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DEPT. OF SOCIAL WELFARE & DEVT.  
EDP ROAD, CONSTITUTION HILLS, Q.C.

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SUBJECT : Guidelines on the Neighborhood Support Services for Older Persons Project

## I. Introduction

The Philippines' elderly or older persons population has been increasing substantially from 2.5 million in 1980 to 4.5 million in 2000. This is projected to reach 10% of the population by year 2020. Viewed in relation to other countries, the Philippines is among the countries with the highest expected rate of increase of older persons. With the increase of the older persons population there will be a growing demand for caregivers not only from the family members but also from among the community members.

The older persons get the care they require from their families due to the cultural tradition of families caring for their own elderly member. The Filipino value of respect for elders and "utang na loob" or debt of gratitude is a manifestation of children's "repaying" their aging parents with the expectation that parents will live with them once they become old (Abaya, 1981, Domingo and Asis, 1995).

However, there are factors which affect living arrangements due to rapid urbanization, with the rural youth trekking to urban centers, leaving behind the older persons family members and declining birth rates, implying fewer potential caregivers among the young. In addition, the increasing female participation in the labor force brings down the number of caregivers.

Given these changes, it becomes necessary to involve the community/neighborhood to take effective steps to enhance its care giving capability to the older persons as an alternative, if relatives are unable to do it. Nowadays, caregiving for older persons is not just solely considered "within the family concerns" but fast becoming a community or society's concern, thus the conception of Neighborhood Support Services for Older Persons under these guidelines.

## II. Legal Basis

### 1. Constitution of the Philippines 1987:

- a) Article XV, Section 4, states that it is the duty of the family to take care of its elderly members while the State may design program of social security for them.

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG KAGALINGANG PANLIPUNAN AT PAGPAPAUNLAD

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(DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT)

BATASAN PAMBANSA COMPLEX, CONSTITUTION HILLS

QUEZON CITY

- b) Article XIII, Section 11 – “The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. These shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and children.”
2. Republic Act 7432 – An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes declared policies are: “to motivate and encourage senior citizens to contribute to nation building”, and “to mobilize their families and the communities they live with to reaffirm the valued Filipino tradition of caring for the senior citizens.”
3. Republic Act 7876, otherwise known as the Senior Citizens Center Act, mandates the establishment of a senior citizens center in all cities and municipalities to be used as venues for the delivery of an integrated and comprehensive social services to the senior citizens.
4. Executive Order No. 266, Approving and Adopting the Philippine Plan of Action for Older Persons, 1999-2004, addresses the eight (8) areas of concern, namely, Older Persons and the Family; Social Positions of Older Persons; Health and Nutrition; Housing, Transportation and the Built Environment; Income Security, Maintenance and Employment; Social Services and the Community; Continuing Education/Learning Among the Older Persons; and Older Persons and the Market.

### III. Definition of Terms

The following terms are defined for the purpose of this Guidelines:

1. **Motivator** - is the focal person in the community where the NSSOP is being implemented. He/She assists the LGU social worker in the implementation with functions indicated in this guideline. A motivator may either be a community member e.g. an older person who has been trained as caregiver to sick/frail older persons or a barangay health worker. They are considered volunteers of the project who go around the community to monitor the trained caregivers and carers.
2. **Caregiver** - is a trained, licensed/accredited community member who is paid to provide home care activities to an older person who is sick, bedridden or frail due to old age or to one with a disability. A caregiver's name is enlisted in a roster of trained/licensed/accredited caregivers at the LGUs and NGOs who will provide services to older persons in the community whose services are available at anytime. The services of caregivers may be purchased by families in the community. Further, the LGUs and NGOs may provide them incentives in anyform in exchange of their services.

3. **Carer** - is a dedicated family member who voluntarily looks after the older person member of the family who is with a disability, is sick/bedridden or frail due to old age.
4. **Volunteer** - is a committed community member who is registered with the LGUs and who has been trained as a caregiver to sick/frail older persons who are interested and have the time to volunteer their services in caregiving activities and providing respite services to carers. This is done by taking over from the carer the caring of the sick/frail older persons/member of the family within a limited time and under certain conditions.
5. **Home Care** - refers to the full range of services provided to an older person while in his/her own home to support the maintenance of his/her highest possible quality of life and to allow him/her to remain in the community for as long as possible.

#### IV. Objectives

##### General:

To develop and mobilize a core of community members as resource to provide quality home care services to older persons while in their own homes.

##### Specific:

1. To advocate and encourage family members or the community to provide home care for the older person who has a disability or sick/bedridden or frail due to old age;
2. To equip motivators, caregivers, carers and volunteers with adequate knowledge, attitude and skills on the proper care of older persons; and
3. To train and mobilize community members as resources for the neighborhood support services for older persons either as volunteers or as caregivers.

#### V. Project Description

The Neighborhood Support Services for Older Persons (NSSOP) is a community based program that involves the community/neighborhood to take effective steps to enhance members of the families in their care giving capability to a sick, frail, bedridden or with disability older person. This involves capability building activities for volunteers, motivators, caregivers and carers. The NSSOP mobilizes volunteers who are willing to share their skills and service as a resource of the community.

The intervention provides a home care program wherein the emphasis is to promote healthy and stable living among older persons and maintain levels of physical and mental functions by providing needed community-based services to them and their carers. Caregivers or volunteers offer assistance with personal care such as bathing, grooming, dressing, assistance in meal preparation, assistance with self-administered medications, ambulation, exercise, respite care, social support, companionship, and socialization among others. These services are

provided to assist carers in their caregiving role, thereby preventing family breakdown and enhancing the older person's quality of life. Since caregivers and volunteers are drawn from the same community as the older person's, home care can also contribute to intergenerational understanding and strengthening of the community as a whole.

The project is being pilot tested in Regions VI through the Family Life Resource Center, in Region XI through its Senior Citizens Center and in the National Capital Region through the Federation of Senior Citizens Association.

The project may either be implemented in coordination with the LGUs, by a senior citizens association, an NGO, a people's organization, a religious or civic group, or other organizations who are interested to help the frail, sickly or bedridden older persons or those with disability/ies.

## **VI. Target Clientele**

The project will serve the following:

1. Older Persons who are;
  - a) 60 years old and over who are frail, sickly/bedridden or with a disability
  - b) With or without a family
  - c) If living alone is under either of the following circumstances:
    - Completely left to themselves, but with available children living in other places for valid reasons thus unable to provide care and attention to the older persons but willing, interested and can afford to purchase the services of a caregiver.
    - Are abandoned, unattached or neglected.
2. Carer/s - is/are member/s of the older person's family who look after them.

## **VII. Implementing Procedures**

The project has the following components/phases:

### **1. Social Preparation**

- a) Orientation of the project

This involves orientation of DSWD Field Office (FO) technical persons by the Programs and Projects Bureau. The FO technical person is expected to advocate for the project with the LGUs and other stakeholders/intermediaries.

- b) Identification of Beneficiaries and their needs

This involves the identification of the older persons and their carers through the conduct of purposely designed survey or analysis of existing survey and information of the different offices e.g. Brgy.

Health Centers, Office of the Senior Citizens Affairs, DSWD Family Data Survey Form, etc.

The NSSOP Form 1 - intake sheet (Please see Appendix A) shall be used to gather information about the client.

With the above baseline data, the LGU social worker gathers and analyze information about the client to be able to identify the problem and need.

c) Identification of motivator, volunteers and caregivers

This involves attendance and exposure to community assemblies and meetings of existing older person associations, etc. the LGU social worker should be able to spot, identify and recruit volunteers/caregivers following the given procedures:

- c.1 Contact potential motivators, volunteers and caregivers and explore their needs, feelings and interest to help their community, particularly older persons who are sick/bedridden, frail or who are with disability/ies and their carer. Contact may be done individually or by groups.
- c.2 Part of the identification of motivators, caregivers and volunteers is the application form which should be properly filled up by them (Please refer to Appendix B NSSOP Form 2). Prior to the attendance to the training, an older person to be cared for shall already be identified coming from marginalized communities or within the neighborhood of the motivator, caregiver and volunteers to ensure that the knowledge acquired will be applied to frail, sickly, bedridden older person. If possible, validation will be made by the Field Office Unit concerned in coordination with the LGU focal person.
- c.3 Prepare list of interested volunteers, caregivers and motivators.
- c.4 Orient them on the holding of a training program to prepare them for volunteer work and to get their initial commitment.
- c.5 Identification of the succeeding volunteer should be done by the trained caregivers/volunteers.

## 2. Capability Building

- a) Orientation of LGUs, other stakeholders/intermediaries – This involves orientation on the project for them to have a better understanding on the mechanics of the project.

- b) Training of Motivators, Volunteers and Caregivers – The identified motivators, caregivers, volunteers and carers shall be given the necessary training and hands-on workshop on caregiving to equip them with appropriate knowledge, attitude and skills (KAS) in proper care of frail/sick older person.

The training of caregivers shall be conducted in coordination with the Regional Health Office or the Municipal Health Unit. This will be conducted by the LGUs where the project is to be implemented, in coordination with the DSWD Field Offices.

The motivators, caregivers and volunteers are required to attend the five (5) day training session leading to a Certificate of Participation. The training is focused on the following theories: understanding the psychology of older people, communication skills, basic information on the psychosocial aspect of caregiving, common geriatric diseases, safe use of medicine, home safety and fire prevention, and the role of the motivator, caregivers and volunteers. The hands-on training is focused on personal care, e.g. washing the face, bathing in bed, changing bed sheet, hair washing in bed, caring for the incontinent, wound care, transferring of patient from bed to chair, and exercise and mobility among others. A module on supervision, monitoring and evaluation is part of the training syllabus.

To ensure its sustainability, a two to three day follow-up training shall be conducted by the Field Office after two to three month's implementation of the project.

The trained motivator, caregiver and volunteer will transfer the technology of caregiving step by step to the immediate family member/s/carer/s of the older person being cared for or to community/neighborhood volunteers. Eventually, the latter will apply the skills and knowledge acquired on proper caring of an older person.

A certificate of training for five (5) days will be issued to the participants. After six (6) months of practicum, a certificate of completion for the 6 months training course on caregiving will also be issued. As basis for the Certificate of Completion, the motivator, caregivers and volunteer shall have for at least served/cared for 2 older persons and reached out to at least 8 mobile older persons to join the physical fitness program.

### **3. Identification and Assessment of Clientele**

The frail/sickly bedridden older persons in the community where the project is to be implemented will be identified. Further, their needs/resources are to be assessed. This will be conducted by the motivators, caregivers and volunteers with the LGU focal staff providing the necessary directions in coordination with the City/Municipal Health Office.

#### 4. Rehabilitation Planning

A rehabilitation plan shall be formulated by the motivator with the client, his/her family carer and caregiver using NSSOP Form 03 (Please see appendix C).

#### 5. Provision of Services

The following services shall be provided based on the assessed needs and rehabilitation plan:

a) *Home Care* - The provision of caregiving to a frail/sick older person right in his/her own home. Caregiving tasks may include:

##### a.1 Personal Care

- assistance in personal hygiene
  - washing the face
  - bathing in bed
  - hair washing in bed
  - assistance in dressing and undressing
- changing bed sheet
- wound care
- assistance in eating

##### a.2 Nutrition

- demonstrating meal preparation
- delivering food
- feeding as needed
- planning meals

##### a.3 Health

- assistance with self-administered medications
- exercise and mobility
- caring for the incontinent

##### a.4 Psycho-social aspect of caregiving

- provision of regular breaks to carer
- managing stress and the like
- provision of company by giving a listening ear and social and emotional support

- b) *Respite Services* - the provision of interval of relief to the family or carer from the demands of their roles as carers. This is one way of helping the carers cope with the demands associated with providing care to an older person who is a family member.
- c) *Physical Fitness Program* - this will be introduced in the community at least once a week in coordination with the existing older person organization such as Federation of Senior Citizens Association of the Philippines (FSCAP). This is one of the preventive aspects in caregiving. It is designed specifically for older persons. The program aims to keep them physically fit to be able to carry out day to day activity without undue fatigue and avoid stress thus, improving their quality of life and becoming productive members of our society. A monthly report on the physical fitness program for older papers using NSSOP - Form 3 (Please see appendix D) shall be prepared by motivator, volunteer or caregiver.

#### **6. Mobilization of Volunteers**

Older persons, or any community member in the neighborhood who are interested and willing to be trained and share their time and talent on caregiving, will be mobilized as volunteers in caregiving.

They can be full time or part time volunteers who will provide services to sick/frail older person during their free time or teach the carer on personal care, providing social support and companionship.

#### **7. Follow-up and Feedback**

A regular follow-up and feedback system shall be installed to ensure that appropriate services are delivered. Monitoring and evaluation of the services shall be based on the rehabilitation plan.

#### **8. Case closure/termination**

The case is closed when the family and the carer who is a family member, have gained the knowledge and applied the skills learned, improved on their attitude and formed the appropriate habit towards the older person.

### **VIII. Monitoring/Evaluation/Technical Assistance**

#### **a) Monitoring**

Once a week monitoring of the caregiver shall be done by the motivators in the area to ensure effective implementation of the project using NSSOP Form 5 (Please see appendix E). However, regular monitoring of the project and reporting of the status of the implementation to the DSWD Field Office shall be done by the LGU staff who is the focal person of the project. Part of the monitoring will be the monthly meeting of all concerned staff, motivators,



caregivers and volunteers involved in the project for continued capability building and provision of technical assistance (TA). The implementors will give feedback as to the extent of the implementation of the project through report submission, conduct of regular meetings, etc.

b) Technical Assistance

During the initial implementation of the project, technical assistance shall be provided by the Bureau/Unit concerned to the FO staff who will in turn provide technical assistance to the LGU implementors such as the motivators, caregivers and volunteers. Provision of technical assistance will include among others provision of additional input on home management, nutrition and actual menu preparation, first aid, etc. suited for older person. A resource person may be invited to discuss these topics.

c) Evaluation

This shall be conducted by the DSWD Field Offices at the regional level at the end of the year in coordination with the LGU concerned. An annual evaluation or program audit shall be conducted by the Bureau/concerned to assess effectivity of services for program modification/enrichment and replication.

d) Expansion of the project within the region shall be decided according to needs which will be undertaken by the Field Offices.

## IX. Delineation of Responsibilities

### A. DSWD

#### 1. Central Office

##### a. Programs and Projects Bureau

- Prepare program guidelines/manual.
- Provide orientation, technical assistance/consultation with DSWD Field Office.
- Provide resource augmentation during pilot project implementation.
- Monitor project implementation and provide further technical assistance.
- Conduct national evaluation of the project for further program development.
- Conduct research/documentation of the project.

##### b. National Operations Office

- Monitor the operations and implementation of the project and provide technical assistance
- Expand the project to other Field Offices
- Provide resource augmentation for implementation

c. Social Welfare Institutional Development Bureau

- Provide capability building activities for motivators, volunteers, caregivers and carers
- Develop and enrich instructional materials in support of capability building activities

d. Standards Bureau

- Set standard in licensing and accrediting caregivers
- License/accredit caregivers

B. Field Office

- Conduct consultation with LGUs to determine their interest, cooperativeness, capability and commitment to implement the project.
- Conduct the required capability building activities of LGUs, NGOs other GOs, Motivators, Caregivers and Volunteers.
- Monitor/evaluate and document project implementation at the regional level
- Submit report to the Central Office.
- Ensure judicious disbursement of funds.
- Assist in the evaluation of the program.

C. Local Government Unit

- Provide administrative support such as providing incentives e.g. transportation fare, allowance or pocket money to motivators or "supervisors" and volunteer caregivers for visiting the clients, recognition, awards, etc.
- Local legislation thru SB/SP resolution adoption of NSSOP as regular program of the LGU thru the MSWDO in Partnership with OSCA.
- Identify the project site, motivators, caregivers and volunteers
- Implement and supervise the day to day operations of the project involving the following:
  - motivators who act as immediate "supervisors" of the project in their own community
  - caregivers who provide caregiving services to older persons

- volunteers who take over the caregiving services for a limited time providing respite to the carers who are family members
- Monitor the project through the rehabilitation plan and project visitation.
- Establish strong network and partnership to people's organizations, other GOs, the academe and NGOs for resource.
- Submits report to the DSWD Field Office on project implementation.

**D. Motivators**

- Conduct orientation to members of the community, Senior Citizens Associations of the Philippines officers/members, families/carers, caregivers and volunteers.
- Conduct survey of frail/sick/bedridden older person within the community.
- Identify caregivers/volunteers to participate in the training for caregivers.
- Assist and facilitate conduct of training of caregivers, volunteers and carers.
- Monitor and coordinate the activities of caregivers and volunteers.
- Referral of carers to appropriate agency/person for possible assistance.
- Coordinate/submit reports to the local social worker.

**E. Caregivers**

- Identify carers to be trained on caregiving.
- Provide caregiving to older person who has disability, sick/bedridden or frail.
- Refer to appropriate person/agency of the older person for assistance needed.
- Coordinate/Submit reports to the local social worker.
- Continuous awareness raising in the community.


**F. Carers**

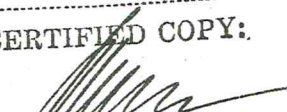
- Provide appropriate care to older person who is a family member.

**G. Volunteer**

- Provides respite services to carers to prevent burnout's.
- Assist the LGUs in resource generating activities for the project.
- Coordinate with the local social worker.

This Administrative Order shall take effect immediately and amends previous orders inconsistent herewith.

  
**CORAZON JULIANO SOLIMAN**  
 Secretary  
 Department of Social Welfare and Development

A CERTIFIED COPY:  
  
 RENATO F. GILERA