



**Republic of the Philippines**  
**Department of Social Welfare and Development**  
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Quezon City  
Telephone No. 931-8101 to 07

**Administrative Order No. 13**  
**Series of 2005**

**SUBJECT: Standards for Community-based Services**

**RATIONALE**

DSWD is mandated to look after the interest of the marginalized and vulnerable sectors of society that receive community-based services. This is done through developing and setting social welfare standards for services rendered by public and private agencies that ensure the promotion and protection of the rights of individuals, groups, families and communities as clients.

The need for standards is imperative in community-based services to ensure the highest possible quality of service to clients in a setting that is not confined in physical structures and facilities. Community-based services are rendered in a wide range of programs, services and strategies that common measures must be set to define conditions that are above, within or below acceptable levels. Without such measures of quality, it would be difficult to assess the kind of services that social welfare and development agencies provide to target clients and to ascertain whether these services are indeed fulfilling the rights of the identified clients.

These standards are in keeping with the provisions of the Social Work Law (Republic Act 4373) that DSWD must regulate the operation of social work agencies, part of which is setting these standards of quality service. These are also in consonance with DSWD's current policy directions that community-based services must be strengthened, as these services require lesser resources, minimize the tendency to resort to more expensive and detrimental effects of institutionalization, thus, support more developmental and preventive interventions. Setting of standards for these services allows the clients to participate in a helping process that is sanctioned, organized and empowers them to become self-sustaining individuals, groups, families and communities. These standards also ensure that service providers are responsible and accountable in providing quality services.

**COVERAGE**

Community-based services are rendered when the helping process takes place with the community as the primary client system or when social services are provided to individuals, groups or families in their home or place of residence. A community is a group of people living together in a location with distinct geographical boundaries, or a group of people interacting and communicating with each other, sharing and working for a common interest, goal or concern. Distinguished from the other modes of service delivery, community-based service is characterized by interaction between the client and the worker in the community in relation to

the resolution of identified problems and concerns; thus to a large extent, involves community resources in phases and tasks in the helping process.

These standards are applied to social work agencies that have been issued license to operate based on the provisions of Administrative Order No. 06, series of 2005 (Omnibus Guidelines on the Registration and Licensing of Social Welfare and Development Agencies and the Accreditation of Social Welfare and Development Programs and Services, as amended) and are required or ready for accreditation. Policies and procedures set forth in AO 06, s. 2005 shall govern the accreditation process and requirements for community-based services through the use of appropriate instruments.

## **SOCIAL WELFARE AND DEVELOPMENT STANDARDS**

### **I. Administration and Organization**

#### **A. Vision, Mission, Goals and Policies**

1. A written statement of organizational purpose indicating the clients they wish to serve, programs and services they intend to provide and organizational goals.
2. A written statement of outcomes (vision) for both client and the organization.
3. Policies to translate intent into operations are written, which are contained in a manual of operation.
4. Governing Board and staff are able to articulate the organization's vision, mission and goals.
5. Registration and/or license are displayed at the head office and conditions in the license are observed.

#### **B. Organizational Structure**

1. Organizational Chart
  - a. Organizational positions and lines of authority; relationships between and among these structural elements are shown in a chart
2. Policy-making Structure
  - a. Presence of policy-making body with identified members who meet regularly or as stipulated by the organization's by-laws, to address issues and formulate policies for implementation;
  - b. Policy-making body formulates and/or approves organizational directions
3. Management Structure
  - a. Presence of personnel that provides leadership, guidance and support to the staff in all aspects of agency operations.
  - b. Management personnel are specified in the organizational functional chart.
    - b.1. Executive Director or Program Director – responsible for administering, planning, managing, and controlling the daily activities and for ensuring that the service quality requirements are met

- b.2. Supervising social worker – in case there are three or more direct service workers; shall be under the direct supervision of the director and will have to supervise 5 to 15 personnel at a time
- b.3. Supervisor/s - shall be under the direct supervision of the director and will have to supervise 5 to 15 personnel at a time

#### 4. Strategic and Operational Planning System

- a. Operations are aligned with a medium-term (i.e. three- to five-year) strategic plan, which is reviewed and updated at least annually.
- b. The strategic plan is translated to a work and financial plan.
- c. The strategic plan is based on a set of desired client outcomes based on program evaluation.
- d. Regular planning cycle is effected.

#### 5. Policy-Making Process and Procedures

- a. Documented policy-making process
- b. Policies being implemented are written and known by all the staff
- c. Clients are knowledgeable about policies that involve them.

#### 6. Ethical Conduct

- a. There is written and clear policy governing conflict of interest.

### **C. Financial Resource Management**

#### 1. Financial Management System

- a. Financial transactions with clients and non-clients
  - a.1. Processes for making financial transactions are transparent and properly documented
- b. Fund sourcing
  - b.1. Sources of funds are clearly indicated
  - b.2. Regular reporting and feedback on funds utilization to donors and sponsors is done
- c. Fund Allocation
  - c.1 Follows a program-to-administrative expenses ratio of 60%:40% to 70%:30%
- d. Control
  - d.1. Appropriate internal control systems are in writing and are implemented.
  - d.2. Internal and external (independent) auditing of financial transactions are done regularly and are documented. Annual financial statement is certified by an independent Certified Public Accountant (CPA).
  - d.3. Disbursements are covered by vouchers and properly authorized.

#### 2. Material Resource Management System

- a. Facilities/Assets

- a.1 The organization's facilities and physical assets are documented. Any disposal or acquisition activities are properly recorded.
  - a.2 Utilization, distribution, disposal, repair and replacement of physical assets are done in accordance with written policies.
  - a.3. Physical inventory of assets are done at least once annually and is recorded.
- b. Donation distribution
- b.1 There are written policies for securing, acknowledging and distributing donations. These policies are consistently implemented.
  - b.2 Distribution and utilization of donations is just, equitable and non-discriminatory
  - b.3 Receipt and utilization of donations either in cash or in kind are transparent, properly recorded and accounted for.

#### **D. Human Resource Management and Development**

1. Human resource policies, procedures and rules are consistent with organizational policies and goals, are necessary, applicable, understandable, reasonable and communicated to all levels of personnel in the organization.
2. Human Resource Management and Development Systems
  - a. Recruitment, selection, hiring and retention system
    - a.1 There is a written document specifying qualifications for each position. Such qualifications meet standards of the DSWD and the Professional Regulations Commission.
    - a.2 Job descriptions for all the staff in the organization are written. Actual tasks of personnel are aligned with what is written
    - a.3 There is a functioning system for acquiring new qualified personnel, assigning appropriate responsibilities and compensation
    - a.4 Personnel's qualifications and background are carefully assessed according to written policies before they are hired
    - a.5. Appropriate number of staff are hired and maintained based on the size of the organization and nature of social welfare development programs and services.
    - a.6. New personnel are given a program orientation on and proper induction to the organization – its vision, mission, goals, clientele group, programs and services, as well as guiding principles
  - b. Training and development
    - b.1. There is an effective ongoing training and development program based on a regular training needs analysis in order that all personnel at all levels may be able to upgrade and acquire necessary skills and competencies
    - b.2. The Board supports this training program, consistent with the needs of the service, manifested primarily by allocation of necessary funding and resources.

- b.3. There is a training plan for all personnel including volunteers to include proper interaction with client, standards of conduct, boundaries between appropriate and inappropriate behavior
- b.4. Organizational development activities are regularly conducted in order to facilitate good communication, cooperation and consistency among the staff in implementing the services
- c. Staff Support Services (group sharing, counseling)
  - c.1 All staff members receive regular and formal supervision, the details of which are recorded
  - c.2 There is access to formal or informal counseling when it is necessary.
  - c.3 Support mechanisms are provided to the staff, especially those who suffer stress and injury.
- d. Performance Appraisal
  - d.1 Assessment of staff performance is done periodically against desired client outcomes.
  - d.2. Tool for performance appraisal is developed and utilized by the agency establishing standards for quantity and quality of output, timeliness of results, manner of performance, effectiveness in use of resources, and includes trait-based criteria (personal character and attributes) especially in relation to dealing with clients.
- e. Compensation System
  - e.1 Compensation policies are developed and written by the organization as general guidelines to govern pay, incentives and benefits systems. These comply with existing wage, salary and labor laws and regulations and address at the least, internal alignment (comparisons among jobs or skill levels), employee contribution (performance-based or seniority-based comparison among employees), and management (budgeting, communicating and change).
  - e.2. Pay and benefits systems are developed, implemented and monitored based on existing wage, salary and labor laws and correspond to the different job specifications in the organization. Every personnel is paid his/her salary according to the pay structures.
  - e.3 Rewards and incentives scheme are in place to motivate the staff to work towards the promotion and fulfillment of the rights of the clientele group they serve.
- f. Volunteer Management
  - f.1 Written and implemented policies on the recruitment of volunteers, the kind of volunteers that will be accepted, the work they are expected to do and their responsibilities.
  - f.2 Volunteers given disciplinary control over clients shall meet the qualification requirements for organic personnel



- f.3 Orientation of the volunteer to the organization and a programmed interaction between the volunteer and the clients
- f.4 Mechanisms are existing to protect the clients from possible abuse by volunteers
- f.5 Support mechanisms for volunteers are in place, to include intermittent processing of experiences and an exit interview

g. Discipline

- g.1. Progressive discipline system is developed and is properly administered.
- g.2. Appropriate grievance system is in place and functional.

3. Personnel Competencies and Qualification Standards

- a. All personnel at all levels of functions and authority have the following qualifications and competencies:
  - a.1 Necessary educational and/or professional qualifications and skills to provide the services required
  - a.2 Knowledge of the agency's framework of service delivery
  - a.3 Facilitative of interdisciplinary collaboration
  - a.4 Knowledge of agency procedures and decision-making structures
  - a.5. Knowledge of agency target clientele and competence in dealing with them
- b. Head of Agency – must be Registered Social Worker (RSW) with at least two years managerial experience and relevant training in handling specific clientele group. A non-Social Work graduate can qualify on the conditions that he or she meets any of the following:
  - b.1. has taken at least the core courses in Bachelor of Science in Social Work or 24 units in Master in Social Work
  - b.2. has completed formal training and 2 years relevant experience on social welfare administration/management or on areas of major services delivered by the agency e.g. early childhood care and development, community organizing/development, livelihood management, etc.
- c. Supervising Social Worker – must be a RSW who has at least one year of relevant supervisory experience in organization/s handling specific clientele group
- d. Social Worker – must be a RSW with at least 360 hours of formal training or one year of work experience in handling specific clientele group
- e. Community Organizer/Development Worker – must be a RSW or a graduate of a bachelor's degree in CO or CD with at least 360 hours of formal training or one year work experience in CO or CD.



#### 4. Support Services

##### a. General Services

- a.1 Recorded transactions involving procurement, facilities and equipment repair and maintenance, transport use.
- a.2 Regular review of the utility and efficiency of these support services is done. Contribution to client outcomes is considered.

##### b. Information Management System

- b.1 A mechanism for documenting critical organizational events is in place.
- b.2 Administrative and program files and records are maintained and the recording system is kept functioning effectively in order to facilitate management and accountability.
- b.3 Data base system is developed for significant information on cases managed by the agency in aid of organizational decision-making, of policy and program development and research.

## II. Program Management

### A. Program Management Structure

1. Structures for program management are written in a Manual of Operation

### B. Program Management Process

#### 1. Planning

- a. Assessment of the clientele situation is done, with sufficient data collection to support program design and strategies. Baseline survey or any appropriate method of situational assessment is conducted.
- b. A clear program plan is formulated consistent with agency goals, strategies, manner and timeframe of implementation, resources needed and priorities in consultation with clients, staff and other significant stakeholders.

#### 2. Implementation

- a. Structures are appropriate to implementation.
- b. Required resources for implementation of program are provided by the organization.
- c. Schedules for provision of services are consistent with organizational intent and program design.
- d. Program implementation is documented.

#### 3. Monitoring

- a. Managers regularly monitor the quality of all program records, activities undertaken, availability and condition of facilities/resources and the decisions made by the staff and take appropriate action to remedy deficiencies of the staff in order to safeguard the interest and welfare of the clients and achieve program objectives.

4. Evaluation
  - a. End-of-year and project/program-end evaluation are done. This shall include securing feedback from clients on the services that they have received and a review of accomplishment of desired program and client outcomes.
5. Community Integration
  - a. Immediate community of the agency is aware of the activities being done by the agency.
  - b. Local government unit (LGU) covering agency's operation is aware of agency's operation; agency coordinates its projects or activities with the LGU/s where it operates
  - c. Agency cooperates/participates in relevant projects of its immediate community or organizations in the community.

### **III. Case Management**

#### **A. Caseload**

1. The following are prescribed caseload for each approach, i.e. generalist, specialist and CO/CD. Only one approach shall apply at a time.
  - a. For generalist approach (applying casework, groupwork and CO/CD at the same time), one (1) RSW shall manage simultaneously
    - a.1. at most 60 individuals at a time for casework
    - a.2. at most three (3) groups at a time for groupwork
    - a.3. at most five (5) families at a time either for casework or groupwork; and
    - a.4. at most one community at a time
  - b. For specialist approach, one RSW shall manage simultaneously
    - b.1. at most 20 individual cases (persons in crisis, youth offenders, abused children/women, and other similar cases that require intensive casework) at a time
    - b.2. at most two (2) groups at a time
  - c. For CO or CD work and special program or project implementation, one (1) RSW or CO or CD worker shall manage simultaneously
    - c.1. at most ten (10) groups at a time (e.g. small-group enterprise)
    - c.2. at most three (3) communities at a time

#### **B. Case Recording**

1. Intake assessment is written for each case, showing basis for contracting help or referral to other services; intake sheet is completely and properly accomplished; In case of CO/CD, a community survey is done and documented, showing basis for CO/CD.
2. Appropriate recordings are kept for each case according to purpose.



- a. Process recording, when understanding of specific situation/problem of a client is necessary and/or when required for supervision purposes.
  - b. Summary recording, when transfer of case to another worker/agency is effected (transfer summary); when case is closed (closing summary); when a significant progress on a case or significant interaction between client and worker is noted (progress notes/block summary)
  - c. Assessment and evaluative statement, which is the worker's professional evaluation on client's situation; presented at the end of every recording.
  - d. Community profile is properly accomplished, in case of CO/CD.
  - e. Records/documents relevant to the objective of helping is properly kept (e.g. proposal for livelihood project if interventions for livelihood development is indicated; petition for adoption if adoption is being worked on).
3. Case records are filed such as to be easily accessible to service providers but maintain privacy and confidentiality.
    - a. Case records and significant documents are systematically kept in a location that can be monitored and policies on records access and use are written.
    - b. Users of records are identified and only those identified are allowed records access. Use of records is according to agency policies.
    - c. Records of clients obtained by the agency from time to time are kept in corresponding folders.
  4. Recordings/documentation significant to each case are updated and show the history and development of the client's/community's situation from initial interaction with the service provider/agency, to the termination of services, based on helping goals. Records show participation of the client/community in decisions that affect him or her/them.

### **C. Helping Process**

1. Each client (individual, group, community) accepted by the agency for a helping contract has a written case study/assessment/survey, which clearly shows the following:
  - a. Problem identification and assessment
    - a.1. Presentation of information relevant to the problem system
    - a.2. Assessment of specific problem areas of the client and priorities to be worked on
  - b. Goal- and contract-setting and planning
    - b.1. Problem/development issues and directions are clearly discussed and recorded; shows agreement of client to participate in helping tasks, unless the client is mentally incapable to make the decisions (as in the case of an infant, a young child or someone with mental disability). This agreement/commitment should be concretely expressed in writing, where possible.

- b.2. Recommended interventions/actions are clearly stated based on written objectives, identified resources and time frame
- 2. Helping process manifests key helping elements, which are evident in recordings.
  - a. Participation and self-determination of client
    - a.1. There are regular processes for eliciting client contributions to his or her/their development/treatment plan
    - a.2. Decisions on short- and long-term activities that affect the life directions of the client are done with his or her/their participation
  - b. Multi-disciplinary/Multi-sectoral involvement
    - b.1. Relevant professions/disciplines are involved in appropriate phases of the helping process (e.g. case conference/consultation) and such involvement is recorded
    - b.2. In case of the community as the client system, formal or informal groups and organizations in the community are consulted on matters relevant to the resolution of the problems or concerns
  - c. Implementation
    - c.1. Implementation of any intervention is based on a plan agreed by client and worker. When change/s in implementation is/are necessary, this is /these are always agreed upon with the client.
  - d. Monitoring and evaluation
    - d.1. Regular monitoring activities are conducted to ensure effectiveness and consistency of interventions.
    - d.2. Assessment of effects of interventions is done regularly and results are incorporated in treatment/development plan revisions
    - d.3. Feedback of client on the processes and on results is elicited and is responded to by the worker.
  - e. Termination
    - e.1 Termination is done according to written agency policies and procedures. These stipulate the following:
      - e.1.1 Termination plan is formulated with the client prior to actual termination.
      - e.1.2 Client transition is processed with the client
      - e.1.3 Sustainability of necessary services outside agency is arranged prior to termination
      - e.1.4 Support and action towards mainstreaming are planned

- f. Follow-up service
  - f.1 There is a written policy on follow-up services.
  - f.2 Follow up services are recorded.
- g. Referral system is in place for cases that are not within the services of the agency

#### **IV. Helping Strategies (Program dependent)**

The following is a menu of services or helping strategies that can be applied in a community-based mode of service delivery. It is not necessary that all be simultaneously implemented. The appropriateness of one or more services/helping strategies applied to a given program will depend on the rights and needs of the target clientele, based on organizational VMG and program objectives. Where two or more strategies are applied, these are in harmony with each other and are planned and implemented in a holistic manner that benefits the target clientele.

##### **A. Health**

1. Services of the appropriate health professional to examine the health conditions and needs of the clients and prescribe appropriate treatment or intervention
2. Functional mechanism for referring emergency cases (to appropriate doctor or hospital) in order to provide timely and appropriate treatment.
3. If medicines (apart from the over-the-counter medicines) are distributed, these are according to prescriptions by licensed physicians. Prescription and administration of these medicines are explained to the client by a licensed health professional.
4. Use of indigenous health management in the community is certified safe by the appropriate government agency.
5. Health education are provided according to the life cycle and rights of clients (e.g. reproductive health for women; sex education for adolescents)
6. Conduct of laboratory exam, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional.

##### **B. Nutrition**

1. Provision of or access to adequate, safe, nutritious and fortified food that is appropriate for the client's age, developmental stage, and nutritional requirements and considers cultural/spiritual practices.
2. Parents and adults are educated on preparation of adequate, safe and nutritious food and in proper feeding of children and/or the sick and person with disability
3. Children and youth are trained on healthy eating habits; facilities are established for children and youth to participate in food preparation according to developmental capacities.

### **C. Provision of clothing and personal items**

1. Provision of or access to decent, clean, culture-sensitive and appropriately-sized clothing and personal items needed for physical protection, good grooming and personal health and sanitation.
2. If case of donated used clothing, appropriate fumigation is done or facilitated by the agency before distribution and use.

### **D. Formal and non-formal education**

1. Provision of or access to formal and non-formal education are appropriate to the client's age, developmental capacities and needs.
2. Where primary school-age children are served, access to formal education is monitored, ensured and facilitated.

### **E. Socio-cultural and recreation**

1. Provision of appropriate activities, equipment and toys to clients according to his/her/their age level, ethnicity/culture and physical and mental capability.

### **F. Spiritual and moral welfare**

1. Access to worship services chosen by the client.
2. Spiritual activities are planned with clients or in case of children, with parents.

### **G. Psychosocial welfare**

1. Alignment of policy and practice with respect to psychosocial interventions, which are known to all staff and clients.
2. Psychosocial interventions are handled by qualified professionals (e.g. counseling; critical incident stress debriefing; therapy; psychological testing; etc.)
3. Confidentiality policies are discussed with the client and decisions on this matter are arrived at with his/her/their participation
4. Discipline of clients is based on written policies and is always geared towards achieving helping objectives.
5. Psychological/psychiatric tests are used in relation to other relevant information in assessment and in planning for interventions

### **H. Protection and safety**

1. Provision of mechanisms for protection from mental, emotional, physical and sexual abuse and exploitation.
2. Registration of birth of all clients aged 17 years and below is monitored and facilitated.
3. Clients are trained on protective behavior.
4. Clients are trained on use of and/or are given protective gadgets when involved in activities or jobs that pose physical risks/harm

### **I. Paralegal/legal assistance**

1. Client is accessed to legal/paralegal services not provided by the agency when such is needed by the client.
2. Client is involved in the choice of legal counsel.



3. Client is guided or prepared for legal processes especially before, during and after court hearings.
4. Options are provided to the client before taking decisions on legal action/s.

**J. Livelihood project management, skills/entrepreneurial training, job placement, capital assistance**

1. Income-generating projects, job placement and trainings are planned and done with the participation of clients. These are conducted according to written policies on which clients are oriented.
2. Clear policies are set and implemented that governs profit sharing, income generation, earnings and savings on which clients are informed.
3. Accounting and bookkeeping requirements are met in all livelihood projects.
4. Due credit is given to client/s in products made by him/her/them or with his/her/their participation/application of his/her/their skills
5. Capital assistance is complemented with appropriate training to acquire skills for livelihood project management. Training is appropriate to the client's age and capacities.
6. Training, proper matching and job orientation are done for clients recommended for job placement
7. Agency observes labor laws and regulations in livelihood and job placement programs; mechanisms are established to avoid and prohibit child labor.

**K. Community participation/Progressive integration**

1. Volunteer work of clients is part of his/her treatment/rehabilitation/development plan.
2. Clients are provided with planned integration activities - social events, sharing sessions, visits, volunteer work, etc.- to interact with the community to facilitate social integration and mainstreaming.

**L. Advocacy**

1. Advocacy program is designed, planned, implemented and evaluated with the community to increase awareness among stakeholders and move them into action and support

**M. Alternative Family Care/Placement**

1. Prescribed laws, rules and regulations on alternative family care or placement are considered in policies of the agency.
2. Foster and adoptive families are trained and counseled towards the best interest of foster/adoptive child.
3. There is a system for continuous recruitment and development of foster/adoptive families
4. Case study for adoptive children shows that alternative family care/placement is the best intervention for the child's welfare.

#### **N. Family Preservation/Reunification**

1. There are clear and written policies in recommending for family preservation/reunification which are aligned with practice.
2. Case study for clients provided with this service shows that family preservation is the best intervention for the achievement of treatment/rehabilitation/development objectives

#### **O. Community Organization/Community Development**

1. There is a documented analysis of data related to the community problem being worked on by the agency, which matches the organization's VMG and its programs, services and activities in the communities served.
2. Worker coordinates efforts of formal and informal groups and agencies in the community in pursuit of problem resolution.
3. Community resources are identified and are used to address specific problems; necessary resources not available in the community are developed and/or sourced out with the community's involvement.
4. Community education complements program management and community interventions.

#### **P. Disaster management, emergency assistance**

1. Planning, designing, implementation and evaluation of disaster management programs shall be consistent with the whole disaster continuum (emergency response, rehabilitation, reconstruction, development, prevention, mitigation preparedness); Programs and services shall be consistent with the standard measures prescribed in each phase of the continuum.
2. Family and community self-reliance shall always be integrated in every program or service.
3. Rate of assistance is according to appropriate guidelines and standards.
4. Stockpiling of food and other goods is done in accordance with standards

#### **V. Physical Structures and Safety**


- A. Appropriate and ample space and facilities are provided for organizational functions and activities.
1. Has accessible and identifiable office space where daily organizational functions and activities are conducted.
  2. Office and facilities are kept in safe repair and decorated in such a way as to create a pleasant ambiance for personnel, clients and visitors; adequately lit, warm (or cool) enough; well-ventilated
  3. Adaptive means of communication is installed and functional at all times.
  4. Area of interaction is free from physical obstructions that are hazardous to the safety of the clients and away from vehicular traffic.
  5. Physical structures have been declared fire-safe by an authorized fire safety inspector.

6. Adequate room or space is provided for interviewing clients; structure and arrangement ensure privacy and confidentiality.
7. Furnishings are sufficient and appropriate for the number and kind of people in or are received by the agency.
8. Appropriate facilities for the implementation of the agency's programs and services are built or are secured (leased/rented with contract) within the required period and are maintained in safe condition (e.g. warehouse; stock room).
9. Has proper waste disposal system.

**EFFECTIVITY**

This Order shall take effect immediately after publication in a newspaper of general circulation.

Issued this 4<sup>th</sup> day of July, 2005.

  
**CORAZON JULIANO-SOLIMAN**  
DSWD Secretary