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**SUBJECT: STANDARDS FOR COMMUNITY BASED SERVICES
FOR STREET CHILDREN**

I. INTRODUCTION

The Philippines' ratification of the Convention on the Rights of the Child (CRC) in July 1990 and the two (2) Optional Protocols in 2002 on the involvement of children in armed conflict and sale of children, child prostitution and pornography, demonstrates a commitment to improve the quality of life of Filipino children, who are at risk, disadvantaged and vulnerable to abuse, neglect, exploitation and violence and providing them a better future. The ratification of these International Humanitarian Instruments seek to support and complement the global commitment to peace and development as enshrined in the Millennium Development Goals (MDG) which the country adopted in 2000. The country firmly recognizes that the protection of children from all forms of abuse and violence is fundamental to their survival, development and participation. In 2002, the UN General Assembly held a special session for children and came out with an outcome document "A World Fit for Children". The document is an action plan which underscores the new agenda for - and with - the world's children, including 21 specific goals and targets for the next decade. The action plan focused on four key priorities: promoting healthy lives; providing quality education for all; protecting children against abuse, exploitation and violence; and combating HIV/AIDS.

As an affirmative action of the government to these international laws and policies and in fulfillment of its obligation to uphold the rights of children, the Philippine National Strategic Framework for Plan Development for Children or "Child 21" was crafted to pursue the same goals and targets set forth in these policy directions. The strategic framework is a 25 year action plan which serves as a road map for the national government as well as for the local government, private sector and non-government organizations in setting priorities for action and in allocating and utilizing resources to promote the rights of Filipino children.

II. RATIONALE

The issue of the street children is a concern shared by developing and third world countries. Its population has always been a subject of numerous studies. In 1989, UNICEF estimated its number around one million but in the year 2005 the same organization stated that the street children's exact population cannot be quantified and it is likely that the number is increasing.¹

In the Philippines, a growing number of children spend at least four hours everyday on the streets. These children range in age from zero to below eighteen years old or older who are unable to protect themselves from abuse, neglect, exploitation or discrimination or because of a physical

¹ Page 64, Section 7.1.1. "State of the World's Street Children-Violence". www.streetchildren.org.uk.

or intellectual disability. There are children who go home to their families and those who live on the streets. Children on the streets earn a living and return home to their families. Children of the street are those who do not only work on the street but actually live there. They have run away from home for a variety of reasons. They usually withhold the location of their families from people they encounter in the streets. There are also children who have been abandoned and neglected and whose families also live on the streets. Abandoned and neglected children are those who have been on the streets for so long that they may not know where their families are or may not even remember them while children of street families are those who live with their families on the streets. They dwell in makeshift houses along the sidewalks or in wooden pushcarts moving from one place to another. Living and working on the streets expose children to numerous hazards and they become vulnerable to different risks. They fall prey to abuses from their fellow street children and exploitation from adults (Ours to Protect and Nurture: The Care of Children Needing Special Protection, DLSU-Social Development Research Center, 2001).

Moreover, the most common reasons for children leaving their homes and staying in the streets are family issues, peer influence, poor living conditions at home and the need to work. Children scavenge, sell, watch or clean cars and do other menial jobs. The vulnerability of children leads to their exploitation. Some engage in illegal activities such as pick pocketing, vending of illegal drugs and some are forced into prostitution.

Given the above situation, the Department together with a number of social welfare and development agencies (SWDAs) and individuals continue to reach out and help these children using different approaches and strategies through numerous community based programs and services. They aim to provide street children with their basic needs and emotional support, rescuing them from the streets and placing them under protective custody to provide them opportunities for a better life. The continuing commitment of these SWDAs prompted the Department of Social Welfare and Development (DSWD) to establish performance standards on service delivery to street children to ensure quality care and their best welfare and interests. Further, these standards shall ensure that children rescued from the streets are handled appropriately by service providers to achieve the purpose of placing them under protective custody which is to enable them to come to a decision towards a better and a clear direction in life.

These standards represent a commitment by the government to build a protective and caring environment for the Filipino children.

III. LEGAL BASES

These standards are hereby formulated by the DSWD based on the following international instruments, laws and policies:

1. International Instruments

United Nations Convention on the Rights of the Child – under the following articles:

- a. Article 4 - States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation international

convention setting out the civil, political, economic, social and cultural rights of the child.

- b. Article 19 – (1.) States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child and (2.) Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement
- c. Article 20 – (1.) A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State, (2.) States Parties shall in accordance with their national laws ensure alternative care for such a child and (3.) Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

2. National Laws

- a. 1987 Constitution Article XV Section III – The State shall defend “the right of children to assistance including proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their environment.”
- b. Presidential Decree No. 603 - Child and Youth Welfare Code – under the following articles:
 - c.1 Article 1. Stipulates that the child is one of the most important assets of the nation. Every effort should be exerted to promote his welfare and enhance his opportunities for a useful and happy life.
 - c.2 Art. 118. License Required. - No private person, natural or juridical, shall establish, temporarily or permanently, any child welfare agency without first securing a license from the Department of Social Welfare.
 - c.3 Article 86, Ordinances and Resolutions - Barangay Councils shall have the authority to enact ordinances and resolutions consistent with law or municipal ordinances, as may be necessary to provide for the proper development and welfare of the children in the community, in consultation with representatives of national agencies concerned with child and youth welfare.
- c. Republic Act 7160 – An Act Providing for a Local Government Code of 1991, Chapter 2. – Under the Decentralization Process, the Code in cognizance of the primary role of Local Government Units (LGUs) in the development and growth of communities, vested in the latter exercise of service delivery functions, among them the delivery of health and welfare services and the implementation of

programs and projects for street children, primary health care, maternal and child care, etc.

- d. Republic Act 7610 - Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act Article 1 Section 2 – It states that a comprehensive program shall be formulated to protect children against any form of abuse which endanger a child's survival and normal development.
- e. Republic Act 4373 - An Act to Regulate the Practice of Social Work and the Operation of Social Work Agencies in the Philippines and for Other Purposes – Article IV Section 23 states that no social work agency shall operate and be accredited as such unless it shall first have registered with the Social Welfare Administration (now DSWD) which shall issue the corresponding registration certificate.
- f. Republic Act 9344 – "Juvenile Justice and Welfare Act of 2006."- It covers the different stages involving children at risk and children in conflict with the law from prevention to rehabilitation and reintegration. It aims to protect the best interest of the child through measures that will ensure the observance of international standards of child protection.

3. DSWD Policies

- a. Administrative Order No. 17 s. 2008 (Rules and Regulations on the Registration and Licensing of Social Welfare and Development Programs and Services) - Provides the steps involved in assessing and processing applications for registration, licensing and accreditation, requirements needed, benchmark standards for setting up social welfare agencies, as well as policies and legal bases integral to the regulatory function.
- b. Administrative Order No. 13 s. 2005 (Standards for Community-Based Services) – Sets common measures of quality for community-based services rendered by a Social Welfare and Development Agency (SWDA) or Social Welfare Agency (SWA) to ensure that service providers are responsible and accountable in providing quality services.
- c. Administrative Order No. 56 s. 2005 or the Guidelines on Sagip Kalinga Project – A project aimed to rescue street dwellers through the provision of *balik-probinsya* program, counseling, educational assistance, medical/hospital referral, effective parenting and paralegal training program among others.
- d. Department Order No. 13 s. 2000 or the Guidelines on Street Children Program – Provides the guiding principles for policies and program interventions that promote and safeguard the rights of the street children.

IV. DEFINITION OF TERMS

The following terms are defined as used in these standards:

1. Street Children – refers to children who stay most of the time (four hours and above) on the streets and in public places and are engaged, while in the streets, in varied types of activities other than engaging in economic activities to earn a living (2006 National

2. Community Based Services - refer to programs and services rendered when the helping process takes place in the community as the primary client system or when social welfare and development activities are provided to individuals, groups or families while they remain in their homes. It is characterized by interaction between client and community worker in relation to the resolution of identified problems and concerns. These may include three approaches/interventions:
 - a. *Street Intervention* – refers to an approach that reaches out to children in the streets or places of work. This applies to children who are not prepared to give up the little adventures and fortunes in the streets for the structured atmosphere in the centers e.g. street education.
 - b. *Center Services* – refer to the provision of a temporary shelter as respite to street children from street life where they are able to rest, play, eat, sleep, maintain personal hygiene, socialize with peers, attend alternative form of education and receive counseling. The children are either returned to their families or referred for provision of residential care services as the last resort based on the assessment of the social worker e.g. drop-in centers.
 - c. *Family Intervention* – refers to interventions which are largely preventive, addressing the problem where it starts, the family and community of the child. Programs and services include providing street children with educational assistance for formal and non-formal education as well as other forms of alternative education. It also offers families with opportunities and resources to attain better and regular income and training parents on responsible parenthood especially in the care and protection of the young e.g. Parent Effectiveness Seminar (PES) and Parent Effectiveness Service and Empowerment and Reaffirmation of Paternal Abilities (ERPAT).
3. Street Educator – refers to a person who has been trained to provide alternative education services to street children and serves as a link for the children to resources within the community through various activities e.g. referral of the street child to appropriate health professionals.
4. Social Welfare and Development Agency- refers to a person, corporation or organization, engaged in providing directly or indirectly social welfare services and obtains its finances either totally or in part, from an agency or instrumentality of the government and/or from the community by direct or indirect solicitations and/or fund drives and/or endowment. (Philippine Encyclopedia of Social Work 2000 Edition Volume 2)
5. Social Work – is the profession which is primarily concerned with organized social service activities aimed to facilitate and strengthen basic social relationships and the mutual adjustment between individuals and their social environment for the good of the individual and of society by the use of social work methods (Republic Act No. 4373).
6. Social Worker – a practitioner who, by accepted academic training and social work professional experience, possesses the skill to achieve the objectives as defined and set

by the social work profession, through the use of the basic methods and techniques of social work (case work, group work and community organization) which are designed to enable individuals, groups and communities to meet their needs and solve the problems of adjustment to a changing pattern of society and through coordinated action, to improve economic and social conditions. It is connected with an organized social work agency which is supported partially or wholly from government or community solicited funds (Republic Act No. 4373).

7. Caseload – is the number of cases managed by the social worker, street educators or other staff/individual involved in the management of a case.

V. COVERAGE

These standards shall apply to registered and licensed social welfare and development agencies (SWDAs) including the Local Government Units (LGUs) implementing Community Based-Services for Street Children and those currently engaged in the same but not yet registered.

VI. SOCIAL WELFARE AND DEVELOPMENT STANDARDS

The following standards per area are general to all types of community based approaches/strategies for street children. However, there are areas where specific standards are required e.g. Caseloads, Physical Structures and safety.

A Administration and Organization

1. Vision, Mission, Goals and Policies
 - a. A written statement of organizational purpose indicating the beneficiaries to be served, programs and services to be provided and organizational goals to be achieved which are posted in a conspicuous place.
 - b. A written statement of outcomes (vision) for both beneficiaries and the organization exists
 - c. Policies to translate intent into operations are written and are contained in a manual of operation.
 - d. Governing Board and staff are able to articulate the organization's vision, mission and goals.
 - e. Registration and license are displayed at the head office or sub-offices/satellite offices and conditions in the license are observed.
 - f. A clearly defined policy on Child Protection which reflects the standards set forth by international and national laws and provides guidance and procedures for the staff to follow when or if they discover or suspect that a child has been or is being abused or neglected. The summary of the child protection policy is clearly displayed in a conspicuous place.

2. Organizational Structure

a. Organizational Chart

Organizational positions and line of authority; relationships between and among these structural elements are shown in a chart which is displayed or posted in a conspicuous place.

b. Policy Making Structure

b.1 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.2 Policy-making body formulates and/or approves organizational directions.

c. Management Structure

c. 1. Presence of personnel who provide leadership, guidance and support to the staff in all aspects of agency operations.

c. 2. Management personnel are specified in the organizational functional chart that is displayed in a conspicuous place in the office.

i. Executive Director/Program Director/Head of the Agency – responsible for planning, organizing, managing, coordinating and controlling the program operations and for ensuring that the service quality requirements are met. The following shall be under the supervision of the Director:

- no more than three (3) Social Workers
- no more than five (5) Administrative Staff
- no more than twelve (12) houseparents

ii. SWDAs that have four (4) or more social workers must employ a supervising social worker.

iii. SWDAs that have twelve (12) or more houseparents must employ a supervising houseparent

d. Strategic and Operational Planning System

d.1 Operations are aligned with a medium-term strategic plan (i.e. three- to five-year), which is reviewed and updated at least annually.

d.2 Regular planning cycle is effected.

d.3 The strategic plan is translated into a work and financial plan.

d.4 The strategic plan is based on a set of desired client outcomes based on program evaluation.

d.5 Presence of Memorandum of Understanding /Agreement that would formalize/institutionalize the cooperation between the Barangay Council for the Protection of Children (BCPC)/ LGU and the SWDAs in terms of the delivery of programs and services.

- e. Policy-Making Process and Procedures
 - e.1 Documented policy-making process
 - e.2 Policies being implemented are written and known by all the staff
 - e.3 Beneficiaries are knowledgeable about policies that involve them.
 - f. Ethical Conduct
 - f.1 There is written and clear policy governing conflict of interest.
 - f.2 There is a written and clear policy governing employees' code of ethics anchored on the VMG of the organization and its Child Protection Policy.
3. Financial Resource Management
- a. Financial Management System
 - a.1. Fund sourcing
 - i. Sources of funds are clearly indicated
 - ii. Regular reporting and feedback to donors and sponsors on fund utilization is done
 - a.2. Fund Allocation

Program and administrative expenses ratio as per DSWD mandate is followed
 - a.3. Control
 - i. Processes for making financial transactions with beneficiaries and non-beneficiaries are transparent and properly documented
 - ii. Appropriate internal control systems are in writing and are being implemented.
 - iii. 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) if their gross income is P500,000.00 above.
 - a.4. Fund Liquidation

Disbursements are covered by duly authorized vouchers and are subjected to annual internal and external audit.
 - b. Material Resource Management System
 - b.1. Facilities/Assets
 - i. An inventory of the organization's facilities and physical assets is kept and updated at least once a year. Any disposal or acquisition activities are properly recorded.
 - ii. Utilization, distribution, disposal, repair and replacement of physical assets are done in accordance with written policies.
 - b.2. Donation distribution

- i. There are written policies for securing, acknowledging and distributing donations. These policies are consistently implemented.
- ii. Distribution and utilization of donations are just, equitable and non-discriminatory
- iii. Receipt of monetary contribution and utilization of donations either in cash or in kind are transparent, properly recorded and accounted for.

4. Human Resource Management and Development

- a. Human resource policies, procedures and rules are consistent with organization policies and goals, are necessary, applicable, understandable, and reasonable and communicated to all levels of personnel in the organization.

b. Human Resource Management and Development Systems

b.1 Recruitment, selection, hiring and retention system

- i. There is a written document specifying qualifications for each position. Such qualifications should meet the standards of the DSWD and the Professional Regulations Commission.
- ii. Job descriptions for all the staff in the organization are written. Actual tasks of personnel are aligned with what is written
- iii. There is a functioning system for acquiring new qualified personnel, assigning appropriate responsibilities and compensation
- iv. Personnel's qualifications and background are carefully assessed according to written policies before they are hired
- v. Appropriate number of staff are hired and maintained based on the size of the organization and nature of social welfare development programs and services.
- vi. New personnel are given a program orientation and proper induction to the organization – its vision, mission, goals, clientele group, programs and services, as well as guiding principles including the Child Protection Policy.
- vii. All applicants undergo psychological testing. In the absence of a psychologist in a SWDA, this should be administered by an accredited service provider.

b.2 Training and development

- i. There is an effective ongoing training and development program based on a regular training needs analysis in order that all personnel at all levels are able to acquire necessary skills and competencies in accordance with their job description.
- ii. The Board supports the training program, consistent with the needs of the staff by allocating the necessary funding and resources.

- iii. There is a training plan for all personnel including volunteers to include proper interaction with beneficiaries, standards of conduct, boundaries between appropriate and inappropriate behavior
- iv. Organizational development activities are regularly conducted in order to facilitate good communication, cooperation and consistency among the staff in implementing the services
- v. All staff whether full time, part time and volunteers have had first aid training.

b.3 Staff Support Services

- i. All staff members receive regular and formal supervision, the details of which are recorded to help ensure good management, appropriate delegation of task/s and work load management.
- ii. Periodic staff meetings are conducted to allow the discussion of key issues and problems at the service and the finding of solutions for those issues and problems to better serve the children.
- iii. Support mechanisms are provided to the staff, especially those who suffer stress and injury i.e. access to formal and informal counseling, stress debriefing.

b.4 Performance Appraisal

- i. Assessment of staff performance is done periodically against desired client outcomes to identify areas needing technical assistance.
- ii. Performance Appraisal Tool 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 a trait based criteria (personal character and attributes) especially in relation to dealing with clients.

b.5 Compensation System

- i. Compensation policies are developed and written by the organization as general guidelines to govern salaries, 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).
- ii. 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 that they serve.

b.6 Volunteer Management

- i. There are written and implemented policies on the recruitment of volunteers, criteria for admission, volunteer training and development, selection and placement, job description, tasks, their responsibilities and volunteer performance monitoring and evaluation.

- ii. Volunteers given disciplinary control over clients meet the qualification requirements for organic personnel
- iii. Orientation on the interaction between the volunteer and the beneficiaries is provided.
- iv. Mechanisms exist to protect the beneficiaries from possible abuse by volunteers such as grievance redress systems.
- v. Support mechanisms for volunteers are in place, to include intermittent processing of experiences and an exit interview
- vi. Activities of volunteers are properly documented.
- vii. All volunteers submit to or undergo background checks and in the case of volunteers who are given responsibility for the care of children, psychological testing.

b.7 Appropriate Progressive Discipline System

- i. Progressive discipline system is developed and is properly administered.
- ii. Appropriate grievance system is in place and functional.
- iii. Violations of the organization's Child Protection Policy are recorded and dealt with accordingly.

5. Personnel Competencies and Qualification Standards

- a. All personnel at all levels of functions and authority have the following qualifications and competencies:
 - i. Appropriate educational and/or professional qualifications and skills to provide the services
 - ii. Knowledge of the agency's framework of service delivery
 - iii. Facilitative of interdisciplinary collaboration
 - iv. Knowledge of agency procedures and decision-making structures
 - v. Knowledge of agency target clientele and competence in dealing with them
- b. Executive Director/Program Director/Head of the Agency – must be a 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 condition that he or she meets any of the following:
 - i. Has taken at least the core courses in Bachelor of Science in Social Work or 24 units in Master in Social Work or any social development field (e.g. BS Community Development, Family Life and Child Development, etc.)
 - ii. Has completed formal training and/or 2 years relevant experience in social welfare administration/management or in 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 street children.
- e. Community Organizer/Development Worker – must be a RSW or a graduate of a bachelor’s degree in Social Work (SW) or Community Organization (CO) or Community Development (CD) with at least 360 hours of formal training or one year work experience in CO or CD.
- f. Street Educator – Must have at least 120 hours of training or at least one year work experience in handling street children.

6. Support Services

a. General Services

- i. Transactions involving procurement, facilities and equipment repair and maintenance and transport use, are recorded.
- ii. Regular review of the utility and efficiency of these support services is done. Contribution to beneficiaries’ outcomes is considered.

b. Information Management System

- i. A mechanism for documenting critical organizational events is in place.
- ii. Administrative and program files and records are maintained and the recording system is kept functioning effectively in order to facilitate management and accountability.
- iii. Database 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.

B. Program Management

1. Program Management Structure

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

2. Program Management Process

a. Planning

- a.1 Assessment of the updated profile and general situation of the street children, their families and barangay where they belong is done, with sufficient data collection to support program design and strategies. Baseline survey or any appropriate method of situational assessment is conducted.
- a.2 A clear program plan is formulated consistent with agency goals, strategies, and interventions according to age groups. Timeframe of implementation, resources needed and priorities in consultation with beneficiaries, staff and other significant stakeholders through participatory process are considered in the development of helping strategies.

- a.3 Where possible and relevant a Memorandum of Understanding/Memorandum of Agreement for the convergence of programs and services for street children is developed as a result of a consultation between the concerned LGU and NGO.
- b. Implementation
 - b.1 Structures are implementable.
 - b.2 Resources for implementation of programs are provided by the organization.
 - b.3 Provisions of services are consistent with organizational intent and program design.
 - b.4 Program implementation is documented using DSWD standard format for uniformity and systematic reporting.
- c. Monitoring
 - c.1 Managers conduct regular quarterly monitoring of the quality and impact of all programs, 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 beneficiaries and to achieve program objectives.
 - c.2 Existence of a monitoring tool/system for program implementation.
 - c.3 Quarterly consultation meetings with beneficiaries and stakeholders are done to ensure issues and concerns are discussed and properly addressed/responded to.
- d. Evaluation
 - d.1 A participatory program year-end evaluation is done through the conduct of workshop and/or group sessions with the beneficiaries, staff and other stakeholders.
 - d.2 Periodic activity evaluation is conducted as necessary where the beneficiaries participate/are consulted.
 - d.3 Activities and strategies are redirected as necessary.
- e. Community Integration
 - e.1 Immediate community and concerned local government unit (LGU) are aware of agency's operation and activities; agency coordinates its projects or activities with the LGU/s where it operates
 - e.2 Agency cooperates/participates in relevant projects of its immediate community or organizations in the community.
 - e.3 Community participation in the delivery of programs and services is promoted.

C. Case Management

1. Case Recording

- a. Intake sheet is completely and properly accomplished within 24 hours of the first interaction with the child. An assessment is written for each case, showing basis for contracting help or referral to other services after involving the child, as necessary. In case of CO/CD, a community survey is conducted and documented, showing basis for CO/CD.
- b. Appropriate recordings and database are kept for each case according to helping plan.
 - b.1 Process recording, when understanding of specific situation/problem of beneficiaries is necessary and/or when required for supervision purposes; summary recordings 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).
 - b.2 Case records are properly maintained and regularly updated. For Center Services and Street Interventions, documents would include running records relevant to the behavior of the street child and of every activity/contact with the street child, medical records, school records, birth certificate(if available)and other documents related to the child that show the situation from initial interaction with the service provider/agency, to the termination of services. Records show participation of the client/beneficiary in decisions that affect him or her.
 - b.3 Assessment and evaluative statement, which is the worker's professional evaluation on beneficiaries' situation; presented at the end of every recording.
 - b.4 Proceedings of group work activities are properly documented and filed.
 - b.5 For Family Intervention, the community profile is updated and completed annually.
- c. Case records and database are accessible only to service providers involved in the case to maintain privacy and confidentiality.
 - c.1 Case records are filed alphabetically and significant documents are systematically kept in a location that can be monitored.
 - c.2 Only users of records approved by the Executive Director/Center Head are allowed access to records. Use of records is according to written agency policies.
 - c.3 Records of beneficiaries obtained by the agency from time to time are kept in their respective folders.
- d. For Center Services and Street Interventions, a photo of the street child is taken by the agency upon contract setting between the client/beneficiary and Social Worker.

2. Helping process

Each beneficiary has a helping contract and a social case study report containing the following information:

- a. Identified problem and assessment
 - a.1 Presentation of information relevant to the problem including the family background and/or community profile.
 - a.2 Assessment of specific problem areas of the beneficiaries and priorities to be worked on.
- b. Helping goal, contract-setting and helping plan
 - b.1 Problem/development issues and directions are clearly discussed and recorded; shows agreement of beneficiaries to participate in helping tasks, unless the street child is mentally incapable to make the decisions (as in the case of a young child or someone with intellectual disability). This agreement/commitment is concretely expressed in writing.
 - b.2 Recommended interventions/actions for the beneficiaries are clearly written and stated with activities, time frame, identified resources and responsible persons.
 - b.3 For the Street Intervention, duration of helping contract is a maximum of six (6) months.
 - b.4 Although the stay of the child in a Drop-in Center does not exceed 24 hours, duration of helping process must be a maximum of six months.
 - b.5 For the Family Intervention, helping process' duration does not exceed one year. Goals are reviewed and changes are made as necessary.
- c. Helping process manifests key helping elements, which are evident in recordings.
 - c.1 Participation and self-determination of clients/beneficiaries
 - i. Relevant professions/disciplines are involved in appropriate phases of the helping process (e.g. case conference/consultation) and such involvement is recorded.
 - ii. There are regular processes for eliciting beneficiary's contributions to his/her/their development/treatment/rehabilitative plan.
 - iii. Decisions on short- and long-term activities that affect the life directions of the beneficiary are done with his/her/their participation
 - c.2 Multi-disciplinary/Multi-sectoral involvement
 - i. Relevant professions/disciplines are involved in appropriate phases of the helping process (e.g. case conference/consultation) and such involvement is recorded.
 - ii. In case of the community as the beneficiary, formal or informal groups and organizations in the community are consulted on matters relevant to the resolution of the problems or concerns. Child's perspective is

heard whether from the child himself/herself or from a child leader who can provide the needed perspective.

c.3 Implementation

- i. Implementation of any intervention is based on a plan agreed by beneficiaries and worker. When change/s in implementation is/are necessary, this is /these are always agreed upon with the beneficiaries.
- ii. Referral system is in place for cases that are not within the services of the agency.

c. 4 Monitoring and Evaluation

- i. Regular monthly monitoring activities are conducted to ensure effectiveness and consistency of interventions.
- ii. Assessment of effects of interventions is done regularly and results are incorporated in treatment/development plan revisions.
- iii. Feedback of beneficiary on the processes and on results is elicited and is responded to by the worker.

c. 5 Termination of Helping Contract

Termination is done according to written agency policies and procedures such as:

- i. Termination plan is formulated with the beneficiaries prior to actual termination.
- ii. Beneficiaries' transition is processed with him/her/them.
- iii. Support and action towards mainstreaming are planned
- iv. Sustainability of necessary services outside of the agency is arranged prior to termination e.g. referral for job placement, further medication etc.

c.6 After-Care service

- i. Proceedings of pre-discharge conferences indicate provision of after-care services to include the roles of the M/CSWDOs.
- ii. Reports on provision of after-care services are forwarded to referring party for six (6) months from discharge date

3. Caseload

The following standards are based on the actual experiences shared by the agencies catering to street children providing community based services according to the different interventions/approaches for street children.

a. Street Intervention

- a.1 One full time RSW/CDW/CO shall manage fifteen children on the streets at a time.
- a.2 One Street Educator shall handle not more than 30 street children from at least one (1) community at a time. If beyond 30, an assistant who may either be a parent, trained older street child or volunteer, should be available to assist the street educator.

b. Center Services:

b.1 One full time RSW shall manage fifteen clients/beneficiaries at a time.

b.2 One House Parent per shift shall handle not more than twenty (20) street children at a time.

c. Family Intervention

One full time Registered Social Worker Social Worker or a Community Development Worker shall manage cases as follows:

c.1 At most three (3) groups at a time with 15 members for group work with the help of trained parent leaders.

c.2 At most three (3) families at a time either for casework or group work; and

c.3 At most three (3) communities at a time of about 100 families each

D. Helping Strategies

1. Health

- a. There is provision of or access to professional health services e.g. medical examination or interventions
- b. Children provided with appropriate health care and records should be kept confidential.
- c. Functional referral mechanism for emergency cases e.g. to appropriate doctor or hospital in order to provide timely and proper treatment.
- d. Medicines apart from the over-the-counter medicines should be administered according to the prescriptions by a licensed physician. Prescription and administration of these medicines are explained to the street children with an adult companion by a licensed health professional.
- e. Use of indigenous health management/practices in the community certified safe by the appropriate government agency.
- f. Health education is provided according to the life cycle and rights of the street children (e.g. awareness session on adolescent reproductive health and personal hygiene, risk prevention related to HIV AIDS and sexually transmitted infectious diseases especially for commercially sexually exploited children and abuse, drug abuse prevention).
- g. For the SWDAs providing street intervention and center services, conduct of laboratory examination, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional.

2. Nutrition

- a. For SWDAs providing center services, provision of or access to adequate, safe, nutritious and fortified food that is appropriate for the client's age augmenting the

family support for the child's, developmental stage and nutritional requirements and considers cultural/spiritual practices.

- b. For SWDAs providing center and family intervention, children and youth are educated on the value of nutrition and trained on healthy eating habits; facilities are established for children and youth to participate in food preparation according to developmental capacities.
- c. For SWDAs providing center and family intervention, training on preparation of adequate, safe and well balanced/nutritious food and training on proper feeding of children are being provided to parents and service providers.

3. Provision of Clothing and Personal Items

- a. For SWDAs providing center services, provision of decent, clean, culture-sensitive and appropriately-sized clothing and personal items to augment the need for physical protection, good grooming and personal health and sanitation.
- b. Donated used clothings are cleaned by the agency before distribution.

4. Formal and Non-formal education

- a. Provision of or access to formal and non-formal education (e.g. alternative learning system) is appropriate to the client's age, developmental capacities and needs should be ensured, facilitated and maintained.
- b. Where out of school children and youth are served, access to formal education or vocational/skills training is monitored, ensured and facilitated.
- c. Conduct of lecture/seminars/trainings/workshops on topics appropriate to the clients' age, gender and situation (e.g. Children's Rights, life skills) and provision of a venue for development, reflection and raise the awareness of the street children on their situations through alternative education sessions.
- d. Coordinate/ tap/ link with other institutions that provide free formal and non-formal education
- e. For SWDAs providing street intervention and center services, conduct of periodic dialogue with teachers and Parent Teachers Associations or other similar organizations to gauge problems and come up with possible workable solutions.

5. Socio-cultural and recreation activities

- a. For SWDAs providing street intervention and center services, work with other agencies for the provision of appropriate activities, equipment and toys to street children appropriate to his/her age level, ethnicity/culture and physical and mental capability.
- b. Different cultural activities are introduced to provide a venue for self-expression of the street children e.g. art lessons to include dance lessons and theater activities among others, sports activities, ecological camping, etc.

6. Spiritual and values formation

- a. Spiritual activities are planned with beneficiaries or in case of children, with parents, regardless of religious affiliation.
- b. Access to agency services regardless of the client's choice of religion.
- c. Conduct of structured/non-structured group dynamics activities or group work session that will develop/inculcate/clarify/affirm positive values and virtues necessary for their moral and social enhancement.

7. Psychosocial services

- a. Practice is aligned with the policies on the provision of psychosocial interventions.
- b. Psychosocial interventions are handled by qualified professionals e.g. counseling, therapy, psychological testing, etc.
- c. Confidentiality policies are discussed with the beneficiaries where decisions on this matter are arrived at with his/her/their participation.
- d. Disciplinary measures on street children is based on written policies agreed with the clients and their families and are always geared towards achieving the helping objectives.
- e. Psychological/psychiatric test results are used in relation to other relevant information in assessment and in planning for interventions.

8. Protection and safety

- a. Provision of mechanisms for protection from mental, emotional, physical and sexual abuse and other forms of exploitation. Precautionary measures are essential.
- b. Ensure that all street children are registered or, if they are not, steps are being taken to facilitate their birth registration.
- c. Beneficiaries are trained on personal safety and protective behavior such as life skills, etc.
- d. Service providers must observe protective behavior, based on the Child Protection Policy, standards in dealing with the street children.
- e. Children are not exposed to undue harm or risk in any activity conducted, organized or participated in by the SWDA.

9. Removal or transfer of Children from hazardous environment for protective custody (or rescue operations)

The privacy and dignity of the child must be upheld at all times.

a. Preparation for taking a child into protective custody

- a.1 Social preparation is conducted by a licensed social worker to assess the child's situation and needs. This social preparation includes:

- Locating the child's parents/guardians and assessing their situation and needs
 - Assessing the family's living conditions and financial capacity
 - Coordinating with the child's school and making every effort to ensure the continuity of the child's education throughout the process of taking the child into protective custody
 - Coordinating with the BCPC about the child's case
- a.2 Child is provided with information about the process of being taken into protective custody and the options available to him/her in an acceptable and open manner. No enticements are used to persuade the child.
- a.3 Social worker establishes if the child will be voluntarily committed by the parents/guardian. In such a case, this is done in writing after a clear explanation of the legal consequences of such an action is made to the parents/guardians.
- a.4 Social worker shall immediately commence court proceedings for involuntary commitment in the following situations:
- a child's parents or guardians cannot be located; or
 - there is evidence that a child has been abandoned, substantially, continuously or repeatedly neglected or the parents/guardians are incompetent to discharge their parental responsibilities and the parent/guardian refuses to voluntarily commit the child for protective custody
- a.5 Appropriate accommodation is secured for the child prior to taking him/her into protective custody

b. Taking a child into protective custody

- b.1 Children are only taken into protective custody by licensed social workers. Other agencies, including law enforcement agencies are only involved as specifically required. Where other agencies are involved, they take an assisting role and the social worker takes a lead role.
- b.2 Any person present during the process of taking a child into custody is clearly and visibly identifiable (through the use of identification cards or a uniform, although law enforcement officials are in civilian clothes wherever possible).
- b.3 Child is clearly introduced to all persons prior to be taken into custody.
- b.4 An explanation is given to the child about what is happening and why. The child's parents/guardians or significant others are given information about where the child is being taken and how they may contact the child.
- b.5 Child is taken into protective custody in the most humane and dignified way possible. The use of weapons, chasing, violence, unnecessary force, vulgar words and sexual harassment are strictly prohibited.
- b.6 Child is only taken into protective custody in daylight hours except in emergency cases.
- b.7 The use of vehicles with bars or padlocks or any other fixtures indicating that a child is being detained or arrested is avoided.

- b.8 Child's possessions are secured and inventoried. Destruction or confiscation of a child's possessions is strictly prohibited. Child maintains access to his/her possessions throughout and after the process of taking him/her into protective custody.
- b.9 Where it is considered necessary to search for or confiscate weapons or other illegal items, this is only done in accordance with law and by a social worker or other official (i.e. Brgy. Officials, Law enforcement Officers, etc.) of the same sex as the child.
- b.10 Child is kept separately from adults at all stages of the process and is accompanied at all times by a licensed social worker of the same sex as the child
- b.11 At no stage is the child to be left in an enclosed space either alone or with any adult other than a licensed social worker
- b.12 Child is taken into protective custody individually, or as a family group. Operations where multiple unrelated children and/or adults are taken into protective custody at the same time are prohibited except in emergency situations.

10. Legal or paralegal assistance

- a. Child is given access to legal/paralegal services not provided by the agency.
- b. Child who is an offender or victim of abused and exploitation is involved in the choice of his/her legal counsel with the assistance of parents/guardians.
- c. Child who is in conflict with the law or a victim of abuse and exploitation is guided or prepared and accompanied, if necessary, for legal processes especially before, during and after court hearings including the taking of the sworn affidavits.
- d. Options are provided to the child before taking decisions on legal action/s.

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

- a. Income generating projects, job placement and trainings are planned and done with the participation of the beneficiaries based on organization policies that are communicated to clients.
- b. Clear policies that govern profit sharing, income generation, earnings and savings are set, communicated to clients and implemented.
- c. Accounting and bookkeeping requirements are met in all livelihood projects.
- d. Due credit is given to beneficiaries for products made by him/her/them or with his/her/their participation/application of his/her/their skills.
- e. Capital assistance is complemented with appropriate training to acquire skills for livelihood project management. Training is appropriate to the beneficiaries' age and capacities.
- f. Training, proper matching and job orientation are done for beneficiaries recommended for job placement.
- g. Financial management education is provided to children.

- h. Agency observes labor laws and regulations in livelihood and job placement programs; mechanisms are established to avoid and prohibit child labor.
12. Community Participation/ Progressive Integration for SWDAs Providing Family Interventions
- a. Children's participation in various activities such as attendance to appropriate community activities is ensured.
 - b. Clients are provided with planned integration activities-social events, sharing sessions, visits, volunteer work as a means of interacting with the community to facilitate social integration and mainstreaming.
 - c. Proper coordination with authorities in the barangay is made in all cases found in the community
13. Family preservation/reunification
- a. Parents, both the mother and father or guardian of the child, where possible, are provided with and attend trainings to enhance parenting capability i.e. Responsible Parenting, Parent Effectiveness Service and Empowerment and Reaffirmation of Paternal Abilities (ERPAT).
 - b. There are clear and written policies recommending family preservation/reunification which are aligned with practice
 - c. Parents and children are provided with values/character formation.
 - d. Families that need further interventions are provided with specialized therapeutic activities (e.g. family therapy) to be conducted by qualified professionals in the particular field.
 - e. If family reunification is not possible, provision of alternative parental care should be considered
 - f. Should families/guardians hinder intervention for their children, agencies are to act in the best interest of the child.
14. Community Organization/Community Development for SWDAs Providing Family Interventions
- a. Organizations are advocates for children's rights, welfare and development. Their goal is to increase the awareness among stakeholders (LGUs, BLGUs, other NGOs and community members) and move them into action and support.
 - b. Organizations have a lobbying role for the passage of laws/ordinances/resolutions for the protection of children in the community.
 - c. 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.
 - d. BCPC and other community organizations in the community are utilized for mobilization of volunteers for activities on the children's concerns.

E. Physical Structures and Safety

1. Location

a. Generally, facilities are located in the following areas:

- a.1 where there is a high density of street children;
- a.2 which are a convergence area of street children; and/or
- a.3 which are accessible to street children and their families

b. Street Intervention and Family Intervention

- b.1 Area for interaction/conduct of activities is free from physical obstructions that are hazardous to the children and their families e.g. away from traffic, shaded areas, among others
- b.2 Said areas may either be a public plaza, chapel, beside the streets, market place, parks, barangay halls, etc.
- b.3 Activities to be conducted in public places are officially coordinated with the local authorities.

2. Space and Facilities

a. General Features

- a.1 Office and related facilities are accessible to community facilities such as schools, churches, clinics/hospitals.
- a.2 With accessibility features for children with disabilities.
- a.3 Secured, properly maintained and decorated, adequately lit and well-ventilated to create a therapeutic milieu for the street children.
- a.4 Built or secured with appropriate documents or when leased/rented with a valid contract.
- a.5 Furnishings are sufficient and appropriate for the number and age development of the street children.
- a.6 Space is provided for the exclusive use of the staff/employee of the agency.

b. Center Based Interventions:

- b.1 Physical facilities and buildings meet international engineering standards. Physical facilities provide opportunities for resident's psychosocial recovery and protection for the health and safety of the beneficiaries and the staff.
- b.2 Interview/counseling room/ cuddle room is equipped with paraphernalia that allows interaction between the street child and the social worker (e.g. art materials, throw pillows, dolls, toys and other materials depending on the age and purpose of the interview/counseling session) where privacy and confidentiality is ensured.

b.3 In cases where sleeping facilities are provided, the following standards are maintained:

- i. Separate areas for female and male must be ensured
- ii. Individual bed or crib for each beneficiary placed at least $\frac{1}{2}$ to one meter apart
- iii. Storage/cabinet for clothing and other personal belongings for each child.
- iv. A room measuring about 4m x 6m (24 sq. m) should have at most 5 beds for youth/adult beneficiaries.
- v. One functional bathroom/toilet for every 10 female beneficiaries
- vi. One functional bathroom/toilet for every 10 male beneficiaries
- vii. One functional bathroom/toilet for every 10 female staff
- viii. One functional bathroom/toilet for every 10 male staff
- ix. Doors on the inside of each toilet are with lockable doorknobs.

b.4 In cases where street children are provided with food and dining areas, the following standards should be maintained:

- i. Dining room with chairs and tables arranged based on the age level of the clients/beneficiaries. For better interaction with the beneficiaries, there shall be a minimum of 4 and a maximum of 10 persons per table.
- ii. Kitchen equipped with basic kitchen furnishings, tools and utensils. At all times, the kitchen and dining areas shall be kept clean.

b. 5 Safety and Sanitation

- i. Physical structures conform to existing policies set by authorized government agencies as proven by the issuance of the following:
 - Updated Fire Safety Inspection Certificate
 - Building Structural Safety Certificate
 - Health and Sanitation Certificate
 - Water Safety Certificate
- ii. Such certificates are posted in a conspicuous place in the office/facility.
- iii. All facilities have proper waste disposal system (waste segregation).

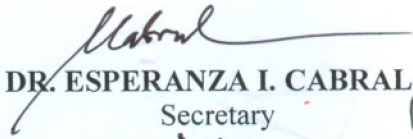
b. 6 Equipment

Adaptive means of communication are installed and functional at all times e.g. computers with internet connection and telephone lines, mobile phones, intercom, radio, etc.

I. EFFECTIVITY

These standards shall take effect immediately after the date of their publication in an official gazette or one of any newspapers of general circulation and revokes other issuances inconsistent herewith.

Issued this 26th day of August, 2009.


DR. ESPERANZA I. CABRAL
Secretary 