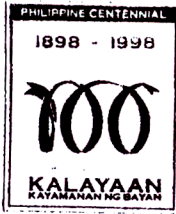




PHILIPPINES 2000



6 February, 2003

Administrative Order No. 36  
Series of 2003

Subject: **Guidelines in the Implementation of the After Care Service**

I. **Rationale:**

The DSWD is mandated to provide social protection and promote the rights and welfare of the poor, vulnerable and the disadvantaged individual, family and community. Though many of its programs and services have been devolved to the local government units (LGUs), the DSWD continues to ensure the welfare and protection of individuals and families needing specialized social services. This is undertaken through its statutory services, special projects and operation of residential centers and institutions.

To date, the DSWD maintains sixty five (65) residential care facilities for children, youth, women, older persons and person with disabilities, providing 24-hour alternative care and rehabilitation services to individuals whose needs cannot be adequately met by their own families and relatives over a period of time due to situations and circumstances beyond their control.

While the needs of these groups are being attended to at the centers, the fact remains that once discharged, most of them are faced with adjustment problems to new situations in their own homes and in the community. The transition from a life within a center/institution to a family and community setting generally brings with it feelings of anxiety and apprehension over one's capability to take on new roles. In like manner, family members as well as the community, need assistance to be able to provide and show support to the client who is back to their own family and respective community.

It is on this premise that aftercare and follow-up services are necessary to ensure smooth reintegration of the clients to their families and community.

II. **Description:**

Aftercare service is the provision of interventions, approaches and strategies with the end goal of ensuring effective reintegration and relapse prevention of the children, youth, women, persons with disabilities (PWDs) and older persons discharged from residential and correctional facilities. A discharge plan shall be formulated by the center and community workers as basis in the provision of appropriate services to both the client and his family/guardian. The discharge plan shall indicate interventions that shall prepare the client, family/guardian and the community for the eventual return of the client.

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG KAGALINGANG PANLIPUNAN AT PAGPAPAUNLAD

(DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT)

BATASAN PAMBANSA COMPLEX, CONSTITUTION HILLS

QUEZON CITY

The services shall be provided by the city/municipal social welfare development office (C/MSWDO) within a period of one year from discharge in coordination with other government and non-government organizations. A contract/agreement shall be signed by both the community social worker and the client to carry out the reintegration plan.

### III. Objectives:

#### **General:**

To ensure the smooth reunification, reintegration of children, youth, women, PWDs, older persons discharged from residential/rehabilitation and correctional facilities to their families or guardians and the community with the end goal of restoring their normal social functioning.

#### **Specific:**

1. To provide the client the necessary support services to restore role performance in his family and community;
2. To develop client's capability to cope with the stigma, feelings and perceptions that serve as the roadblocks for their social adjustment and reintegration in the community;
3. To encourage the family and community in the recognition and acceptance of these clientele groups' rights and opportunity as well as human dignity and self-worth;
4. To organize self-help groups among these clientele group to ensure the regular follow-up and guidance of the clients and for them to plan and implement their activities;
5. To establish and strengthen linkages and networking with the private sectors, non-government agencies and other government agencies to intensify and strengthen the after-care and follow-up program.

### IV. Target Clientele:

The service is intended for the following:

1. Abandoned, neglected, abused children, youth, PWDs and Older Persons discharged from residential centers.
2. Youth Offenders
3. Women in especially difficult circumstances
4. Released prisoners/released mental patients
5. Released mendicants
6. Released older persons

## V. Eligibility Requirements:

The client shall possess the following eligibility requirements to be able to avail of the service. Further, he/she and family/guardian shall be willing to avail of the after-care and follow-up services as indicated in the contract/agreement.

### 1. **Youth Offenders**

- He/she must be discharged from RRCY, RCDD as certified by the Center Head based on a court order for his/her release.

### 2. **Abandoned/Neglected/Abused/Exploited/Children and Youth, PWDs and OPs**

- He/she must be discharged from RSCC, Home for Girls, Nayan ng Kabataan, Lingap Center, or any child caring/placing agency as certified by Center Head.

### 3. **Released Prisoners**

- He/she must be certified by the Bureau of Jail Management and Penology; Bureau of Corrections; Provincial Jails as released prisoner.
- He/she was issued a court order for release.

### 4. **Released Mental Patients**

- He/she must be certified by a doctor/psychiatrist as recovered or improved mental patients that can be managed/handled in an aftercare and follow-up service.

### 5. **Abused/Battered/Exploited Women**

- She must be discharged from HAVEN and other women centers.

### 6. **Mendicants**

- He/she must be released/discharged from Reception and Action Center or rehabilitation facilities.

### 7. **Older Person**

- He/she must be released from Golden Acres or other homes for older persons as certified by the center head.

## VI. Service Components

### 1. **Social Mobilization and Networking**

- Networking

The aftercare service includes strong linkages and networking with and among the following:

- Municipal/City Social Welfare and Development Officer

- Bureau of Jail Management and Penology
  - Provincial Jails
  - Parole and Probation Administration
  - Center for Mendicants
  - DSWD Facilities and Institutions
  - Non-government/welfare agencies
  - Any Neighborhood Support Group
- Social Mobilization
    - Mobilize volunteers like Volunteers Intervention Program for Youth (VIPY)
  - Advocacy

It involves conduct of various activities among the target partner-institutions, communities religious groups, business sector and the civil society aimed at creating awareness of issues and concerns and solicit support and involvement in the implementation of after care and follow-up service.

## 2. Capability-Building of Implementors and Beneficiaries

Program implementers composed of direct service workers i.e, social workers, barangay, police, volunteers and other persons involved shall be oriented on the implementing schemes of the program. All trained direct service workers shall conduct capability training activities such as seminars, sessions and workshops to equip local leaders, volunteers and families of concerned clientele groups with the necessary knowledge, attitudes and skills in carrying out program for after care and follow-up service.

## 3. Service Delivery

The aftercare and follow-up services shall adopt the social work case management process and shall involve the following strategies and interventions based on the assessed need of the clients:

- 3.1. **Educational Assistance:** the provision of access for scholarship and/or financial assistance to school age children/youth to support their educational needs for those who decide to pursue their education.
- 3.2. **Family Counseling:** the provision/conduct of counseling sessions to the client and his family to enable them to be aware of the factors which caused the problem; their roles and responsibilities in order to improve their coping capabilities and strengthen their family relationship.
- 3.3. **Self-Enhancement Service:** continues provision of opportunities for the improvement of the self to enable him/her to fully participate and be fully mainstreamed into the society. These include: personality development through values education, formation and inculcation: values clarification gender sensitivity and the process of becoming aware

of values; to sustain positive attitudes, habits and values acquired in the center.

- 3.4. **Social and Vocational/Practical Skills Development:** to further develop positive work habits, attitudes and skills in crafts and trades for the economic productivity of the clientele group. Training may be provided to either individuals or groups. It may be conducted in existing community centers, facilities in the neighborhood where clients reside; provision of vocational skills development, job counseling, self-sheltered workshop and referral for appropriate employment for the clients.
- 3.5. **Psychological Service:** the assessment analysis and interpretation of the client's personality, intelligence/intellectual functioning, abilities, capabilities and aptitude that will be utilized as a tool for the counseling and other therapeutic services. It also provides the different therapeutic methods in dealing with these clientele group such as: individual therapy, group therapy/psychotherapy and family therapy.
- 3.6. **Relapse Prevention:** provides the client and his/her family of the opportunities of understanding, learning and preventing relapse. Relapse is defined as a progressive return to dysfunctional behavior, i.e., chemical dependency/alcoholism, co-dependency, eating disorders, gambling, etc. It is an observable syndrome that indicates unhappiness, stress, anxiety, hopelessness, depression... all culminating in a highly probable return to chemical use resulting to destructive behavior.  
  
Relapse prevention provides the knowledge on symptoms of relapse and the relapse dynamics. It shall provide the different factors, strategies/approaches and other interventions that will be utilized in preventing relapse.
- 3.7. **Spiritual Services:** provision of activities to maintain the moral and spiritual development of the client.
- 3.10 **Referral Service:** provides the clients the opportunity to avail of other services from other agencies like medical, laboratory examinations, psychological treatment and medication in the hospitals/clinics of the clients who are sick/suffering from any disease/illness.

#### 4. Data-Banking, Documentation and Research

Continuous data-banking management and utilization shall be maintained based on the surveys/studies on after-care and follow-up service, trainings and seminars conducted, and number of service providers trained. Documentation of cases and best practices/experiences shall be the basis for further policy and program development and replication among concerned agencies. The purpose of this component is to strengthen system which would be used and shared with various stakeholders. Linkages with existing information technological systems e.g. websites shall also be undertaken. The conduct of research or studies are also encouraged for policy and program enrichment.

## 5. Monitoring and Evaluation

Includes the conduct of regular monitoring to ensure effective and efficient service delivery. Evaluation shall be conducted to determine effectiveness of the service. The results shall be basis for re-planning to improve service implementation.

## VII. Forms to be Used by the Community Worker

- |    |   |   |            |
|----|---|---|------------|
| 1. | Intake Sheet                            | ▪ | Appendix A |
| 2. | Clients Reintegration Plan and Contract | ▪ | Appendix B |
| 3. | Contract/Agreement                      | ▪ | Appendix C |
| 4. | Quarterly Status Report Form            | ▪ | Appendix D |
| 5. | Closing Summary/Termination Report Form | ▪ | Appendix E |

## VIII. Roles and Responsibilities

1. DSWD–Central Office
  - A. Programs and Projects Bureau
    - 1) Develop and enrich the service guidelines.
    - 2) Serve as resource person in the training of LGUs, NGOs, etc.
  - B. SWADI
    - 1) Develop, conduct and evaluate capability building programs and activities for implementors in coordination with NOO.
  - C. NOO
    - 1) Provide technical assistance and monitoring to DSWD Field Office;
    - 2) Provide augmentation funds e.g. supplies transportation expenses etc.
  - D. DSWD Field Office
    - 1) Monitor, evaluate and provide technical assistance in the implementation of the project by the LGUs.
    - 2) Monitor fund utilization released to LGUs.
    - 3) Document area based project implementation, particularly best practices/success stories in support to information and advocacy.

- 4) Submit quarterly status report of program implementation to NOO.
- 5) Coordinate with regional GOs, NGOs and other sectors for the convergence of appropriate services/projects.
- 6) Advocate adoption of after care services at the local governments units.

E. City/Municipal Social Welfare and Development Office

- 1) Implement the project according to established guidelines and allocate funds for its implementations.
- 2) Submit quarterly status and terminal report to DSWD Field Office, copy furnished the referring residential facility.
- 3) Document the project implementation.
- 4) Coordinate with local offices and other sectors of the convergence of services.
- 5) Conduct capability building activities, sessions, workshops to volunteers, local leaders and clients families/guardians.

F. Center/Institution

- 1) Initiate conduct of pre-discharge conference with concerned LGUs.
- 2) Provide necessary support services to clientele upon discharge e.g. supplies, transportation expenses.

This order takes effect immediately and revokes previous orders inconsistent hereto.

  
**CORAZON JULIANO-SOLIMAN**  
 Secretary  
 Department of Social Welfare and Development

