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Administrative Order No. 01

Series of 2010

SUBJECT: Amended Standards for Community-based Services

I. RATIONALE

Numerous programs have been formulated to improve the quality of life of Filipinos with the Pantawid Pamilyang Pilipino Program as the most recent endeavor that the government undertook. Towards this end, the role of the social welfare development agencies (SWDAs) cannot be overemphasized. They have become partners of government in providing social welfare/protection services.

In 2005, Administrative Order No. 13 series of 2005 also known as the Standards for Community-Based Services was formulated to measure the quality of services that the SWDAs offer. The standards are essential especially to the community based services since it is rendered in a wide range of programs, services and strategies. Due to the continually changing situation of the economy of the country, people's needs continue to evolve as well. This prompted the amendment of the AO 13 s. 2005, to ensure that the standards will be relevant to the new and emerging trends in community-based services.

These standards are also in consonance with the Department of Social Welfare and Development's (DSWD) current policy directions of strengthening community-based services as these services require lesser resources, minimize the tendency to institutionalization, and are supportive of 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.

II. LEGAL BASIS

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

A. National Laws

1. Republic Act No. 4373 also known as the Social Work Law mandates that DSWD to regulate the operation of social work agencies, part of which is setting the standards of quality service.

2. Republic Act No. 5416 of 1968 entitled "Providing for Comprehensive Social Services for Individuals and Groups in Need of Assistance, creating the Department of Social Welfare. In Section 3, it provides that the Department shall:

   a. Set standards and policies to ensure effective implementation of public and private social welfare programs;

b. Accredit institutions and organizations, public and private, engaged in social welfare activity including the licensing of child caring and child placement institutions and provide consultative services thereto.

3. Executive Order 292 (Administrative Code of 1987), Title XVI, Chapter I, Section 3, provides that the Department shall:

a. accredit institutions and organizations engaged in social welfare activities and provide consultative and information services to them;

b. set standards, accredit and monitor performance of all social welfare activities in both public and private sectors.

4. Executive Order 221 Series of 2003 (Amending Executive Order No. 15 series of 1998, entitled redirecting the Functions and Operations of the Department of Social Welfare and Development) provides that:

a. Sec. 2 Roles of the DSWD – (d) Licensor and accreditor of social welfare development agencies and service providers.

b. Sec. 3 Powers of the DSWD – (a) Set standards, accredit and provide consultative services to institutions, organizations and persons engaged in social welfare activities and monitor performance of institutions, organizations and persons engaged in social welfare activities, both public and private.

B. DSWD Policies and Guidelines

1. Administrative Order No. 8 series of 2009 also known as Standards for Community Based Services for Street Children, sets the performance standards on service delivery to street children to ensure quality care and their best welfare and interests.

2. Administrative Order No. 17 s. 2008 also known as 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.

3. Administrative Order No. 10 s. 2009 also known as Standards for Rape Crisis Centers guides concerned government and private social welfare and development agencies in the establishment and provision of quality programs and services for survivors of rape and other forms of sexual abuse, their families and communities.

III. COVERAGE

These standards shall apply to all registered and licensed social welfare and development agencies (SWDAs) including the Local Government Units (LGUs) and DSWD's community-based services and statutory programs such as but not limited to the following:

a. Preventive, rehabilitative and developmental programs and initiatives that mobilize/utilize the family and community to respond to a problem, need, issue or concern of children, youth, women, person with disabilities, older persons and families who are in need and at-risk. This includes the following:

i. **Child Protective Services** - Preventive and rehabilitation services provided to children victims of abuse, neglect and exploitation. These include provision of immediate intervention for children's early recovery and reintegration to their families

ii. **Therapy Services for Abused Children** - Therapeutic interventions and approaches provided to children to overcome the negative effects of abuse. These aim to maximize their potentials towards living a normal and productive life.

iii. **Alternative Family Care** - This provides permanent or temporary family care arrangement to children whose parents are unable to provide for their basic needs, temporarily or permanently. This is provided to a child in three ways- Adoption, foster care and Legal Guardianship.

iv. **Special Social Services for Children in Armed Conflict (CIAC)** - Provision of a package of social services and interventions designed to protect and rehabilitate children affected directly or indirectly by armed conflict.

v. **Services for Women in Especially Difficult Circumstances** - Provision of community-based and residential-care services to women to enable them to resolve their problems as well as prepare them for their eventual return to their families and communities.

vi. **Neighborhood Support Services for Older Persons** - A program that involves the community/neighborhood to take effective steps to enhance members of the families in their care-giving capability to sick, frail or bedridden older person. This involves training of volunteers who are willing to share their skills and service as a resource person of the community on the proper care of older persons.

b. Pantawid Pamilyang Pilipino Program - is a poverty reduction and social development strategy of the national government that provides conditional cash grants to extremely poor households to improve their health, nutrition and education particularly of children aged 0-14.

c. KALAHI CIDDS - stands for Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services is the Philippine government's flagship poverty-alleviation project implemented by the Department of Social Welfare and Development. It is funded in part by a loan from the World Bank. It entrusts the poor with greater powers, supports poor LGUs in local development, and invests heavily on people, not just projects.

d. Self-Employment Assistance - Kaunlaran Program (SEA-K) - capability building program designed to enhance the socio-economic skills of poor families to establish and self-manage community based micro-credit organizations for entrepreneurial development.

Policies and procedures set forth in A. O. 17 s. 2009 shall govern the registration licensing and accreditation process and requirements for community based services through the use of appropriate instruments.

IV. DEFINITION OF TERMS

The following terms are defined as used in this guideline:

1. 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 the beneficiaries 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. Community-based service/s include senior citizens center, day care center, vocational rehabilitation center, sponsorship/scholarship program, assistance to victims of disaster etc. and social services to individual and families while in their home or in the community.

2. Beneficiaries – refer to disadvantaged, marginalized and vulnerable individuals, groups, families and communities availing any of the services offered by SWDAs. These may include but are not limited to the following:

    a. Abandoned, neglected, orphaned, abused and exploited children and other children in need of special protection e.g. children in conflict with the law.
    b. Out-of-school youth and other youth with special needs
    c. Women in especially difficult circumstances (WEDC)
    d. Persons with disability or differently-abled persons which refers to those suffering from restriction of various abilities, as a result of mental, physical and sensory disorder.
    e. Senior Citizens, an individual who is 60 years old and above.
    f. Marginalized and disadvantaged individuals, families and communities e.g. indigenous group/s, those in crisis situation/s, internally displaced due to armed conflict.
    g. Victims of natural and man-made calamities/disasters.

3. Child Protection - involves keeping children safe from harm or child abuse defined as all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (National Strategic Framework for Action to End Violence Against Children). This is achieved by providing a safe, open and honest environment that protects children as well as the people working with children. *Child Protection Policy* reflects the standards set forth by international and national laws and provides guidance and procedures for the agency staff to follow when or if they discover or suspect that a child has been or is being abused or neglected.

4. Generalist approach – an approach where the social worker provides services to clients with problems or in situations where expert or specialist interventions are not needed. However, he must possess the capacity to spot a problem or situation which will require the intervention of a specialist and make the necessary referral to the appropriate agency or worker (Dictionary of Social Work: Philippine Setting, Leonora S. de Guzman, Quezon City, 1988).

5. Specialist approach – an approach where the social worker who has demonstrated expert knowledge and skills in his area of specialization which may be defined in several ways according to the population served (children, persons with disability, older persons, among others), focal problems, practice setting, and method used (Dictionary of Social Work: Philippine Setting, Leonora S. de Guzman, Quezon City, 1988)

6. Community Organization – a social work method which seeks to assist communities in meeting their needs and/or improving their living conditions. It helps people organize recognize, analyze and rank their needs and problems and help them solve these with indigenous or created resources as much as possible (Dictionary of Social Work: Philippine Setting, Leonora S. de Guzman, Quezon City, 1988).

7. Community Development – as a method of community organization work it is the process by which the physical improvement of the community is brought about with the active participation of and largely upon the initiative of the community, drawing as much as possible from their resources (Dictionary of Social Work: Philippine Setting, Leonora S. de Guzman, Quezon City, 1988)

V. SOCIAL WELFARE AND DEVELOPMENT STANDARDS

The following standards apply to all types of community-based services catering to all the sectors/beneficiaries. However, there are work areas where specific standards were written for specified sectors/beneficiaries e.g. individual, family or group.

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 which are posted in a conspicuous place.
2. A written statement of outcomes (vision) for both beneficiaries and the organization exist.
3. Policies to translate intent into operations are written and 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 offices and sub-offices/satellite offices and conditions in the license are observed.
6. For SWDAs with children clientele, clearly defined policy on the child. The summary of the child protection policy is clearly displayed in a conspicuous place.

B. Organizational and Management Structure

1. Organizational Chart

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

2. Policy-making Structure
    a. Presence of policy-making body with identified members who meet regularly as stipulated in its By-laws, to address organizational issues and concerns and formulates policies for implementation.
    b. Policy-making body formulates and/or approves organizational directions.

3. Management Structure

    a. Presence of personnel that provide 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/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) center staff

   b.2 SWDAs that have four (4) or more social workers must employ a supervising social worker.

   b.3 SWDAs that have twelve (12) or more center staff must employ a supervising center staff.

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. Regular planning cycle is effected.
   c. The strategic plan is translated to a work and financial plan.
   d. The strategic plan is based on a set of desired beneficiary outcomes based on program evaluation.
   e. Presence of Memorandum of Understanding /Agreement that would formalize/institutionalize the cooperation between the Barangay LGU and the SWDAs in terms of the delivery of programs and services.

5. Policy-Making Process and Procedures

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

6. Ethical Conduct

   a. There is written and clear policy governing conflict of interest.
   b. There is a written and clear policy governing employees' code of ethics anchored on the VMG of the organization.
   c. Character quality sessions are conducted for the personnel.

C. Financial Resource Management

1. Financial Management System

   a. Fund sourcing
      a.1 Sources of funds are clearly indicated
      a.2 Regular reporting and feedback to donors and sponsors on fund utilization is done.

   b. Fund Allocation

      Program and administrative expenses ratio as per DSWD mandate is followed.

   c. Control

      c.1 Processes for financial transactions are transparent and properly documented

c.2 Appropriate internal control systems are in writing and are being implemented.

c.3 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.

d. Fund Liquidation

Disbursements are covered by duly authorized vouchers and are subjected to annual internal and external audit.

2. Material Resource Management System

a. Facilities/Assets

a.1 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.

a.2 Utilization, distribution, disposal, repair and replacement of physical assets are done in accordance with written policies.

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 of monetary contribution 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 applicable, understandable, and 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.

> a.7. All applicants undergo psychological testing. In the absence of a psychologist in a SWDA, this should be administered by an accredited service agency.
>
> a.8. All applicants undergo physical and medical examination and result of which should be part of the documents submitted to the hiring/recruiting organization.

b. Training and development

> b.1. There is provision of opportunities to attend training and seminars 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.
>
> 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 beneficiaries, 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.
>
> b.5. All staff whether full time, part time and volunteers have had first aid training.

c. Staff Support Services (group sharing, counseling)

> c.1 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.
>
> c.2 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 beneficiaries.
>
> c.3 Support mechanisms are provided to the staff, especially those who suffer stress and injury e.g., access to counseling, when it is necessary.
>
> c.4. Conduct debriefing sessions whenever applicable.

d. Performance Appraisal

> d.1 Assessment of staff performance is done periodically against desired beneficiary outcomes to identify areas needing technical assistance.
>
> d.2. 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 includes trait-based criteria (personal character and attributes) especially in relation to dealing with beneficiaries.

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 beneficiaries they serve.

f. Volunteer Management

  f.1 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.

  f.2 Volunteers given disciplinary control over clients shall meet the qualification requirements for organic personnel.

  f.3 Orientation on the interaction between the volunteer and beneficiaries is provided.

  f.4 Mechanisms exist to protect the beneficiaries from possible abuse by volunteers such as grievance redress system.

  f.5 Support mechanisms for volunteers are in place, to include intermittent processing of experiences and an exit interview.

  f.6 Activities of volunteers are properly documented.

  f.7 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.

  f.8. There should be a masterlist of volunteers.

  f.9. Volunteers are also trained/oriented on different laws related to their clientele.

g. Appropriate Progressive Discipline System

  g.1. Progressive discipline system is developed and is properly administered.

  g.2. Appropriate grievance system is in place and functional.

  a.3. Violations of the organization's policies on the protection of beneficiaries are recorded and dealt with accordingly.

3. Personnel Competencies and Qualification Standards

  a. All personnel at all levels of functions and authority have the following qualifications and competencies:

    a.1 Appropriate 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.

    a.6. Knowledge of policies, laws, issuances pertinent to clientele groups.

  b. Executive Director/Program Director/Head of the 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 condition that he or she meets the following:

b.1. Has taken the core courses of any social development field (e.g. BS Community Development, Family Life and Child Development, etc.).

b.2. Has attended at least ten (10) days or 80 hours of relevant trainings.

b.3. Has 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 2,100 hours or one (1) year of relevant supervisory experience in organization/s handling specific clientele group.

d. Social Worker – must be a RSW with at least 360 hours or forty-five (45) days 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 or forty-five (45) days of formal training or one year work experience in CO or CD.

f. Other program and administrative staff – must have completed required education, degree or obtained appropriate license or eligibility as provided by law and is stipulated in the agency's written policies as the requirement for the specific job position and job functions.

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 beneficiaries' 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 beneficiaries, staff and other significant stakeholders. 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.

   c. 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.

2. Implementation

   a. Structures are implementable.

   b. Resources for implementation of programs are provided by the organization.

   c. Provisions of services are consistent with organizational intent and program design.

d. Program implementation is documented using DSWD standard format for uniformity and systematic reporting.

3. Monitoring

   a. The Head of the Agency conduct quarterly monitoring 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.
   b. Existence of a monitoring tool/system for program implementation.
   c. Quarterly consultation meetings with beneficiaries and stakeholders are done to ensure issues and concerns are discussed and properly addressed/responded to.

4. Evaluation

   a. A participatory year-end evaluation program is done through the conduct of workshop and/or group sessions with the beneficiaries, staff and other stakeholders.
   b. Periodic activity evaluation is conducted as necessary where the beneficiaries participate/are consulted.
   c. Activities and strategies are redirected as necessary.

5. Community Integration

   a. 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.
   b. Agency cooperates/participates in relevant projects of its immediate community or organizations in the community.
   c. Community participation in the delivery of programs and services is promoted.

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 with fifteen members for groupwork with the help of trained volunteers;
      a.3. at most three (3) families at a time either for casework or groupwork; and
      a.4. at most three (3) communities at a time of about 100 families each.

   b. For specialist approach, one RSW shall manage simultaneously

      b.1. at most 20 individual cases e.g. persons in crisis, abused children/women, persons with disabilities, older persons and other similar cases that require intensive casework.
      b.2. at most three (3) families at a time
      b.3. at most two (2) groups at a time about 100 families each.

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 with fifteen members for groupwork with the help of trained volunteers (e.g. small-group enterprise)

    c.2. at most three (3) communities at a time of about 100 families each

B. Helping Process

1. Each beneficiary (individual, group, community) accepted by the agency for a helping contract has a written case study/assessment/survey, which clearly shows the following:

Problem identification 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 client and priorities to be worked on.

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 beneficiary 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.

    b.2. Recommended interventions/actions for the beneficiaries are clearly written and stated with objectives, activities, time frame, identified resources and responsible persons.

    b.3. The following are the duration of interventions unless after thorough assessment, the need for continuous intervention is recommended:

        i. For the community beneficiaries, helping process' duration is a minimum of six (6) months and a maximum of three (3) years.

        ii. For the Family beneficiaries, helping process' duration is a minimum of six (6) months and a maximum of four (4) years. Goals are reviewed and changes are made as necessary.

        iii. For individual beneficiaries, duration of interventions would not exceed one year. Individual beneficiaries who have availed of the center-based services should be included in the after-care services.

2. Helping process manifests key helping elements, which are evident in recordings.

    a. Participation and self-determination of beneficiaries.

        a.1. Relevant professions/disciplines are involved in appropriate phases of the helping process (e.g. case conference/consultation) and such involvement is recorded.

        a.2. There are regular processes for eliciting beneficiary's contributions to his/her/their development/treatment/rehabilitative plan.

        a.3. Decisions on short- and long-term activities that affect the life directions of the beneficiary are done with his/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 beneficiary, 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 beneficiaries and worker. When change/s in implementation is/are necessary, this is /these are always agreed upon with the beneficiaries.

c.2. Referral system is in place for cases that are not within the services of the agency.

d. Monitoring and Evaluation

d.1   Regular monthly 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 beneficiary on the processes and on results is elicited and is responded to by the worker.

e. Termination of Helping Contract

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

e.1. Termination plan is formulated with the beneficiaries prior to actual termination.

e.2. Beneficiaries' transition is processed with him/her/them.

e.3. Support and action towards mainstreaming are planned

e.4. Sustainability of necessary services outside of the agency is arranged prior to termination e.g. referral for job placement, further medication etc.

C. Case Recording

1. Individual Beneficiaries

a. Intake sheet is completely and properly accomplished within 24 hours of the first interaction with the beneficiary. An assessment is written for each case, showing basis for contracting help or referral to other services after involving the beneficiary, as necessary.

b. Appropriate recordings are kept for each case according to purpose.

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. Documents would include running records relevant to the behavior of the beneficiary and of every activity/contact, medical records, school records , birth certificate (if available)

and other documents related to the beneficiary that show the situation from initial interaction with the service provider/agency, to the termination of services. Records show participation of the 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.

2. Family Beneficiaries

  a. Each family would have individual folders which would include the family profile that is updated as needed.

  b. Proceedings of group work activities and/or family sessions are properly documented and filed.

3. Group/Community Beneficiaries

  a. In case of CO/CD, a community survey is conducted and documented, showing basis for CO/CD. The community profile is updated and completed annually.

  b. Proceedings/minutes of all group meetings and activities are properly kept.

  c. Records would show the participation of the community in all the activities conducted.

4. Records Management

Case records are filed in a way that it is easily accessible to service providers subject to privacy and confidentiality terms.

  a. Case records are properly maintained and regularly updated.

  b. Case records e.g. Social Case Study Report (SCSR) and Treatment Plan (TP) and significant documents are systematically kept in a location that can be monitored and policies on records access and use are written.

  c. 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.

  d. Records of clients obtained by the agency from time to time are kept in corresponding folders.

IV. Helping Strategies

The following programs are common to all the sectors-children and youth, women, older persons, persons with disability and family and the community. For SWDAs simultaneously implementing more than one program, the programs should compliment one another and are planned and implemented in a holistic manner that benefits the target clientele. Standards for the other programs not included in the list are provided below its corresponding sectors.

GENERAL INDICATORS

1. Health

  a. Services of the appropriate health professional to examine the health conditions and needs of the beneficiaries and prescribe appropriate treatment or intervention.

b. Beneficiaries are provided with appropriate health care and records should be kept confidential.

c. Functional referral mechanism for emergency cases should be in place 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 beneficiaries by a licensed health professional.

e. Use of indigenous health management in the community is certified safe by the appropriate government agency.

f. Health education are provided according to the life cycle and rights of beneficiaries (e.g. reproductive health for women; sex education for adolescents).

g. Conduct of laboratory examination, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional.

h. Logistics are ready and available for emergency cases e.g. transportation.

i. Close coordination with the Municipal/City Health Office and the Barangay Health Centers are kept to ensure the availability of the resources in the said offices.

2. Nutrition

a. Provision of or access to adequate, safe, nutritious and fortified food that is appropriate for the beneficiary's age, developmental stage, and nutritional requirements and considers cultural/spiritual practices.

b. 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.

c. 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.

3. 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. 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.

c. Coordinate/ tap/ link with other institutions that provide free formal and non-formal education.

4. Provision of clothing and personal items

a. 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.

b. If case of donated used clothing, appropriate fumigation or other methods of cleaning is done or facilitated by the agency before distribution and use.

c. In cases of emergency or disasters, immediate provisions of clothing and personal items are ensured.

5. Socio-cultural and recreation

a. Work with other agencies for the provision of appropriate activities, equipment and toys for children appropriate to the beneficiaries' age level, ethnicity/culture and physical and mental capability.

b. Different cultural activities are introduced to provide a venue for self-expression of the beneficiaries e.g. art lessons to include dance lessons and theater activities among others, sports activities, ecological camping, etc.

6. Spiritual and moral welfare

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 beneficiary'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. Psychosocial interventions are handled by qualified professionals e.g. counseling, critical incident stress debriefing, psycho therapy, psychological testing, etc.

b. Policies on confidentiality are discussed with the beneficiary where decisions on this matter are arrived at with his/her/their participation.

c. Disciplinary measures on beneficiaries are based on written policies agreed with the beneficiaries and their families and are always geared towards achieving the helping objectives.

d. Psychological/psychiatric tests 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. Beneficiaries are trained on personal safety and protective behavior such as life skills, etc.

c. Beneficiaries are not exposed to undue harm or risk in any activity conducted, organized or participated in by the SWDA.

d. Beneficiaries are ensured confidentiality from media exposure.

9. Legal or Para-legal Assistance

a. Beneficiary is given access to legal/paralegal services not provided by the agency when needed by the client.

b. Beneficiary who is an offender or victim of abused and exploitation is involved in choosing his/her legal counsel with the assistance of parents/guardians.

c. Beneficiary who is in conflict with the law or a victim of abuse and exploitation is guided or prepared and accompanied by a staff, 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 client before taking decisions on legal action/s.

10. 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 beneficiaries based on organization policies that are communicated to them.

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 client/s in 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 client's age and capacities.

f. Training, proper matching and job orientation are done for clients recommended for job placement.

g. Agency observes labor laws and regulations in livelihood and job placement programs; mechanisms are established to avoid and prohibit child labor.

h. Financial management education is provided to the beneficiaries.

11. Community participation/Progressive integration

a. Beneficiaries' participation including the children, in various activities such as attendance to appropriate community activities is ensured.

b. Beneficiaries 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.

c. Local Government Units provide the agreed counterparts for the implementation of the programs/activities on the set timelines.

12. Alternative Family Care/Placement

a. Prescribed laws, rules and regulations on alternative family care or placement are considered in policies of the agency.

b. There is a system for continuous recruitment and development of foster/adoptive families.

13. Community Organization/Community Development

a. Organizations are advocates for beneficiaries' 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 are advocates for passage of laws/ordinances/resolutions for the protection of beneficiaries' concerns.
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 beneficiaries' concerns.
e. Beneficiaries are organized to form their own to ensure their representation on community activities and other events.

14. Disaster management, emergency assistance

a. 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.
b. Family and community self-reliance shall always be integrated in every program or service.
c. Rate of assistance is according to appropriate guidelines and standards.
d. Stockpiling of food and other goods is done in accordance with standards.
e. Coordination with other agencies is in place especially on time of the disaster.
f. Provision of the basic and immediate needs of the displaced clients are ensured.

SECTOR-SPECIFIC INDICATORS

A. CHILDREN AND YOUTH

1. Health

a. All children under the age of six years old are provided with the complete primary vaccines and supplemental vitamins from the Barangay Health Centers.
b. The status of the health of the children are properly and constantly monitored to ensure all the children in the barangay are healthy, monitor cases of malnutrition and other common diseases.

2. Formal and non-formal education

a. Where primary school-age children are served, access to formal education is monitored, ensured and facilitated.
b. Conduct of periodic dialogue with teachers and Parent Teachers Associations or other similar organizations to gauge problems and come up with possible workable solutions.

3. Protection and safety

a. Ensure that all children are registered or, if they are not, facilitate their birth registration.

b. Service providers must observe protective behavior, based on the Child Protection Policy in dealing with the children.

c. In cases when incidents of abuse of children are found out, actions should be taken in accordance to the Child Protection Policy.

4. Alternative Family Care/Placement

a. Foster and adoptive families are trained and counseled towards the best interest of foster/adoptive child.

b. Case study for adoptive children shows that alternative family care/placement is the best intervention for the child's welfare.

c. Children who are not yet matched to adoptive families can be matched to licensed families

5. Family Preservation/Reunification

a. Parents, both the mother and father, guardian or custodian 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. Should families/guardians/custodians hinder intervention for their children, agencies are to act in the best interest of the child.

B. WOMEN

1. Health

a. Prenatal/Postnatal check-up for all pregnant women are ensured.

b. Ensure that all vitamins and/or vaccines needed by pregnant women are available.

c. Conduct of seminars and or trainings for mothers and or expecting mothers for the proper caring of children including how to prevent disability.

d. Encourage lactating mothers to breastfeed exclusively for 6 months and for as long as two years if possible.

2. Protection and Safety

a. Ensure that victim-survivor of gender-based violence are provided with gender responsive case management.

C. OLDER PERSONS

1. Psychosocial services

a. Volunteer home carers are encouraged.

b. Stress debriefing and/or activity to relieve stress are conducted for the care-givers and home carers.

c. Recruitment of other volunteers who would visit the OPs is conducted.

d. Conduct of training on Basic Care and Management of Older Persons to caregivers and/or family members, more particularly those directly caring their older persons.

D. PERSONS WITH DISABILITY

1. Health

a. Provision of assistive devices, prosthetic or technical, to attain improvement of their physical residual capacities.

      b. Referral for medical intervention like surgery for cataract patients, those with problems on their cleft palate, harelip, club foot/feet, cowheads, etc.

2. Formal and non-formal education

      a. Provision of specialized training activities designed to improve functional limitations of PWDs related to communication skills. Sessions may include family members to ensure that that the family may also communicate well with the beneficiary.

3. Psychosocial services

      a. Provision of counseling services to resolve misconceptions about disability restorative procedures and assistive devices.
      b. Provision of counseling with the beneficiaries and his/her families on managing the disability.

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 create a pleasant ambiance for personnel, clients and visitors; adequately lit; well-ventilated and with accessibility features for the PWDs and senior citizens.
3. Adaptive means of communication is installed and functional at all times.
4. Areas of interactions such as offices and other public places where activities are frequently conducted are ensured to be free from physical obstructions that are hazardous to the safety of the beneficiaries 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.
10. Have fire exits with proper directions/signs.

B. Evacuation Areas during Emergency/Disasters

1. The safety of the beneficiaries while staying in the area is ensured.
2. The location of the evacuation centers are:
    a. accessible to all the residents in the community
    b. free of any hazard particularly for the children
    c. a safe distance away from the disaster areas
3. Capacity of the evacuation areas are observed on times of disaster.
4. Utilities such as portable toilets are available in the evacuation areas.

5. Committees are ensured, such as committee on community kitchen.

C. Infrastructures

1. All infrastructures that will be constructed should meet relevant standards e.g. day care centers, health centers.

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

   a. Separate areas for female and male must be ensured.
   b. Individual bed or crib for each beneficiary placed at least ½ meter apart.
   c. Storage/cabinet for clothing and other personal belongings for each beneficiary.
   d. A room measuring about 4m x 6m (24 sq. m) should have at most 5 beds for youth/adult beneficiaries.
   e. One functional bathroom/toilet for every 10 female/male beneficiaries.
   f. One functional bathroom/toilet for every 10 female/male staff.
   g. Doors on the inside of each toilet are with lockable doorknobs.

3. In cases where there are provision for trainings/seminars/alternative learning systems, venue where the activities would be conducted should be conducive for learning.

VI. Other Community Based Services

The standards formulated for specific community-based services such as Administrative Order No. 8 series of 2009, or the Community-based Services for the Street Children and Administrative Order No. 12 series of 2008 or the Standards for Home-Based ECCD Program (for children below 6 years old) will be followed until amended or superseded.

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 13th day of January, 2010 .

ESPERANZA I. CABRAL
DSWD Secretary