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Department of Social Welfare and Development

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Administrative Order No: 3
Series of 2008

**SUBJECT : SUPPLEMENTAL GUIDELINES ON ADMINISTRATIVE ORDER NO.
11 SERIES OF 2007 (REVISED STANDARDS ON RESIDENTIAL
CARE SERVICE)**

I. RATIONALE

Executive Order No. 15 series of 1998 as amended by Executive Order No. 221 dated June 30, 2003 authorizes the Department of Social Welfare and Development (DSWD) to set standards, accredit and provide consultative services to public and private institutions, organizations and persons engaged in social welfare and development activities. Likewise, Administrative Order (AO) No. 140 series of 2002 as amended by AO No. 6 series of 2005 also known as the Omnibus Guidelines on the Registration and Licensing of Social Welfare and Development Agencies and Accreditation of Social Welfare and Development Programs and Services was developed to enforce standards in the registration, licensing and accreditation of agencies engaged in social welfare and development activities for purposes of authorizing, regulating and monitoring the operation of such agencies in the Philippines.

Memorandum Circular (MC) No. 24 series of 2004 also known as Procedures for the Selection of Residential Care Centers of Excellence serve as reference to the implementation of AO No. 1 series of 2004 entitled "Indicators for Residential Care Centers of Excellence which was prepared in line with the Department's effort to improve service delivery and provide the best quality care for the clients being served. Primarily the nomination and assessment conducted was focused on DSWD residential care facilities considering that the DSWD is the lead agency on social welfare concerns and to be in the forefront of demonstrating and providing the best quality care for the sectors it serves.

Further, AO No. 11 series of 2007 also known as Revised Standards on Residential Care Service presents the ladderized standards on the operation of a residential care facility using the indicators for "must," "desired" and "exemplary" standards. The standards are developed encompassing the five (5) work areas of operations as a residential care facility namely: (1) Administration and Organization; (2) Program Management; (3) Case Management; (4) Helping Strategies/Interventions; and (5) Physical Structures and Safety.

With AO No. 11 series of 2007, provisions of MC No. 24 series of 2004 and AO 1 series of 2004 have been covered hence the need for this supplemental guidelines.

II. COVERAGE

This guideline shall apply to those residential care facilities managed by the DSWD, LGU and NGO that are recommended by the Standards Bureau (SB) for accreditation having met the exemplary indicators per AO No. 11 series of 2007

III. OBJECTIVES

The following are the objectives of the guideline:

1. Encourage all residential care facilities managed by DSWD, LGUs or NGOs to strive towards achieving excellence and determine their exemplary performance on the delivery of programs and services to their respective clientele based on the set standards
2. Recognize and provide awards/incentives to DSWD, LGU and NGO residential care facility/ies proclaimed as Centers of Excellence
3. Enable DSWD, LGU and NGOs residential care facilities to be models or learning laboratories in providing quality services and venue for training, research and documentation of good practices

IV. PROCEDURE IN IDENTIFYING A CENTER OF EXCELLENCE

A. Assessment:

Assessment shall be conducted at two levels which shall include the following:

1. Standards Bureau(SB) Accreditation Assessment

The SB shall assess the residential care facility following the procedure stated in the AO No 6, series of 2005 and using the ladderized accreditation assessment tool of AO No. 11 series of 2007.

A residential facility that has complied with the exemplary indicators shall be endorsed by the SB to the DSWD Validation Team within 10 working days from the last day of visit. The endorsement shall be accompanied by the SB assessment report and the following basic supporting documents:

- a. Certified true copy of the updated General Information Sheet and Securities and Exchange Commission (SEC) Registration with Articles of Incorporation and By-Laws (applicable to NGOs)
- b. Information, Education & Communication Materials (IEC) e.g. brochures, flyer etc.

- c. Manual of operation for program and administration policies / Handbook for the residents
- d. Organizational Chart
- e. Profile of governing board, copy of visas and/or BID clearance of foreign nationals, when applicable
- f. Profile of employees
- g. Work and financial plan for two (2) years - current and succeeding year
- h. Audited financial report for two (2) consecutive years by a Certified Public Accountant (if NGOs) or by Government Accountant Officer (if DSWD or LGU) and other financial records
- i. Agency accomplishment reports covering the period of two (2) years prior to the assessment
- j. Caseload inventory and profile of residents served
- k. Photo/video documentation of the facility's physical structure, best practices and other innovative programs or strategies implemented
- l. Project-end evaluation reports
- m. Safety certificates such as building structural, fire safety inspection and water potability certificates
- n. Evacuation/exit plan

Original copies of the above documents shall be made available during the validation visit of the Validation Team.

2. *Validation Assessment by the DSWD Validation Team*

The DSWD Validation Team shall be organized at the Central Office to be chaired by the Assistant Secretary for Policy and Programs Group (PPG). Its members shall compose of a permanent and an alternate representative from each of the three (3) clusters namely: PPG, Operations and Capability Building Group (OCBG) and General Administration and Support Service Group (GASSG) and a representative from the Area Based Standards Network (ABSNET). The cluster permanent and alternate representatives shall not be lower than a Division Chief while ABSNET representative should be an accredited NGO/LGU and operating near the facility being validated. A Special Order shall be issued for the purpose of creating a DSWD Validation Team.

Within five (5) working days upon receipt of the SB endorsement, the DSWD Validation Team shall hold a meeting to review the documents endorsed by SB and to schedule the validation visit among others.

The DSWD Validation Team shall conduct an on-site assessment of the residential care facility upon confirmation of the agency's availability. The

assessment may involve but not limited to the following activities using the ladderized accreditation assessment tool for residential care facility:

- a. Review of pertinent documents such as records, reports, written plans and other materials;
- b. Ocular survey/observation of facilities, offices, project sites, actual conduct of agency activities;
- c. Individual or group discussion/interview with residents on relevant information on service delivery by the agency;
- d. Individual or group interview with persons exercising managerial or supervisory functions in the agency;
- e. Individual or group interview with administrative and program staff;
- f. Interview with practicum students, group/individuals rendering volunteer services, City/Municipal Social Welfare and Development Office (C/MSWDO), barangay officials and key leaders in the community where the residential facility is located
- g. Interview with the agency's partner organizations and other networks, if necessary

Before the end of the last day visit, the DSWD Validation Team shall discuss among themselves their findings, observations and result of the assessment. Afterwards, the Team shall have an exit conference with the agency head and other key staff on the summary of their findings and recommendations.

Within five (5) working days after the visit, the DSWD Validation Team shall submit a feedback report with recommendation to the Office of the Undersecretary for PPG.

- a. If the agency complied with all the highest standards, the certificate of accreditation to be issued to the agency is valid for five (5) years and will be awarded a plaque and cash incentive. The Certificate of accreditation, plaque and voucher of the cash incentive will be prepared and facilitated by SB
- b. If not, a report on the areas for improvement with corresponding recommendations to enable it to meet the exemplary level shall be prepared and forwarded to the SB. The latter shall then prepare a certificate of accreditation with corresponding validity period of three (3) or four (4) years based on compliance to set indicators.

The SB shall serve as the secretariat of the DSWD Validation Team. As a secretariat, SB shall be in-charge of the administrative activities of the Validation Team to include: preparation of communications to concerned DSWD/LGU/NGO residential care facilities, minutes of meeting, facilitate

certificate of accreditation, plaque of recognition and cash incentive and coordination with the Office/Bureau/Service/Unit on the awarding ceremony among others.

B. Monitoring

Monitoring visits, announced or unannounced, on the recognized agency as Center of Excellence shall be conducted at least every six (6) months by the SB and FO or its authorized representative/s to ensure its compliance to exemplary indicators is sustained.

V. AWARDS AND RECOGNITION

The DSWD, LGU and NGO residential care facilities that have been validated by the DSWD Validation Team to have met the indicators and have demonstrated exemplary performance in all aspects of the five (5) work areas of operations as a residential care facility shall be proclaimed as Center/s of Excellence.

The Secretary or his/her duly authorized representative shall award the agency the corresponding certificate of accreditation, plaque of recognition and cash incentive in a fitting ceremony during the nearest event or major activity of DSWD-Central Office e.g. DSWD Anniversary, Family Day, Social Welfare and Development Week etc. The amount of the cash incentive shall be determined depending on the availability of funds and shall be used as augmentation fund for program implementation. Its utilization shall be monitored by the SB staff.

The selected Center of Excellence shall be made a model residential care facility and/or venue for trainings, research and documentation of good practices. The Center staff may serve as resource persons to share their experiences and practices in the Center. To sustain and/or exceed the level of excellence, financial and technical assistance, either local or foreign, may be provided e.g. referral to resource agencies and nomination to trainings. Further, other benefits to be provided to the awarded Center of Excellence shall include write-ups to be published in the DSWD official newsletters and Social Welfare and Development Journal and posting on the DSWD website.

VI. FINANCIAL REQUIREMENT

Source of funds for the plaque of recognition, cash incentive, supplies and other expenses to be incurred during meetings of the DSWD Validation Team shall be charged against the SB regular fund. However, the transportation expenses and per diem of the DSWD Validation Team members who are DSWD staff shall be charged against their respective office/bureau/service/unit funds while the ABSNET representative's traveling expenses shall be charged to the ABSNET mobilization fund allotted to the concerned Field Office. Amount to be spent shall be in accordance with Commission on Audit (COA) rules and other rules and regulations pertaining thereto.

VII. REPEALING CLAUSE

Memorandum Circular No. 24 series of 2004 and all other issuances inconsistent with the provisions of this Order are hereby revoked.

VIII. SEPARABILITY CLAUSE

In the event that any provision of this guideline is held invalid or unconstitutional, the other provisions not affected thereby shall remain valid and subsisting

IX. EFFECTIVITY

This Administrative Order shall take effect after fifteen (15) days following its publication in the Official Gazette or one newspaper of general circulation.

Issued this 10th of March, 2008 at Quezon City, Philippines.


ESPERANZA I. CABRAL
Secretary

DSWD – OSEC



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Attachment

AO No. 11 s. of 2007- Revised Standards on Residential Care Service



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. 11
Series of 2007

SUBJECT : REVISED STANDARDS ON RESIDENTIAL CARE SERVICE

A. RATIONALE

The Department of Social Welfare and Development (DSWD) is the primary government agency responsible for caring for the marginalized and disadvantaged sectors of society. As such it sets standards and provides consultative services to enable institutions, organizations and persons engaged in social welfare activities both in public and private settings to comply with said standards and monitor compliance. In keeping with these mandates, Administrative Order no. 141, s. 2002, Standards in the Implementation of Residential Care Service was issued. It presents a set of guidelines on the minimum administrative and program requirements for the operation of a 24-hour group care that provides alternative family care arrangements to the poor, the vulnerable and the disadvantaged individuals in crisis whose needs cannot be adequately met by their families and relatives or by any other form of alternative family care arrangements.

Further, indicators for residential care as Centers of Excellence as contained in Administrative Order no. 01, s. 2004 were formulated in line with the Department's effort to improve service delivery and provide the best quality care for the clients being served. It was intended to be used as reference for determining exemplary performance in providing the service and basis for giving awards and recognition. Initially, an assessment of DSWD residential care facilities using these indicators was conducted which provided an opportunity to review the applicability of the various indicators as well as simplify the assessment process.

The revised standards and indicators for Residential Care Service were developed following the rights-based approach of service delivery of Social Work Agencies providing 24-hour residential care.

These standards concretize the obligation of the government and its partners as duty-bearers who undertake necessary measures to ensure the respect, protection and fulfillment of the rights of the poor, the vulnerable and the disadvantaged whom we consider as claimholders. To comply with this obligation and to guarantee high-quality care for these residents, the standards are formulated encompassing five focus areas – 1) *Administration and Organization*, 2) *Program Management*, 3) *Case Management*, 4) *Helping Strategies/Interventions* and 5) *Physical Structures and Safety*, of which each focus area is deemed important in effective, efficient and accountable service delivery.

B. LEGAL BASES

1. Republic Act 5416, Providing for Comprehensive Social Service for Individuals and Groups in Need of Assistance, Creating the Department of Social Welfare, Section 3 – The

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Department shall... (2) "set standards and policies to insure effective implementation of public and private social welfare programs"; ..(5) "accredit institutions and organizations, public and private, engaged in social welfare activity including the licensing of child caring and child placement institutions and provide consultative services thereto".

2. Executive Order no. 292 or the Administrative Code of 1987, title XVI, Chapter I, Sec. 3. Functions of the Department.... "to set standards, accredit and monitor performance of all social welfare activities both in public and private sectors".
3. Executive Order no. 15, s.1998 as amended by Executive Order no. 221, s. 2003, Redirecting the Functions and operations of the Department of Social Welfare and Development, Sec. 3 (f) "set standards, monitors, accredit and provide consultative service to institutions, organizations, and persons engaged in social welfare activities, both public and private".

C. COVERAGE

These standards shall apply to all types of residential care facilities operated and managed by DSWD, LGUs and private social work agencies or NGOs. *Residential care shall refer to a service delivery mode that provides 24 – hour group care living as an alternative family care arrangement to residents whose needs cannot be adequately met by their families.*

D. OBJECTIVES

These standards are intended to:

1. Protect and promote the best interest and welfare of residents in residential care facilities, recognizing their right to efficient, responsive and effective human services;
2. Ensure that programs and services in residential care facilities will contribute to the healing, recovery and social reintegration of residents;
3. Promote efficiency, effectiveness and accountability in the management and implementation of programs and services in residential care facilities

E. GENERAL POLICIES:

1. In support of DSWD's policy on de-institutionalization, admission to residential care facilities especially for children should be the last resort and should consider a time frame on the maximum duration of their stay in the facility.
2. Residents who are: a) 15 years old and above; b) who can take care of themselves; c) have no chances for adoption/foster care; and d) those without families/relatives should be prepared for independent or group living.
3. The accreditation of residential care facilities by the Standards Bureau shall have a validity period with a maximum of 5 (five) years.
4. There should be a ladderized system for accreditation wherein indicators of compliance shall be categorized as follows: (Please see attached annex A)

- a. **MUST** indicators - are **MANDATORY** standards (minimum or baseline) which should be complied with since absence of one would compromise the safety and welfare of the residents and the service implementation as well. This corresponds to level 1 compliance with accreditation valid for 3 years.
 - b. **DESIRED** indicators – are higher standards that if complied with, will increase the quality of service implementation. These can be given credit if all **MUST** standards and indicators are complied with. This corresponds to level 2 compliance with an accreditation valid for 4 years.
 - c. **EXEMPLARY** indicators – are highest standards that, if complied with, will make the facility a **CENTER FOR EXCELLENCE**. Similarly, these can be given credit if all **DESIRED** items are complied with. This corresponds to level 3 compliance with an accreditation valid for 5 years.
5. During the validity period, the Accreditation may be suspended/cancelled if compliance to standards is not maintained despite three (3) notices within six (6) months to act on the reasons for such.
 6. To promote the use of the revised standards, conduct of orientation, advocacy, capability building and technical assistance to LGUs, NGOs and other stakeholders shall be included in the priority activities of the Technical Assistance Division (TAD) of the Field Offices.

F. STANDARDS

The following general standards will serve as guide for policy and program planners in public and private agencies providing residential care service to children, youth, women, persons with disability, older persons and other vulnerable and disadvantaged individuals.

1. **Administration and Organization** – There is a clear statement of the Vision, Mission and Goals (VMG) of the organization indicating the desired outcomes for its residents and the programs and services it offers to operationalize the VMG. It has a well defined organizational structure that operates towards an efficient and effective implementation and management of the facility, with sufficient number of trained and competent staff organized to give the best possible care to the residents. Policies are consistent with the VMG and supportive of international conventions, declarations, and other relevant instruments wherein the government is a signatory, and other national and local legislations. Appropriate internal and external mechanisms for efficient and effective operations are in place.
2. **Program Management**- Projects and activities are responsive to the needs of the residents, appropriate resources are allocated and utilized efficiently towards attaining the agency's/facility's VMG as well as in improving the total well-being of the residents.
3. **Case Management**- A manageable number of residents are handled by social workers and other allied professional staff with direct care giving functions applying specific social work methods, innovative approaches/strategies and processes in accordance with the assessment of their problems and written treatment plan. This also includes the systematic documentation of the helping process as basis for determining appropriate interventions and their effects on the residents being cared for.

24

4. **Helping Strategies/Interventions** – Provision of any or a combination of services/interventions shall be done by qualified staff taking into consideration the age, gender, nature of the case and the physical and intellectual attributes of the residents and should be based on the treatment plan to ensure that this/these will contribute to the attainment of the helping goals.
5. **Physical Structures and Safety** – Physical facilities shall be kept in good condition and designed in such a way that will promote the physical, cultural, emotional and psycho-social well-being of the residents and of the staff. It shall conform to the basic safety standards and program requirements for the day to day operation of the facility and implementation of its programs and services.

G. ASSESSMENT OF COMPLIANCE

In consideration of the varying service capacities of agencies implementing residential care, compliance to standards shall be assessed using the indicators in Annex A (Revised Standards and Indicators for Residential Care) of this guidelines which shall be reviewed and updated every three (3) years to ensure applicability with current social work practice. Assessment tools for accreditation shall be formulated by the Standards Bureau taking into consideration the peculiar needs of the residents.

H. REPEALING CLAUSE

Administrative Orders no. 141 s. 2002 and 01 s. 2004 and all other issuances inconsistent with the provisions of this Order are hereby revoked.

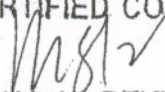
I. EFFECTIVITY

This order shall take effect immediately 30 days after publication in the Official Gazette or in newspaper of general circulation whichever comes first.

Issued this 31st day of July, 2007.


ESPERANZA I. CABRAL, MD
Secretary

A CERTIFIED COPY:


MYRNA M. REYES
Officer In-Charge
Records Unit