



Republic of the Philippines
Department of Social Welfare and Development
Batasan Pambansa Complex, Constitution Hills
Quezon City
Telephone No. 931-8101 to 07

Administrative Order No. 17
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SUBJECT: Standards for Group Home for Unattached Persons

INTRODUCTION

A survey conducted by the Department of Social Welfare and Development in 2003 on the state of residential care service for children revealed that rate of discharge of clients from facilities never exceeded rate of admission. With this state, overcrowding in the facilities would continue, especially when many residents could not be discharged, having no families to return to, being abandoned or when reunification with the family is not suitable. If this is widely occurring in facilities for children, which are predominantly established nationwide, the same situation could be expected in facilities for other clientele groups in general.

Overcrowding in facilities greatly diminishes the quality of services for the residents since resources become inadequate to provide for all their needs. A more serious implication for residents who are unattached but are ready for independent living, is that they stay longer than needed simply because of absence of an abode or a family to live with. Studies have shown that institutionalization have harmful effects on clients. Thus, longer stay in residential care facilities would mean higher probability of detrimental consequences in clients which may hinder the restoration or maintenance of an adaptive social functioning.

It is crucial therefore, to identify unattached persons in residential care who have potentials of living independently and access them to transition services in a natural setting of the community. In response to this need, group home service for the unattached persons would be appropriate.

In view of the above, the following standards are set to ensure high quality implementation of group home service.

COVERAGE

Group home service is a community-based living arrangement alternative to institutional care. It envisions responding to the needs of unattached persons - those who are abandoned, have no families to return to or whose reunification with family is not suitable and are assessed to be needing group living experience. The program enables a minimum of 6 and maximum of 8 clients discharged from residential care facility to live together and manage their group living activities with minimal

supervision from the agency social worker. Clients are prepared for independent living or for reunification with the family by developing basic life skills.

These standards are specific to group home service that is rendered by government social welfare agencies and licensed social work agencies which are required or ready for accreditation. Being a form of community-based service, standards for group homes shall be used in conjunction with general standards for community-based services (Administrative Order No. 13, series of 2005) in areas of administration and organization, and program management. Policies and procedures set forth in the 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 (Administrative Order No. 06, series of 2005) shall govern the accreditation process and requirements of group homes.

SOCIAL WELFARE STANDARDS

I. Administration and Organization

A. Personnel Competencies and Qualification Standards

1. A qualified social worker shall be assigned to supervise clients' activities and manage cases. She/He should be a registered social worker with at least 360 hours of formal training or work experience in managing cases of the identified clientele group.
2. A qualified supervisor shall be assigned to provide supervision to the social worker managing the group home and clients. She/He should meet qualification standards set forth in AO 13, s. 2005.

II. Program Management

A. Pre-need assessment

1. Establishment of the group home is supported by written findings on its necessity including a clear target of clients to be served.

B. Qualification for group home service and group living arrangement

1. There are written policies on qualification of clients for group home service and are implemented accordingly including the following:
 - a. Findings of endorsing social worker support that client recommended for group home service is an unattached person.
 - b. Group living experience is clearly supported by the assessment of recommending social worker as addressing the problem/s and need/s of client.
2. Complementation of clients' strengths and weaknesses are assessed and made as basis for deciding on client grouping.

C. Required resources for implementation

1. The monthly cost of rent or provision of shelter (in case of availability of agency-owned housing unit/shelter) and maintenance of housing unit, water and electricity consumption, food and personal needs of unemployed clients shall be provided by the agency while working towards independence or family support.

D. Agency supervision of the group home

1. The supervisor shall provide ongoing monitoring of the group home's operation. Supervision shall include on-site visitation and on-site conferences with the managing social worker at least once a month. Visits include contact with clients to determine client's view of the program.

III. Helping Strategies

Clients are assisted in developing functional behavior in a group-living arrangement through the following helping strategies. Each strategy shall be done in compliance with the corresponding standards.

A. Psychosocial care

1. Policies are aligned with practice with respect to psychosocial interventions and 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. Corporal punishment and deprivation of rights-based needs in disciplining clients are prohibited.
5. Psychological/psychiatric tests are used in relation to other relevant information in assessment and in planning for interventions.

B. Home life

1. Daily care program of each client and of the group meet his/her/their individual and group needs. This is guided by a helping plan formulated and agreed with them.
2. Clients are helped towards gainful employment; clients who are gainfully employed for at least 6 continuous months are prepared to assume full responsibility for appropriate contributions in food expenses and payment of bills. Amount of client counterpart or contribution shall be arrived in consultation and agreement with them and the group.
3. The food menu is prepared by the clients on a monthly basis with the supervision of qualified agency or community nutritionist and guided by

standards in food fortification. Clients are trained in food preparation as well.

4. Clients are trained on budgeting, liquidation of expenditure and decision-making in terms of individual responsibilities and counterpart.
5. Clients are guided in taking part in household chores according to their age and capacities.

C. Education

1. Provision of or access to formal and non-formal education is appropriate to the client's age, developmental capacities and needs.
2. Access to formal education is monitored, ensured and facilitated where primary school-age children are served
3. Clients are provided or accessed to educational programs, scholarship and assistance according to assessed needs.

D. Livelihood - 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; these govern 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. Grants are provided with utmost care in assessment. 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. Labor laws and regulations are observed in livelihood and job placement programs; mechanisms are established to avoid and prohibit child labor.

E. Community participation/Progressive integration

1. Volunteer work of client is part of his/her treatment/rehabilitation/development plan.
2. Clients are provided with planned integration activities - social events, sharing sessions, visits, volunteer work, among others - to interact with the community to facilitate social integration and mainstreaming.
3. Use of community facilities and resources are considered in the helping plans and are implemented as applicable.

F. Group supervised interaction

1. Clients are engaged in programmed group activities to learn problem-solving and decision-making skills, personal hygiene and grooming, group cohesiveness, home management and managing behaviors aimed at assisting them to adapt and participate in the community.

G. Protection and safety

1. Measures are established for protection of each client from 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

H. Health

1. There is provision of or access to services of the appropriate health professional to examine the health conditions and needs of the clients regularly and prescribe appropriate treatment or intervention
2. Functional mechanism for referring emergency cases is installed (to appropriate doctor or hospital) in order to provide timely and appropriate treatment.
3. Use of indigenous health management is allowed upon certification on safety by the appropriate government agency.
4. Health education is provided according to the life cycle and rights of clients
5. Conduct of laboratory exam, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional.

I. Nutrition

1. Clients are trained on planning for 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. Clients are trained on healthy eating habits; home facilities are established for clients to participate in food preparation according to developmental capacities.

IV. Case Management

A. 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.
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.
 - a. 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)
 - b. Assessment and evaluative statement, which is the worker's professional evaluation on client's situation; presented at the end of every recording.
 - c. Records/documents relevant to the objective of helping are properly kept (e.g. proposal for livelihood project if interventions for livelihood development are indicated; petition for adoption if adoption is being worked on, health records, etc.).
3. Case records are filed in the agency's office 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 situation from initial interaction with the service provider/agency, to the termination of services, based on helping goals. Records show participation of the client in decisions that affect him or her/them.

B. Helping Process

1. Each client 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
 - a.3. Group living arrangement is assessed as a need of the client
 - 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 person 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 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
 - 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

V. Physical Structure and Safety

A. Location

1. Located in a residential section of the community and conveniently accessible to public transportation, parks, churches, schools, clinics/hospitals, recreation centers, playgrounds and other community resources.
2. Located in a safe distance from dangerous structures/conditions like gas and power stations, cliffs, main thoroughfares, or measures are installed to prevent loss of life and harm to health and safety that may be caused by these structures/conditions.

B. Sanitation

1. Generally clean and free from clutter, dirt or waste matter.
2. Free from rodents, insects and stray animals.
3. Clients participate in the upkeep of the home.
4. Has proper waste disposal system, which the clients are trained to practice.

C. Accommodation and living space

1. Declared fire-safe by proper government authorities
2. Specific areas in the home are designated for informal living, dining, indoor recreation, sleeping, bathing, food preparation and storage and adequate and appropriate furnishings, tools or utensils are provided.
3. Sleeping accommodation meets the following conditions:
 - a. Each bedroom has a window;
 - b. No basement shall be used as sleeping accommodation unless declared fire-safe by authorities;
 - c. Each client has a minimum of 6.5 sq. m. in single accommodation; 4 sq. m per client in multiple accommodation.
 - d. Each client has his/her own bed appropriate to age, a clean mattress and bedding appropriate to weather conditions and climate.
 - e. No client who has serious difficulty negotiating stairways shall be placed in a bedroom above or below the ground floor level of the group home.
4. Separate bathroom/toilet facilities are provided for male and for female clients with at least one functional bathroom, one functional toilet and two functional lavatories for each gender. If bathroom and toilet units are in the same room, safely-constructed partitions are installed for individual privacy.
5. Developmental and safe recreational materials are provided and are appropriate to resident's age, capacities and interest.
6. Laundry area has adequate space separate from the living unit and is equipped with basic laundry materials/utilities.
7. Basic utilities such as telephone or any adaptive means of communication, adequate supply of water and electricity are available for the daily needs of the clients.

8. Home is kept in safe repair and decorated in such a way as to create a pleasant ambiance for clients and visitors; adequately lit, warm or cool enough; well-ventilated
9. The home is not used for general organizational and administrative functions of the agency while designating a space for on-site conferences.
10. Space is designated for receiving visitors.
11. Drainage and sewage systems are functional and well-maintained.

D. Safety measures

1. Clients are guided and trained in the use and storage of dangerous household supplies and dangerous tools in the home. These are properly labeled, kept in safe, locked places. Firearms and ammunition shall not be kept in the group home.
2. All exit doors shall be equipped with hardware which does not require the use of a key to unlock the door from the inside. Exit doors should not be blocked.
3. Fire extinguishers and other fire control equipment are visible and easily accessible.
4. Fire drills are conducted regularly; Staff are trained on fire prevention and evacuation.
5. Clients are trained in administering first aid.
6. Emergency networks and measures are arranged with the community.
7. Updated medicines are safely stored in a secure cabinet and are administered only by an authorized person and with proper prescription or medical advice.
8. Health and safety hazards in the group home are properly recorded and dealt with promptly and properly.

EFFECTIVITY

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

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