

Administrative Order No. 24
Series of 2011

SUBJECT: Guidelines on Adopting the Use *of* the Modified Social Stress Model (MSSM) as a Tool in Managing Children in Need of Special Protection

I. **Rationale:**

Children are in need of special protection when their needs for survival, developmental, participation and protection are not met. Such children are at great risk of suffering from malnutrition and chronic diseases; use substances that are hazardous to health; and possibly death. Unless their situation changes, their condition of being disadvantaged will extend to their own children who may suffer more.

Children in Need of Special Protections' (CNSP) exact population cannot be quantified but it is likely that the number is increasing according to a research on "Children in Difficult Circumstances: An Alternative Response to Children in Difficult Circumstances," done by Exaltacion E. Lamberte in 2000.

In response to the unmet needs of these children, the *Modified Social Stress Model (MSSM)* was developed by the World Health Organization (WHO) introduced to the Department of Social Welfare and Development (DSWD) by Dr. Cornelio Banaag, Jr. (psychologist and one of the members of the WHO). It is a global framework for understanding the nature of the street children recovering from substance use and abuse. The framework is based on the Social Stress Model developed by Rhodes and Jason (who popularized the "Preventing Substance Abuse Among Young Children and Adolescents" in New York). The WHO Program on Substance Abuse (PSA) modified the framework to include the effects of substances and the personal response of the individual to the substances.

The DSWD – Social Technology Bureau (STB) piloted the use of the MSSM at Haven for Children, Zapote Road, Alabang, Muntinlupa City, as a tool in assessing the specific needs of children recovering from substance use and abuse. The Haven for Children provides protection and empowerment to street children seven (7) to thirteen (13) years old who are recovering from substance abuse, equipping them with intellectual, emotional and productive skills to become an individual of worth towards reunification and /or independent living contributing for the good of the community.

The pilot testing showed that the Social Workers find it easy to determine the specific needs of their clients using the MSSM. Likewise, the tool may be used for other CNSP clients specifically to children in conflict with the law and sexually abuse children. It was found out that with minimal modifications on the portion of identifying the factors that led the child to use and abuse substances and the reasons that led the child to engage in compromising circumstances such as being in conflict with the law, substance use and abuse, the tool may also be replicated to other centers. Hence, this Guidelines on Adopting the use of the Modified Social Stress Model in Managing Children in Need of Special Protection.

The MSSM is finally institutionalized at Haven for Children as part of their case management in the rehabilitation of street children recovering from substance use and abuse. The MSSM tool aided the social workers in their profound assessment of the case. The factors integrated in the template (as a tool) facilitated them in the development of responsive intervention plans for their clients.

II. Legal Bases:

- 1.) **The United Nations Convention on the Rights of the Child** responses the primary rights of children and presents the role of the State, community, family and the children themselves in the attainment of the vision for the Filipino Child.
- 2.) **1987 Philippine Constitution** provides that the State values the dignity of every human person and guarantees full respect of human rights. 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 development.
- 3.) **The Child and Youth Welfare Code (Presidential Decree 603) states that** the child is one of the most important assets of the nation, hence, every effort should be exerted to promote and protect his/her opportunities for a useful and happy life. It integrates the responsibilities of the family, the school, the church and the community to assist the home and the State in the endeavor to prepare the child for the responsibilities of adulthood.
- 4.) **Republic Act 7610 or the Special Protection of Children against Child Abuse, Exploitation and Discriminatory Act** states that a comprehensive program shall be formulated to protect children against any form of abuse, which endanger child survival and normal development.
- 5.) **Republic Act 9165 or the Comprehensive Dangerous Drugs Act of 2002** declares the policy of the State to safeguard the integrity of its territory and the well being of its citizenry particularly the youth from the harmful effects of dangerous drugs on their physical and mental well-being and to defend the same against acts of commission detrimental to their development and preservation.
- 6.) **Republic Act No. 9344 or Juvenile Justice and Welfare Act of 2006** declares the policy of the State to cover the different stages involving children at risk and children in conflict with the law from prevention to rehabilitation and reintegration. It recognizes the vital role of children and youth in nation building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs
- 7.) **DSWD Department Order No. 13, Series of 2000** provides guidelines on the implementation of street children program, which serve as the guiding principles for policy and program interventions that promote and safeguard the rights of Filipino street children.

- 8.) **DSWD Administrative Order No. 35, Series of 2003** provides conceptual framework and indicators of rehabilitation for children, youth, women, older persons and persons with disabilities.

III. Objectives:

General Objective:

Improve management of children in need of special protection by using the MSSM framework in the DSWD centers/institutions and other LGUs and NGOs operating residential care facilities.

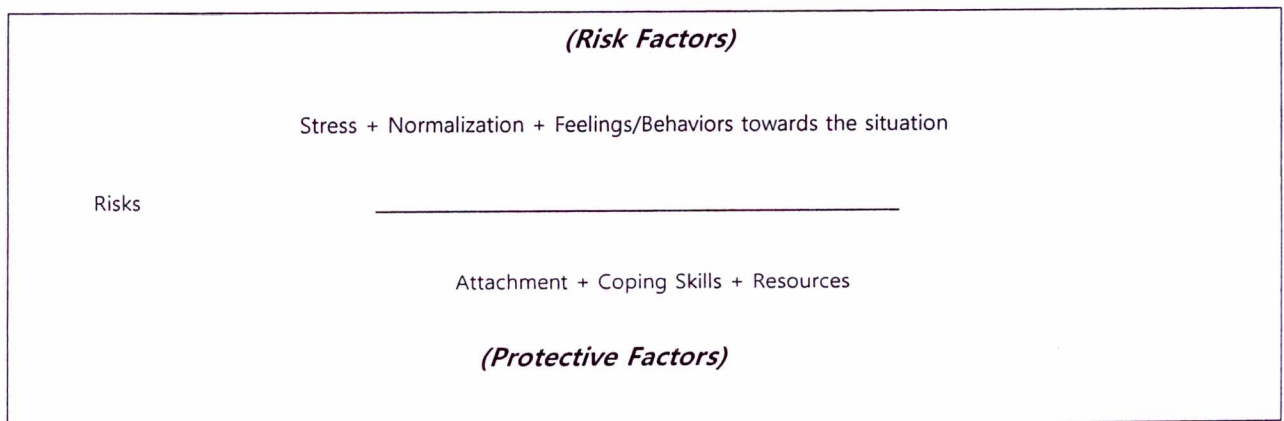
Specific Objectives:

1. Institutionalize the use of the MSSM tool in identifying the specific risk and protective factors affecting the client as well as in designing a responsive intervention plan.
2. Guide the implementers (social workers and other members of the intervention team catering to CNSP) on the use of the MSSM.

IV. The Modified Social Stress Model Framework:

The Modified Social Stress Model illustrated in Figure 1 is a framework for understanding a particular individual on why he/she engaged in a compromising circumstance. The model suggests that the risks that a child will engage in compromising circumstances may be influenced by the presence or absence of protective and risk factors. Risk factors increase the child's vulnerability and tendency to be involved in risky circumstances while, protective factors prevent the child from engaging in risky behaviors. Such that, if many risk factors are present in a child's life, he/she is more likely to begin, intensify and continue to engage in certain situations that is damaging to him/her. Conversely, if there are more protective factors are present, the child will less likely to be involved in activities that will adversely affect him/her.

Figure 1



Annex A presents the list of risk and protective factors that need to be identified. These factors, when uncontrolled could detrimentally lead a child to engage in a situation that may have lasting adverse effects on him/her:

V. General Policies:

1. The MSSM tool is to be used for CNSP by the center social worker of and other members of the intervention team.
2. Social workers and members of the intervention team in all DSWD centers and institution; other LGUs and NGOs operating residential care facilities for children in need of special protection shall be oriented and trained on the use of the MSSM tool.
3. All DSWD-centers/institutions, other LGUs and NGOs operating residential care facilities catering to CNSP shall utilize the MSSM tool.

VI. Coverage / Target Beneficiaries

The Modified Social Stress Model shall be used throughout the case management process from admission to discharge of the client.

The model will be helpful to the social workers handling the case and other members of the intervention/rehabilitation team of the DSWD/LGU/NGO operated residential care facilities. It will assist them in determining and assessing the needs of children in need of special protection below 18 years old. It shall be the basis of the team in identifying intervention activities. Moreover, the tool could be used as a guide in monitoring the implementation of intervention activities.

Children in need of special protection include:

- Children who live and work in hazardous and disabling conditions
- Abandoned and neglected children and those involved in commercial exploitation, physical and sexual abuse/violence at home, in the community, or by authorities, orphans,
- Children with disabilities,
- Children in armed conflict,
- Children affected and infected by AIDS, discriminating, inappropriate and deficient laws and judicial processes and practices for children in conflict with the law (CICL) and street children.

VII. Implementing Guidelines

A.) MSSM Intervention Team

1. Composition of the Intervention Team
 - Case social worker
 - Psychologist
 - Nurse
 - Houseparent

- LGU social worker
- Clients' parent/relatives, guardian, if known
- Representative from the community, member of Barangay Council for the Protection of Children (BCPC) where the client lives to be identified by the Local Social Worker.

2. Functions of the Intervention Team

The intervention team will analyze the needs of the client using the MSSM framework and develop intervention activities during case conference. The team shall monitor the implementation of the identified activities. More specifically, the team shall:

- a.) **Social Worker** – be the case manager and lead the conduct of intervention planning/case conference. He/she shall develop case study report and present the case to the members of the intervention team during case conference.
- b.) **Nurse** – provide information/data on the medical condition of the client
- c.) **Psychologist** – conduct psychological tests and provide results prior to the conduct of the case conference to be integrated to the case study report. This is to know if the client is in healthy psychological/intellectual condition
- d.) **Houseparent** – take note of the observations/behavior of the client in getting along with other peers while inside the cottage
- e.) **LGU social worker** – attend in the case conference to help in the identification of intervention activities to the client's family for his/her eventual reintegration
- f.) **Client's Parent, relative or guardian** – attend case conferences and provide care and support even while the client is still in the center for his/her recovery
- g.) **Representative from the community (BCPC member)** –attend the case conference to help in the development of intervention activities concerning community's responsibilities/programs for the client's total recovery and prevent client from coming back to the street or be in the difficult situation again.

B.) Case Management

All children in need of special protection in all DSWD centers and institutions, other LGUs and NGOs operating residential care facilities shall be assessed using the MSSM framework. The tool should be utilized by the center social worker and other members of the intervention team at in managing cases of children in need of special protection to be guided by the following:

1. Admission

- a.) The center social worker shall review the documents from the referring party (LGU social worker or concerned citizen);

- b.) The center social worker shall conduct intake interview using the MSSM framework integrated in the intake sheet;
- c.) The center nurse shall provide the medical examination of the referred client after admission. Report shall be prepared a week after admission;
- d.) The center psychologist shall conduct psychological evaluation and report should be prepared after one month from admission;
- e.) Assigned houseparent shall conduct inventory of client's records and his/her personal belongings for safekeeping and provide food and clothing;
- f.) The assigned houseparent shall conduct orientation on the house rules and regulations and provide the assigned cottage / bed
- g.) Introduce the client to other social workers, center staff and other residents

2. Assessment / Diagnosis of the Case

In order to come up with an assessment of the case, an in-depth data gathering will have to be conducted guided by the following:

- a.) Basis in gathering data is the MSSM framework so as to gather the presenting and underlying needs/problems of the client with his family and environment that led him be in his/her present situation as bases in assessing and diagnosing the case.
- b.) The information gathered by the social worker during the initial interview will be clarified and takes a better form through successive interview with the client, home visit, collateral interview, and contact with the child's relatives in coordination with the LGU social workers.
- c.) Data would include pertinent and more comprehensive information about the child including the background of the child and his/her family, the developmental growth of the child in relation with his/her environment incorporating the major events that the child experienced, the relationship of the child with his/her family and the relevant others, the information on support systems, and other risk factors that opted the child to live in the streets and eventually be in his/her present situation.
- d.) However, there may be times when all the necessary information may not be gathered in one interview. The social worker and even the houseparent can also engage the child in simple conversations to gather other information. Let him engage in activities that would help reveal his personality and even factors that cause him to be in his present situation.
- e.) Likewise, it is very important that the houseparent is also knowledgeable on the concept of the MSSM framework and take down notes of his/her observations of the child while inside the cottage and during group

activities. This would help the social worker in assessing the client and in the development of the social case study report.

- f.) Observation of the child, which may be done either by the social worker or the houseparent or both, can also be a method in gathering data. This is done through conspicuously and carefully observing the child while allowing events to take place with little intervention from the observer. During the process, the observer takes note not only of what is visibly observable. It is also important to pay attention to non-verbal hints and signs.
- g.) From all the data gathered, the handling social worker will develop the initial case study report and analyze the case using the MSSM one (1) week after admission.

3. Intervention Planning/Case Conference

The following activities shall be done in the Intervention Planning:

- a.) Intervention Team Meeting / initial case conference shall be conducted one week after admission to be participated by the center head, center social worker, houseparent, center nurse, center psychologist, LGU social worker, client, parents of the client (or relatives, guardian) and member of the BCPC (representative from the community where the family lives in);
- b.) The center social worker shall present and discuss the case of the client with the initial case study report (including the psychological evaluation report) analyzed using MSSM as an assessment tool;
- c.) Ensure that the LGU social worker is present during the initial intervention meeting/case conference to help in the identification of intervention plan specifically for the provision of services to the client's family to be ready for the eventual reintegration of the client;
- d.) Ensure that the parents/relatives/guardian/barangay officials (if possible the BCPC representative) is also present and participate in the intervention planning to get their commitment/support for the total recovery of the client;
- e.) Identification of the intervention activities responsive to the clients' needs based on the assessment using the MSSM framework. Make sure that the client; family and community's needs are given appropriate response indicated in the intervention plan. Likewise, it is also important to note the extent of participation of the client, client's family and the community for the client's successful rehabilitation.

4. Implementation of Intervention Plan

The following activities should be done during this stage:

- a.) Implementation of intervention plan by the intervention team (handling social worker, houseparent, LGU social worker, parent and the member of the BCPC);
- b.) Social Worker and other members of the intervention team should take note of the progress / development of the client;
- c.) Assess if the identified intervention activities based on the identified needs using the MSSM framework are responsive and could help in the total recovery of the client;
- d.) Development and enhancement of the case study report by the handling social worker will be based on the observation/progress of the client. Updates may be gathered from own observation to the client, reports from the houseparent, LGU social worker and from the parents and member of the community;
- e.) The intervention team should prepare the child for eventual reintegration to his family (if the client's family is seen willing and capable to win back their child based on the report of the LGU social worker) or if not transfer to other institution who could provide long term care and ensure that the child will not go back to the street to use and abuse substances again;
- f.) Regular coordination by the handling social worker with the LGU social worker on the possible assistance to be given to the family to be ready for the eventual reintegration of the client;
- g.) After three (3) months the intervention team should convene again to evaluate the result of the implementation of the initial intervention plan;
- h.) Case presentation on the client's progress by the handling social worker and identification of other needs that are not identified earlier;
- i.) Development of comprehensive intervention plan including the progress indicators to know if the expected output has been achieved;
- j.) Development of comprehensive case study report (revise the case study report to include the development of the client based on the interventions provided to the client)

5. Monitoring / Evaluation

During monitoring, the intervention team shall assess the progress of the child in terms of achieving the goals of the intervention plan. They should evaluate successes, failures or if there are other works/interventions that still to be done through reviewing the intervention plan, progress notes after the sessions with the child, anecdotal reports of the house parents and other allied services, and actual observation of the child in the center.

6. Termination

If the evaluation signifies readiness for discharge based on the clients' progress indicators, the intervention team must conduct a pre-discharge conference with the family and the LGU social worker to plan out for the reintegration of the client to the family. If the parents are still not capable of taking care of the child, possible transfer to other alternative family care like foster homes or independent living facilities for older children shall be recommended.

7. After Care Service

The After-Care Service is the primary responsibility of the LGU social workers. They shall monitor the development of the client after the reintegration and follow up agreements between and among the client, the clients' family and the community represented by the barangay officials. Everything has to be documented and be reported to the concerned DSWD center head to inform them of the development of the re-integrated child. This is also to make sure that the child will be prevented from going back in the street, from engaging in substance use and abuse, or other compromising circumstances. Provisions of necessary support/help could be extended by the LGU to ensure the successful reintegration of the client.

D. Reportorial Requirements

Periodic reports on the status and accomplishments on the use of the MSSM shall be submitted to the Program Management Bureau every quarter.

E. Monitoring and Evaluation

The Program Management Bureau and the DSWD regional focal persons shall include the application of the MSSM in the conduct of their regular monitoring of center-based programs and services. During the evaluation, the regional focal person shall assist the PMB in identifying issues/gaps and in the development of the recommendations.

VIII. Institutional Arrangements

A. Program Management Bureau (PMB)

1. Include in the regular monitoring of the center's operation the use of the MSSM in assessing children in need of special protection.
2. Provide technical assistance to the Field Offices in the sue of the MSSM.

B. Social Technology Bureau (STB)

- Assist PMB during the orientation and training on the sue of the MSSM among concerned offices.

C. DSWD Field Offices

1. Submit plan of activities to augment project implementation.

2. Coordinate with the Local Government Unit (referring party).
3. Assist in all capability-building activities to be conducted by the Program Management Bureau.
4. Monitor project implementation and submit periodic reports of status and accomplishment to the Program Management Bureau.
5. Provide technical assistance to the center in project implementation.
6. Assist in the conduct of project post-evaluation and provide recommendations on the issues and gaps identified in the implementation.

D. DSWD Center/Institution

1. Attend the orientation training on the use of the MSSM.
2. Execute the use of the MSSM tool according to the set guidelines.
3. Prepare report relative to the use of the tool and discuss with the focal person during the conduct of the monitoring to assess the effectivity of the tool.
4. Coordinate with the Local Social Workers relative to the conduct of the family counseling and after-care service.
5. The trained center staff shall demonstrate to other members of the intervention team who have not yet attend training, coaching and mentoring on the use of the tool.

F. Local Government Units (LGU)

The Local Social Worker who referred the client to the center shall undertake the following:

1. Attend orientation training on the use of MSSM.
2. Develop intervention activities for the client's family to be ready for his/her eventual reintegration.
3. Provide monthly report to the center on the development of the reintegrated client until such time that the client is able to fully cope up with his/her everyday life based on the intervention plan utilizing the MSSM tool.

G. Non-Government Organization Operating Residential Care Facilities for CNSP

1. Replicate the use of the MSSM tool in gathering pertinent information from their clients
2. Assess the needs of their clients using the MSSM tool
3. Develop intervention plans based on the identified needs using the MSSM tool
4. Monitor the implementation of the intervention plans
5. Inform Local Social Worker for reintegrated clients for after care service.

There shall have a Memorandum of Agreement between the Department and other partners that would want to adopt the said framework in their facilities.


IX. Effectivity

This Administrative Order shall take effect immediately and rescind orders with may be contrary to it.

Issued in Quezon City this 24th day of December 2011.


CORAZON JULIANO-SOLIMAN
Secretary *JMS*

Certified Copy:


MYRNA H. REYES
Officer In-Charge
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Risk Factors

1.) *Stress*

Stress is the way a child feels when confronted by a situation, which he/she may perceive to exceed his/her resources thereby causing tension and making the child fail to adapt satisfactorily. Children in need of special protection may have faced extreme stresses caused by: a) major life events; b) enduring life strains; c) everyday problems; d) life transitions; and e) developmental changes.

- a. Major life events are dramatic happenings that occur without warning and cause a profound effect on the survivors. These may include death of parents, abandonment, serious accidents, natural disasters, demolition of abodes, physical abuse, sexual abuse, suicide attempts or exposure to violent incidents in the streets.
- b. Enduring life strains are long term problems that may be encountered by street children which are difficult to solve such as:
 - Poverty - constant need to earn
 - Psychological/psychiatric illness
 - Physical illness
 - Lack of educational/recreational facilities
 - Exclusion from school, peers
- c. Everyday problems may include finding food to eat, a place to sleep, clothes to wear, finding a place for personal care (like defecating or urinating), avoiding street violence, pimps and even law enforcers who often confront a child. These daily struggles are tiring and cumulative that may lead a child to a situation that will give him/her relief as quick and easy escape. These may also push a child to commit criminal offenses like stealing, etc.
- d. Transitions in life, such as moving to another neighborhood or cities, changing peer groups or beginning a romantic relationship, are always stressful because they require people to behave in ways that are often new and not their usual behavior. Life transitions may either have a positive or negative effect on a child. If the effect is negative, a child may resort to anti-social behaviors during the transition to reduce anxiety.
- e. Children undergo the most rapid and most vital developmental changes. Such process may be stressful to them especially if they experience it with no protection and guidance. According to Erik Erikson, children aged 7 to 13 undergo two developmental transitions: a) from early childhood (1 y/o to 6 y/o) to school age (7 y/o to 12 y/o); and b) from school age to adolescence (13 y/o to 21 y/o). Each transition causes changes in temperament that can greatly affect how they respond to certain circumstances.

2.) Normalization

According to the MSSM, a person is more likely to become involved in anti-social behaviors that are considered normal in the person's environment. Example in the case of street children who were engaged in substance use and abuse admitted in the center disclosed that they live in places where the use of some substances is accepted by other street children and the adults in the neighborhood. This made them think that substance use is simply "normal".

The MSSM theorizes that if the certain illegal activity is accepted or considered as normal by a certain group, engaging in such particular activity is considered by a child as "normal". The following factors may encourage a group or an entire society to do illegal activities, which include:

a. Legality and law enforcement

Illegal activities can still be "normalized" especially if enforcement of the law is very weak. Therefore, people, including children would think that the engaging in such illegal activities are "normal" as it is simply tolerated in their area.

b. Availability

In the case of street children who are using and abusing substances, use of certain substances is more likely to be normalized as its supply is high and is easily available. Said substances may include tobacco/cigarettes, solvents, alcohol and in some regions, marijuana. Sexual abuse may also be rampant if pornography, sex videos, sexy television commercials, sexy movies are available in the area.

c. Advertising / sponsorship / media presentation

There are some advertisements, television shows, movies and print materials that project the anti-social activities like they are trendy, normal and desirable

Children may be easily influenced by what they see in the media especially if they do not have other sources of ideas and information. And for a child who has been raised in stressful or atypical homes, media productions such as television shows and films could significantly mold their perception of a normal life.

d. Community acceptance

People tend to accept the illegal activities when there are no specific laws or ordinances that are strictly implemented in the community. Sometimes they are involved in certain illegal or anti-social activities when these activities are the source of their income. A child who is exposed to actual trade and practice of certain negative activities may grow up thinking that it is all normal.

e. Role of culture

Illegal activities that have place in the traditional culture of a society are usually normalized. Filipino culture has grown so rich in festivities where people are often seen drinking and smoking. As such, smoking and drinking, have become a culturally accepted behavior in the eyes of the young children.

3.) Experience/Effect of being in a situation

In the pilot testing of the MSSM tool, consultant Dr. Cornelio Banaag, related that many street children engage in substance use and abuse because the substance adds something to their life such as entertainment or temporary escape from a problem. To most street children, substances lessen hunger, add excitement, decrease physical and emotional pain, induces sleep, increase energy levels, improve alertness, provide a sense of belonging, or make them fearless to commit petty crimes. This is also true to other cases of children in need of special protection. Other children claim that even if they do not like the effect of being in a certain situation, they still prefer to remain in that situation as it lessens boredom of their daily lives.

The foregoing protective factors could be considered the denominators, which when adequately present in a child could stabilize and better prevent him/her from resorting to anti-social activities.

Protective Factors

1.) Skills

Skills would refer to the child's competencies and coping strategies. Competencies are the child's physical and performance capabilities that could help him/her deal with everyday life for example:

- Vending;
- Playing basketball;
- Arts and crafts

Coping strategies on the other hand are the internal, cognitive, behavioral and social abilities that help the child manage stress. These would include psychosocial skills like self-awareness, leadership, assertiveness, problem solving, self-monitoring skills, skills in recognizing and correcting one's mistake, avoidance of problems and survival skills. Such competencies and coping strategies also help the child prevent health problems and cope with them if they occur.

2.) Attachments

Attachments are personal connections of the child to people, animals, objects and institutions. The child's close bond and feeling of acceptance is vital in the development of his/her self-esteem. A child is more likely to develop strong attachments to other people if:

- He/she spends a lot of time with them
- He/she performs well in that group in any activity
- He/she is consistently rewarded by the group

However, implementers must be conscious that "negative" attachments also exist. These are connections to people or institutions that are associated with abuse, substance use or exploitation, such as drug syndicates, peers who use substances and abusive parents. Negative attachments make substance use more likely. A child's desire for close relationships can make him/her vulnerable to close relationships with people who may have a negative influence on him/her.

3.) Resources

A child uses resources to meet his/her physical and emotional needs either internal or external.

Internal resources may include:

- Intelligence
- Education
- Spirituality
- Skills (vocational)
- Optimism
- Sense of humor
- Good health condition

External resources may include:

- Family
- Other children in need of special protection
- Street education/info campaign
- Peers
- classmates
- Positive role models
- Community organizations
- Educational/vocational training services
- Health services
- Recreational facilities
- Good employers

After having identified the factors that led the client to unfavorable condition, the handling social worker is now ready to assess the child's present situation. The MSSM says that engaging in a situation damaging to a child's personality is more likely if:

- The child's level of stress is high;
- Activities that may contribute for being in a dangerous situation are considered normal or encouraged within the child's reference group;
- The situation the child chooses to be part with produces an effect that he/she wants;
- The child has few, weak or negative attachments;
- The child has few or poorly developed competencies and coping strategies;
- The child has few personal or community resources available and accessible to him

Based on the assessment, the intervention team has to develop intervention activities responsive to the identified specific needs of the clients.

The MSSM Assessment Tool below shows guide questions that may be answered to assist the social workers in identifying the risk and protective factors:

Risk Factors	Stress	Normalization	Feelings/Behavior Towards the incidence
Child	What characteristics or personal experiences does the child have that cause him to experience stress?	How did the child engage in a certain situation? Who or what has made him be in a certain situation?	How does the child feels when he engaged in a certain situation? How does the child feels after he has been engaged in a situation?
Family	What causes stress to the family?	Does any member of the family also engaged in a certain situation? Like for example uses any form of substances, who encourages him/her to be in his/her situation?	How does the family accept the situation being experienced by the child?
Community	Describe or identify the factors in the community that may have caused stress to the child and/or the family?	How rampant is the incidence happen in the community?	How do people behave when they have learned the incidence?
Protective Factors	Attachments	Skills	Resources
Child	Who are the persons that the child considers his ally and why? (Note that attachments may also be negative. Those persons with whom the child encourages to be engage in such situation)	What physical abilities does the child possess? What talents does the child have? What cognitive skills like: ability to relate with others, ability to express himself, survival skills, problem-solving skills, or even stress avoidance skills?	What are the external resources?
Family	Who does the family, the parents and the siblings turn for help? Who in the family is/are nurturing to the child?	What employable skills do the parents have? What cognitive skills do the members of the family have that made them "survive" everyday challenges?	What are their external resources?
Community	What social institutions or organizations in the community could provide assistance to the family? Are their neighbors who help the child when in need?	Are the systems in the community that could contribute in strengthening the family relationships and eventually minimize, if not totally eliminate the factors that may lead to a detrimental situation?	What services are available in the community that could address the needs of the family?