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

Administrative Order No. _16_
Series of 2005

SUBJECT: Standards for Center - Based Services

INTRODUCTION

The continued prevalence of poverty, desertion, family violence and other stresses in life may result to dysfunctional families or inability of individuals to cope with daily needs. The changes brought about by technology and modernization have set in more demands for the environment and the Filipinos. Inevitably, when the disadvantaged individuals, groups and families can no longer cope with their responsibilities due to circumstances and emergencies beyond their control, alternative forms of care and support are necessary for their immediate protection, prevention of dysfunction and development of their potentials and capabilities.

Government and private agencies develop and provide programs and services in facilities referred to as centers to meet these immediate and short-term psychosocial needs and concerns. Center-based services are rendered in a physical structure during part of a day or continuously within a maximum of three weeks. These provide for a variety of services to individuals, groups or families "in the center" to assess and manage their immediate psychosocial needs and engage them in a brief and programmed developmental or initial rehabilitative activities.

Consistent with the Department's mandate to set standards for quality service delivery in all settings, these standards are formulated to establish quality assurance measures in the delivery of appropriate and effective services to target clients in the centers.

COVERAGE

Center–based services are rendered in physical facilities, referred to as "centers", on a daily basis or during part of a day addressing immediate crisis or developmental concern of an individual, group or family. Clients in center-based services have families to return to after each segment of the brief treatment or developmental program. These can also be rendered up to a maximum of three weeks in the center involving clients that need to undergo thorough assessment or diagnosis and short-term psychosocial intervention.

These standards are applied to both public and private social work agencies that provide center-based services. These facilities include Reception and Action Center, Crisis Intervention Center, Drop–in Center, Vocational Rehabilitation Center, Sheltered Workshop, Productivity Skills and Capability Building Center, Day Center for Senior Citizens, among others. Policies and procedures set forth in Administrative Order No. 06, series of 2005 (Omnibus Guidelines on the Registration and Licensing of Social Welfare and Development Agencies and the Accreditation of Social Welfare and Development Programs and Services, as amended) shall govern the accreditation process and requirements of center-based services.

SOCIAL WELFARE AND DEVELOPMENT STANDARDS

I. Administration and Organization

A. Vision, Mission, Goals and Policies

1. There is a written statement of organizational purpose indicating the clients they wish to serve, programs and services they intend to provide and organizational goals.
2. There is a written statement of outcomes (vision) for both client and the organization.
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 certificates are displayed at the head office and conditions in the license are observed.

B. Organizational Structure

1. Organizational Chart

   a. Organizational positions and lines of authority; relationships between and among these structural elements are shown in a chart

2. Policy-making Structure

   a. There is a policy-making body with identified members who meet regularly or as stipulated by the organization's by-laws, to address issues and to formulate policies for implementation;
   b. Policy-making body formulates and/or approves organizational directions

3. Management Structure

   a. Presence of personnel that provides 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/Center Head – responsible for administering, planning, managing, and controlling the daily activities and for ensuring that the service quality requirements are met

     b.2.   Supervising social worker – Under the direct supervision of the director/head, he/she shall supervise 3 to 5 social workers and at most 5 other personnel at a time;

     b.3.   Supervisor/s – Under the direct supervision of the director/head, he/she shall supervise 5 to 15 non-social work or non-direct service workers and/or administrative personnel at a time.

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. The strategic plan is translated to a work and financial plan.
   c. The strategic plan is based on a set of desired client outcomes.
   d. Regular planning cycle is effected.

5. Policy-Making Process and Procedures

   a. Policy-making process is documented.
   b. Policies being implemented are written and known by all the staff
   c. Clients are knowledgeable about policies that involve them.

6. Ethical Conduct

   a. There is written and clear policy governing conflict of interest and/or code of ethics.

C. Financial Resource Management

1. Financial Management System

   a. Financial transactions with clients and non-clients

     a.1.   Processes for making financial transactions are transparent, and properly documented

   b. Fund sourcing

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

   c. Fund Allocation
     c.1   Follows a program-to-administrative expenses ratio of 60%:40% to 70%:30%

     d. Control

       d.1. Appropriate internal control systems are in writing and are implemented.

       d.2. 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).

       d.3. Disbursements are covered by vouchers and are properly authorized.

2. Material Resource Management System

   a. Facilities/Assets

      a.1 The organization's facilities and physical assets are documented. 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.

      a.3. Physical inventory of assets are done at least once annually and is recorded.

   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 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, applicable, understandable, 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 and 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

b. Training and development

b.1. There is a training plan for all personnel including volunteers to include proper interaction with client, standards of conduct, boundaries between appropriate and inappropriate behavior

b.2. There is an effective ongoing training and development program based on a regular training needs analysis in order that all personnel at all levels may be able to upgrade and acquire necessary skills and competencies

b.3. The Board supports this training program, consistent with the needs of the service, manifested primarily by allocation of necessary funding and resources.

b.4. Staff development activities are regularly conducted in order to facilitate good communication, cooperation and consistency among the staff in implementing the services

c. Staff Support Services (group sharing, counseling)

c.1 All staff members receive regular and formal supervision, at least once in a quarter, the details of which are recorded

c.2 There is access to formal or informal counseling when it is necessary.

c.3 Support mechanisms are provided to the staff, especially those who suffer stress and injury.

d. Performance Appraisal

d.1 Assessment of staff performance is done periodically against desired client outcomes.

d.2. Tool for performance appraisal is developed and utilized 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 clients.

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 clientele group they serve.

f. Volunteer Management

f.1 Written and implemented policies on the recruitment of volunteers, the kind of volunteers that will be accepted, the work they are expected to do and their responsibilities.

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

f.3 Volunteers are given orientation to the organization and a programmed interaction between the volunteer and the clients

f.4 Mechanisms are existing to protect the clients from possible abuse by volunteers

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

g. Discipline

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

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

3. Personnel Competencies and Qualification Standards

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

a.1 Necessary 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

b. Head of 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 the conditions that he or she meets any of the following:

b.1. has taken at least the core courses in Bachelor of Science in Social Work or 24 units in Master in Social Work

b.2. has completed formal training and 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 one year of relevant supervisory experience in organization/s handling specific clientele group

d. Social Worker – must be a RSW with at least 360 hours of formal training or one year of work experience in handling specific clientele group

4. Staff On Duty

   a. A sufficient number of qualified staff shall be on duty at all times to render appropriate services in the center. In case of provision of temporary shelter, the center shall comply with the staff-client ratio as provided in Administrative Order No. 141, Series of 2002 (Standards in the Implementation of Residential Care Service).

   b. Coed facilities should have both male and female staff on duty at all times. At night in temporary shelters, there shall be a staff person awake in each living unit and making regular visual checks throughout the night.

5. Support Services
   a. General Services
      a.1 Transactions involving procurement, facilities and equipment repair and maintenance and transport use are recorded.
      a.2 Regular review of the utility and efficiency of support services is done. Contribution to client outcomes is considered.

   b. Information Management System

      b.1 A mechanism for documenting critical organizational events is in place.
      b.2 Administrative and program files and records are maintained and the recording system is kept functioning effectively in order to facilitate management and accountability.
      b.3 Data base system is developed for significant information on cases managed by the agency in aid of organizational decision-making, of policy and program development and research.

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 situation of target clientele is done, with sufficient data collection to support program design and strategies. A clear program plan consistent with the center's goals, objectives and helping strategies is formulated considering the program scope, timeframe, resources needed and priorities.

   b. Plan is supported with baseline data and formulated in consultation with staff, residents, volunteers and other stakeholders.

2. Implementation

   a. Structures are appropriate to implementation.

   b. Required resources for implementation of program are provided by the organization.

   c. Schedules for provision of services are consistent with organizational intent and program design.

   d. Program implementation is documented.

3. Monitoring

   a. Managers regularly monitor the quality of all program records, 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 clients and achieve program objectives.

4. Evaluation

   a. End-of-year and project/program-end evaluations are done. This shall include securing feedback from clients on the services that they have received and a review of accomplishment of desired program and client outcomes.

5. Community Integration

   a. Immediate community of the agency is aware of the center activities.

   b. Local government unit (LGU) covering agency's operation is aware of center operation; agency coordinates its projects or activities with the LGU/s where the center operates

   c. The center cooperates/participates in relevant projects of immediate community or organizations in the community.

III.   Helping Strategies

Services in the center shall be provided in two levels: (1) general services, which are required in all center-based services, and (2) program-dependent services, the appropriateness of one or more of these services/helping strategies applied to a given program will depend on the rights and needs of the target clientele, based on organizational VMG and program objectives.

A. General Services:

1. Psychosocial care

a. Policies are aligned with practice with respect to psychosocial interventions and are known to all staff and clients.

b. Psychosocial interventions are handled by qualified professionals (e.g. counseling; critical incident stress debriefing; therapy; psychological testing; etc.)

c. Confidentiality policies are discussed with the client and decisions on this matter are arrived at with his/her/their participation

d. Discipline of clients is based on written policies and is always geared towards achieving helping objectives. Corporal punishment and deprivation of rights-based needs in disciplining clients are prohibited.

e. Psychological/psychiatric tests are used in relation to other relevant information in assessment and in planning for interventions

2. Health

a. There is provision of or access to services of appropriate health professional to examine the health conditions and needs of the clients and prescribe appropriate treatment or intervention

b. Functional mechanism for referring emergency cases (to appropriate doctor or hospital) in order to provide timely and appropriate treatment.

c. If medicines (apart from the over-the-counter medicines) are administered, these are according to prescriptions by licensed physicians. Prescription and administration of these medicines are explained to the client by a licensed health professional.

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

e. Health education are provided according to the life cycle and rights of clients (e.g. reproductive health for adult males and females; sexuality education for adolescents)

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

3. Socio-cultural and recreation

a. Provision of appropriate activities, equipment and toys to clients according to his/her/their age level, ethnicity/culture and physical and mental capability.

4. Protection and safety

a. Provision of mechanisms for protection from mental, emotional, physical and sexual abuse and exploitation.

b. Registration of birth of all clients aged 17 years and below is monitored and facilitated.

c. Clients are trained on protective behavior.

d. Clients are trained on use of and/or are given protective gadgets when involved in activities or jobs that pose physical risks/harm

B. Program-dependent Services

1. Nutrition

a. Provision of or access to adequate, safe, nutritious and fortified food that is appropriate for the client's age, developmental stage, and nutritional requirements and considers cultural/spiritual practices. Food menu plan is prepared by or with supervision of a qualified agency or community nutritionist.

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 trained on healthy eating habits; facilities are established for children and youth to participate in food preparation according to developmental capacities.

2. 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 is done or facilitated by the agency before distribution and use.

3. Education

a. Provision of non-formal education is appropriate to the client's age, developmental capacities and needs.

b. Access to formal education is monitored, ensured and facilitated where primary school-age children are served,

4. Spiritual and moral welfare

a. Access to worship services chosen by the client.

b. Spiritual activities are planned with clients.

5. Paralegal/legal assistance

a. Client is accessed to legal/paralegal services not provided by the agency when such is needed by the client.

b. Client is involved in the choice of legal counsel.

c. Client is guided or prepared for legal processes especially before, during and after court hearings.

d. Options are provided to the client before taking decisions on legal action/s.

6. **Livelihood- Skills/entrepreneurial training, job placement, capital assistance**

a. Income-generating projects, job placement and trainings are planned and done with the participation of clients. These are conducted according to written policies on which clients are oriented.

b. Clear policies are set and implemented; these govern profit sharing, income generation, earnings and savings on which clients are informed.

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.

7. **Progressive integration**

a. Volunteer work of clients is part of his/her treatment/rehabilitation/development plan.

b. Clients 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.

8. **Advocacy**

a. Advocacy program is designed, planned, implemented and evaluated with the community to increase awareness among stakeholders and move them into action and support

9. **Family preservation/Reunification**

a. There are clear and written policies in recommending for family preservation/reunification and are aligned with practice. Case study for clients provided with this service shows that family preservation is the

best intervention for the achievement of treatment/development objectives.

10. **Values education**

   a. Clients are helped in identifying positive values, clarify personal vision and life goals in the client's unique situation through values education sessions or other strategies; these activities are documented showing specific values intended to be learned or unlearned for each client.

   b. Development in client's personal plans and behavior in relation to specific values are indicated in summary recordings and are taken into account in case assessment.

IV. Case Management

A. Caseload

1. (1) RSW shall manage the following singly or simultaneously in terms of method:

   a. Only one of these caseload schedules for casework, which may be combined with other methods of helping:

   a.1.   At most 60 non- intensive cases at a time;

   a.2.   At most 20 individuals at a time in case of persons in crisis needing intensive casework.

   a.3.   In case of mixture of intensive and non-intensive cases, intensive cases shall not exceed 10 cases at a time, with a maximum of 30 mixed cases.

   b. For groupwork

   b.1.   At most three (3) groups at a time

   c. For work with families

   c.1.   At most five (5) families at a time either for casework or groupwork

B. Case Recording

1. Intake assessment is written for each case, showing basis for contracting help or referral to other services; intake sheet is completely and properly accomplished.

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

   a. Process recording, when understanding of specific situation/problem of a client is necessary and/or when required for supervision purposes.

   b. Summary recording, when transfer of case to another worker/agency is effected (transfer summary); when case is closed (closing summary);

when a significant progress on a case or significant interaction between client and worker is noted (progress notes/block summary)

    c. Assessment and evaluative statement, which is the worker's professional evaluation on client's situation; presented at the end of every recording.

    d. Records/documents relevant to the objective of helping is properly kept (e.g. proposal for livelihood project or vocational training if interventions for this is indicated).

3. Case records are filed such as to be easily accessible to service providers but maintain privacy and confidentiality.

    a. Case records and significant documents are systematically kept in a location that can be monitored and policies on records access and use are written.

    b. Users of records are identified and only those identified are allowed records access. Use of records is according to agency policies.

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

4. Recordings/documentation significant to each case are updated and show the history and development of the client's situation from initial interaction with the center, to the termination of services, based on helping goals. Records show participation of the client/s in decisions that affect him or her/them.

C. Helping Process

1. Each client (individual, group, family) accepted by the agency for a helping contract has a written intake and case study/assessment, which clearly shows the following:

    a. Problem identification and assessment

        a.1.   Presentation of information relevant to the problem system
        a.2.   Assessment of specific problem areas of the client and priorities to be worked on

    b. Goal- and contract-setting and planning

        b.1.   Problem/development issues and directions are clearly discussed and recorded; shows agreement of client to participate in helping tasks, unless the client is mentally incapable to make the decisions (as in the case of an infant, a young child or someone with mental disability). This agreement/commitment should be concretely expressed in writing, where possible.
        b.2.   Recommended interventions/actions are clearly stated based on written objectives, identified resources and time frame

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

    a. Participation and self-determination of client

        a.1. There are regular processes for eliciting client contributions to his or her/their development/treatment plan

        a.2. Decisions on short- and long-term activities that affect the life directions of the client are done with his or her/their participation

    b. Multi-disciplinary/Multi-sectoral involvement

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

    c. Implementation

        c.1. Implementation of any intervention is based on a plan agreed by client and worker. When change/s in implementation is/are necessary, this is /these are always agreed upon with the client.

    d. Monitoring and evaluation

        c.1. Regular monitoring activities are conducted to ensure effectiveness and consistency of interventions.

        c.2. Assessment of effects of interventions is done regularly and results are incorporated in treatment/development plan revisions

        c.3. Feedback of client on the processes and on results is elicited and is responded to by the worker.

    e. Termination

        e.1 Termination is done according to written agency policies and procedures, which include the following:

            e.1.1. Termination plan is formulated with the client and his/her family, if applicable, prior to actual termination.

            e.1.2. Client transition is processed with the client and his/her family, if applicable

            e.1.3. Sustainability of necessary services outside agency is arranged prior to termination

            e.1.4. Support and action towards mainstreaming are planned

    f. Follow-up service

        f.1 There is a written policy on follow-up services.

        f.2 Follow up services are recorded.

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

V. Physical Structure and Safety

1. Location

   a. Accessible to staff and clients by public transport system.
   b. Accessible to community facilities such as schools, churches, clinics/hospitals.
   c. Located in a safe distance from dangerous structures/conditions like gas and power stations, cliffs, main thoroughfares, or measures are installed to prevent loss of life and harm to health and safety that may be caused by these structures/conditions.

2. Sanitation

   a. Generally clean and free from clutter, dirt or waste matter.
   b. Free from rodents, insects and stray animals.
   c. Clients participate in the upkeep of the center.

3. Physical structure

   a. Declared fire-safe by proper government authorities
   b. Basic utilities such as telephone or any adaptive means of communication, adequate supply of water and electricity for the daily needs of the clients and staff.
   c. Office and facilities are kept in safe repair and decorated in such a way as to create a pleasant ambiance for staff, clients and visitors; adequately lit, warm or cool enough; well-ventilated
   d. Room or space for organizational and administrative functions of staff are separate from areas of interaction and programmed activities with clients.
   e. Adequate room or space for interviewing/counseling clients; ensures privacy and confidentiality.
   f. Separate toilets are provided for female and male clients and staff.
   g. Training facilities are designed and equipped according to the requirements of the program.
   h. Space is designated for receiving visitors.
   i. When temporary shelter is provided, applicable physical structure and safety requirements stipulated in AO 141, S. 2002, shall be complied with, including the following:

      i.1. Sleeping accommodation meets the following supplementary conditions:

         i.1.1. Each bedroom has a window;
         i.1.2. No basement shall be used as sleeping accommodation unless declared fire-safe by authorities;
         i.1.3. Each client has his/her own bed appropriate to age, a clean mattress and bedding appropriate to weather conditions and climate.
         i.1.4. No client who has serious difficulty negotiating stairways shall be placed in a bedroom above or below the ground floor level of the group home.

i.2.   The following supplementary safety requirements are met:

i.2.1. Updated medicines are safely stored in a secure cabinet and are administered only by an authorized person and with proper prescription or medical advice.

i.2.2. Health and safety hazards in the center are properly recorded and dealt with promptly and properly.

i.2.3. All exit doors shall be equipped with hardware which does not require the use of a key to unlock the door from the inside. Exit doors should not be blocked.

i.2.4. Dangerous implements and substances are kept in locked cabinets with designated persons to monitor its use.

EFFECTIVITY

This order shall take effect immediately after publication in a newspaper of general circulation and supersedes other orders inconsistent with the provisions herein.

Issued in Quezon City on this ___25th___ day of ___August___, 2005.

LUWALHATI F. PABLO
OIC Secretary, DSWD