

Email: siege@enfantsetdeveloppement.org

Website: www.enfantsetdeveloppement.org

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Abbreviations

FDP	Family Development Program
FH	Follow-up at Home
SGC	Social Guidance Center
HV	Home Visits
PO	Phase-Out
SW	Social Worker
LA	Local Authorities
LF	Local Facilitator

Dear Colleagues and Friends,

Enfants&Développement (E&D) has been working to improve the situation of children and families in Vietnam for over 20 years. Since 2010, E&D has been implementing an innovative Family Development Project in District 8 of Ho Chi Minh City. The project aims to alleviate poverty, improve the living conditions and resilience of vulnerable families, promote more inclusive services and ensure best practices in social work.

On March 25th 2010, the Vietnamese Prime Minister issued Decision No. 32/2010 ratifying the Project on Development of Professional Social Work in Vietnam from 2010 to 2020. In this important legal document, the Vietnamese government lays out its strategy to build and train a network of professional social workers and to mainstream social work best practices throughout Vietnam within the next decade.

The Family Development project uses an innovative social work methodology, the Family Development (FD) approach, designed in the 1980's in Brazil for urban contexts. E&D does/has implement/ed similar FD projects in Cambodia, The Philippines, Nepal and Burkina Faso and as such, has become a recognized expert in this area. The attractiveness of the FD approach is due to its simplicity, effectiveness, pragmatism, and sustainability.

The project has been set up in partnership with two universities: the University of Labor and Social Affairs – Campus Ho Chi Minh City (ULSA 2) and the Ho Chi Minh City Open University. It is the result of strong collaboration with local authorities within the district of intervention.

During the three year course of the project, E&D social workers visited the homes of more than 700 families with an additional 500 persons visiting the project's two social guidance centers (SGC) to receive information and/or to get referrals in 5 areas: health, education, administrative matters, economic and psycho-social issues. The social guidance centers provided support and referrals to the local community, especially the most vulnerable families, helping them to access available social services existing in the district and in the city and building their problem-solving skills, confidence and resilience.

This resource, the Home Visits Operation Manual, was born out of the experience of implementing a home-based follow-up activity in District 8. It provides guidelines on actors, steps and tools to start such social programs in urban poor environments, to enable replication of the project and to share lessons learned.

This document is part of a series and is not meant to be exhaustive. It can be used independently but preferably together with the Social Guidance Centers Operation Manual and the Network and Referrals Operation Manual.

Lastly, we would like to acknowledge the kind support of several donors and partners who have made our work possible over the last four years, particularly the European Union, the French Agency for Development and the Vietnam People's Aid Coordinating Committee. We would like to thank the People's Committee of District 8 who played an important role in organizing and facilitating the fieldwork and to all the families who trusted the social worker teams and agreed to take part in this pilot project.

We hope this document will help all those interested in social work to apply innovative solutions to address some of the most burning issues related to basic human needs in developing urban environments today.

E&D staff in Vietnam.



I. OVERVIEW

What is the home-based follow-up activity?

Home visits are the main activity of a FD Program and a part of the family follow-up process together with activities provided at the Social Guidance Center.

It is a home based intervention and relies on a differentiated approach tailored to the specific needs and problems of each family.

Home visits can be considered an effective “strategy” for delivering services to families that face social, economic, as well as personal obstacles to receiving necessary basic resources. A home-based follow-up provides the SW with a unique opportunity to meet the family in their own environment and to better understand their strengths and needs.

The advantages of home visits are:

- To reach the most deprived and isolated families.
- To make the families feel more comfortable, on their own “turf”.
- To allow the social workers to see the family environment.
- To create an enabling environment for individualized follow-up.

The home-based follow-up activity uses a strength-based approach. This approach emphasizes the need to assess both strengths and problems, and to use individual and family strengths as the most effective means for creating positive change. It’s a challenging and respectful practice that asks social workers to discover the meaning people have for their own lives and situations and to discover the solutions they have for themselves.

II. OBJECTIVES

General Objective: To empower the most deprived families to solve problems on their own in order to progress towards increased autonomy and sustainable community inclusion.

Specific objectives:

- Create confident relationships with the families, a prerequisite for a favorable follow-up.
- Help the families identify and arrange priorities for their needs, as well as find appropriate solutions.
- Empower the families by developing their autonomy, self-confidence, problem-solving skills, etc.
- Encourage the families to come to the SGC and to access the available services.

- “Bridge the gap” between very vulnerable families and existing public or private organizations delivering services related to administrative and social issues, economic issues, health, education, access to employment, etc.
- Provide psycho-social support.

III. BENEFICIARIES

The FD approach targets vulnerable families who may be excluded from public or private programs implemented at the community level. Indeed, the main issue faced by the very vulnerable is that they are not integrated into the community. That is why only a tailored family-centered approach allows to set up a trustful relationship between the SW and the families.

The HV activity targets particularly the very vulnerable families with heavy social and/or psychosocial difficulties that prevent them from taking appropriate decisions to improve their situation. These families need support to clearly identify their needs and find solutions to improve their living conditions. A home-based follow-up in a limited period of time is suitable for these families. This support enables them to increase their resilience and autonomy: they gradually become able to go by themselves and to find their way to the right existing services.

IV. FIELDS OF INTERVENTION

The FH activity aims, in particular, at improving the families’ access to and/or capacities in:

1. **Education:** pre-school, primary school, prevention of school failure, literacy, etc.
2. **Health:** hygiene awareness, vaccination, nutrition, reproductive health, prevention of common diseases, etc.
3. **Livelihood/economic:** employment, vocational training, family budget, etc.
4. **Administrative issues – legal documents:** birth certificates, ID cards, family book, application letters, marriage certificates, death certificates, social benefit procedures, etc.
5. **Psycho-social:** family relationships, neighborhood relationships, addictions, domestic violence, sexual abuse, violence at school, etc.

V. DURATION AND FREQUENCY OF THE HOME-BASED FOLLOW-UP

1. Duration of follow-up

Average duration of follow-up for each family is 6 months. However, this duration may also be adjusted to each family’s situation and capacities. In difficult cases, the family follow-up may be extended; however, maximum extended duration shall not exceed 3 months in order to avoid family dependence.

2. Frequency of home visits

Once a family is selected, they will be visited in their home once a week. Depending on family problems, the frequency of HV may be adjusted reasonably. If a family faces very serious problems, the frequency of HV may increase.

VI. PHASES OF PREPARATION FOR HOME VISIT

1. Orientation meetings

Along with introductory training on FD methodology, it is very important to hold orientation meetings for local people and officials, helping them understand and become well prepared for the project implementation.

Some content to be discussed in the meetings:

- Introduction of the project (home visits and SGC, leaflets distribution).
- Implementation method.
- Coordination mechanisms.

The orientation meetings may be held separately; however, it is encouraged to integrate them into local meetings (household group meetings, ward leaders meetings, etc.).

2. Identification of vulnerable families

2.1. Criteria for identification

For identification the following criteria should be considered:

2.1.1. Level of poverty

The level of poverty is a determining factor but not enough in itself to decide if a family has to be followed at home or not. For example, a family who is very poor but:

- Who has an income regular enough to meet its basic needs.
- Whose children have identity papers.

- Whose children are adequately vaccinated.
- Whose school-age children go to school.
- Who knows how to use existing services in the neighborhood.
- Who has friends, and good relationships with neighbors and the local community, etc.

Will not be selected for home visits because this family shows a good level of autonomy and problem-solving skills and, therefore, does not need follow-up. Families of this kind will, however, be invited to attend SGC and to participate in group activities implemented by the FD program (group discussions, awareness sessions, etc.).

2.1.2. Lack of capacity in problem solving

A vulnerable family may not be able to use available services due to being frightened, shy, lack of confidence, previous experience of being refused, lack of information about available services, thinking that it is too expensive or costly (while services are free or subsidized).

These families may not come to the SGC for similar reasons. In this case, they should be selected for a home-based follow-up.

2.1.3. Vulnerability

Vulnerability is not only “economic vulnerability”, it is a multidimensional phenomenon. Extreme vulnerability often has a psychosocial dimension.

We are able to see, with hindsight of several years, that taking into account the psychosocial vulnerabilities in the FD approach does not extend the follow-up period but instead reduces it. Indeed, psychosocial vulnerabilities are often the core of a family’s difficulties. The ability to quickly identify the root of family difficulties makes the follow-up more effective.

2.1.4. Psychosocial problems

All families, regardless of religion or socio-economic class - poor or rich - may have social problems (unemployment, diseases, etc.) and psychosocial problems (violence, neglect, maltreatment, abuse, addiction, etc.). In a FD project, all families may come to receive information, referrals, and / or individual counseling sessions in the event of psychosocial problems, and emergency support in urgent situations.

Note: *In addition, it is very important for social workers to consider experience and intuition when making the decision for follow-up.*

2.2. Ways to identify FH families

The identification and selection of FH families is carried out when SWs start working in a new area, or when the number of FH families/SW is below the expected target (i.e. if a SW follows 25 families and phases out 5 families, she/he needs to select 5 new families to reach her/his target of 30).

The identification of families can be carried out in the following ways:

2.2.1. Identification through lists of “poor” and “nearly poor” families established by the LA

It is very important to coordinate with the LA in selecting FH families. When starting the project in a new area, social workers have to work closely with the LA to learn about and identify lists of poor families in the area satisfying the selection criteria.

2.2.2. Social workers’ observations during home visits and/or the project’s daily activities

For example: Through awareness sessions for children and adults at the SGC or through other activities like regularly-organized health check ups, job fairs, etc.

2.2.3. Identification through local facilitators

Local facilitators may be local officials like group leaders, ward leaders, women’s union representatives, youth union representatives, etc.

A local facilitator is a person who knows people in the community thoroughly. In addition to the families named in the list recommended by local authorities, the local facilitators may know and recommend more families for the project.

2.2.4. Identification through FH families

During the project, families realize practical benefits of follow-up and can recommend their relatives and neighbours for the project.

2.2.5. Identification through the SGC

Some families may come to the SGC on their own. If the SW feels that the family needs more support than simply information, or if the family is in a critical situation (i.e. children at risk, family violence, etc.) the SWs can propose a home visit to assess the situation and eventually start a follow-up.

2.2.6. Through household group meetings

Through household group meetings, social workers and local facilitators may recommend the project.

2.2.7. Identification through referrals from other organizations

Through the development of the relationship between FDP and other organizations and services, some families may be referred to the FDP (schools, health centers, charities, etc).

Note: Limits to selection criteria

The FD approach has limitations regarding the profile of families to be included in the program. There will be occasions where social workers will not have the ability to intervene due to the nature and complexity of problems faced by the families which are beyond the intervention capacity.

The main types of families that should not be selected for home visits (but who nevertheless may be referred to specialized agencies which have the means and expertise to provide appropriate support) are:

Families who have severe addiction troubles (drugs, alcoholism).

Families whose main members experience serious psychological problems (psychological trauma) or psychiatric troubles.

Families with problems related to criminal actions or severe delinquency.



VII. FOLLOW-UP PROCESS

Actors, steps and tools to start a HV Follow-up.

1. Initial visit	
Objectives	<ul style="list-style-type: none"> - To introduce the FD Project, objectives, main activities and benefits brought about by the project. - To introduce social workers (roles, tasks, etc.). - To collect initial information mainly by observation. - With the family's consent, arrange appointments for subsequent home visits.
Methods	<p>The first visit plan is implemented in coordination with local authorities (group leaders, community facilitators, etc.).</p> <ul style="list-style-type: none"> - Confirm home visit schedule with local authorities. - Confirm address/residence of clients. - Remember to bring name cards and brochures about the project. <p>The Map of the Area of Intervention must be used to plan visits effectively.</p> <p>Collect contact information and reach agreement on the method of contact between the SW and the family.</p> <p>Social workers should re-write road map (especially for houses with no address).</p> <p>Open a family file.</p> <p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Brochures</i> - <i>Family list</i> - <i>Intervention Area Map</i> - <i>Family file</i>
Frequency	<p>To be conducted once/family.</p> <p>No more than 10 initial visits should be done/day/SW in order to be able to remember and accurately record all cases after the visits.</p>
Duration	The initial visit should not last more than 15 minutes .
Actors	<p>SW in charge: the SW who will follow the family in the future and pay regular visits to that family.</p> <p>Local facilitators: the local official who will join initial visit with social workers to help build first relationships with the family, as well as provide additional information about the family and the community.</p>

2. Pending visit	
Objectives	<p>To observe the family's situation and attitudes before starting in-depth work with the family (follow-up), focusing more specifically on:</p> <p>Initiating a relation of trust with the family (a friendly but professional relationship).</p> <p>Assessing the suitability of the family to the FH program.</p> <ul style="list-style-type: none"> - Assess the family situation. - Observe the family's motivation and readiness.
Methods	<ul style="list-style-type: none"> ➤ Introduce purposes and content of the visit. ➤ Introduce the project and process in detail (i.e. regular HV, frequency, duration, referrals, etc.) and the roles of the SW in charge of the FH. ➤ Get preliminary information about family, especially focus on: <ul style="list-style-type: none"> ▪ Collect information about the family (origin and culture, composition, history, sources of income, strengths and weaknesses, etc.). ▪ Assess its awareness level, especially on health, education and budgeting. ▪ Understand the family relationships (internally and with neighbours & community). ➤ Draw the genogram together with the family. ➤ Make subsequent visit schedule. ➤ Report family visit. <p>At the end of this phase, the following should be validated:</p> <ul style="list-style-type: none"> ⇨ A friendly but professional relationship has been established between the SW and the family. ⇨ The family trusts the SW and understands the purpose of the visits and the program. ⇨ The family feels comfortable during the visits and is willing to share their problems. ⇨ The SW understands the family situation, and has gathered enough information to be able to analyze it. <p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Genogram</i> - <i>ABC Form (part A)</i> - <i>Family contact report</i>
Frequency	Approximately 4-5 home visits in 1 to 1.5 months. For priority cases, the SW visits the family nearly every day.
Duration	30-45 minutes/home visit.
Actors	SW in charge: He/she asks questions, facilitates family verbal expression and observes family non-verbal expressions.

Actors	<p>Observer: another SW who accompanies the SW in charge in order to assist in observing and analyzing living environment of the family, housing conditions, attitudes and reactions of each family member, general context, and other non-verbal expressions.</p> <p>The SW and the observer will join important moments of pending visits, including:</p> <ul style="list-style-type: none"> - The second visit to decide whether or not to continue visiting. - The home visit before deciding whether or not to follow-up with the family. <p>A main interlocutor can be identified, but the SW has to consider the family as a whole and needs to have contacts with all family members.</p>	
3. Family selection meeting		
Objectives	<p>At the meeting, the following is discussed:</p> <ul style="list-style-type: none"> - Families to be selected for a home-based follow-up. - Prioritize families facing life threatening situations (e.g serious health problems, exposure to abuse/violence etc). The number of "priority" families should not exceed 3/SW. 	
Methods	<ul style="list-style-type: none"> - The SW in charge presents cases. <ul style="list-style-type: none"> ▪ Review the entire family case since the initial visit. ▪ Share his/her views with the team (needs, observations, identified objectives, etc.). - The observer supplements and clarifies based on his/her own viewpoints. • Make conclusion. <ul style="list-style-type: none"> - For selected families: <ul style="list-style-type: none"> ✓ The SW in charge will engage in a home-based follow-up process, especially in the initial phase, and then, if possible, will encourage the family to actively approach and engage with the SGC. ✓ Develop the family file and create a separate code for each FH family. - For families not selected, the SW in charge will finalize the procedures and will close the family file. Families are not selected when: <ul style="list-style-type: none"> ✓ The family needs do not correspond with the project aims. ✓ The family is regularly unreachable. ✓ The family makes us understand clearly (either in a verbal or non-verbal manner) they are not interested in a follow-up. They show no motivation to meet the SW. 	<p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Genogram</i> - <i>ABC Form (part A)</i> - <i>Minutes of the family selection meeting</i>

Methods	<ul style="list-style-type: none"> ✓ Some families may be able to solve their main problems during the first steps and may become autonomous very quickly. In this case, the family may be phased out early after the trust-building period as there is no need to continue the follow-up. - If it is impossible to make decisions due to insufficient information, the SW should find out more. 	<p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Genogram</i> - <i>ABC Form (part A)</i> - <i>Minutes of the family selection meeting</i>
Frequency	<p>The family selection meeting will be carried out at the end of the pending visit period (approximately 4-5 home visits). At the SGC on a weekly basis.</p>	
Duration	<p>15 minutes/family.</p>	
Actors	<ul style="list-style-type: none"> - The SW in charge + the observer. - Or the SW in charge, the observer + another social worker. 	
4. Follow-up		
Objectives	<p>To improve self-confidence, self-reliance of the family in approaching available resources and ability to solve the family problems in a sustainable way.</p> <ul style="list-style-type: none"> - Enhance the trust relationship between the family and the social worker. - Suggest options/establish an adult to adult relationship. - Provide the family with proper information and referrals related to their needs and objectives. - Encourage the family's motivation in improving their situation as well as achieving their objectives. - Support the family in facing difficulties while working with them. 	
Methods	<p>Together with the family, make an action plan with the following contents:</p> <ul style="list-style-type: none"> • Clarify roles and responsibilities of the parties (family, SW, service providers, local authorities and agencies, etc.). • How long does the family need to be followed-up. • What frequency of visits is needed (once a week or more). • Which objectives can be set with the family. • Assess resources (drawing ecomap). • Analysis of needs, strengths, weaknesses, opportunities, threats (SWOT), etc. 	<p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Genogram</i> - <i>Ecomap</i> - <i>ABC Form</i> - <i>Referral letter</i> - <i>Family file</i>

Methods	<ul style="list-style-type: none"> The social worker understands the situation and is able to analyze the situation (What has to be done to solve problems, why problems have not been solved, etc.). Implementation of the action plan: Continuously update information about the family through home visits, contacts at the SGC and feedback from relevant parties, etc. A social worker should have around 20 on-going families for regular HV. Give advice/provide necessary information and assist (if necessary) the family in using local available resources. Together with the family, deal first with easy but urgent issues, and then go into more difficult problems as the confidence increases. Home visit: <ul style="list-style-type: none"> ✓ It is recommended to prioritize objectives before each HV and to tackle only a limited number per visit (ideally no more than 2). ✓ Give "tasks" to the family to fulfill before the next visit. ✓ The social worker should ask the family what is the most convenient date and time for them to be visited. An appointment should be taken whenever possible. For the visit to be effective the family must be willing to give time to the staff visiting them and the family needs to be available. If the family is not available, another appointment needs to be scheduled at a more convenient time. ✓ As much as possible, avoid making appointments at night or during the weekends and holidays. Should this happen, nonetheless, conduct the visit in pairs. ✓ A social worker should visit 5 families per day on average. 	Tools and forms <ul style="list-style-type: none"> - <i>Genogram</i> - <i>Ecomap</i> - <i>ABC Form</i> - <i>Referral letter</i> - <i>Family file</i>
Actors	<p>The follow-up of a family is assigned to one social worker in charge, who is the main interlocutor for this family and who is in charge of the case.</p> <p>However, visits in pairs (the main SW and the observer – who should always be the same person so that the family feels secure and comfortable) have to be organized at least once per quarter or whenever the family faces particularly difficult situations. If for some reason, the social worker in charge cannot continue following up with the family, the observer will be the one to replace the social worker in charge in order to ensure follow-up quality.</p>	

Referral (See Network and Referrals Operation Manual for further explanations)		
Objectives	<p>To increase the opportunities to approach existing social services for FH families.</p> <p>To reinforce, in a sustainable manner, their ability to access services</p>	
Methods	<ul style="list-style-type: none"> – Together with the family, define needs for referral. – Assess available resources. – Prepare referral documents. – Contact service providers. – Referral: <ul style="list-style-type: none"> ▪ Encourage the family to approach services by themselves. ▪ The social worker or the network officer accompanies the family (if necessary). – Update feedback from relevant parties. – Monitor and assess referral results. 	Tools and forms <ul style="list-style-type: none"> - <i>Partner information card</i> - <i>Referral lessons learnt</i> - <i>Referral letter</i> - <i>Referral report</i>
Actors	<p>Family – In the event the family has sufficient necessary information and is confident, they can approach services on their own.</p> <p>Social worker in charge accompanies the family to go to social services for the first time when the family is not confident or experienced enough.</p> <p>Network officer may replace the SW in charge to accompany the families.</p> <p>Social service providers: provides services to the family and gives feedback.</p>	
Assessment meeting		
Objectives	<p>To monitor the follow-up progress to be able to make prompt and reasonable adjustments.</p>	
Methods	<p>Present case</p> <ul style="list-style-type: none"> – The SW in charge presents FH cases (situation, number of home visits, objectives, problems/ needs, achievements and challenges, progress in problem solving, etc.). <p>Question and answer, clarify:</p> <ul style="list-style-type: none"> – Other social workers ask questions to clarify. – Observers will add information they have about the cases. <p>Subsequent follow-up plan:</p> <ul style="list-style-type: none"> – The participating social workers will contribute their ideas, and give advice or suggestions for the next steps. – Decide whether or not to do triangular exercise. 	Tools and forms <ul style="list-style-type: none"> - <i>Family file</i> - <i>ABC Form</i> - <i>Genogram</i> - <i>Ecomap</i>

Frequency	<ul style="list-style-type: none"> - Evaluation meeting takes place on a weekly basis at the SGC (during the team meeting). - Approximately 1 – 1.5 month after the FH start. 	
Duration	<ul style="list-style-type: none"> - 5 – 10 cases/meeting. - 5 – 10 minutes/case. 	
Actors	All the SWs of the SGC.	
Triangular exercise		
Objectives	To help the SW in charge find the best solutions to difficult circumstances that the SW alone cannot solve, or to easily come to subjective and one-sided decisions.	
Methods	<p>During the family follow-up, the SW in charge may encounter difficult circumstances or cannot find solutions. In this case, he/she should call a triangular meeting to look for assistance of other social workers through the following steps:</p> <p>Case summary</p> <ul style="list-style-type: none"> - The SW in charge presents cases and difficulties for a maximum of 10 minutes. - Other participants ask questions and clarify if necessary. - Determine the information and knowledge gaps to explore during the triangular exercise HV. <p>Home visit</p> <ul style="list-style-type: none"> - The SW in charge makes 1 home visit with the observer. - The SW in charge tries to get the missing information to have a greater in-depth knowledge of the problems. - The observer assists, observes and listens to the discussions. He/she can record, or even ask questions if insufficient information is provided. <p>Debriefing of the HV</p> <ul style="list-style-type: none"> - The SW in charge presents the information collected during the HV (verbal language, non-verbal, observation, etc.). - The observer adds necessary information or what he/she has observed. - The moderator coordinates triangular exercises, asks questions, and leads the discussion until a consensus is formed on solutions and subsequent action plans. <p>The triangular exercise is considered successful when the SW in charge agrees with the recommended plan.</p>	<p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Family file (by the time of triangular exercise)</i> - <i>Family contact report</i> - <i>ABC Form</i> - <i>Genogram</i> - <i>Ecomap</i> - <i>Minutes of triangular exercise</i>

Frequency	When needed and 15 days before the PO.	
Duration	<p>Total duration: 120 minutes.</p> <p>Briefing: Maximum 15 minutes.</p> <p>Home visit: Maximum 60 minutes.</p> <p>Debriefing: Maximum 45 minutes.</p> <p>If the problems have not been solved within 45 minutes of the triangular exercise, the meeting must stop. Discussions will be taken up again in a further session to be scheduled.</p>	
Actors	<p>The SW in charge.</p> <p>The observer.</p> <p>The moderator who is an impartial and experienced SW.</p>	
5. Phase-out		
<p>A family is called "phased-out" (PO) when the SW and the family put an end to the home visit. The phased-out family can continue to benefit from the programme through the SGC but the family stops receiving regular home visits by a social worker.</p> <p>A FH family is deemed ready for phase-out when:</p> <ul style="list-style-type: none"> ✓ All the objectives set with the social worker are completed. ✓ Even though set objectives have not been achieved, the family feels confident enough to achieve these objectives in the future. ✓ The family is not motivated enough and/or does not progress anymore. ✓ The family moves to another place. <p>As a home follow-up should, in principle, not last more than 6 months, it is recommended to assess all on-going families when reaching the 6th month of follow-up.</p>		
Assessment visit		
Objectives	To assess whether there has been an evolution in the family's situation since the start of the home visits and whether or not there is a need to continue the home visits.	
Methods	<p>The assessment must consider the following 4 points in order to prepare for the PO:</p> <ul style="list-style-type: none"> - Achievement of objectives. - Evolution of family's self-confidence, self-reliance and motivation. - The family's ability to solve their problems in the future. - The family's satisfaction with the service provided by the FDP. 	<p>Tools and forms</p> <ul style="list-style-type: none"> - <i>Family file</i> - <i>PO assessment visit Form</i> - <i>ABC Form (part B)</i>

<p>Methods</p>	<p>Assessment visit shall be made through following steps:</p> <p>Pre home visit preparation: When the SW in charge identifies that a family is ready to be phased-out, he/she shall first inform and brief (summarize the case) another team member (usually the observer) to decide whether or not to schedule an assessment visit.</p> <p>Briefing: The SW in charge updates to the Observer:</p> <ul style="list-style-type: none"> • The family profile. • The family history. • The problems and needs identified during the follow-up. • The difficulties encountered during the follow-up. • The achievements (from the viewpoint of the SW in charge). • The duration of the follow-up (from the initial visit to the last visit). • The total number of home visits. • The ABC Form. <p>Assessment visit: The assessment visit is conducted by the SW in charge and the observer. The family is previously informed about the purpose of this visit with the presence of another SW (the observer).</p> <ul style="list-style-type: none"> ➤ The SW in charge once again introduces the observer to the family (if necessary). ➤ The SW in charge leads the discussion by helping the family assess the efficiency of the follow-up as well as the evolution of their own situation. Suggested discussion and questions for the family members: <ul style="list-style-type: none"> ▪ Review the first visit. ▪ Review what was discussed during the FH. ▪ Review the needs/problems that were determined during the follow-up and the outcomes (how they are solved). ▪ Assess the changes in the family's situation since the beginning of the follow-up (use the ABC tool). ▪ How does the family feel compared to the time they started the FH? 	<p>Tools and forms</p> <ul style="list-style-type: none"> - Family file - PO assessment visit Form - ABC Form (part B)
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<p>Methods</p>	<ul style="list-style-type: none"> ▪ According to the family, what were the benefits and disadvantages of the follow-up? What was most useful/useless? ▪ Discuss the family's level of satisfaction with the follow-up. ▪ Are the home visits still necessary/helpful and for what purpose? <p>➤ The SW in charge should let the family know that these questions aim to assess whether or not further follow-up is necessary. The SW in charge informs the family that there will be a discussion within the team to decide whether the follow-up will continue. The decision will be communicated to the family soon after the meeting takes place.</p> <p>Make family contact report</p> <ul style="list-style-type: none"> - Update the family file. - Complete part B of the ABC Form. <p>Debriefing: Right after the assessment visit, a debriefing takes place between the SW in charge and the observer.</p> <ul style="list-style-type: none"> - If the SW in charge and the observer cannot reach an agreement, or if both of them think that the FH should be extended, a triangular exercise has to be organised to decide whether or not to continue the FH (See the triangular exercise sheet). - If the SW in charge and the observer agree that the family should be phased-out, the SW in charge shall prepare the file to be presented to the assessment meeting. The case summary shall include: <ul style="list-style-type: none"> ▪ Date of first visit. ▪ Date of last visit. ▪ Date of assessment visit. ▪ Duration in month (or week) between the initial visit and the last visit. ▪ Number of home visits. ▪ Score of the evaluation A (ABC Form). ▪ Score of the evaluation B (ABC Form). ▪ Narrative description of the family's situation and the problems/needs identified during follow-up. ▪ Assessment of the level of achievement of the objectives. 	<p>Tools and forms</p> <ul style="list-style-type: none"> - Family file - PO assessment visit Form - ABC Form (part B)
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Methods	<ul style="list-style-type: none"> Assessment of the level of self-confidence, self-reliance of the family. Assessment of family satisfaction. Proposition of phase-out (category) and justification. 	Tools and forms <ul style="list-style-type: none"> Family file PO assessment visit Form ABC Form (part B)
Frequency	Assessment visit takes place approximately 2 weeks before the PO.	
Duration	60 minutes maximum.	
Actors	The SW in charge and the observer.	
Phase-out meeting		
Objectives	To assess the changes in the family's situation and to make a decision on the phase-out of the family.	
Methods	<p>Present the case and discuss</p> <ul style="list-style-type: none"> The SW in charge presents the case (10 minutes). The other SWs ask questions and for clarifications if necessary. And give their opinions on the PO proposal made by the SW in charge. <p>Decision</p> <ul style="list-style-type: none"> The group should come to a common agreement on whether or not the family needs to be phased-out. <ul style="list-style-type: none"> ⇒ If the family is not phased-out, the group shall make suggestions/recommendations to the SW in charge in order to help him/her continue the follow-up. In that case, there is no need to complete the phase-out form, but only to record the meeting minutes. ⇒ If the decision is to phase-out the family, the group needs to decide the category of the phase-out. Then the SW in charge shall proceed with all recording of information as described below. <p>Grading the PO category</p> <p>A grade ++, +, +=, =, and x shall be given by the team at the Phase-out meeting to each PO family. This grade shows the "impact" that the home visit follow-up has had on the family.</p>	Tools and forms <ul style="list-style-type: none"> Family file PO assessment Form ABC Form (Part B) PO meeting minutes

Methods	<ul style="list-style-type: none"> Very positive (++): 70% of the identified problems have been solved and the family is self-reliant: Parents are aware of their ability to influence the situation of their family; dialogue exists in the family; the family knows the local services, uses them when needed and becomes integrated into the economic and social fabric of the community; parents take care of their children and can project themselves into the future. Positive (+): 50% of the identified problems have been solved and the family has reached a certain level of self-reliance: Parents regain confidence in their potential and come out of the "fate circle"; they can overcome one or more of their difficulties; they know the existing social services and are able to find solutions to their problems by themselves; they have gained autonomy and are more attentive to their children; they are more open to others and participate in community activities. Plus equal (+=): Some problems have been solved, but it is unclear whether the family can solve their problems in the future; initial goals have not been achieved as expected; however, the family's attitudes and self-confidence have significantly improved. Equal (=): The progress is not clear or significant; parents are still in distress (psycho-social, emotional, etc.); they failed to overcome the difficulties they wanted to solve, despite their motivation and the encouragement and guidance from the SW's; "windows" are closed and their relationship with surrounding environments has not changed; they failed to approach and engage with existing services. Transferred residence (x): The family has left the area of intervention. 	Tools and forms <ul style="list-style-type: none"> Family file PO assessment Form ABC Form (Part B) PO meeting minutes
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Actors	All the SW's working in the same area. The technical support officer and the network officer can attend occasionally if needed.	
Phase-out visit		
Objectives	To inform the family about the PO decision and to discuss with the family a post follow-up support plan (if any).	
Methods	<p>Once the phase-out of a family has been decided, the SW in charge will make a home visit to formally notify the family that the FH will stop.</p> <p>A feedback on the decision can be given to the family, but it is not necessary to communicate about the PO category as it could be confusing for the family. The reasons for Phase-out can, however, be given "according to our last visit, you have shown that you were able to manage by yourself" or "it seems that you are not willing to continue the work with us", etc.</p> <p>The family is informed that they can continue to contact the SWs at the SGC if they have any problems or need to talk.</p> <p>During this last HV, the SW in charge can:</p> <ul style="list-style-type: none"> – Give recognition to the family's involvement and motivation. – Acknowledge objectives achieved by the family. – Re-inform about the SGC (address, opening hours, telephone number). – Thank the family for their cooperation. 	<p>Tools and forms</p> <ul style="list-style-type: none"> – <i>Phase-out Form</i>
Duration	30 – 45 minutes.	
Actor	Social worker in charge.	
6. Impact evaluation visit		
Objectives	<p>The main objective is to evaluate the impacts of the follow-up over time and to determine whether the changes of the family observed at the time of Phase-out are sustained or not.</p> <p>The specific objective of the post evaluation visit are:</p> <ul style="list-style-type: none"> – To assess whether the family has maintained the results achieved during the follow-up. – To know if the family has been able to achieve remaining objectives after PO. – To check whether the family has been able to address and solve new difficulties after PO. – To compare the family's situation (motivation, self-confidence, self-reliance) after PO with their situation during the FH. <p>Target for Evaluation Visits: Around 30% of PO (++) and/or PO (+) families, randomly selected and then having accepted to be part of the evaluation.</p>	

Methods	<ul style="list-style-type: none"> ➤ Identify PO families who can be visited for evaluation. ➤ Ensure that these families are still living in the project area. <p>Steps</p> <ul style="list-style-type: none"> • Explain to the selected family the objective of the post evaluation visit. If the family is willing to participate, make an appointment for the post evaluation HV. • Review the family file to grasp their situation at the time of PO (problems identified, problems solved/unsolved, difficulties encountered during the follow-up, PO category, case summary, etc.). • During the visit, ask questions about what happened in the last 6 months in order to understand the changes. Ask the family if they remember what happened during the FH. • After the visit, a debriefing between the SW in charge and the observer is organized to discuss what happened during the visit. • Complete part C of the ABC Form. • Write case studies for instructive cases. 	<p>Tools and forms</p> <ul style="list-style-type: none"> – <i>Family file</i> – <i>Impact evaluation Form</i> – <i>ABC Form (Part C)</i>
Frequency	– Date of phase-out + 6 months.	
Duration	– 45 – 60 minutes.	
Actors	<p>The impact evaluation visit is made in pairs:</p> <ul style="list-style-type: none"> – The ex SW in charge and the ex observer or another SW. 	

VIII. APPENDIX

- 1 Family file
- 2 ABC Form
- 3 Triangular exercise
- 4 Genogram

1. FAMILY FILE

Form 1

Family code:.....

SUMMARY SHEET OF THE FOLLOW-UP ACTIVITIES

- Name of the FH family:
- How did the family get to know the project?
 On its own E&D Social workers Local authorities
 Other clients Other
Please specify:
- Local facilitator:
- Social worker in charge :
- Observer:
- Date of first visit: / /
- Selection meeting date: / /
- Has the family been selected for FH? Yes No
If No, explain why:
- FH start date..... / /
- PO meeting date..... / /
- PO visit date..... / /
- FH duration : months
- Total number of FH visits

Contact place	Pending visits	FH visits	Total no. of visits
At client's home			
At the SGC			
Total no. of visits			

14. Follow-up result: (++) (+) (+=) (=) (x)
(Circle the selected option)

Form 2

Family code:.....

FAMILY SITUATION

- Head of household:.....
- Main contact person: Male Female
- Residential status: KT1 KT2 KT3 KT4 No registration
- Address:
..... Telephone:
- Total number of families living in the same house?
- Total number of members of the FH family?

No.	Full name	Age	Occupation	Notes
1				
2				
3				
4				
5				
6				

- Summary of family situation:
- Family at risk: Yes No
Specify:.....

Date:
..... / /

Social Worker

FAMILY SELECTION MEETING MINUTES

Date of meeting: / /

Place of meeting:

Social worker in charge:

Observer:

Moderator:

Other participants:

1. Level of readiness of the family:
 - Very ready
 - Ready
 - Normal
 - Not ready yet

2. Consistency (between the needs, expectations, etc. of the family and the objectives of the FD methodology): Yes No

3. Family at risk? Yes No

If yes, please explain why?

.....

.....

4. Conclusion of the meeting: Follow-up No follow-up

If follow-up, estimated time duration: months

If no follow-up, explain the reasons:

.....

.....

Proposed support for non FH family:

 - Information
 - Introduction
 - None

Date: / /

Social Worker

.....

RECORD SHEET OF FAMILY HOME VISIT AND FOLLOW-UP

Name of FH family:

Name of the SW in charge:

Date	Visit number	Purpose of the visit	Duration (minutes)

HOME VISIT/ FOLLOW-UP REPORT

Visit n°:..... Date of visit:..... / /

Type of visit: Pending Visit FH

Place of visit: At home At the SGC Other

SW in charge:

Observer:

Number of interlocutors: Adults Males:...../Females:.....
 Children Boys:..... /Girls:

Purpose of the visit:.....

Discussion during the visit:

Social worker's observations:

Tentative Action Plan:

Date:
..... / /

Social Worker

PLAN OF INTERVENTION

Name of FH family:

Name of SW in charge:

Fields	Purpose of the FH	Plan of intervention	Results	Explanations
			<input type="checkbox"/> Successful <input type="checkbox"/> Not successful	
			<input type="checkbox"/> Successful <input type="checkbox"/> Not successful	
			<input type="checkbox"/> Successful <input type="checkbox"/> Not successful	
			<input type="checkbox"/> Successful <input type="checkbox"/> Not successful	

ADDITIONAL FAMILY INFORMATION

Date	Contents

PHASE-OUT ASSESSMENT VISIT

Visit n°:..... Date of visit:..... / /

Place of visit: At home At the SGC Other

SW in charge:

Observer:

Number of interlocutors: Adults Males:...../Females:

Children Boys:..... /Girls:

Objective of the visit:

Degree of completion of the set up objectives:

Objectives	Achieved	Non Achieved	On-going
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment made by the SW:

Self-confidence of the family:.....

.....

Autonomy of the family:

.....

Satisfaction rate of the family:

.....

Feedback of the family:

1. Suggestions:

2. Does the family want to continue the follow-up? Yes No

Please explain why:

Date: / /

Social Worker

.....

PHASE-OUT MEETING MINUTES

Date of meeting: / /

Venue of meeting:

SW in charge:

Observer:

Moderator:

Other participants:

1. Assessment of the degree of completion

Achieved objectives:

.....

.....

.....

Unachieved objectives:

.....

.....

.....

2. Conclusion of the meeting: Phase-out Continuation of FH

If continuation, the estimated duration will be:weeks,months

Suggestions:

.....

.....

PO category: (++) (+) (+=) (=) (x)

Date: / / Social Worker

.....

PHASE-OUT

Visit n°:..... Date of visit:..... / /

Place of visit: At home At the SGC Other

SW in charge:

Observer:

Number of interlocutors: Adults Males:...../Females:.....

Children Boys:..... /Girls:

Objective of the visit:

.....

Discussion with the family:

Notification of FH Phase-out Work on post FH plan

Briefly describe the post FH plan:

.....

.....

.....

Feedback from the family (if any):

.....

.....

.....

.....

Date:..... / /

Social Worker

.....

REFERRAL REPORT

I. INFORMATION ON THE REFERRAL

Date of referral: / /

Date of feedback: / /

Name of the referee:.....

SW in charge of referral:

Referral letter: Yes No

Social service provider:

Nature of referral:

Objectives of referral:

.....

.....

II. RESULTS OF THE REFERRAL Successful Not successful

Explanation:

.....

.....

III. FEEDBACK

Client:

.....

Service provider:

.....

Social worker:

.....

Date: / /

Social Worker

.....

TRIANGULAR EXERCISE MINUTES

Date of the exercise : / /

Venue of the exercise:

SW in charge:

Observer:

Moderator:.....

Other participants:.....

1. Objectives of the triangular exercise:.....

.....

.....

2. Process and outcomes of the triangular exercise:

.....

.....

.....

3. Conclusions at the end of the exercise:

.....

.....

.....

Suggestions for next steps:

.....

.....

.....

Date: / /

Social Worker

.....

IMPACT EVALUATION VISIT (Complete together with part C of the ABC Form)

Date of impact evaluation visit: / /

SW in charge:

Observer:

Official start date of FH: / /

PO date: / /

PO category: (++) (+) (+=) (=) (x)

CONTENT OF THE ASSESSMENT

PART 1: ASSESSMENT OF THE RELATIONSHIP

1. The family's attitude towards the SW?

- Friendly Cold
- Normal Unfriendly

2. The SW in charge of the FH is considered by the family as?

- A family's friend A formal officer
- A social worker A community member

3. The relationship between the family members?

- Very good Normal
- Good Bad

4. The relationship between the family and the neighbours, community?

- Very good Normal
- Good Bad

PART 2: ASSESSMENT OF THE PROJECT IMPACT

1. Are the objectives attained during the FH maintained?

- Yes No

Specify:
.....

2. After the PO, does the family attain the remaining objectives?

- Yes No

Specify:
.....

3. Can the family solve the newly emerging difficulties?

- Yes No

Specify:
.....

4. Compare the family current situation with the PO period
(degree of self- confidence, autonomy)

- Yes No

Specify:
.....

PART 3: OBSERVATIONS

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

PART 4: CONCLUSION

FH category: (++) (+) (+=) (=) (x)
(Circle the chosen option)

Date: / /

Social Worker

.....

2. ABC FORM

ABC FAMILY

Household/Family head:.....

Address:.....

Family situation	A	B	C	3 Points
EDUCATION				
Pre-schooling of children (3-5 years old)				All children go to school
Primary schooling (6-10 years old)				All children go to school
Junior secondary schooling (11-15 years old)				All children go to school
Senior secondary schooling (16-18 years old)				All children go to school
Trade learning (13-30 years old) if not going to school or to work				All learn a trade
Above 18 years old literacy (reading and writing)				All know how to read and write
Risks of dropping out of school (normal education or vocational training)				No risks in perspective
HEALTH				
Health status of all family members				All are healthy
Immunization of children of 0 - 5 years old				All children are immunized
Health insurance				All members have health insurance
Reproductive health (family planning, pregnancy care, STD prevention etc.)				Know and apply RH measures
Nutrition of children under 6 years old				No child is malnourished
PSYCHOSOCIAL				
Relationship among family members				Respect each other and provide mutual help
Parenting skills				Very good parenting skills
Addictions (drug/ alcohol/ gambling/video games etc.)				Nobody is addicted
Relationship with the neighbors and the community				Good relationship and frequent participation
Family use of basic social services				Know and use the basic services
Autonomy and problem-solving skills				Very good

ASSESSMENT FORM

Date of assessment (A):..... Score

Date of assessment (B):..... Score

Date of assessment (C):..... Score

2 Points	1 Point	0 Point	Level of family commitment*		
			A	B	C
≥ 1/2 children go to school	< 1/2 children go to school	No child is going to school			
≥ 1/2 children go to school	< 1/2 children go to school	No child is going to school			
≥ 1/2 children go to school	< 1/2 children go to school	No child is going to school			
≥ 1/2 children go to school	< 1/2 children go to school	No child is going to school			
≥ 1/2 learn a trade	< 1/2 learn a trade	No one learns a trade			
≥ 1/2 know how to read and write	< 1/2 know how to read and write	No one knows how to read and write			
Few risks	High risks in perspective	About to drop out			
≥ 1/2 are healthy	< 1/2 are healthy	Nobody is healthy			
≥ 1/2 children are immunized	< 1/2 children are immunized	No child is immunized			
≥ 1/2 have health insurance	< 1/2 have health insurance	No one has health insurance			
Know but don't apply regularly	Know but do not apply	Do not know/ Do not want to learn			
At least 1 child is at risks of malnutrition	At least 1 child is malnourished	At least 1 child is severely malnourished			
Occasional conflicts	Often in conflicts	Often in conflicts and violence			
Good parenting skills	Do not know how to care and educate the children	Neglect, abuse, hit the children			
Some addicted members, but few consequences	Addictions and distressful consequences in the family	Addictions, with serious harmful consequences			
Good relationship but minimal participation	Loss of relationships and no participation	Live in isolation and feel excluded			
Know but do not use much	Know but do not use at all	Do not know			
Good	Average	Poor			

Family situation	A	B	C	3 Points
LEGAL/ADMINISTRATIVE PAPERS				
Birth certificates				All members have birth certificates
ID cards (> 15 years old)				All members have ID cards
Residential status				KT ₁ / KT ₂
Marital status				Married with marriage certificate
LIVELIHOODS				
Employment/ Job (16-60 years old)				All are employed
Child labor (under 18 years old) - heavy work load, harmful, no time for continued learning				No child labor
Elderly people employed (above 60 years old)				No elder member > 60 years old is working
Income (16-60 years old)				All employed with regular incomes
Family budget management				Well managed, family practices savings
Means of Transport (above 16 years old)				All the members have their own means of transport
Housing				Owner or family ownership
Toilets				Have their own toilet
Domestic water				Have their own water meter
Electricity				Have their own electricity meter

Main SW name:

Observer name:

* *Level of family commitment*

3 points: very committed

2 points: committed

1 point: unconcerned

0 point: against any actions

2 Points	1 Point	0 Point	Level of family commitment*		
			A	B	C
≥ 1/2 members have birth certificates	< 1/2 members have birth certificates	No one has birth certificates			
≥ 1/2 members have ID cards	< 1/2 members have ID cards	No one has ID cards			
KT ₃	KT ₄	No registration, or cannot get registered			
In relationship without marriage certificate, but with the families' recognition	Married with marriage certificate but without the families' recognition	Mono-parental/Divorced-Separated			
LIVELIHOODS					
≥ 1/2 are employed	< 1/2 are employed	None are employed			
seasonal child labor	At least 1 child is employed/ child labor	All children are employed/ child labor			
Member(s) > 60 years old is/are working from time to time	At least 1 member > 60 years old is working	All members > 60 years old are working			
≥ 1/2 employed with regular incomes	< 1/2 employed with regular incomes	None are employed. No regular income			
Well managed, no savings and no debt	Able to repay the debts	Unable to repay the debts			
≥ 1/2 members have their means of transport	< 1/2 members have their means of transport	No one has means of transport			
Live with relatives	Rented living place	Live on a common ground, in a decrepit shelter/under a leaking roof			
Shared toilet	Public toilet	Use a pit hole/ down to the river			
Get water from another house	Use water from a well	Use water from the river/ pond			
Get legal electricity connection with another household	Get illegal electricity connection	Do not have electricity			

3. TRIANGULAR EXERCISE

“TRIANGULAR EXERCISE” Between Social Worker Observer / Moderator Role-Playing Methodology

Family development program in Antananarivo – Madagascar Inter Aide - KOLOAINA

Virginie Toussaint⁽⁰⁾ – Inter Aide /Koloaina 2007
Translation by Enfants & Développement 2014,
revised Anne Carpentier, PRATIQUES Network, April 2014

Objectives of the exercise

Confronted with complex domestic situations, social workers can feel shut out, diminished, or powerless. Non-judgmental exchanges with colleagues can provide measures for reflection, opportunities to find new working methods, possible resolutions for situations or simply a forum for sharing mutual difficulties.

This exercise requires at least three participants (it can also be undertaken with other observers) and promotes exchange and reflection with the goal of being non-judgmental.

This activity also helps social workers to develop a sense of synthesis and the capacity to distinguish essential elements, to formulate hypotheses, and to be attentive to all « non-verbal » interactive exchanges over the course of the home visit (HV).

Procedure for the exercise:

The exercise involves four phases.

Phase	Constraints/remarks	Duration
Summary of the family's situation	The social worker presents the family's situation, the goals of the home-based follow-up defined with them, and also the HV (home visit) objectives of the day, to the witness and moderator as well as potential observers. The latter may ask questions regarding the presentation.	Maximum 30 minutes
Home visit of the family	In tandem social worker + observer.	Maximum one hour
Debriefing of the HV	This requires the mandatory presence of a moderator, in addition to the social worker and the observer. Other people may also attend the meeting, but should not under any circumstance participate in the discussion, unless it was clearly defined otherwise at the beginning and that rules for intervention are scrupulously respected.	Maximum one hour
Conclusion	Either the debriefing allows all parties to agree on what to do with the family for the next HV; or, there is no consensus and hence a new meeting is required to pursue further discussion and reach a satisfactory conclusion.	

Phase 1: structure for presenting the family situation

During the summary, the social worker in charge of the follow-up of the family should make sure the following information is provided to the colleagues:

- Date of the start of the follow-up.
- How did s/he come into contact with the family? (mapping, social center, the family contacted the social worker themselves when s/he was in the area, for what particular situation did the social worker become involved with this family?).
- The actual structure of the family: the social worker must try to synthesise all information about the family at his/her disposal that s/he collected step by step during the different HVs that have already been undertaken, and not simply reading from a report document. If possible the social worker should present a genogram.
- What are the objectives defined by the family?
- What are the objectives the social worker proposed?
- What are the objectives already achieved?
- What are the potential obstacles and
- What is the objective for the HV on the day?

Distribution of roles during the HV:

The social worker will act out his methods as usual and according to the objectives that he has set out for this HV with the family. He must also remember to present his colleague to the family and ensure that his presence during the visit is accepted by the family.

The observer will make no direct intervention during the visit. However s/he is not expected to be passive. He will diligently observe what is happening, both from the social worker's perspective as well as that of the family.

Structure / procedure for the debriefing:

1) The social worker gives an account of the HV that took place with the family

Who was present in the home?

- With whom was the visit undertaken?
- What was discussed with the family?
- What information was obtained?
- What progress was made regarding the family's objectives?
- What was the atmosphere or feeling of the home visit?
- How did s/he feel during and after the visit?

2) The observer

- Describes what he saw during the HV, in regards to the family members (discussion, non-verbal attitudes on the parts of the family and the social worker..)
- Then the observer can give his/her feeling about the general atmosphere during the visit.
- Asks questions regarding points that seem unclear.
- Shows his own perspective of the family situation, what he understands, and proposes some points for reflection ...: there, s/he can give ideas and opinions (and still: no judgements!).

This should be done in a non-judgmental fashion: certain things should not be part of the presentation, for example: «the HV should have occurred in this manner...». «You performed poorly in this area...», but simply to state the facts (ex: «When you posed this question, the mother reacted in this way»).

You cannot observe things that didn't take place (eg.: "you didn't mention this or that"), you can only observe things that took place!

If someone says "I think this and that" it is not an observation, but an opinion.

3) The moderator

- Explains the rules of the discussion (including the principle of non-judgment).
- Checks the time
- Verifies that the presentation is clear and understood by all.
- Makes sure there are no new questions.
- Verifies the social worker and the observer worked according to their defined roles (for example, asking one if how the other performed his/her role: again, observations only, no judgement!).
- Allows for all parties to reflect on the experience by giving the floor to all participants.
- If a decision is taken, or a result is defined, he reformulates key points until all parties are in agreement.
- If after the debriefing no conclusion is reached, s/he sets a new meeting with the team so that the team can work together for a common decision.
- If at the end of a new meeting, the team continues to fail to reach consensus on a decision regarding the next step of the follow-up of the family, the moderator can contact the program manager or the training officer in charge of the technical support.
- In all cases, when a decision is not made about the course of action to adopt, no future HV with the family can be planned.

Role-playing

1. Possible uses:

- Can involve a group of adults or children.
- Conflict resolution (teamwork, family situation...).
- Case study.
- Preparing for how to deal with new situations, changes.
- During training for the appropriation of a concept.

2. Objectives:

- Encouraging discussion, expression of feelings, experiences, or resentment.
- To help with psychological preparation for new situations and new events.
- Developing empathy (imagining the other persons' situation and how to improve it).
- Developing respect for others (avoiding judgmental behaviour).
- Learning how to manage emotions and fear during the relationship.
- Building trust and helping develop self-confidence.
- Encouraging exchanges between individuals.
- Encouraging listening.
- Building self-esteem (ex: a child is a scapegoat in a group. The social worker a role-play to demonstrate what this child can feel in a given situation).
- Recognition within a group (recognising what the others go through, defining roles within a group).
- How to overcome obstacles, targeting obstacles, issues of discomfort as well as imagining solutions.
- Restoring communication.
- Identifying hypotheses and work objectives.
- Working on situational strategies.
- Stimulation of the imagination.
- Creating a group dynamic in a short space of time.
- Facilitating the appropriation of a concept.

3. Structure:

- A group of individuals.
- One social worker (one social worker for six people).
- An enclosed space, calm and contained.
- The participants will face the audience.

4. Procedure:

- Presentation of the tool (why and how).
- Instructions, rules and framework.
- Choice of situation.
- Description of context, and what has taken place before the scene is presented.
- Description of characters, setting and reason for the encounter.
- Briefing of the actors on their character. Then they begin playing that part.
- Instructions given to audience (the quality of listening, observation of verbal and non-verbal communication, emotions...).
- Role-play steps.
- Expression of feelings:
 - Actors.
 - Observers.
 - The social worker can express his thoughts, but only at the end
- Analysis of the meeting:
 - Attitudes which facilitated or undermined the role-play
 - Whether behaviour was co-operative or not: if not, how?
 - Alliances or global responsibility.

5. Rules/framework:

- Non-judgmental, non-interpretative.
- Each must take turns speaking and listening to each other (no private discussions, no interruptions...).
- No interruptions or annoying crosstalk effects, turn off electronic devices.
- Role-play can be interrupted if it's obvious a scene will not evolve toward further progress. If the role-play is interrupted, it's to assist in the role-play or replace a participant experiencing difficulty.
- The actors will, over the course of the role-play as in the debriefing, be addressed by the name of their character and not their actual name.
- Corrections can be made to ensure a satisfying conclusion.
- Decide whether to replay or not.
- Synthesis of the role-play.
- "De-role" the people who took part in the role-play ("you're not longer the husband of Mrs X, your are Ted, social worker"...)
- Evaluation of the tool.

6. Role of the facilitator::

- Ensure all announced rules are respected.
- Neutrality, non-judgment, non-interpretation. Facilitate the expression of emotions.
- Ensure all participants are given equal time for expression.
- Ensure respect is given for the feelings and physical well-being of the participants.

Expect the possibility of intervening in the session if the rules, framework or respect for personal space are not observed.

IMPORTANT NOTICE :

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<http://interaide.org/pratiques/search/node/triangular%2oexercice>

⁽ⁱ⁾ *Virginie Toussaint is the programme manager of the Family Development Programme implemented in partnership with Koloaïna in Antananarivo, Madagascar.*

4. GENOGRAM

THE GENOGRAM

Training by Sandrine Charlet, ASMAE, for the team of the Early Childhood Development Centre Inter Aide, Antananarivo, 2005

Sandrine Charlet – ASMAE 2005

English translation Enfants & Développement 2014, edited Anne Carpentier, Pratiques

Foreword

Learning how to use a genogram is more effective by actually doing a genogram rather than through a theoretical presentation. The following information is intended to explain how to do a genogram and to provide different contexts for the use of this tool. Role-playing should be practised afterward so social workers can better understand the usefulness of the tool.

Definition

The genogram is a graphic and symbolic representation of a family, generally comprising at least three generations (children, parents and grandparents).

It can include the following pieces of information:

- The structure of the family (number of children, marriages, separations and re-marriages, dates of births and deaths, gaps of time between the births...);
- Family history (important life events such as illnesses, separations, marriages, divorces, relocations, job losses, births, miscarriages, abortions, deaths...);
- Socio-economic elements relevant to members of the family (professions, upward social mobility, bankruptcies, socio-economic level...);
- Relationships between family members (love, jealousies, conflicts, close bonds, violence, choice of nicknames...);
- The health of the family, including psychological health (illnesses, psychiatric disorders if any personal characteristics including positive traits as well as failings...).

The genogram is a tool allowing social workers/family counsellors to better know the family they are working with. It helps to distinguish family members between one another. It offers the possibility to the family and the social worker/family counsellor to establish benchmarks, find links and give meaning to interactions that were not previously understood. It is preferable to create the genogram with the family if possible, in one or more sessions, with the participation of the family members.

We can use the genogram after the first encounters either with a free or more structured style: either it is built slowly, step by step during the interviews ('freestyle' method), or we use this as the basis for the meeting and its construction becomes the objective of discussions with family (structured manner). In each case, it is always a tool to help synthesize a family situation and allows the social worker (SW) to enter into the family history and relational patterns.

The genogram serves as a guide to meet and learn about the family: it helps asking about the familial structure, family history and relationships between members. It gives access to beliefs, traditions, family values and reference points. It helps the user to understand in what context each family member evolves. It helps create links between the stories of each family member and helps the SW to spot any relevant coincidence (same birthdates, or for example the birth of a child taking place on the same date as a grandparent's death).

All the information given by the family during the making of the genogram can be used directly or expanded on during future meetings. Most often, the act of drawing the genogram generates curiosity and can generate an atmosphere of quiet and concentration. Indeed, people take interest in the drawing and respond more calmly to the questions asked while observing what is noted and the manner in which the genogram is drawn. Moreover, the drawing is accessible to all, even those who may be illiterate.

The genogram gives families the opportunity to talk about difficult or personal matters. When these kinds of information are shared, we should listen and not be afraid to learn more: if the family members share about intense life experiences, it means they feel ready for someone to hear about them. If we behave as if we're upset or if we do not show interest in exploring the subject, we send the family the message that the subject is taboo and that there is shame in sharing it.

Issues with the genogram

The genogram is a tool allowing the social worker/family counsellor and the family to offer hypotheses about links with their familial history, their relationships and difficult experiences they've endured. These hypotheses should always be contrasted with the family's reality, and not treated as definitive truths. They are nothing more than suppositions which can be made from observing the story related by the family.

All of the information taken from the genogram is influenced by the subjectivity of the people creating it: namely the family and the SW. Indeed, the family may involuntarily omit important details of their history or mix facts when they touch on subjects of concern. Conversely, the SW may not hear certain important facts.

The genogram gives the impression of a transcript of “reality”, but it is only one perspective of that reality.

Lastly, the genogram is a temporary “snapshot” of the family dynamics. Structural information (such as dates of births, marriages and divorces) remain constant timewise whereas family relationships are constantly evolving — generating additional well-being, or to the contrary, suffering. It is important not to freeze the family in the genogram but on the contrary, to revisit it as often as needed.

A variant: the imaginary genogram

This genogram is used after the creation of a biological genogram, when trust with the person or the family has been established and the family history is known and has been worked on. The imaginary genogram does not represent the biological family but allows people who draw it to create a family they would like to belong to.

Administering of the imaginary genogram takes place over two phases:

1. First ask the person, couple or family to find 10 people who they consider the most important in their lives or that of the couple or the family. These people can be alive or deceased, they can be loved or detested, they can be family members or not (friends, co-workers...).
2. We then seek to gather the 10 chosen people in the form of a genogram, as if they were a real family. We make it clear that the objective is to place each of these 10 people in the spot which suits them best: each can be found in a place that may not be what they have in reality. It is important that each is placed with a parental link, even those with whom there is no family link: they can be called “foster parents” or “godfather, godmother”.

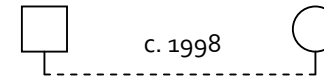
The imaginary genogram makes the person’s capacity for resilience become apparent. The imaginary family offers an alternative vision to the determinism of the biological genogram. It shows the relationships on which a person has been able to rely over the course of his/her life when facing difficult situations. They give value to reparative attachment relationships outside of the family that have helped them to become the person they are now.

The imaginary genogram offers the same limitations as the biological genogram: it is not based on reality but is linked to the subjectivity of the persons drawing it; therefore, the hypotheses generated allow the SW to examine suppositions rather than verified truths.

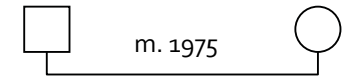
Some useful symbols:

Men:  Women:  Deceased person:  Alcoholism: 

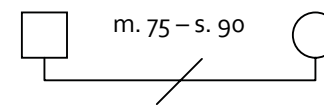
Live-in partner



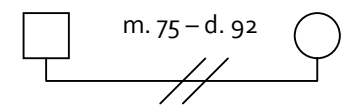
Marriage



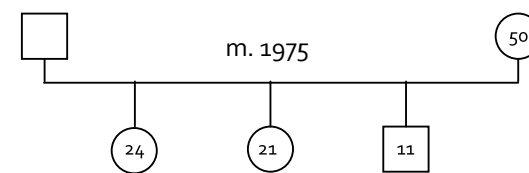
Break-up



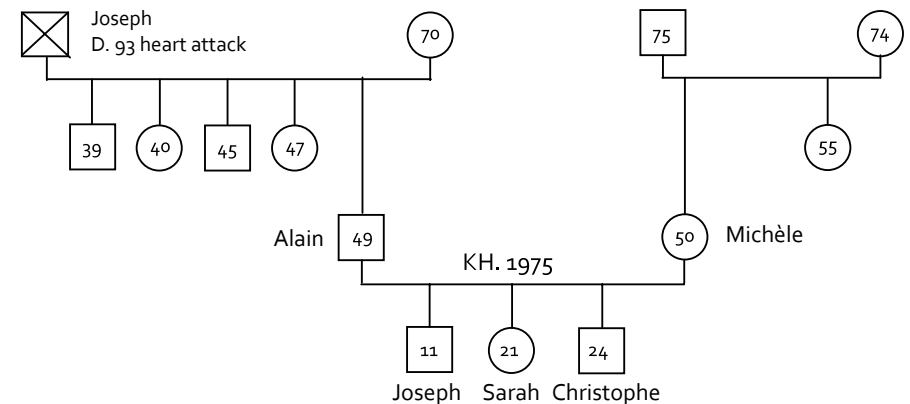
Divorce



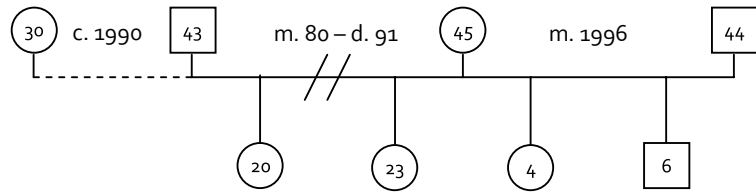
Marriage with children



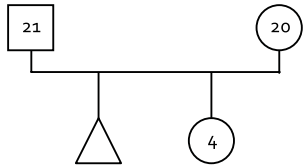
Over several generations



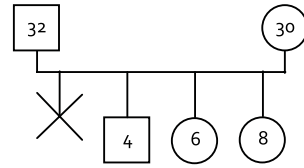
Marriages, divorces et family restructuring



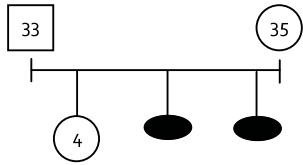
Pregnancy



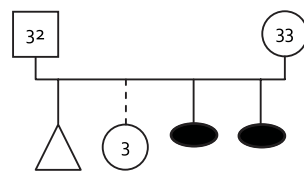
Abortion



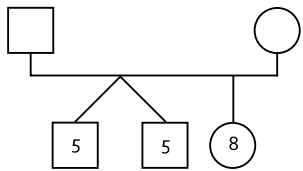
Still-birth / miscarriage



Adoption



Fraternal twins

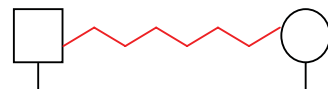


The actual relationships

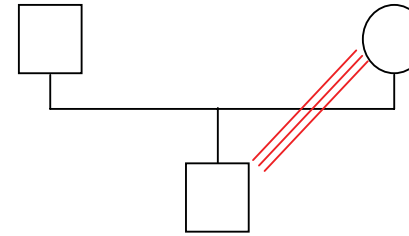
Proximity, close relationship



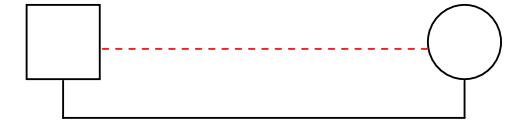
Conflicts, quarrels



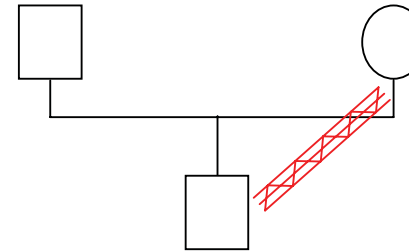
Intensely close relationship, strong connection



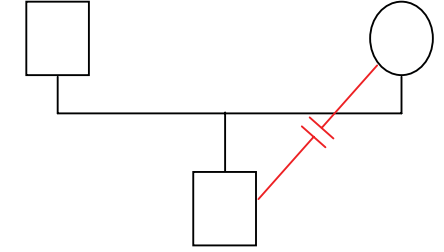
Distant, cold relationship



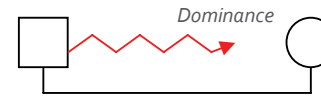
Intense relation with conflict



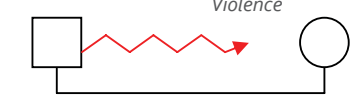
Break-up



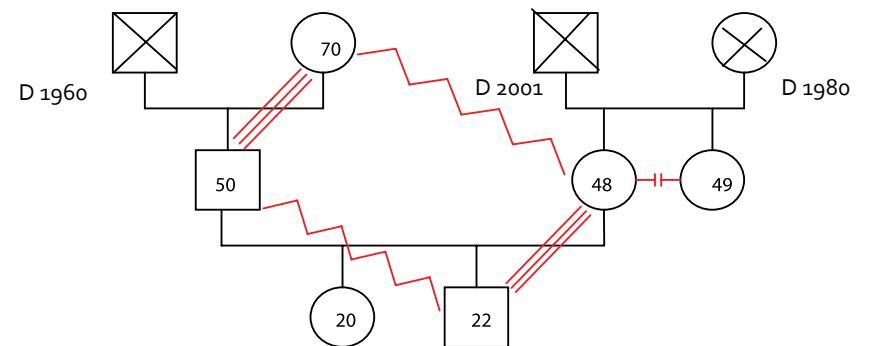
Domination / submission



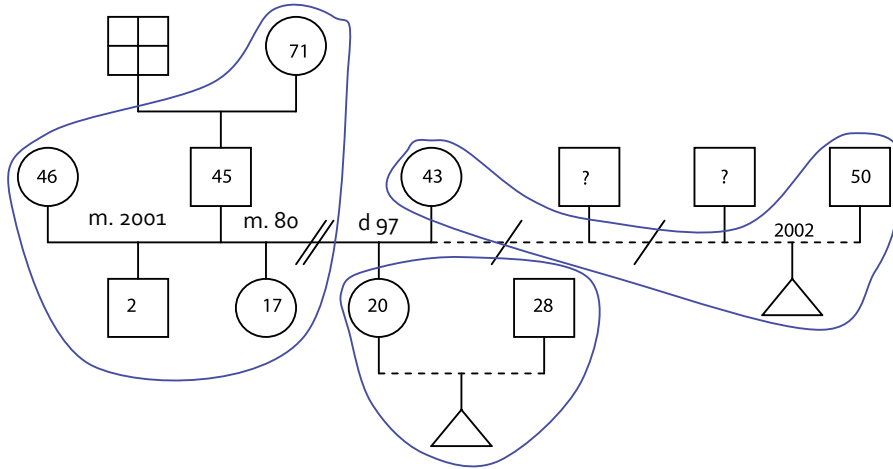
Violence



Example of relationships

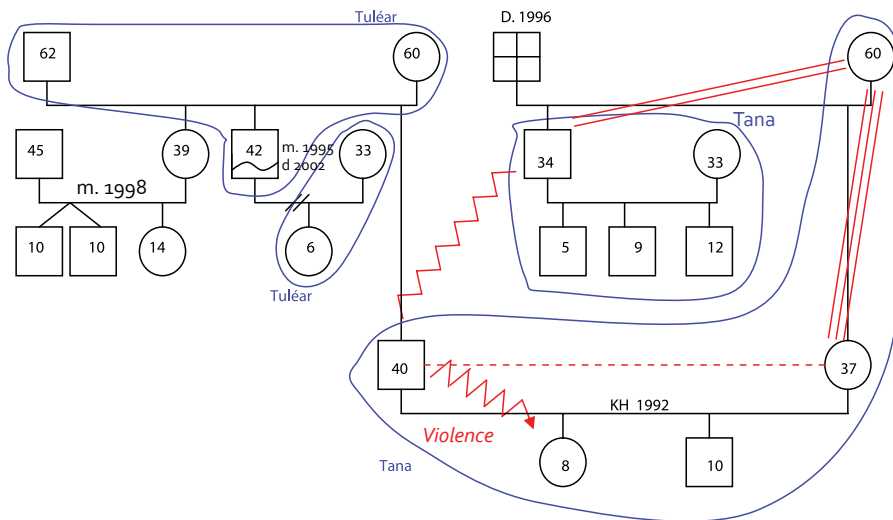


People living in the same house



Use the symbols shown above when drawing your genograms, so that everybody can understand them. If you need additional symbols: do not hesitate to invent your own! Also include on the genogram all important events and details that you consider meaningful.

Example of a genogram:



THE GENOGRAM

Asmae, Antananarivo, Madagascar – November 2005

1. Definition

The genogram is like a family tree, a framework which represents a family over at least three generations (children, parents and grandparents). We use standardized symbols to represent different things (g. such as male and female symbols).

Through this framework, we can obtain the following information:

- The structure of the family and its history (number of children, marriages, remarriages, divorces, dates of births and deaths, relocations, loss of employment, miscarriages, abortions, loss of work, alcoholism...).
- Relationships between family members (close relationships, strong connections, conflicts, violence...).

Exercise applying symbols with the family (4 groups).

Corrections of the genogram for each group.

Exchanging genograms between groups and reading them.

2. What is the purpose?

The genogram enables us:

- To discover the world of the family.
- To better understand the family's beliefs and values.
- To understand the family more quickly, and clarify their family history. Often, the genogram allows the family to give a sense of its history and to better understand interactions within the family.
- To ask questions we may not have been able to without this tool. For example: the structure of the family, the family history, and the relationships that link family members.
- The family is given a chance to discuss matters that are often difficult or personal. When this is the case, we should listen and not be afraid to go further: if the family reveals a difficult situation, this means they are ready to be listened to. If we show discomfort or we avoid taking the subject further, this shows the person that they should not talk, that it's taboo. It can also reinforce beliefs that the subject is shameful.

- To formulate hypotheses. A hypothesis is a supposition to try to understand the experiences of the family or of an individual. It's a working tool. The hypothesis is not the truth! A hypothesis serves to guide the work with the family or the individual. The hypothesis orients our questions and our research for additional information. It helps to guide our actions. If the hypothesis is not confirmed, it should be abandoned.

Example: A mother who is not doing the necessary steps to obtain the birth certificate for one of her children. What sort of questions could you ask and what kind of hypotheses could you formulate? And what sort of actions would you undertake?

Remember: *The genogram can enable us to make hypotheses regarding difficult relationships, traumatic experiences. But it is important to be cautious when making hypotheses, since sometimes mistakes are made. One must always verify the hypothesis, and abandon it when it appears to be incorrect.*

1	2	3	4	5
Identification Of Problem	Formulation of hypotheses	Verification of the hypothesis	Action to take	Evaluation
A mother who is not taking the necessary steps to obtain the birth certificate of one of her children.	a) Perhaps there's a financial reason b) Maybe she's afraid to go the city hall, has no self-confidence c) Maybe it's linked to the history of the mother (mother herself might have been abandoned by her parents whom she herself never knew and who would not know her child either). d) Maybe it's linked to a lack of acceptance of the child by a member	We have confirmed a hypothesis, and it is correct. Seen while role-playing	a) Referral to CEFOR b) Restore or develop the mother self-confidence. Give her importance. c) To see during role-play d) To see during role-play	Has the mother made the birth certificate?

Exercise:

- Learn why a mother is aggressive toward her son.
Hypothesis: the mother may feel the father left because of the son's birth.
- Why is the father violent towards his son?
Hypothesis: The father suffered violence from his own father, and is repeating the cycle. And/or maybe the father had no other model to draw from, and he thinks he must beat his child in order to educate him.
- Understand why Rakoto does not have a birth certificate?
Hypothesis: Maybe he is an unwanted child.

3- How do we use the genogram ?

- Make it in the presence of the family whenever possible.
- Draw it over several sessions.
- The genogram is only used in a confidential manner between the family and the social worker.
- The social worker must choose the right moment to suggest creating one (when the family is ready to discuss their family history, when the facilitator is interested in clarifying key family relationships).
- Always begin by representing the person with whom we are doing the genogram, and then the immediate family, and then the extended family.
- Give the genogram to the family if they ask for it (it belongs to the family).
- We use the genogram to learn certain details immediately or much later.

4- Rules regarding the genogram

Always ask the persons if they agree to have a genogram drawn. If one of the family members does not agree with the making of the genogram against other family members, we must respect their wishes.

5- How do we introduce the genogram to the family ?

Bodo role-play.

6- Evaluation

Reading of the genogram.

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<http://interaide.org/pratiques/content/genogram-asmaes-training-ias-ecd-team-antananarivo-madagascar-english-version-2014>

