Inside this issue:

Part I. Overview of the Program 1
   - Introduction 2
   - Objectives 2
   - Conceptual Framework 2
   - FDP Team 2
   - Expected Output 4
   - Limitations 4

Part II. Implementation Process 5
   - Schematic Diagram 5
   - Opening an Area 6
   - Community Profiling 8
   - Initial Home Visit 11
   - Family Profiling 12
   - Family Based 16
      - Action Planning
      - Home Visits 16
      - Case Conference 17
      - Referrals 18
      - Oras sa Pamilya 19
      - Community Training 19
      - Creative Workshop 20
      - Playgroup 24
      - Parent-Teenagers 27
      - Workshop 29
      - Piso-Pisong Tigom (PPT) 32
      - Phasing Out of Families 32
      - Monitoring and Evaluation 33
      - Assessment of Basic 34
      - Phase-Out Process
      - Closing an Area 35
      - The Conditions of Success 37
      - The FDP Team’s Needs 38
      - References 39

Part I. Overview of the Program

The general objective of the Family Development Approach is to support the sustainable improvement of the capacity and autonomy of the most vulnerable populations living in urban slums. The specific goal is to guide and support families to become self-reliant, by enhancing their capacity to improve their social and economic living conditions.

Family Development Programs (FDP) aim at offering appropriate support and services to these very deprived families, through different activities:

- Home-based family follow-up and early childhood development activities
- Community-based training on various topics such as health, education, family, relationships, family budget and savings…
- Social Guidance or Counseling Centres (Oras sa Pamilya) are open in the target areas, where the deprived population has access to counseling, advices and referrals to external organizations and services.

“This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of STEPS, INC. and can under no circumstances be regarded as reflecting the position of the European Union.”
Inter Aide started implementing Family Development Program in the 80s 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 needs.

Family development programs have been designed for urban areas in developing countries. Indeed, such home-based family follow-up makes it possible to reach the poorest families, who represent 20 to 50% of the population of the area. These families are precisely the ones for whom public information and the existence of public or private structures have not had a decisive impact. The family development approach bridges the gap between the most vulnerable families and the existing social services.

Family Development Program (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 follow-up, emphasizing on active listening, basic counseling skills, observation so as to have a deeper understanding of the family situation and family dynamics as a whole.

**OBJECTIVE OF THE PROGRAM**

To alleviate poverty in poor urban communities through capacity building and improving family’s access to resources available in the area.

**CONCEPTUAL FRAMEWORK**

The family development concept follows a no dole-out policy and it aims at promoting sustainable development to poor families by increasing autonomy stability and self-reliance.

**Family Development Program (FDP) Team**

Teams are composed of Family Development Workers (FDWs), Social Worker/Program Coordinator. The teams has weekly 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 program’s efficiency. The FDP Staff should be hired very carefully considering the difficulty of the work.

**FDP Staff Criteria:**

1. Motivation to work with very deprived population and / or dysfunctional families (interest for social work and field work)
2. Interpersonal / communication skills
3. Capacity to deal with stress and to keep a professional relation with the beneficiaries
4. Openness to consider and respect the beneficiaries’ capacities
5. Willingness to learn new skills, a new approach and capacity to work as a team
FDP Staff should not live in the same area as the beneficiaries they follow-up to be able to keep professional distance with the families.

In terms of team management, it is better for FDWs to work in groups of 2 to 3 staff per area, so as to allow team support and sharing of experiences. Participatory type of management is recommended in order to sustain the staff’s 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.

FDP Staff should be able to handle possible important psychosocial issues in their personal life 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.

- They will train and supervise FDWs and coordinate their action.
- They are responsible for day to day operations and supervisions of the FDWs.
- They will provide support for internal and external referrals.
- They are responsible for the establishment and strengthening of coordination and partnerships with government and private institutions that provide direct services and assistance to the family.
- They will conduct regular review or assessment of families with FDWs.

## Program Coordinator (PC)

- They will conduct profiling of families residing in the target Sitios.
- They will conduct regular home visits to families.
- They are responsible to document each visit’s outcome and always keep the families’ file updated.
- They will organize and facilitate FDP Services such as Pulong, Creative Workshop, Parent-Teen Workshops and Playgroup.
- They will prepare reports as requested by the Coordinator.
- They will be able to refer families to other agencies if the services are not available in the Program.
Family Development Program 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.
- Families are able to sustain their progress.

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

Family Development has limitations regarding the profile of families to be included in the program. The risk for FDWs is to try working with families facing some issues that are beyond their skills and intervention capacity.

- Families whose difficulties are due to drug addiction
- Family members showing deep psychological troubles or psychiatric troubles
- Problems of family violence related to criminal actions or severe delinquency
- Families with impairments which hinder their capacity to improve the situation
- Families experiencing homeless situation.
- Families belonging to marginalized groups with their own functioning rules aside from the common social mainstreaming.
Part II. Implementation Process

Schematic Diagram
Family Development Approach

Opening an Area

1. Identification of target area/s:
   - Conduct an ocular visit to the possible FDP area/s with STEPS and Inter Aide representative.
   - If possible identify more than 1 area to allow possible option if the selected / identified area does not qualify
   - Criteria in areas selection:
     1. FDP teams should identify the most deprived “pockets of poverty” in slum areas, where the living conditions are extremely poor.
     2. High number of the poorest of the poor families reside in the area for possible expansion of the program
     3. The area receives minimal services from other organizations
     4. The Barangay Officials are open and willing to work with Non-government Organization in their Barangay
     5. The area is located within Metro Cebu

2. Courtesy call to the Barangay officials and the Barangay health center staff to establish networking with them.
   - We see to it that the Barangay Captain should be there when conducting this visit. STEPS and the Inter Aide Representative will take part in this visit.

3. Gathering of Initial Data: (Part I. The Barangay Profile and Part II. Initial Observation from the Community Profile Assessment Tool) and the profile of the identified area which includes:
   1. The number of families / houses presently living in the area and the status of ownership of the lot. Relocation plans should be explored and determined.
   2. The number of children ages 0 to 6 years old and above and the common illness or any significant health situation of these children including immunization and deworming.
   3. The source of income of the families, earnings as well as possible companies surrounding the area.
   4. Supporting resources and organizations (peoples’ organizations, civic organizations, non-government organizations and religious organizations) inside the community.

4. Contact the different organizations already working in the area and gather information about their programs and services provided to the community.

5. The Partner NGO, STEPS and Inter Aide discuss about the data gathered to determine whether the identified area has the potential to be covered by Family Development Program.

6. If the identified area has the potential to be covered by FDP, the Partner NGO will set a community orientation about the program through a Barangay assembly with the help of Barangay Officials. This will also inform the people about the upcoming Community Survey activity.

7. Conduct community profiling (tool) through random sampling, at least 15% of the total population.

8. Consolidate survey results and determine whether the area is for FDP or not. There will be a meeting with the partner NGO, STEPS and Inter Aide to discuss about the result and possible activity to be done.

9. Present the results to the Barangay Officials if possible the Partner NGO together with STEPS do the feedbacking during Barangay Council meeting. An orientation about FDP to the Barangay Council and plans about the program in their Barangay will also be part of this activity.
10. Presentation and validation of the results of the community survey to the area where the survey was done together with the Barangay officials.

11. After the community validation, the Partner NGO will start conducting family profiling among families who were identified as possible FDP target families, through house to house visit, using the Family Profiling Form (Form 1). The families’ situation will be assessed based on the data gathered and then enrolled if their situation fits the criteria (FDP selection of target beneficiaries). The first evaluation (Evaluation A) will also be carried out to determine the family socio-economic level and the appropriate interventions to be given.
# Community Profiling Form

**Family Development Approach**

** Community Profile Assessment **

<table>
<thead>
<tr>
<th>Partner NGO</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPO Representative</td>
<td>Steins Representative</td>
</tr>
<tr>
<td>Barangay</td>
<td>Type of Area</td>
</tr>
<tr>
<td></td>
<td>Silo</td>
</tr>
<tr>
<td></td>
<td>Pock</td>
</tr>
<tr>
<td></td>
<td>Block</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
</tbody>
</table>

** Part I. The Barangay Profile **

<table>
<thead>
<tr>
<th>Boundaries</th>
<th>North</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>West</td>
<td></td>
</tr>
<tr>
<td>Area Size</td>
<td>Population Size</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slummed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vacant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Owned</td>
<td></td>
</tr>
</tbody>
</table>

** Barangay Services **

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Health Center Staff</th>
<th>No. of Personnel</th>
<th>Programs</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barangay Health Worker</td>
<td></td>
<td></td>
<td>Feeding Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City Nutrition Scholar</td>
<td></td>
<td></td>
<td>Dentistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
<td>Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwife</td>
<td></td>
<td></td>
<td>Well-In Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td>Pre-Natal Check-Up</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Education **

<table>
<thead>
<tr>
<th>Level</th>
<th>Number of School</th>
<th>Public</th>
<th>Private</th>
<th>Name of School</th>
<th>Committee</th>
<th>No. of Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>City-Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Other Existing Community Services **

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Program &amp; Services</th>
<th>Target Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Part II. Initial Observation **

<table>
<thead>
<tr>
<th>Physical Indicator</th>
<th>NON-EXISTENT</th>
<th>DEFICIENT</th>
<th>PARTIAL</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garbage</td>
<td>Indispaced</td>
<td>Disposed in Specific Area but Still Dirty</td>
<td>Irregular Collection</td>
<td>Regular Collection</td>
</tr>
<tr>
<td>Drainage</td>
<td>No proper Drainage</td>
<td>Blocked Drainage</td>
<td>Maintained Drainage</td>
<td>Well-Maintained Drainage</td>
</tr>
<tr>
<td>Water Source</td>
<td>No Access to Potable Water, with Water Pumps/Wells</td>
<td>Communal Water Connection</td>
<td>Private Water Connection</td>
<td></td>
</tr>
<tr>
<td>House Materials</td>
<td>Shanty/Mixed</td>
<td>Light/Wood/Bamboo</td>
<td>Semi-Concrete</td>
<td>Concrete</td>
</tr>
<tr>
<td>Mobility and Access</td>
<td>Narrow Pathway</td>
<td>Side Roads</td>
<td>Single Lane</td>
<td>Two-Lane Road</td>
</tr>
<tr>
<td>Electricity</td>
<td>No Electricity</td>
<td>Illegal Connection</td>
<td>Shared Electricity System</td>
<td>Private Connection</td>
</tr>
<tr>
<td>Saturation Level</td>
<td>Crowded/No Open Space</td>
<td>Crowded</td>
<td>Loose Crowd</td>
<td>No Crowd</td>
</tr>
</tbody>
</table>

*Note: Just check the selected box in each item*
## Family Development Approach

### Part III: Local Survey

<table>
<thead>
<tr>
<th>Family Information</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Total (%)</th>
<th>AWS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Size</strong></td>
<td>10 members</td>
<td>7.9 members</td>
<td>6 members</td>
<td>1.3 members</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Family</strong></td>
<td>Extended household</td>
<td>Extended household</td>
<td>Extended household</td>
<td>Nuclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No. of Dependents</strong></td>
<td>2</td>
<td>2</td>
<td>2 to 4</td>
<td>2 to 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No. of Children in School</strong></td>
<td>No children in school</td>
<td>Less than half</td>
<td>2 to 4</td>
<td>2 to 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age of Children</strong></td>
<td>5 to 7 yrs.</td>
<td>5 to 7 yrs.</td>
<td>5 to 7 yrs.</td>
<td>5 to 7 yrs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parental Educ Level</strong></td>
<td>Never attended</td>
<td>HS Graduate</td>
<td>College graduate</td>
<td>College graduate</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Livelihood</strong></td>
<td>Unemployed</td>
<td>Employment</td>
<td>Employment</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Income (daily)</strong></td>
<td>9 to P2000</td>
<td>P201 to P3000</td>
<td>P301 to P5000</td>
<td>More than P5000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Home Life

<table>
<thead>
<tr>
<th>Home Life</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Total (%)</th>
<th>AWS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Recreational Activities</strong></td>
<td>Never</td>
<td>Once a year</td>
<td>Once a week</td>
<td>Everyday</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health &amp; Wellness</strong></td>
<td>Grave condition</td>
<td>Serious illness</td>
<td>Recurrent illness</td>
<td>Seasonal illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Planning Information</strong></td>
<td>No information</td>
<td>Internet</td>
<td>Internet</td>
<td>Internet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Home Situation

<table>
<thead>
<tr>
<th>Home Situation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Total (%)</th>
<th>AWS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing Status</strong></td>
<td>Tenant Shelters</td>
<td>Squatters</td>
<td>Renters</td>
<td>Owner Occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of rooms</strong></td>
<td>No compartment</td>
<td>With temporary</td>
<td>With semi-permanent</td>
<td>Permanent</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Types of Materials</strong></td>
<td>Light materials</td>
<td>Wood Framing</td>
<td>Semi-concrete</td>
<td>Concrete</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Water Source (domestic)</strong></td>
<td>No direct source</td>
<td>Artesian bore well</td>
<td>Municipal (MC)</td>
<td>Private connection</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td>Public Latrine</td>
<td>Pit Latrine</td>
<td>Pit Latrine</td>
<td>Pit Latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electricity</strong></td>
<td>No Electric Connection</td>
<td>Rural System</td>
<td>Suburban System</td>
<td>Urban System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Access / Use of Community Services

<table>
<thead>
<tr>
<th>Access / Use of Community Services</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Total (%)</th>
<th>AWS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>Never</td>
<td>With access, but rarely used</td>
<td>With access, regularly used</td>
<td>As much as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Never</td>
<td>With access, but rarely used</td>
<td>With access, regularly used</td>
<td>As much as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Welfare</strong></td>
<td>Never</td>
<td>With access, but rarely used</td>
<td>With access, regularly used</td>
<td>As much as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peace &amp; Order</strong></td>
<td>Never</td>
<td>With access, but rarely used</td>
<td>With access, regularly used</td>
<td>As much as necessary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Weighted Score of the Survey (WSS):**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Total (%)</th>
<th>AWS</th>
</tr>
</thead>
</table>

**Average Weighted Score of Family Information (AWS FI):**

**Average Weighted Score of Home Life (AWS HL):**

**Average Weighted Score of Home Situation (AWS HS):**

**Average Weighted Score of Community Services (AWS CS):**
Family Development Approach

Supporta Teknika para sa Pag-uugnay sa Pamilya, Incorporated
615 - M Tamarit Extension, Urgello, Cebu City 6000, Cebu, Philippines

COMMUNITY PROFILING

<table>
<thead>
<tr>
<th>WSS SCORE</th>
<th>DESCRIPTION</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00 - 1.75</td>
<td>Depressed Area (D++)</td>
<td>FDP Area</td>
</tr>
<tr>
<td>1.76 - 2.50</td>
<td>Depressed Area (D+)</td>
<td>FDP Area</td>
</tr>
<tr>
<td>2.51 - 3.25</td>
<td>Non-Depressed Area (ND+)</td>
<td>Non FDP Area</td>
</tr>
<tr>
<td>3.26 - 4.00</td>
<td>Non-Depressed Area (ND++)</td>
<td>Non FDP Area</td>
</tr>
</tbody>
</table>

Procedure on how to use Part III of the Community Profile Tool:

1. Compute the Weighted Score (WS):
   Multiply the Raw Score (RS) with the corresponding point/s given (each column per item)

2. Compute the total Raw Score (tRS) of each item:
   \[\text{tRS of column 1} + \text{tRS of column 2} + \text{tRS of column 3} + \text{tRS of column 4}\]

3. Compute the total Weighted Score (tWS) of each item:
   \[\text{tWS of column 1} + \text{tWS of column 2} + \text{tWS of column 3} + \text{tWS of column 4}\]

4. Compute the Average Weighted Score (AWS) per item:
   Divide the total Weighted Score (tWS) with the total Raw Score (tRS)

5. Compute the Total Average Weighted Score (TAWS) of each table:
   Find the sum of the Average Weighted Score (AWS) of all items in the table

6. Compute the Average of the Total Average Weighted Score (AWS-F1/H1/H5/CS) of each table:
   Divide the Total Average Weighted Score (TAWS) with the number of items per table.

7. Compute the Weighted Score of the Survey (WSS):
   Find the sum of all Total Average Weighted Score (TAWS) of each table, then divide the sum with the total number of items of the survey

8. Refer to Table 1 for the description and remark of the Weighted Score of the Survey (WSS)
Identification of Potential FDP Families

Identification of potential families who are considered “poorest among the poor”

1. Families who mainly need information and limited guidance who are active enough to take action once properly informed about their concerns. They are invited to trainings and counseling centers.

2. Families who need support in order to identify their own difficulties and needs, to avail the existing services: they will receive home based follow-up every two weeks.

   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 psychosocial difficulties and psychosocial issues. These families will be visited on a weekly basis by the FDWs with the on-going support of Social Workers and other Technical Staff.

Initial Home Visit

To establish rapport and validates interest and reason of joining the program.

1. Greetings
2. The FDW Introduces his/herself, his/her position and organization represented
3. The FDW shares with the family the purpose of the visit and how the program came to know them
4. Discuss about FDP as to its objectives, processes and roles and responsibilities of enrolled families
5. Ask the family if they have questions / clarifications. If none, FDW will ask the family if they are interested in joining the Family Development Program
6. For those undecided, FDW will specify a date and time to come back to get their final decision and assure them that their decision will be respected
7. For those who say they are not interested, attempts should be made to understand the causes of their reactions and / or feelings. FDW then refers the concerned family / families to the FDP Coordinator or Area Staff for a dialogue
8. For those who would right away decide “to enroll” in the FDP, FDW will schedule the “family profile / family baseline information” on the next visit

Baseline data of each family situation include

**SOCIO DEMOGRAPHIC DATA:**
1. Name
2. Address
3. Age
4. Sex
5. Family Size

**ECONOMIC SITUATION:**
1. Type of work
2. Employment Status
3. Monthly Income
4. Skills and experience

**HEALTH STATUS:**
1. Common illnesses
2. Delayed Development
3. Immunization
4. Deworming
5. Nutrition
6. TB adult / child
7. Child Spacing
8. Environmental Sanitation
9. Accessibility to proper toilet facilities

**EDUCATIONAL STATUS:**
1. Educational attainment
2. In or out of school
3. Vocational training
4. Skills training

**OTHER ISSUES:**
1. Procurement of documents
2. Domestic violence
3. Child labor
4. Child abuse
5. Child neglect

**NOTES:**
- Form is completed within a month
- Confidentiality at all times
- All data will be consolidated and included in the master list.
- FDW case load is up to 33 families per cycle (6 to 10 months follow-up with an average of 8 months)
## FAMILY DEVELOPMENT PROGRAM

<table>
<thead>
<tr>
<th>Name Of Family Members</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Illnesses</th>
<th>Disabilities</th>
<th>Delayed Development</th>
<th>Deworming</th>
<th>TB- A</th>
<th>TB- C</th>
<th>Nutritional Status</th>
<th>Immunization Status of 0-6 years old Children</th>
<th>Family Planning</th>
<th>Water Source</th>
<th>Toilet</th>
<th>Others</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name Of Family Members</th>
<th>Present Educational Status</th>
<th>Work / Employment Status</th>
<th>Documents</th>
<th>Abuse / Violence</th>
<th>Skill Enhancement</th>
<th>Housing</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

## FAMILY ACTION PLAN (Issues and Concerns)

|---------------------|-----------|-------|-------|-----------|-----|-----------------|-------------------|------------------|-----|------|---------|------------|-------------------|------|--------|----------|------|----------|-----------------|------------|---|----|-------------------|---------|---------|
Family Evaluation Form

<table>
<thead>
<tr>
<th>Family Status</th>
<th>4 points</th>
<th>3 points</th>
<th>2 points</th>
<th>1 point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Family Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 5000</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>3000 - 3000</td>
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<tr>
<td>1500 - 3000</td>
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<tr>
<td>Less than 1500</td>
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<tr>
<td>Target Family Size + Equivalents</td>
<td></td>
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<tr>
<td>Less than 5 members</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
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<tr>
<td>5 - 7 members</td>
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<tr>
<td>8 - 10 members</td>
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<tr>
<td>More than 10 members</td>
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<tr>
<td>Personal Hygiene/ Cleanliness</td>
<td></td>
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<tr>
<td>Very good</td>
<td>A</td>
<td>B</td>
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<tr>
<td>Good</td>
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<tr>
<td>Fair</td>
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<tr>
<td>Poor</td>
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</tr>
<tr>
<td>House Ownership</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Own the house</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
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<tr>
<td>Rent</td>
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<tr>
<td>Share</td>
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<tr>
<td>No house</td>
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<td></td>
</tr>
<tr>
<td>(Privacy) Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With permanent partition</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Temporary partition</td>
<td></td>
<td></td>
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<tr>
<td>No privacy (one room)</td>
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<tr>
<td>No privacy (two rooms)</td>
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<tr>
<td>Toilet</td>
<td></td>
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<tr>
<td>Own Sanitary C.R.</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>Communal C.R.</td>
<td></td>
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<tr>
<td>Without C.R.</td>
<td></td>
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<tr>
<td>Assets</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VCR/Keyboard/Refrigerator</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
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<tr>
<td>TV/Good Quality Furniture</td>
<td></td>
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<tr>
<td>NEW!</td>
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<tr>
<td>Time Management</td>
<td></td>
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<tr>
<td>Organised with 1 child under adult supervision</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>Organised but children not under adult supervision</td>
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<tr>
<td>Not organised and children not under adult supervision</td>
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<tr>
<td>Health</td>
<td></td>
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<tr>
<td>Health Needs Handled with Services</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
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<tr>
<td>Health Needs Met but Not on Time</td>
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<tr>
<td>Health Needs Not Handled</td>
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<tr>
<td>Education</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>All Children in School Age are in school (pre-school - secondary)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>More than half of children enrolled</td>
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<tr>
<td>Less than half of children enrolled</td>
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<tr>
<td>No Child Enrolled</td>
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<tr>
<td>Birth Certificate</td>
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<td></td>
</tr>
<tr>
<td>All Children have BC</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>All children were registered but more than 1 have BC</td>
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<tr>
<td>All children were registered but less than 1 have BC</td>
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<tr>
<td>At least one child not registered</td>
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<tr>
<td>Parent-Child Relationship</td>
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<tr>
<td>All Children Have BC</td>
<td>A</td>
<td>B</td>
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<td>All children were registered but more than 1 have BC</td>
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<td>All children were registered but less than 1 have BC</td>
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<td>At least one child not registered</td>
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<tr>
<td>Husband and Wife Relationship</td>
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<tr>
<td>1-25</td>
<td>A</td>
<td>B</td>
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<td>13-18</td>
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<td>7-12</td>
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<tr>
<td>1-4</td>
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<tr>
<td>Nutritional Status</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>All children are normal</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>At least one child is 2° degree</td>
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<tr>
<td>At least one child is 3° degree</td>
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<tr>
<td>Family Planning</td>
<td></td>
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<tr>
<td>FP present or FP needs</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>With FP needs but both are inconsistent</td>
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<tr>
<td>With FP needs but only one is inconsistent</td>
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<tr>
<td>Total</td>
<td>A</td>
<td>B</td>
<td>C</td>
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</tbody>
</table>

Scoring:
Level 1: 15 – 26 points  Level 2: 27 – 38 points  Level 3: 39 – 49 points  Level 4: 50 – 60 points

This form is used to gather data, monitor progress, and measure outcomes and impact of FDP based on specific indicators set by the program.
Family Evaluation Form (Relationship Checklist)

This checklist will serve as the basis for the scores of particular indicators (Parent-Child Relationship and Husband-Wife Relationship) in the Family Evaluation Form.

FAMILY EVALUATION FORM (RELATIONSHIP CHECKLIST)

Name of family: __________________________
Name of FDW: ____________________________

A. Between parents and children:
   1. Serve nutritious food for the family.
   2. Parents eat together with their children.
   3. Participates in parent’s meeting and other school related activities.
   4. Give importance on child’s health to prevent the risk of being sick.
   5. First to respond when the child is sick.
   6. Make sure that the children are safe at night.
   7. Children are given guidance, time and limitation in watching TV.
   8. Parents teach and guide their children on how to learn new things.
   9. Parents teach their child on the proper way of taking care of themselves.
  10. Knows how to understand, to be patient, to be able to explain some situation in the family or the child’s problems.
  11. The family has time to get together or has time to have recreation.
  12. Parents have time for their children.
  13. The form of discipline applied by the parents fit to their children’s behavior.
  14. Parents know how to explain to their children why they are punish and as much as possible avoid hurting the child physically.
  15. Doesn’t insult the child in case the child commits mistakes.
  16. Send their children to school at the right age.
  17. Parents apply the same form discipline to all their children.
  18. Children are given clean, comfortable clothes to wear.
  19. Children are taught about good values.

PC | B | C
---|---|---

HW |   |   |   
20. The parents understand that giving money is not the effective way of changing the behavior of their children.

21. Give some tasks to the child that he/she is capable of doing.

22. The mother breastfeed the child during infancy.

23. Appreciate on the child’s success.

24. The child is given time to participate in school activities.


B. HUSBAND and WIFE

1. The husband or the wife is willing to understand each other.

2. Accept ideas or suggestion from the husband or wife.

3. Help one another in doing household chores and also in rearing their children.

4. The couple has time to plan for their future and for the whole family.

5. Knows how to appreciate the works of the partner.

6. There is common understanding on how to discipline their children.

7. Respect house’s decision (in agreeing or disagreeing from the husband/wife) to eliminate conflict.

8. Avoid having verbal conflicts in front of the children.

9. Quarrelling and hitting in front of the children is avoided.

10. Can express to their husband or wife their feelings (e.g. anger, pain or happiness).

11. The husband or the wife knows their spouse’s behavior.

12. Has trust and confidence to his/her spouse, doesn’t get jealous to spouse’s friend or co-worker.

13. Has the capacity to decide even without the presence of the husband or wife.

14. Has confidence in asking help or accessing resources from the different government and non-government organizations.

15. Has interest in participating activities regarding family development.

16. Have better plans for the future of the family.

17. Knows how to care of one’s self and be attractive to one’s spouse (e.g. take a bath everyday, combing the hair).

18. The couple knows how to make possible solutions in solving problem.
**Family Based Action Planning**

Family Based Action Planning is the collaborative process of analyzing issues affecting the children and their family and of identifying goals to improve the family’s situation.

Discussion of key points in the family’s profile will be done as review of pressing issues that needs immediate action.

FDW facilitates the analysis and identification of issues with the family.

Family identifies their priorities and sets a time frame for each objective.

Actions will be updated from time to time depending on the family’s progress and status.

**Notes:**

Prior to goal setting and action planning, FDWs may consult FDP team for support whenever they have difficulties or if the case is too heavy for them.

FDWs may include sensitive issues not targeted by families (it should be noted in the form that it is the FDWs’ objective and not the families’).

---

**Home Visit**

Home visits are actual follow-ups made by the FDWs as a process of improving the family condition and the sustainability of their coping mechanisms. Thus, home visits allow to build a trustful relationship between the family and the FDWs. It is the main component of FDP.

- Home visits are done as often as necessary (for light cases it is 2x/month; for priority cases it is 4x/month)
- The profile is updated if new issues are identified.
- FDW documents the result of the Home Visit and makes a plan for the next week.

---

**HOME VISIT FORM**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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**Home visit issues:**

<table>
<thead>
<tr>
<th>General objectives</th>
<th>Specific objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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**Recommendation:**

- [ ]
- [ ]
- [ ]
- [ ]
Case Conference

Case conference is one of the important team activities in case management. It is regularly conducted for the Family Development workers to acquire more knowledge and develop skills in handling cases. Hence, it is designed to provide a venue for the FDWs to share and express their experiences in the field, which may include their difficulties, successful stories, insights and learning.

All aspects of FDWs' field work and of their relations with the beneficiaries are considered, for the best interest of the workers and the family beneficiaries. It is a place where FDWs can get support and guidance to carry out their difficult task. It also allows the team to monitor their own work and make sure the interventions proposed to the families are within the framework of the Family Development program. It is a crucial activity for the success of the Family Development Approach.

A. Roles

1. The Program Coordinator (PC) serves as the Facilitator, with the support of STePS' professionals.
2. The FDWs take turns as the Documenter.

B. Flow of Presentation (per FDW)

1. Presentation of Numericals
   - No. of families
   - No. of priority and light families
   - No. of Home Visits

2. Regular short update on priority cases.
   - Provide a background (e.g. family profile) on the case being presented
   - Present a list of identified issues of the case and previous interventions given (Form 2)
   - Give updates on the concerns/cases previously presented
   - Share insights and/or difficulties in the handling of the concerns/cases presented
   - Gather recommendations for the concerns raise

3. Presentation of other cases with immediate concerns

C. Presentation of Case (Form 2)

<table>
<thead>
<tr>
<th>Issue and Concerns</th>
<th>Objectives</th>
<th>Planned Interventions/Activities</th>
<th>Time Frame of Intervention</th>
<th>Expected Output</th>
<th>Actual Result** (Indicate date)</th>
</tr>
</thead>
</table>

*Planned Interventions/Activities: Indicate Persons involved in the planned intervention (Person in Charge)

**Actual Result: Indicate what intervention has or has not been given out if there are no actual intervention figures.
Referrals

Referrals consist in recommending an individual or a family to a service provider both in and out of the organization.

1. A standardized referral form is filled with all the necessary information and services requested.
2. Clear instructions and motivational support are given to the families on how to tap agencies.
3. Return referral is encouraged for easy tracking and monitoring of results.

Notes:

- All referrals should be documented.
- Expenses incurred by the family during the process of referral should not be charged to the program.

Referral Form

STOP ABUSE OF MINORS ASSOCIATION, INC. (SAMA)
Rm. 201, J. King Bldg., Aliwala St., T. Padilla Ext., Cebu City
Telefax No. (6332) 231-0672

Date: ________________________

REFERRAL FORM

May we refer to you a client for assistance. The information are as follows:

Name: __________________________ Age: ______________

Home Address: __________________________

Problem Presented:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Referred By: __________________________
(Signature over Printed Name)
FDP Coordinator

Date: __________________________
Social Guidance or “Oras sa Pamilya” are social guidance or counseling centres opened in the slum areas, where any family from the area can come to ask for advices, counselling, as well as for referral to external organizations and services (health centres, hospitals, social services, preschools, savings schemes…). It also provides families with the opportunity to address sensitive issues outside the home.

The number of families coming to the Oras sa Pamilya, the reason of their visit and the outcome of the referrals are closely monitored by the FDP team. The Family Development Program has also compiled a directory listing the addresses, schedules and phone number of all services and organisations to which the families can be referred.

**Pulong / Community Training**

Pulong is one of the important services rendered by FDP. It is designed for information dissemination in FDP areas. It helps the communities understand some issues and concerns they are facing.

Pulong is a term used when training is conducted outside the guidance center. It is less formal and usually within the community.

**Sample Topics:**
A. Health (TB, Family Planning, Nutrition and Common Diseases)
B. Legal Issues (birth certificate, Children Right Convention, etc)
C. Family Welfare (Stages of Child’s Development, Husband and wife relationship)

**Objectives:**
1. To allow the families to gain new knowledge, acquire new skills, and employ creative methods of clarifying issues and concerns encountered in the community and even ways on how they can solve their own problems.
2. To contribute to appropriate behavior and action, and better life conditions.

**Participants:**
FDP and Non-FDP families.

**Time frame:**
It usually lasts from 1 hour to 1 hour 1/2 depending on the topic.
**Creative Workshop** is a developmentally appropriate activity that provides an opportunity for both parents and children to interact, express emotions and unspoken conflicts necessary for the enhancement of self and of their relationship.

It is an activity between parents and children. It is their time to do things together or to play together. The emphasis is on the process involved in making the activity and NOT on the end-product. It is also a support to the regular home based follow-up.

It enables to see the families interacting in another context and contribute to strengthening the relation between the FDW and the family, especially at the beginning of a follow-up.

**OBJECTIVE:**

1. To strengthen the relationship between parent and child.
2. Provide parents with opportunity to spend quality time with their young children
3. Help parents to deepen their understanding on how to use play to enhance their child’s development; show them how to make low-cost play materials (recycled materials, cheap toys…).
4. Help parents to develop their skills in handling their young children and in providing them with appropriate stimulation to fully develop their potentials.

**Participants:**

- Parents with their children aged 0-6 yrs old
- Facilitator (a FDW) plus 2 FDWs (co-facilitator and observer)

**Time Frame:**

Creative workshop session – series of six sessions activity with the parents and children.

Each session lasts approximately one hour (45 minutes for the activity proper and 15 minutes for the debriefing).
Family Development Approach

Creative Workshop Pre-test / Post-test Form

CREATIVE WORKSHOP PRE-TEST

(Home Visit Guide)

Family: ___________________________ Date: _______________________

Child’s Name and Age: __________________________________________

Name of FDW: _________________________________________________

Guide:
✓ - please check the box provided before each item if the interviewee has difficulty in answering the item.

☐ What kind of play does your child like most?

☐ Do you have any play material in your house (not necessarily toys)? ☐ Yes ☐ No

If yes, what kind of play material?

☐ Do you play with your child? ☐ Yes ☐ No

Your spouse? ☐ Yes ☐ No

If yes, how often? (how many minutes? How many days per week?)

What kind of play?

☐ How often and how long does your child usually play at home:

Alone: _________________________________________________________

Plays with playmates (age: ___): __________________________________

☐ How do you usually teach new things to your Child? (at least 2 answers)

_________________________________________________________________

☐ Are there behaviors of your child that you would like to improve? Specify:

_________________________________________________________________

☐ How do you usually discipline your child? (at least 2 answers)

Is it effective? ☐ Yes ☐ No ☐ Sometimes

What about your spouse?

Is it effective? ☐ Yes ☐ No ☐ Sometimes

☐ If sometimes you are tired and your child is still asking for your attention, how do you usually react? (at least 2 answers)

Is it effective? ☐ Yes ☐ No ☐ Sometimes

☐ In what situation do/did you place your baby in the “duyan”?

☐ During sleep; If yes, how long:

☐ When mother has household chores; If yes, how long:

☐ Most of the time
For 4 years old and above:

☐ Do you sometimes take time to talk heart to heart to your child?  
☐ Yes  ☐ No  
If yes, what do you usually talk about?

☐ Did your child ever tell you about personal issues, difficulty, dreams in life, worries?  
☐ Yes  ☐ No  
For example:

☐ Does your child help at home?  ☐ Yes  ☐ No  
What are his/her responsibilities? (household chores or errands)

☐ In your opinion, at what age can we ask a child to look after his/her younger siblings?  
1 – With adult supervision:........................................................................................................
   Why?........................................................................................................................................
2 – Alone:.................................................................................................................................
   Why?........................................................................................................................................

☐ In your opinion, at what age does a child start playing?..............................................................
   Why?........................................................................................................................................

Other observations/comments:
# Creative Workshop Observation Form

**PARENT – CHILD CREATIVE WORKSHOP**

Notes and Observations

<table>
<thead>
<tr>
<th>Caregiver’s name:</th>
<th>date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and age of child(ren):</td>
<td>Workshop No:</td>
</tr>
</tbody>
</table>

## I. THE MOTHER/FATHER

**Attitude towards the child:**
- Relaxed
- Open
- Tender / loving
- Shout / attention
- Able to calm down / control the child

**Attitude during play/activity:**
- Plays with the child
- Doesn’t play with the child
- Helps the child in the activity

**Attitude of the child towards his/her parents:**
- Drives / active
- Calm
- Happy
- Excited
- Curious
- Interested
- Uninterested

**Attitude of the child towards his/her parents:**
- Drives / active
- Calm
- Happy
- Excited
- Curious
- Interested
- Uninterested

## II. THE CHILD

- Shy / Withdrawn
- Passsive
- Resilient
- Responsive
- Sad
- Aggressive
- Turbulent / unruly

**Attitude towards the activity:**
- Passive
- Focused / highly interested
- Loner
- Observing
- Asking for help / from his parents

## III. PARENTS – CHILD INTERACTION

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Observations</th>
<th>Not at all</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mother/father looks at his/her child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The mother/father provides a sense of security to his/her child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Way of Communication:**
- Encouraging
- Listening
- Restricting / Ruling
- Aggressive
- Tender and Understanding

## IV. FACILITATOR’S OTHER OBSERVATIONS

**Do you think that the child may be victim of abuse / neglect?**
- Yes
- No
- Probably

**Frequency:**
- Often
- Sometimes
- Not often

**Behavior:**
- As discipline mode
- Seems to be a habit

**Does the mother / father’s attitude have an important role in the child’s difficulty?**
- Yes
- No

**Other Observations:**

**Recommendations for the next home visit(s):**

---

Family Development Program
Creative Workshop
Playgroups use play as a developmental and early stimulation medium. Playgroups are opened to children aged 3 to 7 coming from FDP Families.

Children coming to playgroup can gain self-confidence, make new friends and have new experiences. While playing, children develop physically, socially, emotionally and intellectually.

Objectives:
- To stimulate the child’s socialization skills.
- To understand the importance of play in the child’s development;
- To encourage involvement in child development through play;
- To understand the role of the parents in the child’s play.
- To create dynamic groups of parents involved in developmental playing and responsible parenting.

Participants:
Playgroups are opened to FDP families. Usually 8 to 12 children aged 3 to 7 participate in the 6 sessions of the playgroup.

Time frame:
Playgroup is conducted every other week for three months with a total of six sessions. Each session will generally last 1 to 2 hours depending on the activities proposed.

Note:
Parents are involved in the preparation and facilitation of the activity.
Family Development Program
Metro Cebu

Name of Child

Parent's Name

Father

Mother

Age

Age

Children:
1. How often does your child play?

2. Where does your child usually play?

3. Who are the usual playmates of your child?

4. How old are the playmates of your child?

5. What are the usual kinds of play your child does? (What are the reasons why these are the kinds of play he/she is interested in doing?)

6. Does your child interact with others when he/she plays? □ Yes □ No
   If yes, in what way?

7. Does your child need assistance from adults when he/she plays? □ Yes □ No
   If yes, in what way? (If no, why do you think this is so?)

8. Does your child have any difficulties in playing? □ Yes □ No
   If yes, what are these difficulties?

Parents:
1. In your opinion, what is play?

2. In your opinion, what is the importance of play for a child?

3. What is the role of the parents in a child's play?

4. What kinds of play do you teach your child?

5. Do you have any difficulties in helping your child learn new kinds of play?
   Why is this so? □ Yes □ No

Other observations:

Interviewer:

Name of FDW
This Playgroup observation tool has recently been updated and not yet been tested in the areas of the FDP but this is ready for implementation.

### PLAYGROUP

**Notes and Observations**

<table>
<thead>
<tr>
<th>Batch #:</th>
<th>Session #:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Name of Parent – Facilitator/s (indicate role):**

**Name of the child (indicate name, age and gender of child):**

### I. PARENT – FACILITATOR

**Attendance**
- [ ] Came to the group after invitation by P/F
- [ ] Came to the group on her/his own and on time
- [ ] Came to the group after constant invitation by P/F; less reluctant to come

**Participation level (can be during the parent training, the preparation of the activity, during the debriefing...):**
- [ ] Passive
- [ ] Participates only when invited to
- [ ] Attentive in discussions
- [ ] Attentive to their opinion / experiences and/or ask questions
- [ ] Distracts

**Attitude towards the activity**
- [ ] Passive only observing
- [ ] Interested
- [ ] Participates actively with the child
- [ ] Encourages / motivates the child
- [ ] Provides games and ideas for the activity
- [ ] Overreacts / overplays with the child
- [ ] Expects participation at all times

**Is the Parent – Facilitator (towards the child):**
- [ ] Relaxed
- [ ] Open
- [ ] Tender / loving
- [ ] Shows affection
- [ ] Able to calm down / control the child
- [ ] Calmness / tendency to neglect
- [ ] Other "sibling" behaviors

### II. CHILD

**A. Attitude of the child towards his/her parents:**
- [ ] Is able to play alone (secure)
- [ ] Is able to play / perform the activity
- [ ] Shy, but able to play / perform the activity
- [ ] Unable to play
- [ ] Open / active
- [ ] Shy / withdrawal
- [ ] Calm
- [ ] Restless
- [ ] Excited
- [ ] Amused
- [ ] Curious
- [ ] Aggressive
- [ ] Able to play with peers
- [ ] Unable to play with peers
- [ ] Is comfortable to play in autonomy / experiment
- [ ] Can / cannot separate
- [ ] Seeks attention
- [ ] Other "sibling" behaviors

**B. During the activity:**
- [ ] Open / active
- [ ] Calm
- [ ] Happy
- [ ] Shy / withdrawal
- [ ] Restless
- [ ] Excited
- [ ] Amused
- [ ] Curious
- [ ] Aggressive
- [ ] Able to play with peers
- [ ] Unable to play with peers
- [ ] Is comfortable to play in autonomy / experiment

### III. FACILITATOR’S OTHER OBSERVATIONS

**Was the behavior parent / child adjusted / adapted to children’s attitude & to circumstances and or not?**
- [ ] Yes
- [ ] No

**If No, is there any explanation to understand the difference in terms of behaviors or reactions?**
- [ ] Yes
- [ ] No

**The Parent – Child interaction seems to be:**
- [ ] Harmonious
- [ ] Not harmonious

**Other observation(s):**

### IV. ACTIVITY

**Difficulties (Preparation, Activity Process, Debriefing):**

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Description</th>
</tr>
</thead>
</table>

**Recommendation(s) for next home visit(s):**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
</table>
7. Parent - Teenagers Workshop

Objectives:

General:
To enhance the Parent-Teenagers Relationship.

Specific:
1. To involve the parent and teenagers in activity that will promote and enhance their relationship;
2. To establish an environment wherein the parent and teenagers will find and establish identity, creating a positive relationship with other parent and teenagers;
3. To provide opportunity for the parents and teenagers to accomplish a meaningful task and to learn to share and cooperate together;
4. To provide an environment for both parents and teenagers to open and smoothen the communication process; and
5. To give information to the participants regarding teenage development and possible concerns.

Participants:
Three to five FDP Parents with their teenagers aged 13 to 19 years are invited to participate in Parent-Teenagers Workshops.

Time frame:
The activity usually lasts 1 hour and 30 minutes; the session includes the processing by the facilitator about the Parent-Teenager relationship.
Parent - Teenagers Observation Form

PARENT – TEENAGER SESSION
Notes and Observations

Caregiver's name: ____________________________ Date: ____________________________
Name and age of Teenager: ____________________________ Workshop Nb: ____________________________

I. THE MOTHER/FATHER
Attitude towards the teenager:
- Relaxed
- Open
- Tender / loving
- Shows attention
- Able to calm down / control the teenager
- Careless / tendency to neglect

During activity:
- Cooperate with the teenager
- and do the activity together
- Doesn’t cooperate with the teenager

II. THE TEENAGER
- Open / active
- Calm
- Happy / Excited
- Curious
- Aggressive
- Participative / Cooperative

- Rough
- Anxious / worried
- Doesn’t set limits
- Strict / rigid
- Authoritarian
- others, specify

- Tends to do things herself, instead doing it with the teenager
- Doesn’t allowed the teenager to the activity

- Shy / Withdrawn
- Passive / hesitant / resistant to participate
- Anxious
- Sad
- Turbulent / naughty
- others, specify

III. PARENTS – TEENAGER INTERACTION

<table>
<thead>
<tr>
<th>Observations</th>
<th>Not at all</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mother/father looks at her/his teenager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The mother/father talks to her/his teenager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The mother/father provides a sense of security to her/his teenager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The mother/father explains to her/his teenager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The mother/father plays with her/his teenager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. FACILITATOR'S OTHER OBSERVATIONS
Do you think that the teenager may be victim of abuse / neglect?
- I don't know
- Yes
- No
- Probably

If Yes:
Frequency:
- Often
- Sometimes
- Not often
- Seems to be a habit

Intensity:
- As discipline mode

The Parent – Teenager communication:
- No eye to eye contact
- Parent/Teenager responds to the question or request of the teenager/parent
- Listening was observed
- Sharing of ideas is observed
- Solicitation of ideas is done

- Parent/Teenager doesn’t responds to the question or request of the teenager/parent
- Unable to listen on each other
- No sharing of ideas is observed
- No solicitation of ideas is done

Do the mother/father’s attitudes played an important role in the teenager’s management of difficulty?
- Yes
- No
- Not applicable

Other Observations [include relevant participants' responses - verbal and non-verbal, behavior, and feelings]:

Family Development Program
Parent-Teenager Session
Pisong-Pisong Tigom (PPT)

Family Budget Training and Saving Promotion or “Piso-Pisong Tigom” (PPT) is a pilot project developed by the Family Development Program, adapted to the needs and situation of the poorest families of the FDP target areas. The name “Piso-Pisong Tigom” is used to suit the vernacular language of Cebu.

PPT 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 specific goal is to guide and support families to become self-reliant, by enhancing their capacity to improve their social and economic living conditions.

The PPT has two main components:

- **Family budget training and promotion of savings**: this is done through group training as well as individual home-based follow-up by FDP specialized staff.

- **Access to an external saving scheme adapted to the needs of the poorest families**. This saving scheme is completely externalized: in Cebu, it is entirely managed and supported by People’s Coop. People’s Coop provides the collector, the passbooks and ensures the financial processing of all saving accounts.

**Specific objectives:**

- To develop families’ skills in effective budget management
- To reduce families’ vulnerability to face difficulties and deal with emergencies
- To enhance families’ capacity to prioritize their needs and manage their financial resources
- To allow families to plan and achieve their project(s).

**Membership criteria:**

To open a PPT saving account, the member must be a resident for at least 3 months in the FDP target areas and aged 18 and above. There is no opening fee. The member can deposit any amount starting from 1 peso. There is no minimum balance on the account. Withdrawal is unlimited and can be done according to the families’ needs.

The Family Development Program follow-up and the financial processes must be clearly separated. No FDP staff should be involved in the management or collection of money from the beneficiaries. At the same time, a close coordination is necessary between the teams and the organizations so that irregular and inactive members and members withdrawing money can benefit from home visits, counseling and training by FDP specialized staff.
PISO-PISONG TIGOM/IPON PROCESS OF IMPLEMENTATION

Pulong on Family Budget
- 1 hour and 30 minutes
- Participants: Non-FDP

SURVEY
- 15% random sampling (for priority areas)
  - 5% FDP
  - 5% Phase out
  - 5% Non-FDP

CONSOLIDATION, ANALYSIS & Presentation of Data
- Partner NGO's
- STEPs
- Inter Aide
- People's Cooperative

Meeting with People's Coop Manual of Operation
- Collection Scheme
- Forms
- Roles and Responsibilities of Organizations Involve

MONITORING AND EVALUATION
- PPT Follow-up (withdrawal, dormant accounts / inactive and frequency of deposit)
- Mega Meeting (Issues and Concerns with the members; policy update)
- Monthly feed backing with People's Coop and Partner NGO's (New implementation of PPT)
- Quarterly feed backing (after 6 months / implementation)
- Assessment after 6 months of implementation

IMPLEMENTATION
- Filling-up of Application Forms together with the First Deposit
- Issuance of CBU Passbook and receipts
- CBU deposit and withdrawal
- Follow-up of withdrawal application
- On-going membership recruitment
  - Orientation
  - Promotion

Social Marketing
- Promotion
  - Leaflets / brochures / photos
  - Posting of Posters about PPI
- Orientation (PPT, Projects, Forums Needed)
  - House to house / individual
  - Group
- Membership
  - Criteria
  - Requirements
  - Project of the family
  - Policies / Guidelines
  - Profiling
  - Scheduling of Collection
This form will go together with FDP evaluation form (see page 13). And both forms should be used for the evaluation for PPT members.

<table>
<thead>
<tr>
<th>Family Status</th>
<th>4 points</th>
<th>3 points</th>
<th>2 points</th>
<th>1 point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of earning</td>
<td>No income</td>
<td>0-25 percent</td>
<td>25-50 percent</td>
<td>50% percent</td>
</tr>
<tr>
<td>Monthly Family Expenses</td>
<td>Important and Urgent</td>
<td>Important but not Urgent</td>
<td>Not important but wants to include</td>
<td>Not important and less likely to include</td>
</tr>
<tr>
<td>Dreams Project</td>
<td>Family</td>
<td>Children, Individual and Wives</td>
<td>Personal</td>
<td></td>
</tr>
<tr>
<td>Purpose of withdrawal</td>
<td>Achievement of Dreams Project</td>
<td>Direction of earning to other purpose</td>
<td>Emergency that cannot be addressed</td>
<td>Emergency case that can be addressed from FDP</td>
</tr>
<tr>
<td>Frequency of withdrawal</td>
<td>Not Dreams Project</td>
<td>2 withdrawals</td>
<td>5-7 withdrawals</td>
<td>Every month or below within Dreams Project</td>
</tr>
<tr>
<td>Other Savings</td>
<td>Normal Savings in a Bank</td>
<td>Normal savings, NGO Savings, endowment</td>
<td>50% Savings</td>
<td>100% Savings</td>
</tr>
</tbody>
</table>

### Scoring:
- Level 1: 7 – 12 points
- Level 2: 13 – 16 points
- Level 3: 19 – 23 points
- Level 4: 24 – 26 points

### Categorization of Participation and Activity:

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Attitude (Participation and Responsiveness)</th>
<th>Frequency of Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Over-all Assessment:

PPT – FDW In-Charge: ____________________________
Phasing - Out of Family

Phasing Out families is based on a critical review and assessment of the accomplishments of the set objectives and plans of each family that contributed to changes / improvements in the family’s situation.

The families should be involved in the assessment of their own situation during home visits.

The families’ situation is categorized depending on the level of improvement compared to the initial evaluation.

Phasing - 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
- Can access external assistance, when needed, and able to take actions on own initiative.

Phasing - 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.
- Regular or irregular source of income, but still able to address basic needs
- Able to act on their issues, with minimal assistance, but volatile family situation if a family emergency or crisis occurs

Phasing - 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.
# Family Development Approach

## Monitoring and Evaluation

A standardized form **Family Evaluation Form** (refer to page 13) is used to gather data, monitor progress, and measure outcomes and impact of FDP based on specific indicators set by FDP.

<table>
<thead>
<tr>
<th>A. Initial Family Assessment</th>
<th>B. Follow Through Family Monitoring</th>
<th>C. Phase – Out Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standardized form is used to measure the situational status of the family</td>
<td>• Updating of family based action plan</td>
<td>• Uses Family Evaluation Form which captures the evolution of families prior to, upon phase out and after six months from &quot;graduation&quot; in order to see their changes and improvements and to measure the impact of your work</td>
</tr>
<tr>
<td>• A summary of the family’s baseline data</td>
<td>• Home visit / Oras sa Pamilya reports</td>
<td></td>
</tr>
<tr>
<td>• Completed during the first month of the family’s enrollment to the program</td>
<td>• Analysis of Professional Practice (Case conference Weekly Sessions)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral Tracking</td>
<td></td>
</tr>
</tbody>
</table>
## Assessment of Basic Phase - Out Process

### Phase Out Criteria

<table>
<thead>
<tr>
<th>PHASE OUT CRITERIA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HV after 1st Month</td>
<td>Performing new assessment, new scoring</td>
</tr>
<tr>
<td>HV after 3rd Month</td>
<td>Performing new assessment, new scoring</td>
</tr>
</tbody>
</table>

### Assessment and Phase Out Basic Process

1. **Pre-assessment Profiling Scoring**
   - General assessment of the family
   - Enrolment as FDP family

2. **Follow up Phase**
   - Observation HV
     - Free discussion
     - FDP observes if the family can sustain progress, with positive or no changes
     - Capacity to manage new issues
     - Capacity to use the existing network
     - Children’s situation
   - Evaluation of the objectives
     - Achievement of the HV process
     - Improvement of the HV process
     - Team discussion on PO process

3. **Phase Out Process**
   - Last family assessment
   - Team discussion on the presence of improvement, possibility of re-enrolment if necessary
   - Family’s capacity to take care of the child
   - Family’s capacity to take care of other children
   - Better relation among family members (if need was identified)

### Post Follow up process
- One home visit (month 3 months)
## Closing an Area

### FDP Process Implementation: Community Exit

#### Family:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completion of Family Evaluation form A (Leveling of families - first</td>
<td>A month before the program phase-out</td>
</tr>
<tr>
<td>assessment when the family is enrolled) and B (after 6 months of</td>
<td></td>
</tr>
<tr>
<td>home-based follow-up, or more, for family phase-out assessment).</td>
<td></td>
</tr>
<tr>
<td>2. Inform the families about the program phase-out through home visit</td>
<td>A month before the scheduled program phase-out</td>
</tr>
<tr>
<td>by the FDWs and OP schedules and venue. The Oras sa Pamilya (OP) will</td>
<td></td>
</tr>
<tr>
<td>continue to provide service to the families for the next 6 months at</td>
<td></td>
</tr>
<tr>
<td>least 3 times a week with 1 hour per OP schedule.</td>
<td></td>
</tr>
<tr>
<td>3. Continuous phase-out follow-up for the remaining families and</td>
<td>Within six months</td>
</tr>
<tr>
<td>emergency cases</td>
<td></td>
</tr>
</tbody>
</table>

#### Local Government Unit / Non-Government Organizations:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Courtesy calls and sends formal communication regarding Program Phase-out.</td>
<td>A month before Program Phase-out</td>
</tr>
<tr>
<td>2. Inform existing NGOs coordinated inside and outside the target.</td>
<td>1\textsuperscript{st} month</td>
</tr>
<tr>
<td>3. Conduct Barangay Assembly.</td>
<td>4\textsuperscript{th} to 5\textsuperscript{th} month</td>
</tr>
<tr>
<td>4. Culmination day: Turn-over of documents to the Barangay through the Barangay Captain. The following documents that should be turned-over are:</td>
<td>Last day of the Program in the area</td>
</tr>
<tr>
<td>• Inform the barangay of the number of vulnerable families who need</td>
<td></td>
</tr>
<tr>
<td>support because of the severity of their situations (*no names should be</td>
<td></td>
</tr>
<tr>
<td>given without the express agreement of the concerned families*).</td>
<td></td>
</tr>
<tr>
<td>• Summary of issues and concerns</td>
<td></td>
</tr>
<tr>
<td>• Summary of interventions / services provided</td>
<td></td>
</tr>
<tr>
<td>• Summary of significant changes observed + Directory of organizations to which the families can be referred</td>
<td></td>
</tr>
</tbody>
</table>
Family Development Approach

Implementing Organization:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess the situation of the community using the community phase-out tool to determine whether the program will continue or move out from the area.</td>
<td>6 months before the start of the phase-out process in the family and community level</td>
</tr>
<tr>
<td>2. Conduct meeting with Inter Aide and STEPS informing them about the result.</td>
<td>At least 1 week after the result of the assessment</td>
</tr>
<tr>
<td>3. Planning of activities in preparation for community phase-out together with STEPS including the closing of OP service.</td>
<td>At least 3 months before the start of the phase-out process</td>
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</tbody>
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Family Development Approach

The Conditions of Success

According to our experience, there are several conditions for the success of a Family Development Program:

- keep a “non dole-out” strategy on the field: a dole-out strategy would make the families dependent on the program whereas the objective of the Family development approach is precisely to enhance the families’ capacity and autonomy.

- provide on-going technical support to the operational teams to guarantee the quality of the work with the most vulnerable families as well as the continuous monitoring process.

The success of the Family Development Approach lies on the field teams’ work. Therefore, the teams need to receive appropriate training and continuous support to be able to carry out their difficult task.

The FDP Team’s Needs

In their work with very deprived population, FDWs are exposed to heavy family situations. FDP staff need appropriate technical support in order to analyze family situations as well as their own position and relationship with the families, in order not to be too much affected by the beneficiaries’ issues and emotions (i.e. feeling responsible, feeling guilt, anger, worry, fear, power, sadness, despair…).

Supervisors should regularly organize pre home-visits briefings and post home-visits debriefings as well as weekly case conferences, in order to help the FDWs analyze the beneficiaries’ situation and difficulties, keep an appropriate professional distance, and avoid becoming judgmental 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 order to be able to perform their work, 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, such as:

- Family development: FDP principles, approach, rules, use of forms, major steps of program implementation and evolution in a new area, assessment.

- Health: common diseases, home-made / herbal remedies, family planning, prenatal care, delivery & post-partum care, maternal and paternal care, nutrition and malnutrition, immunization, tuberculosis.

- Child’s development: stages of child’s development, role and importance of play and creativity, understanding and management of children’s behavior, 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

- Family dynamics: basic communication in the family, roles and dynamics within the family, parenting, gender sensitivity, alcoholism and drug-addiction, family violence.
Family Development Approach

- **Conducting home-visits**: communication, counseling skills, ethical standards in counseling, 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 in 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; thus referrals are facilitated.

**The FDP Team’s Needs**

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, Inter Aide has set up a technical support team, STePS, composed of professionals (occupational therapists, special educators, social workers, psychologists) whose mission consists in developing adapted training and technical support to partners (NGOs and GOs).

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 understand 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, an 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 counseling 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.

As an FDP team grows, the senior FDWs who are already well-trained, are able to support 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.

Organizing workshops once a year with different partner NGOs on FDP related topics, is very helpful to share experiences and techniques, analyze the program outcomes and discuss on various ways to improve FDP. Visits of staff to other Family Development Programs can also encourage initiatives and help sustain the team’s motivation and dynamism.
These meetings can be organized bi-monthly after 12 to 18 months of program operation.

More information on Family Development programs can be found on Pratiques Network website
http://www.interaide.org/pratiques/pages/urbain/social/social.html

and in English :
http://www.interaide.org/pratiques/pages/presente/present_english.html#social
FORMERLY RECOGNIZED AS ENFANCE, INC. (ENCOURAGE FAMILIES IN NEED AND CARE FOR EDUCATION) - CEBU BRANCH, SUPPORTA TEKNIKA PARA SA PAG-UGMAD SA PAMILYA, INCORPORATED (STePS, INC.) WAS OFFICIALLY ESTABLISHED AS AN INDEPENDENT NON-GOVERNMENT ORGANIZATION IN SEPTEMBER 2006 IN COLLABORATION WITH INTER-AIDE (FRENCH NGO), AND FUNDED BY EUROPEAN UNION.

STePS Inc. is a multi-disciplinary team composed of expatriate and local professionals with varied professional backgrounds, such as Psychologists, Social workers, Educators and Occupational therapists with expertise on health, education, family development, early childhood development, gender sensitivity issues, counseling and other social development-related topics.

The specificity of the technical support provided by STePs to local partner NGOs, consists in group training as well as on-site training and analysis of the professional practice.

As an intermediary team, STePs Inc. is providing technical support to local NGOs, GOs and LGUs, who are willing to improve the quality programs being implemented and the services being offered for the indigent families in deprived urban areas of Metro Cebu.

STePs Inc. Operates as a consultative / training team for partner organizations to develop programs enhancing Family and Social Development in the poorest areas.

We provide inputs on psychosocial issues, family dynamics, child development, counselling and gender issues

Assessing and profiling target areas, Identifying target families, and Conducting home base follow up

“Pulongs” or training

“Oras sa Pamilya”

Parent-Teenagers Workshop

Training

1. FDP Training Orientation
2. Preparing One’s Self in the Development Work
3. Development and Social Job Concept
4. Philosophy, Ethics and Professional Boundaries
5. Understanding Family
6. Parenting
7. Effective Listening and Strategic Communication
8. Oras sa Pamilya and Home Visit
9. Shifting Gears
10. Case Management
11. Pulong and Networking
12. Stages of Human Development
13. Understanding and Managing Children’s Behavior
14. Early Detection and Prevention of Childhood
15. Creative Workshops
16. Parent - Teenagers Workshop
17. Playgroup
18. Understanding Adolescence
19. Primary Health Care, Maternal Care and Family Planning
20. Genogram

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printed in Cebu in June 2009