



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

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

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Subject: **Policy Paper on De-Institutionalization of Children**

I. INTRODUCTION

The Philippine Constitution cites the family as the foundation of the nation, and accordingly, it shall strengthen its solidarity and actively promote its total development. Certainly, these underlying principles have been reverberated in research studies concerning child development that emerged in the 20th century, wherein it revealed that children's relationship with their parents is their most fundamental need. Throughout their upbringing, children depend on their parents and on interaction with them and these form the basis of the child's entire development. It is thus in close contact with parents that are capable of providing the security and care of the child needs that the rights of the child assume a genuine meaning.

The preamble of the Convention on the Rights of the Child (CRC), on the other hand, emphasized the family as the natural setting for a child's development and well-being: *"the child, for the full and harmonious development of his or her personality, should grow up in family environment, in an atmosphere of happiness, love and understanding"*.

The CRC also emphasizes the role of the parents. Parents or when applicable, the extended family or legal guardians have the primary responsibility for the upbringing and development of the child (Article 18.1). The provisions echo other international covenants like Article 16 of the Universal Declaration of Human Rights and Article 10 of the Covenant on Economic, Social and Cultural Rights that acknowledge the family as the natural and fundamental unit of society entitled to protection and assistance, and whose well-being is inexorably linked to the survival of the child.

In the event of children not being permitted to remain in the family for their own good, or being temporarily or permanently deprived of their family environment for other reasons, the State provides special protection and assistance (CRC Article 20) taking into consideration the children's best interest towards fulfilling their rights to survival, protection, development and participation. The same provisions can be found in Presidential Decree 603 or the Child and Youth Welfare Code. The code recognizes the rights of the child

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to a wholesome family life that will provide him with love, care and understanding, and it also recognized that in the event that her/his parents or guardian fail or unable to provide him with his fundamental rights, the child has the right to the care, assistance and protection of the State.

Alternative family care is one of the significant interventions through adoption, foster care, legal guardianship or residential care, although the latter is considered as a last resort, when no other options are available. Clearly an environment that feels like "home" is a central component of the experience of belonging, and this experience is crucial to positive child development. The gradual development of this understanding coincided with a move towards de-institutionalization in child welfare services.

This paper would like to develop a framework of effecting de-institutionalization of children by providing alternative family care, independent living and other community-based services and appreciate these alternative care as facilitating schemes in the care, recovery, rehabilitation and development of children. It will also take cognizance of the detrimental effects of institutionalization, long-term care and the separation of children from the family. This paper will begin with a brief review of the social history of child welfare in the last century and consider the legislative/program initiatives in various periods of that history. It will conclude with a discussion and identification of policy options and recommendations.

II. PROBLEM DESCRIPTION

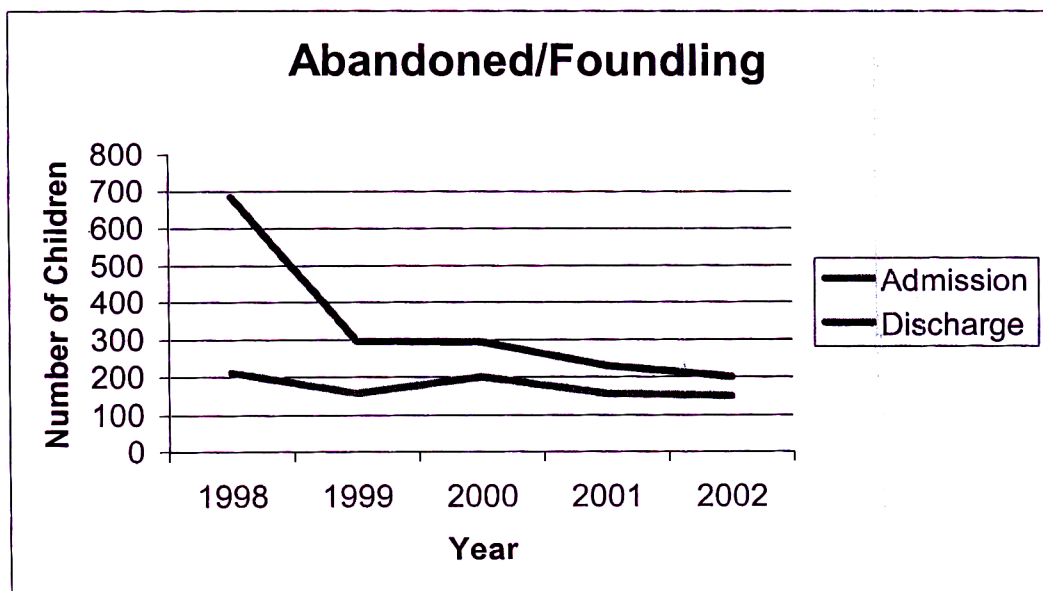
In a survey conducted by DSWD in 2003, out of 915 private social welfare agencies licensed by the DSWD, there are 177 agencies that operate a total of 197 residential care facilities for children, majority of which are catering to abandoned, neglected and abused, with an average bed capacity of 30-40. On the part of the government the DSWD operates 46 residential care facilities for children nationwide. Eleven (11) of these serve abandoned, neglected children aged 0-7 years, while the local government units (LGUs) from the 15 regions registered twelve (12) residential facilities for children.

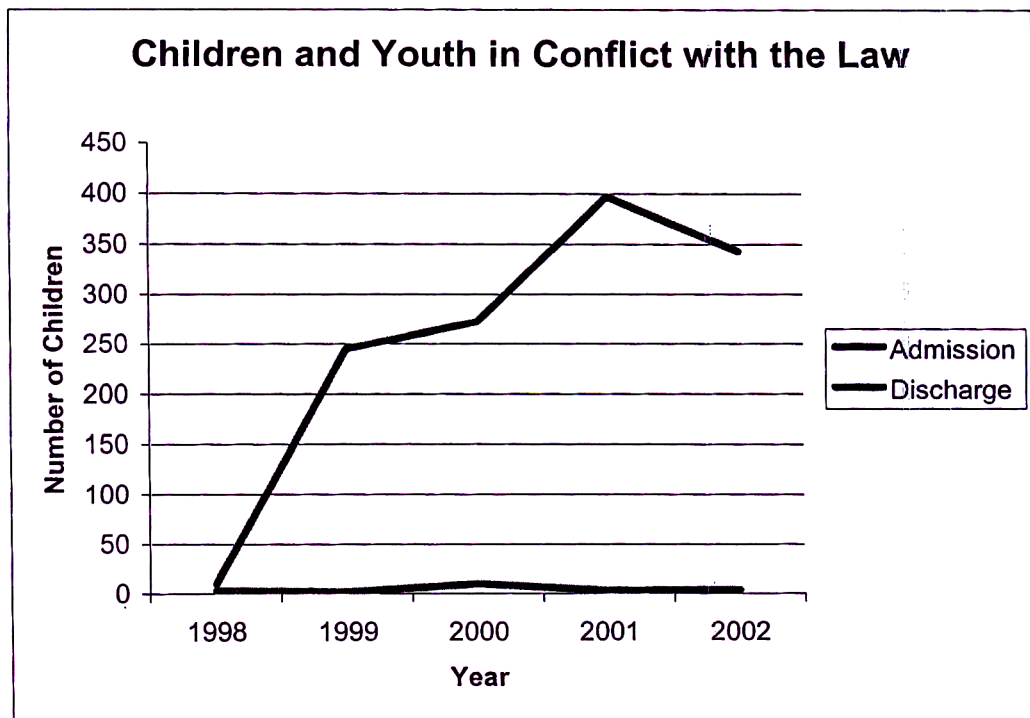
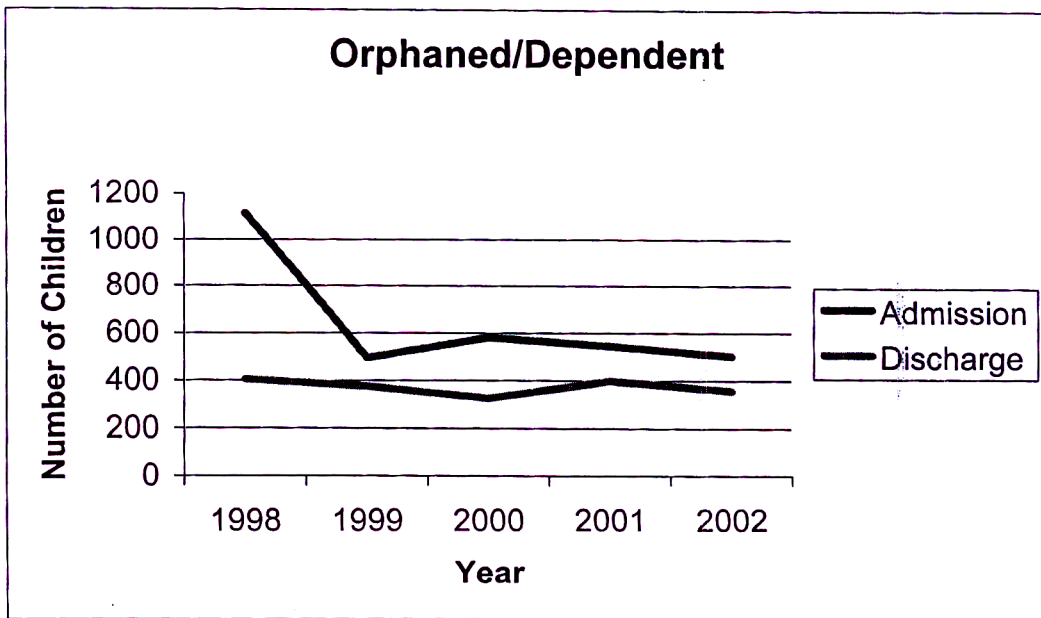
The same survey also revealed that discharges of children from institutions never exceeded admissions. Table 1 would show the rate of discharges from institutions during the last five years, and the charts would, likewise, illustrate trends in admission and discharges on each category during the last five years.

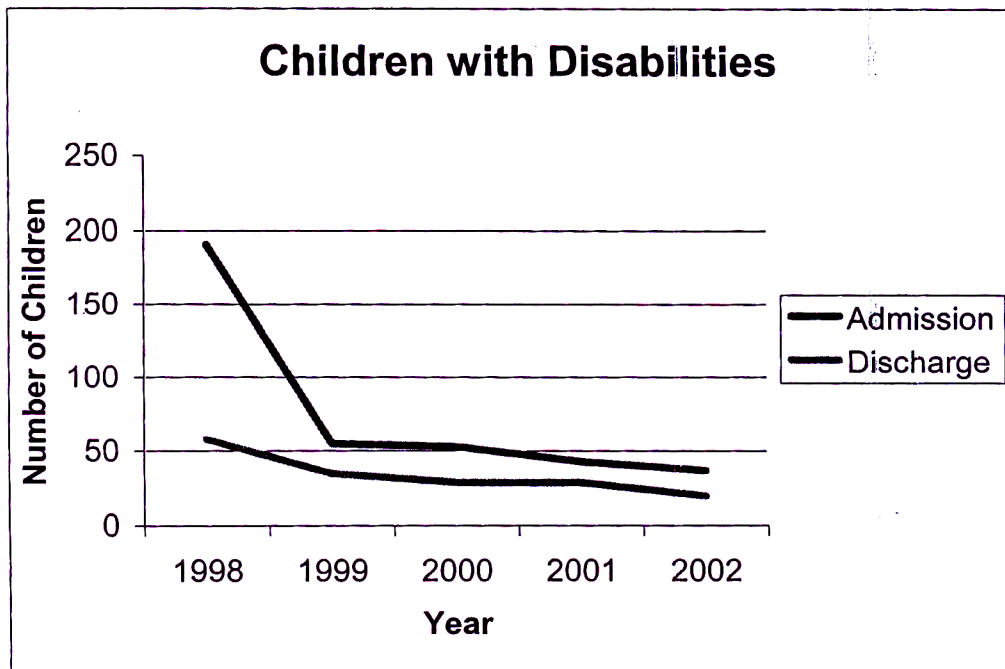
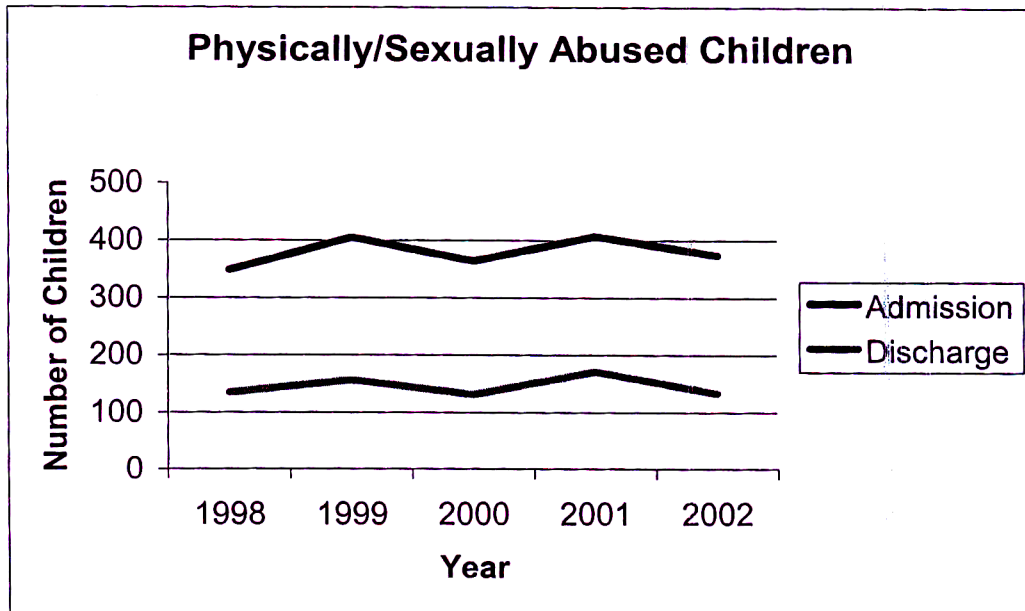
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**Table 1. Cases Admitted and Discharged in Residential Centers/
Institutions from 1998- 2002**

Categories of Children	Number of Children Admitted	Number of Cases Discharged	Rate of Discharges
Abandoned/Foundling	1706	879	51%
Orphaned/Dependent	3291	1868	56%
Youth Offenders/Children in Conflict with the Law	1267	22	1.73%
Physically/Sexually Abused and/ or Exploited	1901	730	38%
Children/Youth with Disabilities	379	171	45%
Others (victims of armed conflict, trafficking, repatriated/deported children, etc.)	58	48	82%
TOTAL	8602	3718	43%







**Note: 1998 data includes existing cases from previous years.*

Undeniably such trends have lead to the problem of overcrowding in institutions. Overcrowding greatly affects the quality of life of children since resources becomes inadequate to provide for all their needs. The problem becomes more complex since each child has special needs and protection that has to be met. The needs of that an abandoned child is different from

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those that of physically/sexually abused, neglected, orphaned, etc. This is also aside from the fact that, as the result of the survey showed, duration of stay of children in institutions ranges from 6 months to 6 years, which is beyond the prescribed period of 6 months to 1 year. This compounded situation poses principal disadvantages and negative impact to the development of children, which now becomes inevitably associated with the residential form of care. Thus, these are sufficient reasons that the government seeks alternative approaches to residential/institutional care, specifically de-institutionalization.

In an effort to pursue de-institutionalization, effects of residential care to children should be looked into. Likewise, it is necessary to go back and review the past efforts of the government, its initiatives and objectives to be able to understand what took place in the previous efforts of the government to respond to the needs of children so to discern what have been the gaps in the past or the problems that lead to the current thinking of de-institutionalizing of children.

A. The History of Child Welfare

Long before the outbreak of the Pacific War, charitable institutions for orphaned children already existed. They were founded by religious orders or with the generous donations of individual. It was only after the Jones Law that the government had to put up its own institutions. Early in 1917, the then Public Welfare Board established the Government Orphanage in Makati. It was operated to receive, aid, care for, place out for adoption or improve condition of orphaned and homeless children. In the performance of these activities, it operated dormitories, emergency hospital and a complete elementary school.

In 1934, Act. No 4158 was approved appropriating the sum of P80, 000.00 for the construction of building in Welfareville. Four types of child caring institutions created by law were to be found in Welfareville: the orphanages, training schools, the institution for mentally retarded children, and that for non-leprous children of lepers. Welfareville for over a period of forty years (40) reflected the philosophy that it was the duty of the government to place children in better circumstances when the parents could not provide adequate care for them. Notwithstanding the other types of a social services made available by the then Social Welfare Administration (SWA), institutional care remained the major public child welfare program during the 50s.

Later in the sixties, the UNICEF Assisted Social Services Project was established to develop and improve social welfare services for children and families as part of the total development of the country's social welfare program. It held particular concern for children deprived of parental care. Because of the new ideas that were imbibed and new outlook developed, a revamp on the child welfare program took place and Welfareville was the

target. There were several considerations that went into the preparation of the Project. First and foremost was that it had to be child centered but also family based.

Other government programs other than institutional care were set up to provide services to children. These were the Foster Family Care Program, Needy Children Services (NCS) Program and Aid to Families in Distress. Foster Family Care Program was initiated and was primarily set up to avoid institutionalization of babies and pre-school children. On the other hand, the Needy Children's Services Program was also established to keep children in their own homes even in times of financial stress through the provision of cash assistance. The NCS sought to prevent the placement of children in institution by reason of financial need alone. Through this program, the State sought to provide financial assistance and casework services to develop and strengthen a vigorous close-knit family group. The Foster Care and NCS Program endeavored whenever possible to keep a child in a normal family life atmosphere. However, only the government was capable of financing the program. The private sector was still confined to financing residential care institutions for children.

The cottage plan or the first "group homes" for children 3-5 years old in the Welfareville was also set up to serve as a model for people who run child caring institutions. When these cottages (Maligaya Cottage) were built, it was with the idea of moving away from an institutional to a homelike or family atmosphere, since in the more advanced countries it had been scientifically proven that children reared in institution suffered permanent effects from emotional and social deprivation and Welfareville was no exception. The cottage plan consisted of a program that was social work oriented and used the team approach to bring about more beneficial aspects on the personality of pre-school children than mere institutional care would have then.

As part of Welfareville's decentralization in February 1964, Elsie Gaches Village was established to become the national residential center for mentally defective children. The institution would provide in addition, both training and rehabilitative services to the physically and mentally disabled children.

Another program established during this year was the Services to Healthy Children of Hansenite families. Started in 1935 the program of services to Hansenites families and their children was geared to their separation with little effort exerted towards eventual reunion as a happy family. The children were confined in one of the units of Welfareville. But all that was going to be changed because the new program was established with two purposes in mind: placement and separation of still healthy children from their sick parents so as to prevent contamination and the reunion of healthy and negative parents with their children whose care had been almost entirely relegated to these institutions while their parents underwent treatment. The program in effect gave a more human touch to the problems of separation of parents afflicted with Hansen's disease and their children and a greater

awareness on the disease itself. The new approach sought to avoid the placement of such children in institutions and to put them instead in their own home or with relatives until their parents are discharged and the family could be reunited.

In fiscal year 1965 the Project officially embarked on a community welfare program for selected areas, and a revitalized program of supervising and licensing child-caring institutions throughout the country. In the field of child welfare the highlights of this year's achievements were the setting up of the Reception and Study Center, the Group Homes for Youth, the Foster Family Homes for Younger Children, and the revitalization of the programs of standardization and licensing of child caring institutions throughout the country.

In order to prevent the unwarranted institutional care for children stricter criteria of eligibility for admission was set up. Among other things it was stressed that the separation of child from his/her parents is justified only when circumstances are such that even with help he/she cannot receive care and treatment he/she needs as long as he continues to live in his/her own home or community. The decision to place a child away from his/her family should be made on the basis of careful study of the child and all other pertinent factors in the particular situation. In effect, a child's care must be carefully studied before he/she is admitted to the institution so that other plans may be made for him/her if his/her case does not warrant such placement. It was with this end in view that the Reception and Study Center was established.

As the name indicates the Center was primarily established as a clearinghouse or a place where children referred to the SWA for institutional care could stay while studies were made of their individual cases as basis for planning their appropriate treatment, rehabilitation, and eventual integration into the community. With the new service, SWA authorities hoped to reduce the number of children in the institutions and to limit the duration of their stay. Previously, in many cases the children stayed as long as it was possible or until they escaped by themselves because of the absence of plans for their rehabilitation.

It was also during this year that a breakthrough in institutional care among the private institutions was achieved. For the first time, seminars, which focused on the modern philosophy of institutional care, were organized for childcare workers in institutions under religious auspices.

The then Office of the Child Welfare (OCW) of the Department of Social Welfare (DSW) also came out with a restatement of its philosophy. It stressed among other things that the primary focus of child welfare is on the strengthening of services to children in their own homes and the prevention of the institutionalization of children when this is not particularly indicated. Having once made this declaration, the OCW proceeded to work towards the diversification of child welfare services and laid emphasis on preventive

services and the strengthening of various types of child placement programs other than institutional care.

The passage of the Child and Youth Welfare Code in 1974 supports the view that the best place for child below nine years of age is in a family and that a child can only be placed in an institution for child-care only after a thorough case study indicates that he/she will derive more benefit there from, as expressed in Article 68.

It was also during this year that the Ministry Administrative Order 160, series of 1974 was passed wherein the minimum standards for the licensing and accreditation of child caring agencies were developed and issued to enrich development activities concerning children and insure the quality of children of care to children. Its general objective was to enable every child to return to family life in the community, either in his own home or in an adoptive or foster home. Its specific objectives were to provide temporary care and services to children in a licensed child caring institutions whose needs cannot be met in a family setting and to enable the child to benefit from group living and prepare him for his return to family life in the community. And in response to the increasing number of abandoned children brought to the attention of the Ministry of Social Services and Development (MSSD) (formerly DSW), similar facilities for children were established in different parts of the country. The following years in child welfare were focus on the maintenance and operation of the said institutions and facilities and promotion of other forms of alternative care –adoption, foster home and legal guardianship

At the international scene, the year 1979 was declared International Year of the Child. The United Nations Commission on Human Rights began drafting the Convention on the Rights of the Child (CRC). The final text was unanimously approved 10 years after. The CRC is based from charity/welfare practices and experiences. The Philippines became a party to the Convention on August 21, 1990.

In 1999, the 1st International Conference on Children and Residential care held in Sweden discussed the issue on detrimental consequences of children who spend long periods of time in large institutions. The Second Conference was held again in Sweden in May 12-15, 2003 focusing on the same issue of promoting the welfare of children at risk by providing care within the family and community. The Philippine Delegation is not only composed of DSWD officials, representatives from non-government organizations but also youth delegates who presented their lives in the institutions. The Philippines as a participant presented a country paper on the significant efforts undertaken by the government in improving the situation of children and their families. It presented the policy legislations and program initiatives that pertain to the rights of the children and families. The current status of children in residential care and the available alternative family care arrangements were presented. The Philippines signified its support to the initiatives of de-institutionalizing children.

Indeed, the history of child welfare in the Philippine has been dominated by the concepts: best interests of the child and preservation of family. Neither of these concepts is ever totally repudiated, but at any one time one appears to be dominant. And each value has advocates at any one time. Shifts in the balancing of these values are precipitated by events, changes in the political landscapes and sometimes by changes in expert opinion. And, lastly, one can conclude that de-institutionalization is neither a new concept nor a new initiative in the field of child welfare.

B. Residential Care and its Effect on Children

As cited by Children's Rights (New York, 2003), studies revealed disturbing facts on detrimental effects of institutionalization, long-term care, and the separation of children from parents and the family. This separation makes the child vulnerable to medical and psychological developmental problems, and infectious diseases. In the long term, there is strong likelihood for children to grow into psychologically impaired and economically unproductive adults. Likewise, children reared in long-term care have lower IQ scores: difficulties in forming and maintaining relationships with others and poor self-esteem. They are also observed to be unable to make smooth transitions from one development stage to another, displays anxiety and depression and are assessed to have possible future behavioral problem. This is because children reared in residential care are found to have unstable attachments or ability of the child to attach himself to mother, family due to multiple caregivers who, through understaffing provides little contact as possible.

Researchers in the field of child development sees that there are certain conditions in the institutions that have long-term effects on the children and, as a result, could develop problems that are often referred to as developmental delays due to institutionalization. One of which are organizational problems in institutions that, inevitably, affect the growth and development of children that may lead to poor emotional, psychological, mental and physical development of children. These include but not limited to: a) lack of appropriate manpower or fast turn-over of staff; b) lack/limited training of staff in providing care for the children; c) inadequate staff supervision; d) low quality of child care due to inadequate resource and low ratio of caregiver to children among others.

There are also increasing reports and allegations of abuse of children by staff or older children in institutions. The very people given the responsibility of protecting vulnerable children may be the ones perpetrating abuse. In recent years, public inquiries and convictions against staff have received widespread media attention. These conditions are not at all helping the children to develop stable, loving relationship he/she deserves, with adults who will protect, nurture, educate, and help them to develop their fullest potentials.

The above-findings were validated during the children's workshop in a pre-conference held in the country as a pre-requisite to the 2nd International Conference on Children and Residential Care in Sweden held last May 2003. The pre-conference was held to discuss important national issues in residential care and to pave the way for the sharing of national experiences to the international conference. The negative and positive impacts to children of some aspects in the institutionalized care were culled out. These aspects include quality of physical care given, enhancement of psychosocial development, children's participation, and handling/discipline/sanctions for misbehaviors, among others. Sadly, results of the workshop revealed that most aspects have more of the negative impacts than the positive one.

Factors or reasons why children stay long in the institutions were also identified during the pre-conference. Constraints on the legal processes such as adoption, licensing foster families, declaration of abandonment, etc. are one of them. This is coupled with other factors such as inadequate number of adoptive /foster parents/homes for children freed for adoption or children in state custody, need for appropriate programs and services/program models, children lacking proper skills and ability to function in mainstream society, absence of program philosophy, vision, mission and goals, and insufficient support group/network for children and their families. Ambiguity in DSWD's regulatory role in supervision of residential care and case management to children in non-DSWD facilities also contributes to the problem.

During the 2nd International Conference in Sweden, the youth delegates also imparted several reasons why children are in the institutions and the negative consequences of residential care. It says that:

"There are various reasons why children are in institutions; among them are poverty; rapid social change brought about by urbanization, globalization and weakening of family ties; abuse and violence in the home or in the community. The children are assured of food, shelter and education in institutions, which often times the parents, cannot provide them. Further, donors and organizations prefer to support children's homes in view of their visibility.

Negative consequences of residential care on children have been documented by researches and testimonies by the children themselves. The youth delegates who grew up in institutions verbalized their need for love and attention; their need for a family or return to their biological families; the stigma and discrimination they suffer insecurity, guilt feelings, and their helplessness as their voices are not heard and the lack of opportunities to interact with others outside of the institutions."

Indeed, the following facts have proven that institutionalization is detrimental to the physical and emotional development of children and consequently limit the potential of children as individuals leaving them few options upon aging out of the institutions. It already became a "coping mechanism" for parents and families who simply cannot afford to take care of them. And considering such situation, the question now is that 'should the

government continue institutionalization as a major response to children who cannot be cared for by their own families'.

However, the fact that residential/institutional care has positive results cannot be discounted. Residential care can give shelter, education and good basic care, it can offer an ambience for rehabilitation/treatments, it can widen children's cultural horizons, provide opportunities for a range of non-affective relationships with adults and offer support to ease young people's transition to independence. Residential care may respond to specific needs of children and therefore not entirely evil or negative.

III. Existing Policy Goals

The Department is the single largest provider of residential services and is primarily responsible in policy and program development for residential care. Its efforts and resources are being augmented by other social service organizations offering residential care. NGOs are also major providers of residential care in the Philippines and the total number of residential facilities and beds provided by all of these NGOs is higher than DSWD.

Though residential care is the major response to children who are abandoned, abused and neglected, the current emphasis is on strengthening non-institutional program such as foster homes, adoption and legal guardianship. Specific policies to prevent families from placing their children in residential care are already in place as provided for in Articles 63 –66 of the PD 603. Community-based services are being provided to prevent institutionalization as well as provide support for the reintegration of children after discharge from residential care. These are also enshrined in Articles 67 – 70 of the same Presidential Decree.

The passage of Republic Act 8043 or the Intercountry Adoption Act of 1995 and Republic Act No. 8552 or the Domestic Adoption Act of 1998 are clear manifestations of government's effort to provide the best alternative parental care to children.

Various trainings, consultations with NGOs and caregivers in management of residential facilities and on dealing with children are also being conducted. Further, to protect the interest and welfare of the center/institution residents to insure that programs and services of the institutions are geared towards the resident's healing, recovery and social integration, Standards in the Implementation of Residential Care Service have been developed. These standards provides guarantee that the operation of residential care service must conform to certain standard for quality and services that would ensure the general well-being of the residents being served. The underlying principle is that residents in centers and institutions are cared for under a structured therapeutic environment with the end in view of reintegrating them with their families and communities as socially functioning individuals. This highlights the DSWD's role as a regulatory body

for residential care and responsibility in licensing and accreditation of all organizations that provide residential service.

The Department has, likewise established Rehabilitation Indicators in the implementation of programs and services for individuals, group, families and communities. It provides the implementers of the Department with a common framework of understanding on the rehabilitation, recovery and healing concepts and its indicators in residential as well as community setting. All of these efforts are geared towards the social integration of individuals to communities.

IV. Policy Options

With the previously mentioned effects of residential care to children and organizational problems involved in managing child caring institutions, the Department is embarking on a de-institutionalization program aimed at protecting the rights of children with special needs, strengthening the family units and returning children to families through establishing opportunities for community-based care.

While there will always be a need for institutionalized settings as placement option for children with severe psychological and behavioral problems, a general consensus has developed that non-institutionalization/de-institutionalization is the preferred option if such a setting is at all possible. As recommended by the youth delegates in the 2nd International Conference, residential care should be the last resort and poverty must not be the only reason for separating a child from his/her biological family. It is essential to change the perception that institutions provide better alternative care to the family, thus serving the best interests of the child.

Policies must be formed to redirect money away from the institutions into the development of community services that can support families to raise their children in their own homes. Thus, community based interventions of reintegrating children to families should be provided. Home-based services to families whose children are soon to be returned home or support for families in resolving the problem that brought the children into residential care should be develop. And to prevent institutionalization, programs based on the previously Needy Children Services Program of the then Social Welfare Administration should be built on since it made use of the family preservation model.

Lastly, reforms in the implementation in institutional/residential care should take place. It should look at the treatment modalities, the financial structures, and performance responsibility of those who are involved in institutional and residential care, among others. However, prior to choosing which option is most suitable, a cost benefit analysis of institutionalization of children vis-à-vis foster care and adoption is recommended to be undertaken.

V. Policy Recommendations

Guided by the principles of the UN Convention on the Rights of the Child, a ***National Policy Framework for the care of children who cannot be cared for by their own families temporarily or permanently*** should be made available. Such policy should take into account the following:

A. ***PROMOTION OF COMMUNITY-BASED AND EARLY INTERVENTION EFFORTS***

- Provision of concrete Support Program to birth/biological parents/families who care for their children and relatives who take custody of children. The support program shall be based on needs and may include services such as income support, health services, counseling, among others that will keep the child and their family together.
- The government's primary response to children who cannot be cared temporarily/permanently by their own families should be:
 - (a) Community-based care for children whose families cannot care for them temporarily such as foster care by a non-relative, kinship care by a relative;
 - (b) Adoption and legal guardianship for children whose re-integration with their families is not at all possible. These options can also take place through kin placements wherein relatives take legal custody or adoption of children. Such move will provide a more permanent home to child within the family system and the chance to be placed in residential care will be lessened.
- Development of an Advocacy Program that will challenge the long standing belief that institutional/residential care is in the best interest of children of families facing problems of poverty.
- Provision for an Adoption and Foster Care Resource Centers that will undertake recruitment and development of adoptive/foster families as well as the development of positive attitude towards adoption and foster care. The same will be responsible in identifying the benefits, privileges and other support services to encourage families to care for children that cannot be cared for by their own parents.
- The government to ensure and develop that no new residential care facilities be established both by public and private agencies, instead all social welfare and development (SWD) programs shall be directed towards the development and strengthening of community-based alternative family care. Mechanisms must be in place to facilitate

transferability of resources from residential care to family-based care. However, development of plan of action for identifying the number of children who would continue to require residential services should be made available and discharges in the institutions should exceed admissions.

B. PROTECTION OF CHILDREN IN RESIDENTIAL CARE

- The government should ensure that no child should be placed in an institution on unclear terms or for an unlimited period. Residential care should be, as much as possible temporary, in nature and should be the last resort. The return and reintegration with the child's own family or to an adoptive family should be a permanent objective and concern. The role of the LGUs' social workers in preparing the families for the eventual return of children shall be harness to the fullest.
- Vigorous compliance monitoring to standards and policies governing establishment and management of existing residential care facilities for children should be enforced. Emphasis should not only be given to the services delivered but also on the outcomes that have to be achieved.
- Case management should be effectively and efficiently be undertaken to ensure fast movement of cases. It should include permanency-planning options (family reunification, adoption, foster care and legal guardianship) for a child from the start of a case since it is critical that at every point decisions about the child's future must be made promptly in a way that helps the child move towards a safe, nurturing, permanent home.
- Development of program supervision models for all residential care facilities, government and non-government that would define DSWD's regulatory role and role in case management.
- The government to require that all residential facilities should have concrete programs on equipping children with life skills, knowledge and participation so that they would be able to protect themselves from exploitation and abuse as well as programs for older children that will help them make transition to independent living.
- Staff in social services who are dealing with children should be required to equip themselves to a range of approaches and alternatives that will enhance their knowledge, attitudes, and skills in child care to ensure that children are provided with a family environment in which to grow up.
- Measures shall be established to ensure protection of children from further abuse and exploitation while under the custody in a residential facility.

C. RECOVERY AND REINTEGRATION OF CHILDREN TO FAMILY AND COMMUNITY

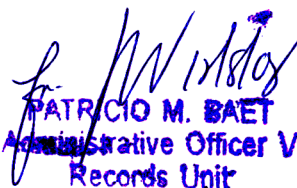
- Measures must be established to facilitate and speed reunification of children to their families whenever indicated. Efforts should be geared towards the readiness of the family and the community to take care of children who experienced residential care. The LGUs shall be a critical partner in this endeavor.
- Establish practice guidelines on meaningful monitoring process to increase safe and healthy contact between parents and child to maintain a strong bond and to keep the parents focused on the goal of the child's return.
- Provision of Home and Community Support Services shall be based on needs. These services shall include Parent Effectiveness Service, after-care services, provision of livelihood/educational assistance and others. Further, family group decision making to enhance re-integration efforts should be extended to strengthen the families and their ability to help design solutions to child and care-giving problems. It should involve extended family members and members of the family's support network at the time of initial placement to discuss the problems that have brought a child into care and what needs to be accomplished for the child to return home.

This Memorandum Circular shall take effect immediately.

Issued this 2nd day of June 2004.


CORAZON JULIANO-SOLIMAN
Secretary

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PATRICIO M. BAET
Administrative Officer V
Records Unit

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Secretary

A CERTIFIED COPY:


CARMELITA F. ZAFRA
Chief, General Services Division
and OIC, Records Unit

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Annex A

DEFINITION OF TERMS

Adoption-	a socio legal process which enables a child who cannot be reared by his/her biological parents acquire legal status wherein he/she can benefit from new relationships with a permanent family.
Child-	a person below 18 years of age
Community – Based Care-	alternative form of care that enables children to remain either with their families or with an alternative family within his or her own community to prevent the need for separation.
De-Institutionalization-	process of returning or reintegrating residents of child caring agencies/institutions to their home communities/families and/or placing them to alternative family care which include foster care, adoption, legal guardianship, and kinship care.
Foster Care-	provision of planned substitute parental care to a child by a licensed foster family when his/her biological parents are unable to care for him/her temporarily or permanently.
Kinship Care-	special form of foster care in which the foster parents are members of the child's biological extended family.
Legal Guardianship-	socio-legal processes of providing substitute parental care through the appointment of a legal guardian of the child and his/her property until the child reaches the age of majority.
Residential/Institutional Care-	alternative family care providing 24-hour group living on a temporary basis to individuals whose needs cannot be adequately met by their own families and relatives over a period of time.

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