

## *Minutes of* FDP Forum in March 2005

*Dear Partners,*

*Please find hereafter the minutes of our FDP Forum held on Friday and Saturday, 18<sup>th</sup> & 19<sup>th</sup> March 2005 at*

*J.J. Nursing Home Association, Aksa Beach in Mumbai.*

*At this occasion we thank all of you for your dynamic participation in order to make this forum a very interesting and enjoyable gathering.*

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## 1 Context and Attendants

This Forum was organised for the entire FDP teams of the partner NGOs in Mumbai. Accordingly the Coordinators and the SW of 5 different NGOs working in partnership with Inter Aide attended the Forum:

ORGANISATIONS	ACTUAL ATTENDANTS
<i>Ashtvinayak Sanskrutik Sanstha (ASS)</i>	Sanjay, Jayashree, Shobha, Sujata
<i>Keshav Gore Smarak Trust (KGST)</i>	Bhagyachandra, Manisha
<i>Maharashtra Janvikas Kendra (MJK)</i>	Eugene, Darshana, Noori, Vimal
<i>Navnirman Samaj Vikas Kendra (NSVK)</i>	Rubina, Arifa, Kanchan, Nasim, Poonam A., Poonam N., Rajashree, Rekha, Seema, Shagufta, Sitara, Sushama
<i>People's Association for Training and Health (PATH)</i>	Vasanthi, Alka, Amruta, Fehmida, Shakila
<i>Inter Aide</i>	Lydia, Patricia, Sandesh

Besides, some external resource persons took part in the 2<sup>nd</sup> day of the Forum: **Attitude+ Team** held the morning session, and **Rita** - a psychologist with field experience in Brazil- conducted the afternoon meeting.

### *1<sup>st</sup> Day of the Forum - Friday, 18 March 2005*

## 2 Forum Introduction & Special Presentation of each NGO

This Forum was the second one of its kind (previous one in August 2004).

The main subjects were:

- *understanding the concepts of "careless and lazy families" and to adjust the use of such words*
- *discussing about the intrinsic limits of FDP*
- *examining the "Switch On/Off" method, its importance and how to develop it*
- *sharing about an experience of counselling in Brazil*

Special Presentation of each NGO:

The participants had to present their respective NGO by team through dancing, singing & acting.

### 3 Discussion & Role Plays on “Careless/Lazy” families

#### 3.1 Objectives

It had been observed that SW sometimes use the phrases like “the family is careless” or “the family is lazy”. Therefore, our discussion dealt about:

- ✓ understanding what everybody means by the words *careless* and *lazy*;
- ✓ determining if these words are used with their accurate meaning when spoken about a family in FDP;
- ✓ removing from our mind some misconceptions about these terms;
- ✓ analysing the types of situations where we tend to use such words;
- ✓ finding more appropriate words for these situations

#### 3.2 Participants’ views/opinions on the term ‘Careless’ and ‘Lazy’

Each participant was asked to write his/her own definition of *careless* and *lazy family*. The question received various answers as under:

*Careless family can be a family...*

- *who does not care about anything*
- *who does not pay attention to the children and other family members*
- *who does not give proper nutrition to the children*
- *who knows about their own problems but does not give importance to them*
- *who even after information, knowledge and motivation, does not proceed to achieve their objectives and gives excuses only*
- *who does not try to achieve the things which are important in their life*
- *who does not know anything and does not want to know about that; they like to live as it is*
- *who does not think/bother about the present and future*
- *who runs away from their responsibilities*

*Lazy family can be a family...*

- *who gives excuses of no time or delays or does not proceed or expects others to achieve their own objectives even after having information and knowledge about them*
- *who knows everything but doesn’t want to react/proceed accordingly*
- *who does not react even after being motivated several times*
- *who always postpones today’s work to tomorrow*

#### 3.3 Role-Plays

After understanding the participants’ opinions on these words, 3 role-plays were organised in order to establish whether each family in the role-plays was either

*careless* or *lazy* or nothing as such. The situations were taken from real cases where the involved SW had diagnosed that the family was careless or lazy.

### 3.3.1 Role-Play 1

*Family's situation:*

- Husband and wife with 3 children (one baby, one around 7 and another around 10)
- Elder children don't go to school
- Husband works

*Home visits:*

- The mother explains that she does not send children to school because the school is far
- She also says that if she brings her elder children to school, nobody will be at home at the same time to take care of her baby
- Finally she also confesses that she is *afraid* of speaking to her husband about this problem

➡ *Open discussion between all participants:*

We cannot say that such a mother is careless. The main difficulty consists in the relationship between her and her husband. Maybe if she could talk to him, he would accept to send the children to school, or maybe not. The mother seemed to understand the importance of education but we don't know about the father's position.

One participant underlined that *sometimes the SW push the family to do things not according to the family's wishes but according to the SW's own opinion and objectives.*

### 3.3.2 Role-Play 2

- Family's situation:
- new family in Mumbai (arrived just 4 months ago)
- husband, wife and children in the family
- husband works
- the wife wakes up early in the morning, cooks for the husband and children and does carry out all the household work, goes to market for ration, etc.
- this woman is shy
- she has been sick from many months but don't go for medical check-up
- doors and windows of the house are closed most of the time
- the wife remains inside the house and does not talk much with anybody

*Home visits:*

- the SW suspects that she might have TB

- everybody (her relatives, neighbours and the SW) suggest the woman to go to doctor and undergo the treatment (as she is sick) but she does not follow any advice
- the SW herself (many times with other team members) tried to motivate her and to show the importance of her good health
- the SW even offered the woman to accompany her to go to the doctor
- the woman has only been listening and not talking much; she often says that she will do things by herself but she finally does not.

➔ **Open discussion between all participants:**

Some participants thought that the family was *lazy* as the woman does not attempt to go to the doctor even after being explained and motivated by everybody.

Some other participants rose an important fact to consider: as the family is new, the woman does not know the area (such as doctors, Health Posts, etc...) and may not be comfortable to move there.

Then, other participants felt that the family is *careless*, since the woman does not care about her health even though the SW is ready to take her to the doctor.

However, some other assumptions were underlined:

- The woman might know about the disease and be *afraid* of what the reaction and attitude of the other members, relatives and neighbours would be if the disease proves to be a major disease like TB. That might be the reason why she refrains from going to the doctor.
- There might also be family relation problems because of which she might be *depressed*. The atmosphere in house is dull (windows and doors closed).

### 3.3.3 Role-Play 3

*Family's situation:*

- Husband, wife and 4 children
- Financial situation is quite good
- 2 children go to school, another one goes to Madarssa (Koranic school)
- Problems related to the last child: no immunisation, no Birth Certificate (BC), and no education (Balwadi)

*Home visits:*

- the mother thinks that the last child is too small to go to Balwadi (pre-school)
- she also considers that BC is not necessary for the time being
- this woman likes the SW's visits; she gets entertained
- the SW talks on the family's objectives and tries stoutly to motivate the woman

- the woman does not bother about the achievement of the objectives; she expresses that there is no urgency to complete these objectives now
- she prefers to focus on the work that she gets at home nowadays, which brings a complementary income to the family

➡ **Open discussion between all participants:**

Many participants identified this family either as *careless* or as *lazy*.

Nevertheless, we analysed of the situation:

- two children go to school so the family may be aware of the importance of the BC and of the process to acquire it
- about immunisation, the mother have some misconceptions (side-effects of injections), which SW is unable to rectify
- regarding Balwadi education, her child can actually be considered as too small

As a result, we concluded that this family should not be considered as careless or lazy. Moreover, the woman looks very joyful during the meeting with the SW. The roles were somehow inverse: the SW was showing tension and the woman was calming her down!

It happens sometimes that the SW puts a lot of efforts in motivating the family, giving thorough information and knowledge. But the family does not respond positively. In such situations, SW tend to grade the family as *careless* or *lazy* on account of his/her own frustration.

On the contrary, SW should keep in mind that:

- ☺ It is advisable not to think only from his/her point of view but he/she should mainly think from the family's/human point of view.
- ☺ He/she should try to find out the core reasons behind the family's non-response. Indeed, the family's way of thinking about future or life may be different from the SW's one. Or, the family may have other hidden problems that unable the family members to achieve the current objectives.

### 3.4 Conclusions and Suggestions

The discussion and the role-plays came to an end with the following conclusions and suggestions:

- ☆ **Why not to cancel the words 'careless' and 'lazy' and to choose more appropriate words like 'afraid, depressed, not interested, unable to project', etc.?**  
This approach may also help in the deep analysis of the family's situation and the reasons why the family does not achieve their objectives.
- ☆ **To identify the genuine and untold reasons behind what we often call the 'excuses' given by the family.**

- ☆ To be clear about **which member in the family** we want to qualify as care-less or lazy.
- ☆ To distinguish between the levels of achievement (*knows, understands, wants, can...*)  
The SW shall not consider that the family's achievement consists *only* in solving the problems and completing objectives. We should appraise the value of different types of achievement: the knowledge and new information learned and acquired by the family, the increase of their understanding, the development of their motivation and wish, the improvement of their ability to achieve the objectives.
- ☆ **Not to mix family's objectives with that of SW.**  
The SW should work according to the importance and priority given by the family to each objective. Technical cases may be ignored (for example: the family wants to send the child to school before obtaining Birth Certificate of the child).
- ☆ **To accept family's vision even if different from that of SW**  
This attitude will 'promote' the family's sustainability.

### 3.5 Additional comments

Several participants have added some comments at the end of the session:

- ∞ 'No Response' label can be used for the family if the family does not react/respond to the information, knowledge or motivation from the SW.
- ∞ We should remember for whom we carry out the work, whether for the family or for ourselves.
- ∞ We should remember that the family does not act for us but for themselves. Therefore we shall not force the family to proceed according to us.
- ∞ We should assess the capability of the family before deciding the objectives.
- ∞ A SW may relate the family's situation with that of his/her own.
- ∞ Never forget that it takes time for a family (as for anybody) to change their way of thinking.

## 4 Intrinsic Limits of FDP (*Friday*)

Several kinds of limits exist in FDP work:

- some are linked to the involved persons: might be the family's will & motivation, or the SW's skills (a SW cannot be specialised every particular field like Health, Education, Psychology, etc.)
- and there are *intrinsic limits*.

We had a debate about the second ones. Our main observations and conclusions were the following.

FDP work is composed of *impalpable components* such as Information, Knowledge, Human Relationships, Human Science... versus *palpable components* such as money, food, medicine, etc.

➤ As a consequence, FDP cannot work at the 'survival level'. FDP can work only with the families with 'post-survival' level.

However, the question of the families falling in the survival level was raised: "*Can't anything be done through FDP for such families?*" In reply to this question, it was said that an institution/organisation cannot simultaneously work at the survival level (=for emergency relief) and the post-survival level (=for development). At survival level efforts are made to maintain the life whereas working at 'post-survival' level aims at bringing a meaning to the life.

Further, it was cleared that **the problem of selecting the families** is common for both the organizations working at survival level and at post-survival level.

➤ "*In short, only the families with post-survival level can really benefit from FDP and its impalpable components for their development*".

## 5 Preparation of 2<sup>nd</sup> Day

At the end of the day, a group of 5 reporters (one person per NGO) was formed to summarise this 1<sup>st</sup> part of the Forum for the beginning of the next day.



## 2<sup>nd</sup> Day of the Forum - Saturday, 19 March 2005

### 6 Presentation of the work in Malawi (Africa)

At the beginning of the 2<sup>nd</sup> day, Patricia Jung explained the context of Malawi and the projects on which she had worked there for Inter Aide before coming to India.

The majority of the population is located in countryside and is poor.

**HIV/AIDS is a big problem in Malawi.** About 1 out of 5 people is HIV positive, and amongst them 40% belongs to **adolescent population** (12-20 yrs old). Patricia explained that the adolescents have not received the disease from their parents since a child infected at birth cannot survive long.

The main reason for such high percentage of contaminated youth is poverty. As the population in Malawi is poor, parents sometimes ask their children (mostly the girls) to have sexual relations with an outsider who provides the family mainly with cloths or money for education.

Then, the contamination continues through the sexual relations that can happen between the girls infected by elder men and their young boyfriend.

In this context, Patricia had been working in Malawi for 3 years on the HIV/AIDS project. Under this project awareness on AIDS has been created in villages amongst parents, children and teachers especially through awareness meetings, street-plays, dramas.

### 7 Workshop on "Switch ON/OFF" (by Attitude+ Team)

This workshop was conducted by Mr. Pramod Nigudkar, Mr. Baba Patil, Mrs. Trilochana & Mrs. Amita.

#### 7.1 Explanation about the *Switch On/Off* technique and about the benefit of such technique

- ✘ It is a psychological therapy.
- ✘ This technique needs to be practiced regularly and is useful for every person, not only in FDP.
- ✘ This therapy is very helpful in the situations like depression, trauma and abuse.
- ✘ The ability of '*switching*' from one subject to another exists in everybody but it is not easy to apply. It also depends on the temperament of an individual.

- ✎ The effects of being unable to apply the Switch On/Off: on one side we keep on thinking about office work at home and on the other about personal matters at office place. As a result, we do things mechanically.
- ✎ There is a need to find a balance between work and home life, in the importance we give to each of them. Stress and tensions appear when the balance is not well done in our mind. That often leads to physical pains (psychosomatic pains).
- ✎ Pressure of office work at home and vice-versa is a vicious circle, which has a serious impact on us.
- ✎ There are emotional and physical aspects in the *Switch On/Off* technique.

## 7.2 Examples

Learning Switch On/Off technique is based on our understanding of what is good for us, according to ourselves.

Pramod gave an example: if we witness a road accident; naturally, it's important to help the victims and do what we are able to do (call for medical help, for police, etc.). But afterwards, this accident should not trouble our sleep. The episode is actually over for us.

So, we have to '*switch on*' at the time we are on the accident field, but once we have given the help as far as we could, we have to '*switch off*'.

Trilochana provided with further examples related to FDP:

At the time of phasing-out a family, the SW asks him-/herself "what will happen to the family?" There is a feeling of responsibility.

Even the family sometimes requires the SW not to stop his/her visits, which creates a pressure on the SW.

Trilochana explained that all this is about **emotional attachment**.

## 7.3 Possible Methods to operate the *Switch On/Off*

Attitude+ invited suggestions from the participants about the methods that can be used for Switch On/Off. Some suggestions are quoted hereafter:

- Keeping quiet or sitting quietly for a while
- Expressing our feelings (anger, sadness...)
- Writing down clue words about next day's work in a notebook and keeping the notebook at office only

It's really up to everyone to decide the best method for oneself and how much time one needs to switch on/Off at the beginning and at the end of the day.

Pramod recommended to do a simple and pleasant activity that can help to calm down our mind: listening to music, reading, watching TV, polishing nails! **Any ac-**

tivity that implies concentration on ourselves or care for ourselves is a very good choice to switch off and make a transition.

Amita also explained that crying - to some extent - can be a good means for ventilation.

#### 7.4 Balloons Game

In this game 4 teams were formed. Each team was given the set of balloons + cello tape and was asked to build a tower/building. The team with the tallest tower would be the winner.

At the end of the game the participants analysed their own behaviour during the game:

- ☺ Behaviour towards other teams:
  - we don't want to cheat because we fear others will then cheat as well.
  - we sometimes feel that others cheat because we think we only can do the right things.
- ☺ Behaviour inside the same team: we are often reluctant to others' interference in our work.
- ☺ Global behaviour towards rules: the teams thought that it was not allowed to put cello tape at the foundation of the tower but this condition was not told initially.

The game and post-game discussion showed how tension appears and increases: we don't appreciate others' work; we want to show that we do better, we don't cheat...

#### Conclusions in FDP:

Attitude+ explained that like for this game, a strategy has to be decided at the beginning for the work with family: *which role should we play as SW?*

There is similarity between Balloons tower & FDP work. Every balloon is a constituent of the entire tower; in the same way the SW is one of the constituents of the family's development, but not the only one: other constituents include the full NGO, the municipal services, the other social actors, etc. Therefore, the SW shall not take for granted that he/she is solely responsible for developing the family. If the SW becomes fully aware of this fact, it can reduce the stress to a great extent.

## 7.5 What are the Qualities needed to be a SW?

The question was asked to the participants and received the following answers:

- Patience
- Listening skill
- Positive thinking
- Time management
- Knowledge about self's limits
- Confidence
- Empathy
- Ability to distinguish between harmful & harmless tensions
- Not to expect the successful result every time
- Not to think beyond the capacity because one cannot do that
- Not to regard anything as a burden but to enjoy it.
- Not to make ourselves indifferent.

## 7.6 Final words

Attitude+ concluded the 2-hour session with general assertions:

- ☆ The responsibility of how to go ahead is in one's hands (e.g. family), not in others' hands (e.g. SW)
- ☆ It's essential to share our feelings with others so as to decrease the tensions
- ☆ It's vital to appreciate oneself and one's own work

## 8 Sharing by Rita

### 8.1 Situation in Sao Paulo (Brazil)

Rita, a psychologist, was working in Sao Paulo, one of the biggest cities in Brazil<sup>1</sup>. There are many similarities between Sao Paulo and Mumbai: total population is around 18 millions; the city consists in very rich areas as well as very poor ones. Nevertheless, in the Brazilian city a high rate of violence prevails especially because of drugs addiction. The organisation of the Brazilian society also differs from the Indian situation: families in Brazil are composed of mother, father and their children. They usually don't live with elder generation; there are joint families only in case of persistent economic problems in the family.

One of the major issues there is the problem of early age / teenage pregnancy (without marriage most of the time) though spacing methods are common in Sao Paulo.

At the initial stage the families don't accept pregnant adolescents but once the baby is born everything goes smoothly. Abortion is allowed only in case of rape & in case the pregnancy is harmful to the prospective mother. In poor population

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<sup>1</sup> Developing country, mainly Christian community

“teenage pregnancy” ratio is high because poor population, being more religious, does not go for abortion. In rich class 80% of such pregnancies are aborted illegally.

## 8.2 Rita’s Actual Work in Sao Paulo

Rita was working on two aspects in Sao Paulo:

1. Psychologist in clinic: counselling for the children between 7 and 14 yrs and for the parents as well.
2. Programme of prevention: counselling for youngsters about drugs, HIV/AIDS, STD<sup>2</sup> and for young pregnant mothers.

### 8.2.1 Group Therapy for Children

Rita explained the method that her colleagues and she were using in clinic. The group therapy consists mainly in conducting **role-plays among children and related discussions with them**. Each child usually tends to play the role according to the image he/she has got about him-/herself (victim’s position, cheater’s attitude, disinterested behaviour, etc.). While observing the role-plays the psychologists can understand the child’s image and mind’s state. Then they initiate dialogues with children to make them speak about their image and to start bringing a change in their way of thinking about themselves.

Rita gave a specific example:

There was a 14 year-old boy in school. He could not read and write. He was normal but shy. Rita called the boy and his parents but only the mother could come. She tried to make the mother aware of the education problem of her son. Nevertheless, the mother was not anxious about her children’s education and did not give importance to the problem of her illiterate son (unable to write nor to read).

The boy attended group therapy. During different role-plays it was observed that he was choosing different attitudes: cheating to win, then behaving honestly and trying to win, then preferring to loose, etc.

Afterwards, the discussion with the boy revealed that his father used to drink and to beat his mother. However, the mother was not complaining about that to anybody. One main trauma was that the father used to ask his 14-yr-old son to say good bye to his mother before leaving for school as he might not get the chance to see her alive once coming back home... That’s why the boy could not be concentrated in class.

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<sup>2</sup> Sexually Transmissible Diseases

The group therapy helped the boy to change his behaviour and he started taking interest in the study. This change in the boy brought changes in his parents' behaviour too.

### **8.2.2 Prevention of STD and early age pregnancy**

For this programme Rita and her colleagues were working in schools.

They used to put *query boxes* in the schools and to invite the youngsters to place their questions in the box.

Some examples of questions from girls:

- Do women get AIDS early?
- How can I give condoms to my boyfriend without creating in his mind a wrong understanding or image about myself?

The counsellors were collecting the questions and conducting 3-day workshops in the schools: the boys and girls are invited to think and share about the questions received in the query box of their group. The counsellors were helping them to remove some misconceptions. This approach enabled the youngsters to get the answers to their questions and worries anonymously.

After the workshops, the parents were called as well and divided into 2 groups (parents of girls and parents of boys). They were also invited to think about certain questions.

Example, one group is asked to give reaction about the situation where the parents would find a condom in their son's bag. The other group is asked to give reaction about the situation where the condom is found in their daughter's bag.

The workshop with the parents mainly aimed at initiating the discussion between the parents and their children about sex issues.

## 9 Forum Appraisal by Participants

How was the first day Workshop?	Total
Interesting	24
Not So Interesting	1
<b>Grand Total</b>	<b>25</b>

How was Switch On/Off Session?	Total
Interesting	21
Not So Interesting	3
<b>Grand Total</b>	<b>24</b>

How was Rita's Session?	Total
A bit Interesting	2
Interesting	7
A bit Boring	4
Not So Interesting	11
<b>Grand Total</b>	<b>24</b>

What did you like the most in Forum?	Total
Switch On/Off Session	13
First Day Workshop	4
"Careless/Lazy" Session	2
Togetherness	2
Baloon Game	1
Formal & Informal Dialogues	1
Group-Discussion	1
Introduction of FDP through indirect communication	1
Sharing of experience	1
All the subjects	1
<b>Grand Total</b>	<b>27</b>

What did you like the most in Forum?	Why did you like that most?	Total
First Day Workshop	It was an open discussion	1
	Lots of opportunity to every one to speak & express the problems & happenings in the field	1
	Perceived new way of understanding the family	1
	Understood that not to label the family as careless/lazy & also the reason behind it	1
Switch On/Off Session	Knew a technique to reduce the tension	3
	It has direct relation with our work	1
	Knew that sometime we mix our office problems and household problems and become tense	1
	New thing to learn	1
	Understood its need & importance	4
All the subjects	All the subjects will help the present attitude and difficulties which we face while working	1
Togetherness	Knew new things	1
Group-Discussion	It is good to have GD on the particular subjects	1
<b>Grand Total</b>		<b>17</b>

What did you like the least in the Forum?	Total
Rita's Session	14
Switch On/Off Session	2
Discussion in English by most of the participants	1
Meal	2
<b>Grand Total</b>	<b>19</b>

What did you like the least in the Forum?	Why did you like that least?	Total
Rita's Session	Could not get anything useful for our FDP work	2
	Could not get some things in her session	1
	Could not share her experience in detail due to short time	1
	How to use the information given by her?	1
	It should have been in Hindi instead of in English	1
	It was bit boring	1
	It was too short	1
	Session being in English was difficult to understand	1
	She was sharing her experience only	1
	Situations in Brazil and India differs	1
Switch On/Off Session	Could not understand much	1
	It did not fulfill the expectations	1
<b>Grand Total</b>		<b>13</b>

How was the length of First Day Workshop?	Total
Enough	21
Too Long	2
<b>Grand Total</b>	<b>23</b>



How was the length of Switch On/Off Session?	Total
Enough	12
Too Short	6
Too Long	1
<b>Grand Total</b>	<b>19</b>

How was the length of Rita's Session?	Total
Enough	5
Too Long	11
Too Short	5
<b>Grand Total</b>	<b>21</b>

For next Forum do you want 1or 2 days?	Total
2 days	15
1 day	6
3 days	2
<b>Grand Total</b>	<b>23</b>

For next Forum which subjects do you propose?	Total
Subjects useful for FDP work	3
Switch On/Off Session	3
Psychology	2
Counselling	2
Counselling on Family Relation	1
Child Psychology & Counselling	1
How can we understand the Psychology of the family	1
Careless & Lazy family	1
Communication	1
How to think Positive?	1
Knowledge & information about Ration Office, BMC, Hospitals	1
Home-Remedies	1
Knowledge of Areas	1
Rita's Session	1
Skills of FDP Work	1
Time Management	1
Woman-harassment	1
<b>Grand Total</b>	<b>23</b>

Do you prefer External Resources' Session or our sessions among us?	Total
External Resources' Session	14
Both	6
Our Sessions	3
<b>Grand Total</b>	<b>23</b>

Do you want "Attitude + " to come again?	Total
Yes	16
No	5
<b>Grand Total</b>	<b>21</b>

Do you want Rita to come again?	Total
Yes	8
Yes but with a particular subject like child psychology	1
No	6
<b>Grand Total</b>	<b>15</b>

Write down 3 main things that you learned	Total
<b>“Careless/ Lazy Families” Session</b>	
Not to label the family as careless or Lazy	8
To find out the main problem of the family	4
How to categorise the family	3
Not to label anyone Lazy/Careless	2
How to motivate the family	2
Remove the misconception about the terms "Careless/Lazy"	2
How to deal with difficult families	1
Point of view towards the family	1
How to talk with family	1
How to behave with the family	1
Not to impose our objectives on the family but to give importance to the family's objectives	1
To study the Family's profile in details	1
<b>“Switch On/Off” Session</b>	
Need & Importance of Switch On/Off	4
How to maintain balance between our Office work and Household work	2
Not to nurture tension	2
Techniques to Switch On/Off	1
How to change mind from office to home and home to office	1
Not to think about official work at home and vice versa	1
<b>Other Subjects</b>	
Understood the limits of FDP	2
Understood our lacking	2
Knew about the objectives/problems of other countries and strategy being used to tackle these problems	1
Knew about the situation in Brazil	1
Learned to speak openly on the issues like sex, AIDS	1
To have good behavioural talk with all	1
Changes required in the work	1
Got information about the work	1
How to speak in Meetings	1
New Skills, new ideas	2
New things useful for FDP work	1
Not to be ill-tempered	1

Give two suggestions to improve FDP Forum	Total
<b>About Frequency of Forums</b>	
2 FDP Forums in a year	1
Quarterly Forum	1
<b>About Content</b>	
Invite Family Counsellors for training	1
Easy way of making understand	1
Forum should give the information as to how to solve the problems arising in the field	2
More informative Forum	1
Subjects should be useful to the work	3
To impart the knowledge & information useful on the field	1
Use of old and experienced SW	1
Interesting Sessions should be arranged	1
Sharing of information about social workers & families	1
It should give more information on the subjects like health, Ration Card, Birth Certificate, etc.	1
<b>About Organisation</b>	
Early beginning	1
Not only listening but also complementary activities like singing, question-answer, etc. should be conducted	1
Limited Group	1
Meal which all will prefer	1
Mixing of participants from the different NGOs	1
Do so that all staff speak openly and for that some games or techniques may be used.	1
Do so that the participants should not sleep after lunch	1
Organisation of games after lunch	1
Time to relax after Lunch	1
Play-way Sessions after Lunch	1
Organization of Role-plays	1
Organization of Role-plays, Dramas	1
<b>Grand Total</b>	<b>27</b>