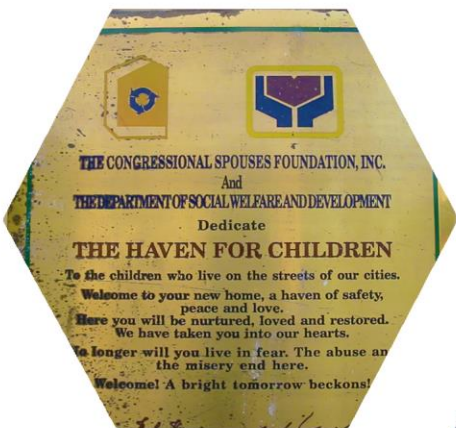




HAVEN FOR CHILDREN

MANUAL OF OPERATIONS



MESSAGE FROM REGIONAL DIRECTOR



As part of its mandate of providing social services to the Filipino people, the Department of Social Welfare and Development (DSWD) through the **Haven for Children** has operated as a temporary shelter to provide healing and empowerment to former street children, 13 years old and below, who are exposed and recovering from substance abuse.

With the mission at hand, the facility strives to do its part better in serving the clients amid financial limitations. Through the aid of generous individuals and organizations, Haven for Children has enabled to sustain a therapeutic environment to help children cure their mistreated body and spirit due to the abuses done on their person.

Truly, DSWD-National Capital Region is one with Haven for Children on its firm commitment to provide utmost services to its target clients in ensuring their welfare towards a holistic growth and development.

It is also important to underscore that facility staff are steadfast in providing the intellectual, emotional and productive skills to clients for them to become productive individuals of the community. This expected output inspires them to bring the desired enthusiasm in the job despite the struggles that are incorporated with it.

With the hope of providing the public a better perspective, may this manual of operations offer clear procedures on the standard operation of the said facility starting from the admission of the target client until their reintegration to the family or community.

May we all aspire to commit relentless services to every child in need.


VINCENT ANDREW T. LEYSON, CESO IV
Regional Director
DSWD-NCR

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ACRONYMS

ARDR	Acknowledgement Receipt Disbursement Report
BC	Birth Certificate
CALABARZON	Cavite, Laguna, Batangas, Rizal, Quezon
CDO	Compensatory Day-Off
CO	Central Office
CSF	Children of Street Families
DDA	Deed of Donation
DSWD	Department of Social Welfare and Development
EOD	Executive on Duty
FO	Field Office
HFC	Haven for Children
HP	House Parent
ICS	Inventory Custodian Kit
IPC	Individual Performance Contract
IPCR	Individual Performance Contract Review
LWO	Leave without Permission
OBRS	Obligation Request Status
OD	Officer of the Day
OP	Out on Pass
PCAR	Parenting Capability Assessment Report
PPE	Plant Property and Equipment
PPMP	Project Procurement Management Plan
PO	Purchase Order
RAO	Regional Administrative Order
RFQ	Request for Quotation
RIS	Requisition and Issuance Slip
RSO	Regional Special Order
SLC	Street Living Child
SWC	Street Working Child
TR	Travel Request
WFP	Work and Financial Plan

DEFINITION OF TERMS

1. **Case Management** – refers to an interactive process which the client and the worker consciously work together to resolve a problem. The process of enabling persons to mobilize resources, both external and internal, to achieve a desired outcome such as behavioral/social change. This is also the process by which the social worker and the members of the team enable the client to perform specific tasks or activities and use the agency and other resources to each or achieve the desired results. (Source: Protocol to Reach Out to Street Children).
2. **Child** – refers to a person below eighteen years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical or mental disability or condition. (Source: Special Protection of Children against Child Abuse, Exploitation and Discrimination Act (RA No. 7610).
3. **Manual of Operations** – refers to a manual that provides the various frameworks, interventions, maintenance and operating systems of various structures in the everyday management of the center.
4. **Reach Out** – refers to a process by which the street child/ren are taken away from the streets and hazardous environment to protect him/her /them from further harm or abuse and are brought to a diagnostic and assessment center for further assessment and case management. (Source: Protocol to Reach Out to Street Children)>
5. **Social Worker** – refers to a practitioner who by accepted academic training and social work professional experience possesses the skill to achieve the objectives as defined and set by the social work profession, through the use of the basic methods and techniques of social work (casework, group work and community organization) which are designed to enable individuals, groups and communities to meet their needs and to solve the problems of adjustment to a changing pattern of society and through coordinated action to improve economic and social conditions and is connected with an organized social work agency which is supported partially or wholly from government or community solicited funds. (Source: Republic Act No.4373).
6. **Street children** – refers to children who stay most of the time on the streets in varied types of activities other than engaging in economic activities to earn (2006 National Survey on CNSP /UNICEF-UP Manila –CPU).

In the Philippines, street children can be categorized into:

- a. **Street Working Child or Children on the Street** - refers to children who spend majority of their time on the streets because that is where they earn

their livelihood. These children normally return home to communities and/or their families on a regular basis.

- b. Street Living Child or Children of the Street – refers to children who spend most of their time on the street living, working or playing. They have families in communities but return home infrequently or not at all. Generally, children of the street are not in school.
- c. Children of street families – refers to children who live with their families on the street. Their families have often been homeless for a long period of time and they earn their livelihood on the streets. Many of these families make their homes in wooden pushcarts, moving from place to place around the city.
- d. Abandoned and neglected children – refers to group of children who are on the street because they have no families, have been abandoned or neglected by their families, or have been displaced from their families. They maintain no connection with their families. They live and work on the streets and are normally out of school.

CHAPTER 1

DESCRIPTION OF THE CENTER

A. HISTORY

A Good Place for the Children To Be

The best place for a child to be, is where his/her inherent rights are protected and she is surrounded by parents who love, care and protect him/her from harm. Recognizing the importance of a home for every child, the Department of Social Welfare and Development (DSWD), champions this cause by putting in place the policy of institutionalization encouraging programmers and service that try as much as possible not to separate the child from the place he/she calls home, and with the people he/she calls, family.

There are however, very special case where and when this is not possible. There are children whose chances of surviving within their family's context are weak. Children, who are neglected, abandoned rejected, orphaned and worst abused in their own homes. Situations that are virtual, if not actual dead-end for children to live and live well. In cases like these, the best interest of the child both as principle and practice guide the DSWD. Thus, it continues to improve its residential service and the programmers including case management, physical structure and atmosphere, and over-all center management concerns.

All these improvements, lead to the goal of crafting an alternative homes for children facing this dead-ends. The Haven for Children (The Haven) is one such residential services of the DSWD.

An Opening

The Haven is designed to provide healing and empowerment to former street children. It is for children, rescued from the Streets and were exposed to every conceivable form of danger in the Streets, including substance use and abuse. By taking them to The Haven, the DSWD hopes to equip them with intellectual, emotional and productive skills to become individuals of worth, towards (as much as possible) reuniting them with their families, and/or independent living.

It is an opening to seemingly dead-end life of the children which help them attain fullness of their potential.

Turning the Haven into a Home:

In order for the Haven to fulfils its promise of a safe and friendly refuge for Street children, such special residential service requires a whole range of interventions. Consequently, good management and operational standard of the Haven posit the utmost necessity.

This MANUAL OF OPERATIONS provides the various frameworks, interventions, maintenance and operating systems of various structures in the everyday management of the center. An operation that will help make the Haven to be close to an ideal home.

A Peculiar Combination

Apparently, the psychodynamics of street children who use and abuse substances are different from each other. Unlike in other rehabilitation center, run by the DSWD, intervention to rehabilitate substance abused street children should primarily address the causes and effects of substance abuse, which are related to all other problems in their lives.

The growing number of street children who use and abuse substance is quite alarming. More alarming thought is the lack of rehabilitation centers specifically for these street children.

The Haven wishes to bridge this gap. Having a dutiful family essential for the moral, spiritual, social, intellectual and physical development of its members, most especially the children. The State comes in to assist parents when they are unable to provide the needs of the children the state acts as parent patria or “parent of the country” which refers to the duty of the State to defend and care for its vulnerable and disable member, most particularly the children. This duty of the State is inherent and co-exists with the duty of the persons exercising parental authority because its nature is supportive and essential (Candelaria1977).

The person exercising parental authority over the children also assume the duties and responsibilities of the parent they are speaking liable for the injuries and damage caused by the acts or omissions of their emancipated wards living in their company and under their parental authority (Candelaria1997).

When a child is vulnerable to abuse or exploitation, placing him/her in residential home is the last resort working with the child and the family is the most essential intervention toward their healing and eventual reunification.

If any concern or question may arise in the case management and center operation, the paramount consideration is the child’s best welfare and interest.

THE HAVEN’S ORIGIN

Aware of the situation of street children in the country, the Congressional Spouses Foundation Incorporated (CSFI) endeavoured to establish The Haven for Children. The operation of the center is managed by the Department of Social Welfare and Development, offering additional programs and services to the growing number of street children and their specific needs particularly the recovery from substance abuse and preparation towards family reunification or independent living.

Currently, there are three (3) Haven for Children operated by the Department located in the National Capital Region (NCR), Region 1 and Region 3.

In NCR ,the center consists of eight (8) buildings and one (1) gymnasium which can accommodate one hundred fifty (150) children at any given time . It is situated in a less than (2) –hectare lot beside Elsie Gaches Village along Alabang - Zapote Road , Muntinlupa City. The center was inaugurated on January 15, 2004.

In Region, (1), the center is one building which can accommodate (60) children at any given time.

It is situated beside the Haven for Women in Dagupan City. The center was inaugurated on April 1, 2006.

While in Region III, it is also a one building center which can accommodate 60 children at any given time. It was inaugurated on March 31, 2006.

B. LEGAL BASES

B.1 International Law

B.1.1 The convention on the Rights of the Child presents the role of the state, community, family and the children themselves to achieve the goals and the vision of the Filipino child.

B. 2 National Law

B.2.1 Republic Act 9344 of 2005 or An Act Establishing a Comprehensive Juvenile Justice and Welfare System, Creating the Juvenile Justice and Welfare Council. - It shall cover the different stages involving children at risk and children in conflict with the law from prevention to rehabilitation and reintegration.

B.2.2 Republic Act 9231 of 2003 or An Act Providing for the Elimination of the Worst Forms of Child Labor and Affording stronger protection for the Working Child - It shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control.

B.2.3 Republic Act 9165 or the Comprehensive Dangerous Drugs Act of 2002 declares the policy of the States to safeguard the integrity of its territory and well-being of its citizenry particularly the youth from harmful effects of dangerous drugs on their physical and mental well-being and to defend the same against acts of commission detrimental to their development and preservation.

B.2.4 Republic Act 7658 of 1993 or An Act Prohibiting the Employment of Children below 15 years of age in Public and Private Undertakings, Amending for its purpose Section 12, Article VIII of RA 7610- .

B.2.5 Republic Act 7610 or the special protection of Children Against Abuse, Exploitation and discrimination Act - states that a comprehensive program shall be formulated to protect children against any form of abuse, which endangers child survival and normal development.

B.2.6 1987 Constitution - provides that the state values the dignity of every human rights. The state shall defend the right of children to assistance, including

proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.

B.2.7 Child and Youth Welfare Code (P.D. 603) - states that the child is one of the most important assets of the nation. hence, every effort should be exerted to promote and protect his opportunities for a useful and happy life. It integrates the responsibilities of the family, the school, the church and the community in general to prepare the child for the responsibilities of adulthood.

B.3 DSWD Issuances

B.3.1 DSWD Administrative Order No.7 Series of 2015 or the DSWD Child Protection Policy in the Workplace. – The policy covers all officials and personnel of the department of Social Welfare and Development regardless of employment status. Pursuant to the UN CRC and the State Policies to treat children with dignity and in a manner consistent with the promotion of their fundamental right to protection from all forms of neglect, cruelty and other conditions prejudicial to their development.

B.3.2 DSWD Administrative Order No. 15 Series of 2012 or the Amended Administrative Order No. 11 series of 2007 entitled Revised Standards on Residential Care Service. – states the specific indicators which is categorized in 5 work areas namely: .

B.3.3 DSWD Administrative Order No. 35, Series of 2003 provides conceptual framework and indicators for rehabilitation of children, youth, women, older persons with disabilities.

B.3.4 DSWD Department Order No.13, Series of 2002, provides guidelines on the implementation of street children program, which serves as the guiding principles for policy and program interventions that promote and safeguard the Filipino child.

B.3.4 VISION, MISSION, GOALS

The Haven is a residential care center designed to provide healing and empowerment to former street children who are exposed and recovering from substance abuse. The Haven hopes to equip them with intellectual, emotional, and productive skills to become individuals of worth towards (as much as possible) reuniting them with their families, and / or independent living.

VISION

A Center where the street children recovering from substance abuse are empowered, free from substance dependence, well-being protected, rights promoted and live healthy lifestyle.

MISSION

To provide therapeutic and rehabilitative service that bring holistic recovery and development of the children through teamwork, strengthened by professionalism and commitment of center's staff.

GENERAL OBJECTIVE

To provide therapeutic interventions to the children's recovery from substance abuse geared towards family reunification or productive independent living and become contributing members for the good of the community.

SPECIFIC OBJECTIVE

1. To provide a temporary supportive and nurturing home that will constitute for easier and immediate recovery of the residents.
2. To provide bio –psychosocial activities that will help the residents cope with the cravings of substance abuse and prevent relapse.
3. To ensure individual case management of residents geared toward a permanent placement.
4. To enhance the character of residents geared toward the development of better and wholesome life skills to ensure successful living.
5. To maintain and sustain alliances with partner government and non – government organizations, volunteers, private groups and individuals supportive of this mission.

CORE VALUES OF HAVEN FOR CHILDREN

Core Values being observed and uphold by the Centers staff of Haven for Children to ensure efficient and effective service delivery to all clients at all times are as follows:

- ACCOUNTABILITY** - Being responsible in all our actions that would influence the lives of our clientele and center staff.
- INTEGRITY** - Acting with honesty and integrity without compromising the truth.
- BALANCE** - Maintaining a healthy life and work balance for the resident children and staff
- COLLABORATION** - Collaborating and establishing partnership with intermediaries and stakeholders.
- COMMITMENT** - Commitment to achieve the Vision, Mission and Goals of the center and the department in general
- INNOVATION** - To come up with new creative ideas for the continuous development and professional growth of residents and staff.
- PASSION** - Putting the heart and mind in the job to get the best which leads to being the center of excellence.
- RESPECT** - Giving due respect to self and others and maintain the environment of teamwork and professionalism
- SAFETY** - Ensuring the safety of the residents and staff and making sure to give them trouble free experience, nurturing and healthy environment.

SERVICE EXCELLENCE- Giving the best and quality service to the clientele.

CHAPTER II

CLIENTELE/BENEFICIARIES

The target beneficiaries of Haven for Children are male street children who are exposed and recovering from substance abuse, whose ages are from 7 to 13 years old. They are engaged in begging, scavenging and other inappropriate activities in the streets.

THE CLIENTELE GROUP IN THE ISSUE

In order to be able to provide best interventions, services and approaches to children recovering from substance abuse, it is important to know their situation, understand their dynamics and listen to what they say.

Street Children

Street children are among the most diverse group of Children in Need of Special Protection (CNSP). There is an estimate of 246,000 street children nationwide. About 75,000 of them are founded in Metro Manila alone.

The interweaving political economic and psychological conditions that drive children to the street are too complex. Poverty is the most commonly cited leading cause. Most children poor from families are forced to stop attending school and instead go to the street to earn. However, beyond poverty one suspects that the breakdown of traditional family and community values and structures serve as major factor in the increase of children on the streets. Symptoms of such breakdowns include neglect in the abuse of children, dysfunctional parents who could not adequately care for their children, lack of support from the traditional extended family system, abuse of substance by the parent or by other members of the family, domestic violence, lack of employment opportunities, lack of access to basic community service, congestion of values permitting exploitation of children, and finally, break-up of families (Banaag, 2002).

The neglect, abandonment, chaotic home environment, ineffective parenting, lack of strong parent-child attachment and nurturing affiliation with peers displaying deviant behaviours have pushed them to the streets. This situation has exposed them further to high levels of violence, accident, victimization, sexual exploitation by pedophiles and pimps and to the use of harmful substances. As a result, street children are likely to be physically and sexually abused, in-conflict with the law and became substance abusers.

Substance Use and abuse 101

Substance abuse poses a great threat to the lives of street children as it also remains as one of the strongest influences why they keep coming back to the streets. Dr. Cornelio Banaag of the U.P. Philippine General Hospital, in his study conducted in 2002, pointed out that fifty percent (50%) of street children abuse substance. In the same study, children claimed that substance use takes them away from everyday problems

of hunger, boredom, fears, feelings of shame, depression, hopelessness, physical pain, social isolation, of recreational facilities, and difficulty in falling asleep because of noise and overcrowding.

Although effects of substance abuse vary depending on the amount and kind of substance used, most are extremely serious. Aside from usual “high”, the user is likely prone to burns, suffocation and alike accidents, injuries are poisoning rape, overdose, unsafe sex, skin and respiratory tract infections, sudden death and convulsions.

Children and youth on the streets experience serious health risks and physical danger. They are also exposed to high levels of violence, sexual exploitation by pedophiles and pimps, and use of harmful substance. The most commonly substance used include: alcohol, nicotine, inhalant marijuana and amphetamines Inhalant such as rugby, are the substance of choice among these children because it is cheap and readily available (Banaag, 2002).

CHAPTER III

GEOGRAPHICAL COVERAGE OF OPERATIONS

The center is situated in a less than 2-hectare lot beside DSWD – Region IV-A (CALABARZON) with address in Alabang-Zapote Road, Muntinlupa City.

Haven for Children receives referral from the Local Government Units (LGU) and Non-Governmental Organization (NGO) of Metro Manila.

CHAPTER IV

GENERAL POLICIES AND IMPLEMENTING GUIDELINES

A. GENERAL POLICIES

A.1 Child Protection Policy

Child Protection Policy is an internal policy of an organization which provides guidance and procedures for the agency staff to follow or if they discover or suspect that a child has been abused.

Staff or volunteers are not allowed to inflict any form of abuse to the clients of Haven for Children. All complaints on erring staff shall be reported in writing to the Head Social Worker or Officer –In-Charge who shall take immediate appropriate action in accordance with the existing Administrative Order, Guidelines, Rules and procedures. (*See attached child protection policy guidelines*)

A.2 Behavioral Protocols

Behavioural Protocols are designed to protect the residents and are also intended to protect staff, visitors, and volunteers/partners from false accusation of inappropriate behaviour or abuse.

Staff, visitors, partners and volunteers shall, at any time:

- Never behave physically in a manner which is inappropriate or sexually provocative;
- Never do things for children of a personal nature that they can do for themselves;
- Never condone or participate in behaviour of children which is illegal, unsafe or abusive;
- Never act in ways intended to shame, humiliate or degrade the children;
- Never hit or otherwise, physically assault or physically abuse children;
- Never develop physical/sexual relationship with the children;
- Never discriminate against, show differential treatment, or favour a particular child to the exclusion of others;
- Never develop relationships with children which could in any way be deemed exploitative or abusive;

- Never spend time alone with the children away from others;
- Never fondle, hold, kiss, hug or touch children in an inappropriate or culturally offensive manner;
- Avoid use of language that implies a relationship of power.
- Observe proper dress code for the staff and visitors.
- In case of violation committed by the concerned staff, volunteers and partners on the behavioural protocol, the following shall be undertaken:
 - 1) The Social Worker or the Executive Officer-on-Duty shall submit report in writing to the Head Social Worker or Center Head within 24 hours from the time the incident occurred;
 - 2) The Center Head to submit written report and indicating recommendation to conduct Fact-Finding Investigation on the incident to the Regional Office.
 - 3) The resident/ victim shall submit written statement/ sworn statement and be notarized.
 - 4) In case the resident/ victim needing medico-legal examination, he must be submitted within 24 hours.

B. IMPLEMENTING GUIDELINES

B.1 Admission

B.1.1 The need for residential rehabilitation of children recovering from substance abuse shall only be considered when (a) the child is NOT ready to be reintegrated with his family, when (b) his immediate family COULD NOT anymore provide him the necessary guidance, protection and emotional support.

B.1.2 The referring party either LGU or NGO is required to submit the following:

- Referral Letter
- Barangay Blotter
- Social Case Study Report
- Medical Certificate (with Chest x-ray, CBC, Urinalysis, Dental Aging Assessment)
- School Record and Birth Certificate as per agreement stated upon the “Kasunduan” with the referring party

B.1.3 Clients referred within the case category arrived an holy hour (midnight) with incomplete requirements shall be admitted but need to comply with the

documents within one week by the referring parties. Failure to comply with all the documents will defer the next referral of the referring party.

B.1.4 Clients referred not within the case category arrived an holy hour (midnight) shall be admitted for safe keeping only with an agreement with the referring party that the child will be fetched by the referring party and referred to other appropriate center/agency.

B.1.5 The length of stay of the child shall be based upon the combination of achievement of treatment goals and his overall behaviour inside the Center.

B.1.6 Pre-Admission Conference shall be made with the referring party and the Rehabilitation Team to discuss the issues and concerns regarding the child's admission. Careful and thorough discharge planning should be done before any child shall be discharged from the Center and should involve the Local Social Worker where the child came from.

B.1.7 The Center should ensure that appropriate after-care services be provided to the child and coordination must be undertaken to the City/ Municipal Social Welfare Office for the support services to the child and family.

B.1.8 Children who manifest and suffer from psychotic behaviour, bizarre perception, and/or other categories of personality disorders detrimental to the rehabilitation of other children shall NOT be admitted in the Center but should be referred to a psychiatrist or to an appropriate institution where they could meet his need.

B.2 Re-Admission

B.2.1 Child who left without permission from the center for almost one month may be re-admitted based on the assessment and recommendation of the Social Worker.

B.2.2 Child who habitually (3 times) leaves the center without permission will no longer be re-admitted due to different reasons but to be refer to other child-caring facilities:

- Unwillingness of the child to participate in the rehabilitation process
- Violation of rules of the center which could affect/be imitated by other residents

B.2.3 A child reunited to his family and referred again to the center for admission may be admitted provided that he still falls under the age category of the center.

B.3 Out-on-pass / Escorting

Children are permitted to take out on pass for several purposes that children may enjoy as their privilege , attendance for participation and as documentary requirement on their respective cases with accomplished out-on- pass slip. The staff, parents, guardian, and relatives shall be allowed to escort the child.

B.3.1 Activities for Out-on-Pass are the following:

- Medical consultations, laboratory examinations, hospital confinement and/or psychiatric session.
- Perform cultural/musical presentation in the different office on schedule.
- Media exposure
- Visit to church, malls, parks and other recreational facilities therapeutic to the child's development and recovery.
- Attendance/ Participation to Group Activities such as Summer Camping, Sports Competitions, Field Trip, Seminar/ Trainings, etc.
- Home visitation.
- Securing document from school/office requirements.

B.3.2 For medical concern, Medical staff/ Houseparent shall escort resident who need special medical attention.

B.3.3 Travel of the clients to other regions shall secure Regional Special Order escorted by Haven for Children Staff.

B.3.4 Escorting staff shall be aware of his /her responsibilities on escorting of residents during official travel or events.

B.3.5 In cases that the child will leave the center for more than one (1) day, the Guardian/ Parent/ Relatives, shall ensure to accomplish the "Kasunduan Form" and the Out-on-Pass Slip.

B.3.6 Upon return of the child in the center, the Guardian/ Parent/ Relatives must endorse the resident to OD/ EOD.

B.3.7 For overnight out-on-pass of residents, upon return, shall be subjected for body search by the Security Guard on- duty and physical examination by the Medical Officer.

B.3.8 In cases of the child will leave without permission during the Out-on-Pass period, Escort/Guardian/ Parent/ Relatives shall immediately report to obtain police or barangay blotter and inform the OD/ EOD and the Center Head.

B.4 Visitation

The child has the right to be visited by his parents, siblings, relatives, friends and any relatives unless otherwise the visiting person/s is /are:

B.4.1 Visiting Hour is from 8:00am to 5:00pm daily and visitors shall present appropriate proof of consanguinity and/or affinity to the child upon entry of the premises and shall fill-up the Visitor's Slip and registration logbook duly approved by the OD or the Social Worker-in-Charge.

B.4.2 Perpetrator or abuser and their relatives are STRICTLY NOT ALLOWED to visit the child.

B.4.3 The visiting party shall submit for search of belongings such as cellphones and other electronic gadgets and any deadly weapons and to security measure imposed by the center.

B.4.4 The guard-on-duty shall endorse the visitors to the OD to determine the approval of the visit.

B.4.5 Visitors (Researchers, OJTs, Students, Volunteers, Outreach, etc.) shall secure approved permit from the Regional Office. Taking of pictures of residents inside the center by the visitors will vary upon the approval of the request (*Please see the Guidelines on Social Media*).

B.5 Missing/Leaving without Permission

The security of the child is the primary responsibility of the Home Life Service and guardian personnel. Houseparent shall always provide close supervision of the children during their tour of duty to prevent them from leaving the Center without permission.

B.5.1 Entrusting the keys of the cottage to a trusted resident is a form of negligence, which can facilitate the leaving of the residents from the Center.

B.5.2 Any staff under whose duty a resident leaves/attempts to leave the center without permission shall immediately give notice to guard and to

the OD/EOD and shall submit Incident Report before the end of his /her duty.

B.5.3 A memorandum will be issued to any staff that a resident had left the center during his/ her tour duty. A copy of the said memorandum together with the house parent's explanation shall be forwarded to the Regional Office for appropriate disciplinary action.

B.5.4 Incidence of the children leaving the Center without permission shall be recorded (blotter) in the nearest police station within 24 hours. The Houseparent-on-duty and Security Guards and shall submit the incident report to the OD/EOD and the Center Head for record purposes.

B.5.5 OD/ EOD will coordinate with the nearest Police Station or Barangay, Family or relatives of the resident and the referring party about the incident and provide feedback with regard to the situation of the child.

B.5.6 OD/ EOD will consolidate the reports of the SG and HP for submission to the Regional Office.

B.5.7 Diligent search within and outside the center shall be conducted by the Houseparent-on—Duty and Security Guards. Likewise, efforts shall be exerted to retrieve the child.

B.5.8 The child who has left the Center without permission but was recovered or has come back to Haven for Children is subject to counselling and disciplinary action in the form of cancellation of some privileges and other forms of penalty like additional tasks in the cottage.

B.6 Financial Management

B.6.1 Haven for Children based its financial management of saving and income expenditure on systems and procedures established by the Commission on Audit as well as from the Regional and/or Central office which from time to time, may release relevant issuance regarding this.

B.7 Property and Supply Management:

- a) Property Management
- b) Supply Management
 - b.1.) Purchase of Supplies
 - b.2.) Issuance of Supplies / Equipments

B.2 A child shall receive his supplies upon his admission which include clothing, bedding, footwear and toiletries for personal and hygiene care.

B.2 Requisition form shall be filled up by the OD/ EOD, Supervising SWO for the request of supplies.

B.2 Issuance of janitorial and other home life supplies except foodstuff shall be done every 5th and 20th day of the month to ensure the client 's needs

are provided on daily usage of their personal and hygienic care and consumption.

B.2. House parents shall determine the weekly needs of the clients and / or cottages and shall facilitate the requisition of the same from the Property Custodian at least a day or two prior to the scheduled issuance .

B.2 The Supply Officer and the Property Custodian upon approval of the Center Head shall affect the issuance, subject to the availability of the supplies / materials with approved Request Inventory Slip (RIS)/ Inventory Custodian Slip (ICS).

B.2 Emergency issuance shall be allowed and upon on any day during the occurrence of such emergency with proper justification from requesting party.

B.2 If ever the supplies are not available, emergency purchase will be made upon with the information of the Supply/ Property Custodian and with the approval of the OIC.

B.2 The loss of any items, supplies, materials and equipments including food stuff before their issuance and being served to clients shall be replenished by the staff whose responsibility the loss occurred.

B.2 Supplies should not be sold to anyone including staffs, visiting individuals or groups and /or co – residents in the center. Any child reported selling his allocation of supplies shall be referred to his social worker for counselling.

B.2 Center's supplies and properties should not be taken out of the center, without approval authorities.

B.8 Donations

B.8.1 Donation received, whether in cash or in kind shall be issued the proper acknowledgement receipt by the property Custodian Social Worker on duty, executive on duty or other responsible authorized to receive such donation or under whose tour of duty the donation goods had been received.

B.8.2 The donation shall be logged and recorded and shall be indicated in the report of donations being submitted periodically to the Regional Office.

B.8.3 Process flow on receiving donations shall be posted in conspicuous areas for reference and guidance.

B.8.4 Receipt, acknowledgement and management of donations will be in compliance with the following guidelines:

1. A.O. 053 series of 2003 – Omnibus Guidelines in the Management and Processing of Donation
2. A.O. 011 series of 2005 – Addendum to Omnibus Guidelines in the Management and Processing of Donation
3. A.O. 011 series of 2006 – Amendment to the Guidelines in Reporting Donations and Resource Generated and Utilized

B.9 Receiving and Giving Gifts

B.9.1 All personnel of the Center, regardless of his /her position and employment status, shall not receive any gifts from the resident and other significant person involved in the helping process.

B.9.2 Gifts in kind may be given to resident and significant person in the following circumstances:

- a) Birthday
- b) Anniversaries
- c) As incentive or prize (e.g. winning a competition or contest)
- d) Celebrated holidays (e.g. Christmas, New Year, etc. In this case all client and significant person without discrimination shall be given gifts)

B.9.3 In case of monetary gifts, it should be endorsed to the Social Worker on Case for filing and safe keeping in the vault.

B.9.4 Resident shall be allowed to decide on the gifts received. The Social Case Worker shall discuss on the mode of its safekeeping and use.

B.9.5 Release of money shall be given upon the request of the resident, the Social Case Worker shall ensure recording of request signed by the resident stating the amount, date and purpose.

B.9.6 The money requested by the resident shall be used only for buying personal needs such as food and hygiene stuffs. Only the Center Staff is allowed to go outside to buy the requested need of the resident. In cases of big amount, out-on-pass policy shall be implemented.

B.10 Sharing of Productivity Projects

To encourage the children and staff to be more involved in productivity skills training project of the Center and enjoy the fruits of labor as well as develop skills for future gainful employment.

B.10.1 The net profits derived from such project after deducting the overhead cost shall be shared on a 60/40 basis. Forty percent (40%) for the children who participated in the project and sixty percent (60%) for the operational expenses of the center.

B.10.2 Child shall be allowed to decide on his share. He and the assigned social worker shall discuss on the mode of its safekeeping (vault) and what to do to.

B.10.3 Productivity staff shall maintain a journal of expenses and income of the project.

B.10.4 Record of attendance of the child in the project as well as his/her product output shall be made available for verification, validation and monitoring so as to ensure that the child's rightful share is given.

B.10.5 Skills and Productivity staff shall prepare and submit monthly, quarterly and annual report of accomplishments. Likewise, a report on the progress of the child shall be submitted to his/her respective social worker on case for record and monitoring.

B.11 Escorting of clients

B.11.1 Clients shall be escorted by a social worker or other staff allowed escorting to ensure security of the client and the purpose of travel has been completed and met.

B.11.2 Medical staff to escort client who need special medical attention.

B.11.3 Travel of the clients to other regions shall likewise follow the provisions stipulated in the existing guidelines regarding escorting.

B.11.4 Escorting staff should be aware of his /her responsibilities in the discharge of his/her duties during escorting of clients during official travel.

B.12 Accidents

B.12.1 A resident who encountered an accident in school, during play time and while performing household chores shall immediately be referred to Nurse on duty who shall likewise determine the need to bring the child to the nearest hospital for further medical treatment.

B.12.2 During the holidays or in instances where the Center's Nurse on leave or official business the staff on duty and the Executive On Duty (EOD) shall

decide whether there is a need to bring the resident to the nearest hospital or clinic for further medical treatment.

B.12.3 Staff on Duty/EOD/Center's Nurse shall immediately prepare a written incident report to the Center Head.

B.12.4 In cases of serious incident occurred at night time, the EOD shall immediately inform the Center Head through any means of communication and provide update/information of the development of the child.

B.12.5 The EOD shall log the incident/circumstances indicating the time it occurred, findings/ diagnosis of the doctor, action taken and among others.

B.12.6 Incident report shall be submitted to the Field Office depending on the gravity of accidents that for the management's information and/or further advise, if need be.

B.13 Reports on Deaths

B.13.1 Death of any resident shall be reported by the Social Worker to the Center Head 24 hours and a comprehensive report shall be submitted within two (2) days.

B.13.2 The family/ relative (if any) shall be informed within 24 hours and will be responsible for the final disposition of the body.

B.13.3 In the absence of a family/ relative, the Social Worker on case shall arrange for the burial of the resident.

B.13.4 In case of suicide or those that cannot easily be established, this will refer for autopsy to determine the cause of death. Necessary investigation on the cause of death shall be made by authorized persons to determine who is liable and for appropriate sanction/penalty.

B.14 Discipline

As part of the management of the case, discipline shall be instituted to misbehaving children. Children's participation is also observed in imposing disciplinary action.

The Center has created a Disciplining Committee and subsequently crafted guidelines regarding imposing disciplinary action on the children. Part of these guidelines is the proposition of additional tasks or extra cottage assignments deterrent to negative behaviour; not to allow to join socialization activities or educational trips for definite period of time.

Disciplinary action includes community service, additional cottage assignment and deprivation of privileges such as outreach programs, use of telephone, television viewing, and movie house viewing.

Corporal punishment and meal deprivation shall never be exercised in giving discipline.

Process of Disciplinary Program

- 1) If personally witnessed by staff, report immediately in writing the misbehaviour and submit to the Office of the Day/Executive on Duty to be forwarded to Center Head for further direction.
- 2) If the misbehaviour was reported by a resident to any of the staff, validate immediately and submit written report to the Office of the Day/Executive on Duty to be forwarded to Center Head for further direction.
- 3) The Supervising Social Worker shall refer the resident to the Social Worker on Case for a TALK regarding the misbehaviour. Both parties shall make behaviour contract “Kasunduan” together with the child and houseparent on what shall be done for disciplinary action.
- 4) The Supervising Houseparent shall monitor the resident’s compliance to the behaviour contract and submit progress report/evaluation to the Social Worker on Case once the assigned tasks have been completed.

B.15 Complaints on Erring Staff

B.15.1 Staff members are not allowed to inflict physical harm and verbal tirade or any other forms of abuse on any child.

B.15.2 The Center’s Progressive Disciplining Committee shall immediately convene to conduct an investigation on any staff or volunteer who have been reported to have inflicted any physical, verbal, or sexual abuse or any malicious conduct to any resident. As much as possible, the staff shall be made to execute written report on the matter.

B.15.3 A child reported to have been inflicted with physical harm shall be submitted for medico-legal by the staff or any responsible staff assigned by the Head Social Worker or the Executive-On-Duty within 24 hours.

B.15.4 The child will be made to make a verbal or written report (depending on his capability) to the concerned Social Worker or EOD and have the child’s “salaysay” notarized.

B.15.5 The concerned social worker or Executive-On-Duty forwards to the Head Social Worker/Officer-in-Charge the sworn statement of the client together with the report about the incident prepared by him or as assisted by the responsible staff.

B.15.6 The Head Social Worker or Officer-in-Charge shall prepare and forward her/his report to the Regional Director within 24 hours from the time the incident had occurred.

B.15.7 All complaints and information on any erring staff of the Center committed against its client/s shall be dealt in accordance with existing Administrative Order, Guidelines, Rules and Procedure.

B.15.8 In cases of repeatedly done by the staff, the case will be elevated/reported to Regional Office for investigation of Fact-Finding Committee and appropriate action.

In case of complaints for violation committed by the concerned staff, volunteers and partners, the following shall be undertaken:

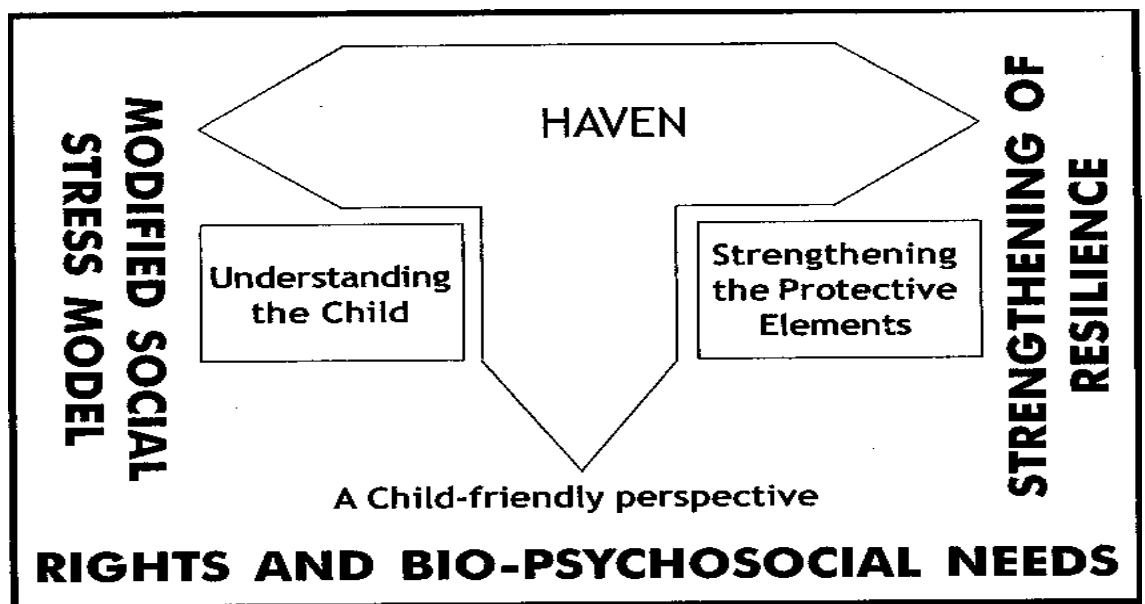
- 5) The Social Worker of the Executive Officer-on-Duty (EOD) shall submit report in writing to the head Social Worker or Officer-in-Charge within 24 hours from the time the incident occurred;
- 6) The Head Social Worker or Executive on duty has to submit to the Regional Director a written report on the incident requesting the Field Office to conduct of fact-finding investigation on the incident;
- 7) The client depending on his ability shall have his statement in writing, sworn in and notarized;
- 8) The client-victim shall be submitted for medico-legal examination by a responsible staff or by a staff who may be assigned by the Head Social Worker or Officer-in-Charge within 24 hours.

CHAPTER V

PROGRAMS AND SERVICES

The Conceptual Framework for Intervention

With the rights based and bio-psychosocial needs perspectives in the development of interventions for the residents, two other frameworks are given, emphasis, namely; the (1) Modified Social Stress Model (MSSM) and two (2) Strengthening of Resilience of the residents. These build up the conceptual framework for HAVEN'S intervention.



The combined frameworks for intervention are meant to complement each other as the former provides (1) understanding of what encourages street children to use substances(risks factors) and what makes them use less likely (protective factors), while the latter focuses on (2) Strengthening the protective elements in a child and his/her environment.

a. The Modified Social Stress Model

The MSSM is a framework for understanding substance use. One may use the model to estimate the likelihood that a particular individual might use substances.

The MSSM simply posits that If many risk factors are present in a person's life, the persons is more likely to begin, intensify, and continue the use of substances. Conversely, the more protective factors that are present, the less likely the person is to become involved with substances.

One may understand substance use better by considering g both risk and protective factors at the same time.

For further details, the concept on MSSM can be found in the Manual on Basic Training on Psychosocial Interventions for Street Children Providers.

Aside from providing a conceptual understanding, the MSSM Framework is useful as a way of planning interventions to prevent or treat problems related to substance use. Once the risks and protective behaviours are identified, work can begin on reducing the risks and strengthening the protective factors. These risks and protective factors include:

- 1.) **Resources** – refer to what one uses to meet physical and emotional needs. These may be internal i.e. a willingness to work hard, determination, or external, i.e. school, money and people who care about the person;
- 2.) **Skills = Competencies + Coping Strategies** – refer to physical and performance capabilities that help people succeed in life. Coping strategies are the internal, behaviours, and social abilities that help a person manage stresses;
- 3.) **Attachments** -refer to the personal connections to people, animals, objects, situations and institutions;
- 4.) **Cultural Roles** – refer to the presence of substances as a matter of tradition in a given society. The use of at least one substance has a cultural purpose almost every society in the works, i.e. some Christians and Jews drink alcohol and some indigenous communities are hallucinogens;
- 5.) **Reference Groups** – refer to parallel groups that may have influence the children’s access and use of substances. The frequency and scope of substance used by street children in an area versus the frequency and scope of substance used by other people (who are closest to the street children) in the community, is a concrete example of reference group;
- 6.) **Overall Normalization** – refers to the seeming tolerance or acceptance of substance use making it this “normal activity” in particular community. A person is more likely to use substances if and when it is considered normal in a person’s environment. Many street children live in environments where substance use is “normalized”.

b. Strengthening Resiliency

Resiliency is the capacity of individuals to face up to an adverse event, withstand considerable hardship, and not only overcome it. But are also made stronger by it (Banaag, 2012).

The concept of resiliency as discussed in past studies, involves both the idea of stressors and an innate capacity of children to respond, endure, and

develop normally in spite of the presence of stressors. The concept offers a comforting device because the consequences of childhood adversity can be potentially devastating. There is rich evidence in research literature linking adverse life events and psychiatric disorders in adults and in children. Adverse life events have been associated with child and adolescent depression, substance abuse, and suicidal behaviour.

The discourse on resiliency initiated a recent paradigm shift in the field of child development and of risk reduction and prevention. This shift moved from focusing on decreasing the environmental risk factors that make individuals susceptible to the development of maladaptive behavior and psychiatric disorders into the highlighting of resiliency and its promotion.

Given this paradigm, it becomes necessary to identify (1) environmental protective factors that may serve as buffer against the detrimental effect of risks factors, as well as (2) the individual's vulnerabilities that may pose a threat to resilient outcomes. Resiliency, therefore, is viewed as a product of interaction between individual and environmental factors, something that can be fostered through the developmental years of childhood and adolescence. It can be developed by strengthening the protective elements in a child's environment while simultaneously promoting the child's life skills and other personal strengths.

Remember that the child's environment in the Haven's context, includes the social workers, houseparents and other staff members in the center, the child's co-residents, community volunteers, the programs and services and their respective families/guardians.

The handbook for Social Workers on Basic Bio- psychosocial Help for Children in Need of Special Protection provides views to identify sources of resilience which merge the individual's capacities and disposition towards the environment, namely :“ I have, I can, I am and I will” factors with the following description:

- 1.) The “I Have” factors are the child's external supports and resources that endorse resilience. These are the resources that the child “owns”. In psychological terms, owning something or recognizing that something or someone is not only yours but is *with you*, is a big act towards recovery.
- 2.) The “I can” factors are the child's social and interpersonal skills. Usually, the child acquires and develops his/her skills and abilities through learning in an environment. The “I can” factors this involve provision of a conducive learning environment, training opportunities, and exposures to different types of experience, among others.
- 3.) The “I Am” factors are the child's internal, personal strengths such as feelings, attitudes and beliefs. This refers to the child's identity- his/her recognition of the self- and its characteristics. It is the

acknowledgement of the “*loob*” which pertains to the character or to the core of the person.

- 4.) The “I Will” factors are the child’s willingness, capacity and commitment to do or to participate in matters affecting him/her. These are the factors that make the child capable of participating in the process of recovery and reintegration. The child can plan, prepare and commit to self-help activities. These factors involve readiness to stand by the consequences of the decision or actions that he or she has taken.

I. Programs and Services of Haven for Children

Guided by the twin conceptual framework of intervention, the Haven offers four (4) major program with the following component:

- A. Rehabilitation and Therapy Program,
- B. Character Building Program
- C. Education and Skills Training Program, and
- D. Health and Nutrition Program.

Each program has focal persons and team members who facilitate its implementation with the following functions and responsibilities:

A. Rehabilitation and Therapy Program (RTP)

This program has set of activities that help the child focus their attention away from the past experiences of the streets into alternative activities.

The RTP has existing activities as follows:

1. Touch Rugby – composed of 3 teams per age bracket conducted every 2nd Saturday of the month
below 12 (yrs. old) category
below 14 (yrs. old) category
below 16 (yrs. old) category
2. Basketball and Volleyball – sportsfest/invitation from sponsors/playtime
3. Capoeira Angola – conducted every Friday during P. E. time
Grades 3 - 1:00pm – 2:00pm
Grade 4 – 10:00am – 11:00am

Functions and Responsibilities:

1. Enhancement of resident’s interpersonal relationships and enable him to become aware of his strengths and weaknesses.

2. Development of skills, hobbies or creative talents of children that will service as coping mechanism.
3. Hold meetings and workshops regularly to assess the impact of the program.
4. Submit periodic reports related to the programs.

B. Character Building Program

This program promotes the development and strengthening of values and characters by working on desirable qualities such as truthfulness, patience and loyalty, among others. This helps bring about good decision- making based on universal core values. Specifically this program puts into concrete operation the use of '49 Quality Lakas ng Karakter Modules adopted from the book entitled: Achieving True Success: How to Build Character as a Family, 2000.

Functions and Responsibilities:

1. To plan and facilitate a yearly plan of activities that promotes the development and strengthening of values and characters.
2. Bring out good decision making based on universal core values.
3. Use “LAKAS NG KARAKTER” module by working on desirable qualities such as truthfulness, patience and loyalty, etc.
4. Hold meetings and workshops and regularly to assess the impact of the program.
5. Submit periodic reports related to the program.
6. Reward System/Incentives – recognition monthly and certificate awarded to the resident.

C. Education and Skills Training Programme

Under this program are structured activities aim to equip children with necessary academic and vocational skills and prepare them for independent living.

Part of the curriculum program of Department of Education is the Edukasyong Pantahanan at Pangkabuhayan (EPP) for grades 4 to 6 and Technology and Livelihood Education (LTE) for high school. The Productivity Service will take charge of the following program:

Profit Sharing

Profit sharing refers to various incentive plans that provide direct or indirect payments to residents, these plans are typically amount to allocation of shares to residents.

Presently, the Productivity Service produces rugs, cookies, cupcakes and lanterns. The profit sharing is as follows:

- 25% - goes to the resident thru their social worker on case
- 25% - goes to the HFC as donation
- 50% - revolving fund of Productivity service

(please refer to Regional Guidelines on Profit Sharing)

1. Alternative Learning System (ALS A & E) – It is a parallel learning system in the Philippines that provides a practical option to the existing formal instruction. When one does not have or cannot access formal education in schools, ALS is an alternate or substitute. ALS includes both non-formal and informal sources of knowledge and skills.
2. Most of our learners are drop out from schools while some do not have formal education due to many reasons. ALS provide them the chance to have access to and complete basic education in a mode that fits their distinct situation and needs.
3. There are two major program on ALS that are being implemented in the center.
4. One is the Basic Literacy Program (non formal education)- learners whose age are no longer accepted for Kindergarten (Kindergarten is mandatory for five yrs old children, a pre requisite for admission to Grade 1) and the continuing Education Program – Accreditation and Equivalency (A & E).
- 5.
6. Philippine Educational Placement Test – 5– it is under the Accreditation and Equivalency Program of the Department of Education. We offer this program to our learners who are:
 7. a. Learners from nonformal and informal education program
 8. b. Learners who have incomplete or no record of formal schooling
 9. learners who need grade level standard assessment
 10. learners who are overage for their grade level

Functions and Responsibilities:

1. Plan a comprehensive plan and facilitate programs and activities related to formal and non-formal education.
2. Plan and facilitate programs and activities in the area of skills training geared towards independent living.
3. Maintain a transparent record of income at the livelihood center so that the children will be encouraged to work better.
4. Hold meetings and workshops regularly to assess the impact of the program.

5. Submit periodic reports related to programs

D Health and Nutrition

As the program name suggests, this concerns itself to the physical well being of the children in the center.

Functions and Responsibilities:

1. Draw and implement a yearly plan of activities on health and nutrition aimed at eliminating malnutrition and to institute measures that promotes good health among Haven for Children residents and staff.
2. Implement preventive medical measures In order to maintain good health among children and staff.
3. Attend to all medical cases and provide appropriate medical care.
4. Hold meetings and workshops regularly to assess the impact of the program.
5. Submit periodic reports related to the program.

II. The Haven's Services and Interventions

In support of the programs is a range of services and interventions for the center's clientele group. These interventions directly address the four (4) broad areas of Child's Rights, namely *Survival, Protection, Development, and Participation*.

A. Survival and Protection Services

1. Social Services

Social services are interventions that seek to restore/develop social functioning of children from admission to discharge and preparation for family reunification, community reintegration and alternative family placement if deemed and identified. Case management is undertaken through collective and collaborative efforts and expertise of multi-disciplinary team utilizing social work interventions which include but not limited to counselling, casework, group work, and family/group/individual therapy.

The Social Services Unit integrates the different services based on the treatment plan formulated by the social worker as well as facilitates documentation of placement, of necessary.

2. Medical Service

A team of medical practitioners (physician, nurse, and dentist) assumes the responsibility of the prevention and treatment of medical and dental health problems. Physicians assigned in a particular region or the local health centers render physical examinations for all children and Center staff members. In so doing, complications are prevented by giving appropriate and timely medical/dental intervention.

Vaccinations, de-worming, circumcisions, dental assessment, and referrals to appropriate agencies are provided to the children while undergoing rehabilitation.

3. Dietary Service

Under the close supervision and monitoring of the Field Office Dietician, this service ensures variety and a balanced diet suited to the clients. This service entails the careful planning of the monthly menu; safe and assured standard delivery of foodstuff by dealers, and the supervision and training of selected bigger/older children as food service personnel.

4. Psychological Service

With the supervision of the Field Office Psychologist, the Center's Clinical/Guidance Psychologist administers a battery of Psychological Tests to assess the client's intellectual, emotional, and social functioning. The results are then used by the center's multidisciplinary team for better management of the case. Clients are also provided with therapeutic activities (some cathartic in nature) for them to discover and express themselves.

5. Homelife Service

The Homelife Service is the Center's effort to fill up the gap offered by an institutionalized intervention. Homelife service exposes the child to home-like atmosphere conducive to moral development. By simulating a home, the children are brought to the direction of leading a successful and productive life in the context of building their abilities to relate and respect themselves, others and their environment accordance with the existing and acceptable social structures.

6. Family Counselling

This intervention focuses on assisting the client's family members to cope with anxieties, frustrations, and traumas among others and enhance their capacities as a family towards the resolution of their problems(s) particularly those affecting the children. The family counselling is relevant as it aims to strengthen the family support system. This entails the involvement of family members in a series of

activities focusing on their role adjustments and performance. In the promotion of family value system, religious groups and other business sectors are tapped to provide counselling, conduct group sessions and other related activities.

7. Alternative Family Care

For children whose parents are unable to provide for their basic needs due to problems in family relationships, extreme poverty and lack of parenting preparation, the alternative family care arrangements are provided through adoption, foster family care, legal guardianship, and kinship care. Placement of children in a substitute parental arrangement is essential for their continuing growth and development.

8. After-Care Service

After-care and follow-up are integral components of a rehabilitation program. It is complementary to residential care and is regarded as a continuation of the rehabilitation process within the community after discharge from the facility. The after-care and follow-up service is aimed to assist the client in his reintegration to the community.

B. Development and Participation Services

1. Educational Service

A service that recognizes the right to education in all its forms and modalities (formal, non-formal, and informal). This service entails the planning and implementation of a comprehensive plan that provided each child the venue and opportunity for learning.

2. Substance Abuse Education

Education of the abuse of substances particularly on its harmful effects plays an integral part of rehabilitation. The clients should understand that the use of substances is not the solution to their problems, instead this leaves them with even less emotional, financial, and health resources than before. This service's ultimate purpose is to enable children to come to a decision toward a better option and a clearer direction in life, be it to return home and go back to formal schooling or to avail of the services of foster homes.

3. Productivity and Skills Training Service

Still in line with the goal of preparing children towards independent living and self reliance, this service aims to provide and/or enhance the skills of older street children for gainful employment. The productivity skills trainer in the Center plans and conducts appropriate, safe, and

adequate training courses that match the child's trade aptitude and the job market.

4. Individual and Group Counselling

This service enhances residents' interpersonal relationships and enables him to become aware of his shortcomings/weaknesses and strengths. This also helps the clients in individual or in groups to process and overcome his painful experiences in life that took him to the streets. To maximize resources, students graduating from a Master's Degree in Counselling are trapped to provide this service to clients.

5. Sports, Creative Arts and Recreational Activities

Developing a hobby or a creative talent such as sports, singing, dancing, drama, playing instruments, writing and painting serves as *the* coping mechanism and alternative activities which children turn their aggression to and at the same time distance themselves from problems experienced. These activities also foster feelings of competence, self-worth, identity and a feeling of worth in the community. These activities are also therapeutic (and therefore helpful) for clients who have difficulty in verbalizing their feelings, releasing their trauma, overcoming past abuses, and letting go of other unresolved grief.

6. Behaviour Modification

Rewards and punishments along with other techniques of behaviour modification reinforce positive behaviour and discourage those which are not helpful. This is based on identifying desired observable and measurable behaviors, factors reinforcing these behaviors, application of reinforcement and evaluation of the consequences of application.

7. Peer Support Group

The peer support adheres to the principle that clients themselves are resources and contributors to their recovery and rehabilitation. This intervention provides the residents with opportunities to discuss the personal as well as interpersonal experiences in their lives as street children and substance abusers.

Children are then encouraged to share, express themselves and learn to identify and draw support from one another.

It also seeks to improve the sense of community in the Center, promote safer and friendlier environment, enhances self-awareness and self-esteem, strengthen communication skills, provide situations to develop trust, leadership skills and confidence, increase awareness of individual

responsibility and help other clients deal with difficult situations in life.

8. Spiritual Services and Value Formation

People in general and children in particular are spiritual beings. Recognizing the need to connect with a loving, understanding and merciful God, the Center renders this special service. With the help of religious (faith-based) groups, enlightening spiritual and value formation activities are developed and regularly implemented. This special service requires consistency in facilitating the spiritual needs of the children from and by a specific religious group. Respect for the religion of each child should always be maintained.

PROGRAMME MANAGEMENT

a. Clientele, Eligibility, Admission

- 1) Category – The target beneficiaries of Haven for Children are male street children recovering and exposed from substance abuse, whose age is 13 years old and below.
- 2) Eligibility Requirements – The following shall be the eligibility requirements for potential clients of Haven for Children.
 - A. Child of children, 13 years of age and below whom has been involved in substance abuse like sniffing drugs and or solvent, usage of cough syrups and other prohibited substances.
 - B. A child recovering or exposed to substance abuse who is psychologically free from psychosis or any type of mental disorder that can harm the rehabilitation of other children and with no serious or contagious diseases.
- 3) Source of Referral

These children are referred by Local Government units within NCR, rescued from the streets and other residential facility of the Department. These children are accepted with the condition that they shall be involved in the case management.

The Bahay Bagong Buhay Rehabilitation Center (BBBRC), a rehabilitation center under the auspices of the Philippine Jose Fabella Center, another residential facility of the Department. Referrals from the Local Government Units are accepted with the condition that they shall be involved in the case management.

4) Requirements on Admission of Client

The following documents shall be submitted by the referring party prior to the admission of the child to Haven for Children

- a) Referral Letter from Social Welfare Officer
- b) Social Case Study Report/Case Summary
- c) Updated Medical Certification reflecting present health status of the child/children/Dangerous Drugs Board result if referred for drug test.
Laboratory Result:
 - 1. X-ray
 - 2. Stool
 - 3. Urine
 - 4. CBC
- d) School Record (Form 137, Form 138)
- e) Police Blotter/Report
- f) Registered Birth/Foundling Certificate and/or Baptismal Certificate

5) Physical Transfer of Client/s for Admission

The following shall be observed in the physical transfer of the client/s for admission:

Child must be accompanied or escorted by the Social Worker of the referring party who has the basic knowledge and understanding of the case and has the authority to decide and execute agreement with the Haven for Children for the purpose of collaboration and coordination in the management of the case referred.

b. Case Management

- 1. Intake, Assessment – Referred child/children shall be assessed by the Social Welfare Officer or the Executive-Officer-on Duty to establish eligibility. Review of documentary requirements shall be undertaken.
 - a) During intake, appropriate orientation shall be given which include the following:
 - Situation/condition of his admission
 - Procedure/regulations for the Center
 - Programs/services/Center's Facilities
 - Expectations
 - b) Inventory of belongings for all clients shall be undertaken. Safeguard of cash and valuable things shall be the responsibility of the Center. Issuance of corresponding receipt to the client is a must.

- c) All clients shall immediately undergo medical check-up and diagnosis within 24 hours by the radiating Center's physician or by a government hospital or a cursory physical examination shall be conducted with the Center's nurse.
- d) A social worker shall immediately assumes responsibility to the case for management.
- e) The client should be accompanied by the social worker to the cottage where he is to stay. The receiving houseparent shall ensure that he is welcome and be provided with necessary homelife needs. Efforts to make the client feel at ease shall be exerted.
- f) A case conference shall be undertaken within a week after admission to come up with an initial study and treatment plans based on available data.
- g) Please see ANNEX A. (BPRA)

2. Data and Collection

- a) Relevant, significant data collection depends on honest, responsible, and trustful helping relationship. Social worker must explain to client the goals/objectives of further stay in the Center, limitations of the helping relations and to work towards cooperative endeavours for the client's welfare.
- b) Social Worker gathers data/information directly from the clients or from other sources. Their participation is much needed for coming up with complete, relevant data as basis for comprehensive assessment.
- c) Assessment involves multidisciplinary approach. and services from other sources like, psychiatric, legal, specialized, medical attention maybe sought.
- d) Clients must be updated or informed on results of assessment or of any other significant progress, or of difficulties faced in every phase of the helping process, whether by the case manager or by the concerned professional for re-planning purposes.

3. Assessment/Treatment Planning and Contract Setting

- a) Social Worker formulates its social diagnosis/treatment plans and interventions taking into consideration reports and assessment of various helping disciplines. This is acknowledged and signed by client, social workers and other team members. The plan serves as contract to guide in the rehabilitation efforts.

- b) In planning of treatment goals and intervention, social worker focuses on internal resources and capabilities as well as time duration of treatment. Relevant issues regarding case must be addressed if indicated.
- c) The case is then presented to the rehabilitation team during conference, with the aim of getting the support of concerned services and aligning the efforts of the client and helping team.
- d) Intervention may include but not limited to contact with families thru letter or visits; involvement in homelife activities, skills training, intervention to formal school, participating into activities for their growth and development. Casework, group work, focused group discussion, therapy sessions are some tools to help children cope with dysfunctional traumatic experiences.

4. Treat Plan Implementation and Evaluation

- a) Implementation of treatment plans must be within the realistic time frame that guides the client, social worker and other team members
- b) This depends on the client's capabilities and existing support system and other resources that could be mobilized for/by the client.
- c) Follow-up action by concerned professional and the active participation of client himself helps in the realization of goals. Checkpoints and periodic evaluation are inherent functions of the case manager-social worker.
- d) A case conference to evaluate extent of implementation of intervention must be undertaken. Recommendation to terminate or continue with the interventions must be discussed and identified.

5. Case Termination and Discharge

- a) All cases may be terminated when one or combination of the following qualifications are met;
 - 1) Client is assessed to have better understanding of his problem and has gained more responsibilities for himself and others;
 - 2) Services are met as planned.
 - 3) Client had shown capability to undertake everyday tasks and is hopeful of the future.
 - 4) Client has been assessed as rehabilitated using the Center's set of indicators.

- b) In the event that the case of the child has finally been considered for termination, appropriate placement of the child shall likewise be recommended and thereafter shall be facilitated by his attending Social Worker
- c) Placement of the child can be done through the following:
 - 1. Reintegration to the family and/or qualified relatives
 - 2. Transfer to other centers and institution
 - 3. Adoption
 - 4. Foster care
 - 5. Wage home placement
- d) Procedures on Case termination and discharge are as follows:
 - 1) Reintegration to the family and /or qualified relatives shall take place when favourably assessed by the City/Municipal Social Welfare Officer of their LGUs on their readiness and parenting capabilities to assume custody of the child/ren based on the Parenting Capability Assessment Report or Family Assessment Report forwarded by said office.
 - 2) Conduct of pre-discharge conference with the accepting LGUs upon receipt of the Parenting Capability Assessment Report prior to the discharge of the child/ren to his family and/or qualified guardian and to discuss the actual schedule of discharge, after care and monitoring services to be provided to the child/ren after discharge from the center.
 - 3) Shall be supported with any of the following documents:
 - (a) Marriage Contract of Parents
 - (b) Barangay Certificate **of Parents or Guardians**
 - (c) Birth Certificate of Child/ren
 - 4) After finding the merits of the submitted documents, the social worker shall prepare and undertake the following procedures:
 - (a) Inform the houseparents on duty to prepare the child and his belongings for inventory and clearance.
 - (b) Accomplish the prescribed discharge paper;
 - (c) Instruct the escorting houseparent to assist the child for medical and school clearance and shall return to the social worker for accomplished discharge paper, medical card/record for follow-up and school certificate/record, if there are any.
 - (d) Provide exit counselling, clarification and advice relative to parental responsibility. Allow the parents and /or any receiving qualified relative to understand terms and conditions contained in a pre-forma agreement between the Head Social Worker or the Officer-in-Charge and the receiving person on their parental and moral obligation to the child.

- (e) Furnish all the service units copy of the discharge paper accompanying their acknowledgement of the discharge upon affixing their signature on the discharge paper/form.
- (f) Prepare and forward immediately closing / transfer summary and letter to the LGU for monitoring and after care service with attached confirmation of agreements during the pre-discharge conference on the case for proper implementation and follow through.

6. Transfer to other Centers/ Institutions

This activity is considered as alternative placement for the child that would ensure safety of the rehabilitation/ intervention plans identified for him as well as to ensure that his needs are appropriately responded. The Social Worker shall prepare this activity on the following procedures:

- 1) Acceptance of the child on the center/institution for his transfer
- 2) Social preparation shall be done for the readiness of the child.
- 3) Complete all documents/requirements requested by the center/institution with updated Social Case Study of the child.
- 4) Accomplish Discharge paper and follow procedures in securing documents from other service units.
- 5) Escorts the child during travel, there must be an approved special order from the Regional Office.
- 6) Turnover of the child's documents and belongings which should be properly receipted and acknowledged for record/reference purposes.

7. After Care Service

Discharge of the child to his parents and/or relatives for family and community reintegration shall be continually served and afforded with the other services that the community may offer/render.

- a) In the Community, the City/Municipal Social Worker and Development Office in the locality where the child and his family reside shall be advised of the discharge of the child so that it may assist the child and his family for continuity of service and other interventions, thus the social worker shall:
 - 1) Properly coordinate the discharge of the child with the C/MSWDO social worker and shall send request for their monitoring and after care service to the child.

Request from the LGU a status report on the progress of the child and his family shall be made within six (6) (pls refer to AO 15 s12)

CHAPTER VI

ORGANIZATION AND ADMINISTRATION

A. Personnel/Human Resource Management/Development

- All Haven for Children staff are covered by the Civil Service Rules and Regulations and Policies of the Labor Code of the Philippines shall be observed on areas of recruitment, placement, evaluation, benefits, leaves and absences, with the following internal guidelines: (Please see attached directives)
- Every employee of the Center is expected to perform his/her duties with outmost dedication and commitment to the servee and shall always uphold the interest of the clients over and above personal interest.
- Every employee shall report for duty in accordance with the schedule and shall, as much as possible, avoid and/or minimize internal arrangement of shifting duties except for extreme emergency cases as determined by the Officer on Duty or the Executive-On-Duty.
- Leave application after absences were incurred, without previous or prior notice, shall be automatically disapproved and the corresponding salary deduction for such absences shall be effected.
- Overnight stay in the Center is permitted to staff who are not on night duty if assigned to perform functions demanded by the exigency of the service with permission and approval from Center Head.
- Any staff who commits an infraction of institutional rules and regulations which constitutes as dereliction of duty in the service of our clients shall be heard by the Progressive Disciplining Committee consists of the Unit/Service Heads which shall make the appropriate recommendation or decision after due process.
- All incoming staff and visitors should Log in at the record book and subjected for inspection of bags by security guard for security purposes.

A.1 Compensatory Day Off

- All staff is entitled to 8 -9 days off per month.
- A staff whose duty falls on a holiday can have an extra off provided it should be scheduled and coordinated with the supervisor. If an off duty

falls on a holiday, no additional day off can be claimed. The supervisor must see to it that all legal holidays within one calendar year are equally divided among his/her staff to give each and every one a fair deal. Earlier incurred absences cannot be offset by a holiday.

- For those on shifting schedule, straight duty is not allowed unless in case of extreme shortage of staff and/or when no reliever is immediately available and such shall not exceed 16 hours.
- An extra duty is rendered with compensation by an extra off duty to be scheduled by the immediate supervisors and only when a reliever is available.
- Automatic claims for an additional day off immediately following the 16 hours straight duty may be allowed by the immediate supervisor if a reliever is available and the concerned staff's duty falls within the next 16 hours after his/her straight duty and therefore will not allow him/her to have sufficient time to rest which may render him/her to be insufficient.
- Rendered over time duty shall be collected on the following month with approved request for over time signed by the Regional Director.
- Filing of Compensatory Day off should be filed 5 days before and with attached Accomplishment report with conforme of co-staff.
- Application for Leave is used in filing of compensatory day off for permanent staff and Locator Slip for cost of service/job order staff.
- In emergency cases, the staff should inform immediately within a day to the OD/EOD. The Center Head will decide if will approve or not the filing for Compensatory Day-Off depending on the assessment.

A.2 Internal Arrangement

- Internal arrangement for an exchange of shifting duties should submit written letter and will not allowed unless with approval of Center head, filing at least five days before the schedule.
- Internal Arrangement may be allowed under extreme situation such as death or accident of any immediate family member and hospitalization of the staff but not exceeding three consecutive days.

A.3 Punctuality

- a) For staff with shifting schedule, they are expected to arrive 15-30 minutes earlier of their official time to give enough time for endorsement.

- b) Flexible Time is applicable for those staff who has 7 am – 9 am schedule.
- c) Core time of reporting for duty is 7-9 AM after 9 is considered late.
- d) All staff is expected to come on time for their respective work schedule.

B. Financial Management

- Donation received with issuance of Deed of donation with description, specification and valuation signed by the Donor and Officer In Charge received by OD/EOD and endorse to Supply officer and placed in stock room.
- Cash donation received by EOD/OD shall be endorse to DSWD-NCR within 24 hours with a copy of ARDR and DDA.

C. Property and Supplies Management

- Administrative Order No.11 or the Series 2011 or the Amendment to the Guidelines in Reporting Donations and Resource Generated and Utilized, and Resource Generation Report should be submitted to Finance Management Service.
- Administrative Order No.06 series 2017 the comprehensive guidelines on the management of DSWD properties.
 - DSWD memorandum Circular No. 2 series of 2004 Guidelines on DSWD Property and Equipment Management.
 - DSWD Memorandum Circular No. 8 Series of 2006 Guidelines on the Conduct of Physical Inventory of Properties , Equipment, and Supplies and Materials; and
 - DSWD Memorandum Circular No. 5 series of 2013. Amended Guidelines on Property Disposal.
 - Request of supplies is every 15th and 30th of the month for all services.
 - Issuance of supply is every 5th and 20th of the month.
 - Use of Bim card and stock card for monitoring supply of outgoing and incoming.
 - Inventory of supplies for submission every 5th of June and December.
 - Submit monthly report RSMI and Resource Gen in every first week of the month with approval of Center Head.
 - Issuance Utilization and Custodianship of Properties
 - Inventory Physical Count of Properties and Inventories
 - Issued new property sticker Tagging ,PAR Issuance and Property Card
 - Disposal of Unserviceable. No Longer needed and/or Obsolete Property and Waste Material.

CHAPTER VII

PERSONNEL

A. Staff Qualifications and Job Descriptions

1. Recommended Staffing – To effectively operate a Regional Haven for Children, a minimum of seventy-eight (78) full time staff is recommended. Sufficient qualified staffs are necessary to implement the basic services of the Center. The suggested staff positions are:

One (1) Officer-In-Charge (Social Welfare Officer IV)

One (1) Supervising Social Worker (SWO III)

One (1) Nutritionist

Five (5) Social Workers (SWO II)

One (1) Psychologist (Clinical Psychologist)

Three (3) Activity Therapist

One (1) Manpower Development Officer II

One (1) Manpower Development Officer I

One (1) Houseparent III

Eight (8) Houseparent II

Eighteen (18) Houseparents I

One (1) Administrative Aide IV -Driver

Two (2) Utility Worker /Maintenance

Three (3) Laundry Worker

Four (4) Cook

One (1) Administrative Admin Assistant III-Clerk

One (1) Administrative Aide IV –Clerk

One (1) Property Custodian/Admin Assistant III

One (1) Supply Officer/ Admin Assistant III

One (1) Admin Aide VI

One (1) Medical Officer

One (1) Dentist

Four (4) Nurses

Eight (8) Security Guards

Eight (8) Teachers

2. For every 20 children, there should be one full time registered social worker
3. For every 15 children ages 7 to 12 years old, there should be one (1) houseparent
4. For every 25 children ages 13 years old and above, there should be one houseparent.
5. Appointment shall be made on the basis of training and experiences, commitment and civil service eligibility.

6. Job standards for employees are important to ensure that institutional responsibilities will be in competent hands.

a. Head Social Worker (SWO IV)
Salary Grade 22

Qualifications:

Registered Social Worker preferably with Master's Degree in Social Work or at least finished 75% of the academic requirements, with 2 years experience working with children and youth specifically substance abuse, 2 years supervisory experience; mature and with leadership qualities; has the ability to supervise, plan and direct the work of the staff.

Job Description:

- 1) Performs administrative functions, implements and executes policies and procedures
- 2) Responsible for program direction and coordination and exercises general supervision over the implementation of various programs and makes periodic assessment of the same
- 3) Supervises and provides direction of personnel through the assigned supervisors
- 4) Prepares budget estimates or proposals and supervises the expenditures of budgeted funds
- 5) Promotes and maintains good working relationship within the community, explores, taps and utilizes community resource
- 6) Consolidates accomplishment reports of the different disciplines/units and submits the same to the Field Office.

b. Supervising Social Worker (SWO III)
Salary Grade 18

Qualifications:

Registered Social Worker with 2 years experience working with children and youth specially substance abuse, two years supervisory experience; mature with leadership qualities and has the ability to supervise the staff.

Job Description:

- 1) Executes and implements policies and renders administrative decisions on matters within the limits of delegated authority
- 2) Implements services of the Center
- 3) Supervises social workers in the performance of their duties and assigns workload to ensure equitable and proper distribution of work among her staff
- 4) Maintains cooperative and harmonious relationship with other entities and agencies, private and public, in promoting social welfare and development in the Center

- 5) Conducts regular supervisory conferences for staff development and more effective program interpretation and implementation
- 6) Conducts orientation, on the job training and supervises field placement of social work students

A. Social Worker (SWO II)
Salary Grade 15

Qualifications:

Registered Social Workers with two years experience working with children and youth

Job Description:

- 1) Provides social services to street children and their families
- 2) Obtains and prepares social case study reports
- 3) Coordinates and works closely with the members of the Rehabilitation Team
- 4) Assists the Supervising Social worker in planning program of activities
- 5) Maintains close coordination with the local DSWD offices and the social welfare agencies
- 6) Prepares narrative and statistical reports; prepares and maintains records of activities and does other related work
- 7) Reviews and enriches program for the care and treatment of each child
- 8) Prepares correspondence and coordinates with professional staff on the schedule of children both inside and outside the Center.

B. Clinical Psychologist
(Salary Grade 10)

Qualifications

BS Psychology with 1 year of progressively responsible experience in clinical setting and/or guidance and counselling

Job Description:

- 1) Administers oral and written tests to determine degree of intelligence, interest and attitudes of children in the Center
- 2) Conducts interview to appraise their personality structures
- 3) Studies, analyzes and maintains record of their life and family history
- 4) Interprets and evaluates test results to predict adjustment of the child to institutional life
- 5) Reports test results and recommends actions to be undertaken by the rehabilitation team members
- 6) Gives lectures to Center staff on understanding the behaviors of children dealing with substance abuse
- 7) Advises parents on the proper management of substance abuse

- 8) Provides guidance and counselling to the child who has personal, social and emotional problems.

e. Houseparent III
Salary Grade 9

Qualifications:

Graduate of Social Science Course or other related field with experience as counsellor or houseparent in any child and youth caring institution.

Job Description:

- 1) Supervises the implementation of homelife services
- 2) Defines and arranges the duties and time schedules of houseparents
- 3) Attends meetings and case conferences
- 4) Prepares periodic evaluation of staff
- 5) Prepares periodic report of homelife
- 6) Prepares schedule of staff development and training of houseparents
- 7) Supervises and evaluates program activities and performance of group living staff.

f. Houseparent II
Salary Grade 6

Qualifications:

Graduate of any Social Science course or other related field or 2 years college education; 2 years' experience working with children and youth; must have basic knowledge of growth and development, needs and problems of children and adolescents; knowledge of standard housekeeping practices; with some vocational skills and willing to work in unusual hours when necessary.

Job Description:

1. Performs the role of parent to children and youth:
 - a) Instills discipline among the children
 - 1.) Interprets rules and regulations
 - 2.) Keeps track of its observance
2. Undertakes Home Management
 - 1) Hygiene and sanitation
 - 2) Physical Order
3. Supervises housekeeping
 - 1) Cooking
 - 2) Dishwashing

- 3) Laundry
- 4) Gardening
- 5) Beautification
- 6) Cleanliness inside and outside the center

- 1. Updates daily logbook
 - a) Individual anecdotal reports
 - b) Salient events during tour of duty
 - c) Other pertinent matters that need recording for attention of the supervisors
- 2. Performs Administrative duties
 - a) Determines the needs of the wards and prepares requisition of the said needs;
 - b) Submits anecdotal report on a monthly basis
 - c) Attends staff meetings, conferences, and seminar workshop, etc.
 - d) Performs other delegated task as designated by the supervisor

g. Manpower Development Officer
Salary Grade 15

Qualifications:

Equivalent degree in Skills Development and Training

Job Description:

- 1) Directs and provides the general supervision of the vocational training program;
- 2) Executes vocational training program, policies and recommends changes;
- 3) Evaluates implementation of vocational training program;
- 4) Coordinates with the rehabilitation team members on problems and difficult cases on training and placement services;
- 5) Prepares budget estimates including supplies and materials needed; and
- 6) Networking/ Exploring/Arranging possible job placement for the youth

h. Utility Worker
Salary Grade 1

Qualifications:

At least high school graduate with experience in building maintenance and janitorial work

Job Description:

- 1) Mops, scrubs, polishes, dust quarters, furnitures and institution building.
- 2) Sterilizes instruments, run errands for houseparents, nurses, doctors and assist in coking and food preparation.
- 3) Distributes clean clothes and linen and collects soiled ones

I. Administrative Aide IV (Driver)
Salary Grade 4

Qualifications:

At least high school graduate with at least 2 years experience in driving and basic knowledge in trouble shooting.

Job Description:

- 1) Drives the official vehicle which transport children and staff on official business;
- 2) Delivers important letters and other materials;
- 3) Submits reports on fuel and oil consumption and distance travelled;
- 4) Makes minor repairs on equipment; and
- 5) Performs other related tasks

j. Clerk
Salary Grade 4

Qualifications:

A graduate of Secretarial course with a year of office experience; proficient in typing

Job /Description:

- 1) Performs routine clerical typing jobs;
- 2) Keeps professional records and files
- 3) Stencils and mimeographs forms;
- 4) Performs other related tasks

K. Nutritionist Dietician

Qualifications:

Registered Nutritionist-Dietitian with basic knowledge in preparation of balanced diet and menus, with experience in food preparation.

Job Description:

- 1) Responsible in preparing the monthly menu, prepares and serves the food
- 2) Supervises the cooks in the meal preparation
- 3) Attends rehabilitation team meeting and senior staff meeting

L Cook
Salary Grade 3

Qualifications:

At least high school graduate with basic knowledge in preparation of balanced diet and menus, with experience in food preparation.

Job Description:

- 1) Supervises the children on work assignment in the kitchen
- 2) Maintains cleanliness and order in the kitchen and dining area
- 3) Keeps inventories of kitchen wares and food supplies
- 4) Supervises food storage
- 5) Conducts regular marketing;
- 6) Checks food costs regularly;
- 7) Prepares weekly food consumption report; and
- 8) Does other related work

M. Security guard (Hired through Memorandum Agreement)

Qualifications:

High School or college level and has attended special and relevant trainings.

Job Description:

- 1) Maintains peace and order in the Center;
- 2) Protects buildings, properties and premises;
- 3) Guards its contents and occupants from outside annoyance and interference by unauthorized persons;
- 4) Escorts residents to and from the Center; and
- 5) Checks and records time of arrival and departure of employees and visitors.

CHAPTER VIII

BUDGET

1. Conduct Senior Staff Meeting for the preparation of Work and Financial Plan. Each supervisor presents the budget plan of his/her respective service.
2. Consolidated Center Work and Financial Plan is prepared and submitted to the Field Office every October.
3. The Work and Financial Plan is presented during the budget hearing of the Regional Office for enhancement and approval. Then, the Work and Financial Plan and Project Procurement and Management Plan (PPMP) are submitted to the Field Office for the approval of the Regional Director.
4. The main source of fund of the center is from Direct Release Fund of the Field Office NCR.
5. Other source of funds came from partner agency and Donors. Children needing medical assistance are referred to Emergency Assistance for Individual in Crisis Situation (EAICS) for the purpose of buying medicines and conduct of laboratory examinations.

CHAPTER IX

MONITORING AND EVALUATION

- Performance Contract Mid-check is conducted every middle of the year attended by Senior Staff and Center Head.
- Individual Performance Contract Review is conducted every end of the semester for all staff.
- Evaluation of Cost of Service and Job Order Staff is every 6 months supervised by Service Supervisor and submitted within time frame.
- Center Program Implementation Review is conducted every end of the year as a method to monitor the implementation of programs and services uses Gaps Analysis.
- Conduct of Strategic Planning to address the gaps in the program implementation.
- Different meetings are conducted every month such as:
 - General Staff Meeting attended by all staff of the center
 - Senior Staff Meeting is attended by the Unit Supervisor of different services
 - Social service meeting is attended by all Social Workers
 - Administrative service meeting is attended by Property custodian, Admin Assistant, Admin Aide, Maintenance & Utility staff.
 - Homelife meeting is attended by Houparents
 - Medical Service meeting is attended by all Medical Staff.
 - Psychological service meeting is attended by Psychologist & Activity Therapist.
 - Dietary Service is attended by Dietician & cooks
 - Security service meeting is attended by all Security Guards
 - Talakayan meeting is attended by all residents & staff.

CHAPTER X

REPORTING/DOCUMENTATION

A. Social Service

- The assigned Social Worker shall prepare the consolidated Narrative Accomplishment Report and Quarterly Accomplishment Report for submission to the Field Office every 5th of the month.
- Review of Center's Manual of Operations and other existing policies Guidelines from January to December.
- Minutes of Meeting such as General Staff Meeting, Talakayan, Social Service shall be submitted within five (5) days after the activity.
- Case Management Plan to be submitted every 15th day of December.
- Case Management Plan Implemented to be submit every 20th day of June & 20th day of December
- Feedback report including trainings attended, Home Visitation of clients shall be submitted within 5 days after the activity.
- Schedule of Monthly Activities, Case Load Inventory & Monthly Accomplishment Report shall be submitted every end of the month,
- Matrix of Rehabilitated Clients shall be submitted every quarter.
- Disaster Management Plan shall be submitted every 20th day of December. On the other hand, Disaster Plan Implemented shall be submitted every 20th day of June and December.
- Financial status of Client shall be submitted every end of the month.
- Average Length of Stay (ALOS) report shall be submitted every quarter.
- Institutional Development and Capability Building (IDCB) activities condcuted shall submit every 12th of the month.

B. Homelife Service

- Homelife Annecdotal Report for clients shall be submitted every 25th of the month
- Records of personal belongings and valuables for safekeeping shall be submitted and updated every month.

C. Medical Service

- Medical progress Report shall be submitted every end of the year
- Feedback report is submitted every hospital referral.

- Anthropometric report- nutritional report monitoring shall be submitted every quarter
- Deworming report shall be submitted every end of semester
- Medical profile depends on request

D. Admin Service

- Supply officer
 - Resource Generated shall be submitted every 1st week of the month.
 - Report of Supply and Material issued shall be submitted every 1st week of the month.
 - Physical Count of Inventories Supplies shall be submitted 5th day of June & 5th day of December.
 - Annual Inventory Physical Count Report of Property Plant & Equipment Semi Expandable Properties shall be submitted every 5th day of June & 5th day of December.
 - Unserviceable Property Plant & Equipment shall be submitted every 5th day of June & 5th day of December.
 - Serviceable Property Plant & Equipment shall be submitted every 5th day of June & 5th day of December.
- Admin Aide IV
 - Financial Documents; Cash Liquidation, Liquidation, Replenishment, P.O Foodstuffs (5Dealers) shall be submitted every end of the month.
 - Encode Consumption Reports; Fuel Consumption Reports, Water Bill, Electric Bill shall be submitted every 5th of succeeding month
 - Encode Schedule Appointments/Activities; Schedule of Duties, Executive on Duty Schedule, Wearing Uniform, Leave Monitoring, Movement of Vehicle Maintenance Checklist, Calendar of Activities shall be submitted every end of the month
 - Encode MOA Contract shall be submitted every 6 months.

E. Psychological Service

- Psychologist I
 - Psychological Evaluation
 - For the newly admitted resident, psychological evaluation will be done upon the request of the Social Worker on Case.
 - For the old cases, psychological evaluation will be updated after 6 months to 1 year during the staying of the resident in the center.
 - Social Marketing write ups shall submitted 5 days after the activity
 - Social Marketing Implementation plan shall submitted every 22nd day of December.
 - Social Marketing Implemented plan shall submitted every quarter before 15th of April, July, October & December

- Activity Therapist
 - Encode behavioral observation of the child and submit Individual Behavioral Report every 10th day of the succeeding month.
 - Information and Communication Technology (ICT) shall be submitted every last day of the month.

ANNEXES

Appendix A

ADMISSION SLIP

Date: _____

Time: _____

_____, age _____ yrs. old was admitted at
(Name) (Age)

The Haven for Children as referred by Mr./Ms./Mrs. _____
of _____ for temporary shelter and rehabilitation/case disposition.
(Office Address)

Name and Signature of Referring Party

Admitting Social Worker /Staff

Address/ Phone Number

Noted by:

Social Welfare Officer III

Name of Parents/Relatives

Address and Contact Number (if any)

Inventory of Belongings Upon Admission:

Quantity	Items/Supplies

Supplies Issued to Client Upon Admission:

Quantity	Items/Supplies

Houseparent on Duty

Medical Impression:

Height : _____

Weight : _____

Initial Medical Assessment:

Body Temperature: _____

Medical Officer /Nurse

Approved by:

Center Head /Officer –In - Charge

Approved by:

Center Head/ Officer –In- Charge

GROUP SESSION REPORT

Title of the Activity: _____

Date and Time of the Activity: _____

Participants:

Objectives:

Activities/ Methodologies:

Processing Result:

Facilitator's Input:

Prepared by:

Name of Facilitator

Appendix C

BEHAVIORAL SCALE FOR CHILDREN

(To be rated by Teacher)

Pangalan ng Bata : _____ Kasarian : L ___ B ___
 (tsekan)Pangalan ng Teacher : _____ Duration : _____

Areas of Observation	Hindi Nangyari	Minsan	Madalas	Palaging Nangyari
A. Academic 1. Hirap kumpetuhin/ di kayang tapusin and mga homeworks o chores 2. Hindi tinapos ang mga pansariling Gawain 3. Kailangan tutukan ng maigi sa mga Gawain 4. Di makapag-Concentrate/di nakikinig sa guro 5. Di maayos magsulat/maraming bura.				
B. Social/Adaptive: 1. Atubili/alinlangan sa mga bagong activities o sitwasyon 2. Mahiyain di nakikihalubilo sa iba/mailap o mapag-isa 3. Ayaw maiwan mag-isa/nagpapasama lagi 4. Di makapaghintay/ sumisingit o nakikipag-unahan				
C. Behaviour/Attitude 1. Nang-aaway o nananakit/magaan ang kamay 2. Tumatakbo o tumatalon kahit di nararapat 3. Padalos-dalos ang kilos, mabilis magreact 4. Madaling umiyak/maramdamin o matampuhin				

5. Pinipilit ang gusto/di – sumusunod o sinusuway ang mga panuntunan sa loob ng klase. 6. Di maayos sa kagamitan, makalat o mapanira 7. Galawgaw, di mapakali, magulo sa klase 8. Sumisingit , sumasabat sa usapan o sumasagot 9. Madaldal, salita ng salita				
D. Speech Pattern 1. Mispronunciation 2. Many substitution 3. Disregard of punctuation 4. Volume too short or too loud 5. Word by word reading 6. Repetition 7. Insertion 8. Omission 9. Strained high pitch voice				

EDUCATIONAL PROGRESS REPORT

Date : _____

Name :

Age : _____ Grade/Level: _____

I. Academic Performance:

II. Behavioural Attitude: (Please see attached behavioural rating scale)

III. Recommendation:

Prepared by:

(Teacher)

LEARNER'S PROFILE

NAME : _____
AGE : _____
B-DAY : _____
GRADE : _____
ADDRESS : _____
PARENT : _____
OCCUPATION: _____
SIBLINGS : _____
SOC.WORKER _____

Background of the child (observation) why the child is subject for intervention.

INTERVENTION TABLE				
DATE	INAPPROPRIATE BEHAVIOR	FREQUENCY	INTENSITY (DURATION)	INTERVENTION
				.

Prepared by:

Adviser

TRAVEL REQUEST

Date: _____

Name : _____

Destination: _____

A. Departure : _____ A.M. _____

B. Arrival : _____ P.M. _____

C. Purpose : _____

—

☐ Official☐ Personal

(Printed Name & Signature)

Approved by:

(Officer-in-Charge)
Haven for Children

OUT-ON PASS SLIP

This is to certify that _____, will be out-on-pass
(Name of Child/Children)

From _____ to _____
(Date) (Date)

For purpose of _____.

(Print Name and Signature)

(Designation/ Relationship to the Child/ren)

Address

Telephone

Number

Social Worker

Recommending Approval:

Social Welfare Officer III

Approved by:

Officer-in-Charge

**KASUNDUAN
(Sa Pag Out-on-Pass)**

Ako si _____,
magulang/kamag-anak ng batang si _____,

_____ taong gulang na pansamantalang nasa pangangalaga ng Department of Social Welfare and Development (DSWD), Haven for Children na matatagpuan sa Alabang-Zapote Road, Muntinlupa City.

Na ang aking anak/kamag-anak na si _____
ay nais kong makasama mula _____
hanggang _____ sa aking/aming tirahan na makikita o
matatagpuan sa _____
_____.

Na mula sa araw na ito, ako./kami ay nangangako na siya ay aking/aming pangangalagaan sa abot ng aking/aming makakaya at ibabalik sa takdang araw na napagkasunduan.

Na anuman ang mangyari sa kaniya ay aking/aming pananagutan sa batas at sa DSWD.

Ako din po ay regular namakipag-ugnayan sa local na DSWD sa aming lugar habang ang aking/aming anak ay nasa aming/aking pangangalaga.

Na aking/aming lalagdaan ang kasunduang ito ilang pagtupad sa aking/aming sinumpaang.

Ika _____ ng _____, 20_____.
(araw) (Buwan) (taon)

Pangalan at Lagda ng Magulang/Kamag-anak

Pangalan at Lagda ng Bata

Pangalan at Lagda ng Social Worker

Pangalan at Lagda ng Supervising Social Worker

DISCHARGE SLIP

This is to certify that I/we
 received _____,
 _____ year old who is/are my/our

As per document complied and submitted to attest my/our affinity to the said child that, from here on, I/We shall hold responsible for the custody of the child.

UNIT/SERVICVE CLEARANCE:

UNIT	SIGNATURE OF STAFF ON DUTY	COMMENTS/REMARKS
Homelife		
Psychological		
Educational		
Social Service		
Productivity		
Security Service		
Medical Service:	Body Temperature: _____ Height _____ : _____ Weight _____ : _____ Immunization _____ : _____ _____ Medical _____ Assessment: _____	
Medical Officer		

Affixing my/our signature in effect of said discharge, this ____ day of ____, 20__.

 Signature of Social Worker

 Signature of Rreceiving Person

 Relationship/Designation

 Address & Telephone Number

Noted By:

 Social Welfare Officer III

Approved by:

**KASUNDUAN
(Sa Pag Discharge)**

Ako si _____,

Magulang/kamag-anak ng batang si _____,

_____ taong gulang na pansamantalang nasa pangangalaga ng Department of Social Welfare and Development (DSWD), Haven for Children na matatagpuan sa Alabang-Zapote Road, Muntinlupa City.

Na ang aking/aming anak/kamag-anak na si _____

_____ ay nais ko nang makasama sa _____
_____.
_____.

Na mula sa araw na ito, ako./kami ay nangangakona siya ay aming pangangalagaan at pag-aaralin sa abot ng aming makakaya.

Na anuman ang mangyari sa kaniya ay aking pananagutan sa batas at sa DSWD.

Ako din po ay regular na makipag-ugnayan sa local na DSWD sa aming lugar para sa patuloy na rehabilitasyon ng aking/aming anak/kamag-anak.

Na aking/aming lalagdaan ang kasunduang ito bilang pagtupad sa aking/aming sinumpaang.

Ika _____ ng _____, 20_____.
(araw) (Buwan) (taon)

Pangalan at Lagda ng Magulang/Kamag-anak

Pangalan at Lagda ng Bata

Pangalan at Lagda ng Social Worker

Pangalan at Lagda ng Supervising Social Worker

Pangalan at Lagda ng Officer-In-charge

Appendix L

PANUNUMPA SA KATUNGKULAN
(Para Sa Mga Kawani ng Haven for Children)

Ako si Bb./Gng/G. _____, _____, taong gulang na nakatira sa _____
(Pangalang ng Epleyado/Kawani) (edad)

_____, _____
(tirahan) (posisyon/trabaho)

Ay nanunumpa na susunod sa mga alituntunin na magbibigay proteksyon sa karapatan ng mga bata:

- 1.) Magkaroon ng mainam na ugnayan sa mga bata na hindi nang-aabuso sa kanilang kahinaan at nakakasakit sa pisikal, mental, emosyonal at sosyal na kalagayan.
- 2.) Makihalubilo sa mgabata at iwasan magkaroon ng panahon sa lugar na walang nakakakita.
- 3.) Hindi magkaroon ng numang pisikal na pakikipag-ugnayan sa mga bata sa di ligtas na paraan tulad ng paghalik, pagyakap, paghawak sa maselang bahagi ng katawan at pamamalo.
- 4.) Gumamit ng mga mainam na salita upang maiwasan ang pagkatakot at pang-hihiya sa mga bata.

Nilagdaan ngayong ika _____ ng _____, 20 _____ sa DSWD-
Haven for Children, Alabang-Zapote Road, Muntinlupa City.

Pangalan at Lagda ng Empleyado/Kawani

PANUNUMPA SA KATUNGKULAN
(Para Sa Mga Volunteers)

Ako si Bb./Gng/G. _____, _____, taong gulang na nakatira sa _____
(Pangalang ng Volunteer) (edad)

_____, _____
(tirahan) (posisyon/trabaho)

Ay nanunumpa na susunod sa mga alituntunin na magbibigay proteksyon sa karapatan ng mga bata:

- 1.) Magkaroon ng mainam na ugnayan sa mga bata na hindi nang-aabuso sa kanilang kahinaan at nakakasakit sa pisikal, mental, emosyonal at sosyal na kalagayan.
- 2.) Makihalubilo sa mgabata at iwasan magkaroon ng panahon sa lugar na walang nakakakita.
- 3.) Hindi magkaroon nga numang pisikal na pakikipag-ugnayan sa mga bata sa di ligtas na paraan tulad ng paghalik, pagyakap, paghawak sa maselang bahagi ng katawan at pamamalo.
- 4.) Gumamit ng mga mainam na salita upang maiwasan ang pagkatakot at pang- hihiya sa mga bata.

Nilagdaan ngayong ika _____ ng _____, 20_____ sa DSWD-
Haven for Children, Alabang-Zapote Road, Muntinlupa City.

Pangalan at Lagda ng Volunteer

Pangalan at Lagda ng Social Worker

(Pangalan at Lagda ng Officer-in-Charge)

Department of Social Welfare and Development

Field Office _____ Name of the Center _____

GENERAL INTAKE SHEET

Date:

I. Identifying Information

A. About the Child

Name of Client _____ Nickname _____ Age _____ Sex _____

Address _____ Civil Status _____

Date of Birth _____ Place of Birth _____

Religious Affiliation _____ Occupation _____

Highest Educational Attainment _____

Name of School _____ Class Adviser _____

Contact Person _____ Contact No. _____

Relationship to the Client _____ Occupation _____

Address _____

II. Problem Presented

III. Family Composition

Name	Age	Relationship to the Child	Civil Status	Address	Educational Attainment	Occupation/Income	Remarks

IV. Description of the child, family and community

A. Child's Description

A. Major Life Events	Age of Onset	Feeling/Behavior towards the incident (+or -)
<input type="checkbox"/> Death of parents <input type="checkbox"/> Abandonment <input type="checkbox"/> Separation from the family <input type="checkbox"/> Serious Accident <input type="checkbox"/> Victim of natural / man made disaster <input type="checkbox"/> Victim of demolition <input type="checkbox"/> Victim of apprehension <input type="checkbox"/> Victim of sexual abuse <input type="checkbox"/> Victim of physical abuse <input type="checkbox"/> Victim of verbal abuse <input type="checkbox"/> With suicidal tendencies <input type="checkbox"/> Acquired disability <input type="checkbox"/> Mistaken identity <input type="checkbox"/> Others: (please specify)		Feelings (+ or -) <input type="checkbox"/> Happy <input type="checkbox"/> Contented <input type="checkbox"/> Feeling of Boredom <input type="checkbox"/> Belongingness <input type="checkbox"/> Hatred <input type="checkbox"/> Guilt <input type="checkbox"/> Independence <input type="checkbox"/> Rebellion Behavior <input type="checkbox"/> Stow Away <input type="checkbox"/> Withdrawal <input type="checkbox"/> Irritable <input type="checkbox"/> Unresponsive/ passive <input type="checkbox"/> Delinquent behavior <input type="checkbox"/> Indulge in illegal substance <input type="checkbox"/> Stealing <input type="checkbox"/> Snatching <input type="checkbox"/> Begging <input type="checkbox"/> Staying in the street <input type="checkbox"/> Others (please specify)
B. Enduring Life Strain <input type="checkbox"/> Poverty <input type="checkbox"/> Constant need to earn for the family <input type="checkbox"/> Physical illness (please specify) <input type="checkbox"/> Lack of education/educational opportunity <input type="checkbox"/> Lack of recreational facilities		Feelings (+ or -) <input type="checkbox"/> Happy <input type="checkbox"/> Contented <input type="checkbox"/> Feeling of Boredom <input type="checkbox"/> Belongingness <input type="checkbox"/> Hatred <input type="checkbox"/> Guilt <input type="checkbox"/> Independence <input type="checkbox"/> Rebellion Behavior <input type="checkbox"/> Stow Away

<input type="checkbox"/> Exclusion from school <input type="checkbox"/> Exclusion from peers <input type="checkbox"/> With disability <input type="checkbox"/> Others (please specify)		<ul style="list-style-type: none"> ▪ Withdrawal ▪ Irritable ▪ Unresponsive/ passive ▪ Delinquent behavior ▪ Indulge in illegal substance ▪ Stealing ▪ Snatching ▪ Begging ▪ Staying in the street Others (please specify)
C. Everyday Problems <input type="checkbox"/> Finding food <input type="checkbox"/> Finding clothes <input type="checkbox"/> Finding shelter <input type="checkbox"/> Finding facilities for personal care <input type="checkbox"/> Avoiding street violence		Feelings (+ or -) <ul style="list-style-type: none"> ▪ Happy ▪ Contented ▪ Feeling of Boredom ▪ Belongingness ▪ Hatred ▪ Guilt ▪ Independence ▪ Rebellion Behavior <ul style="list-style-type: none"> ▪ Stow Away ▪ Withdrawal ▪ Irritable ▪ Unresponsive/ passive ▪ Delinquent behavior ▪ Indulge in illegal substance ▪ Stealing ▪ Snatching ▪ Begging ▪ Staying in the street Others (please specify)
D. Life Transition <input type="checkbox"/> Moving from one neighborhood to another <input type="checkbox"/> Changing peer group <input type="checkbox"/> Moving to another place of residence due to demolition <input type="checkbox"/> Moving to another place of residence due to disaster <input type="checkbox"/> Moving from biological family to a kinship/foster placement <input type="checkbox"/> Beginning romantic relationship <input type="checkbox"/> Beginning romantic relationship of parents <input type="checkbox"/> Others (please specify)		Feelings (+ or -) <ul style="list-style-type: none"> ▪ Happy ▪ Contented ▪ Feeling of Boredom ▪ Belongingness ▪ Hatred ▪ Guilt ▪ Independence ▪ Rebellion Behavior <ul style="list-style-type: none"> ▪ Stow Away ▪ Withdrawal ▪ Irritable ▪ Unresponsive/ passive ▪ Delinquent behavior ▪ Indulge in illegal substance ▪ Stealing ▪ Snatching ▪ Begging ▪ Staying in the street Others (please specify)
E. Developmental Changes <input type="checkbox"/> early childhood 1-6 years old <input type="checkbox"/> school age 7-12 years old <input type="checkbox"/> adolescence 13-18 years old		
F. Normalization <input type="checkbox"/> legality/law enforcement (weak) <input type="checkbox"/> availability of: • Commercial sex • Substance/illegal drugs • Pornography materials to include videos • Red Houses <input type="checkbox"/> Price – least expensive <input type="checkbox"/> Advertising / sponsorship		

<input type="checkbox"/> Schoolmate <input type="checkbox"/> Teacher <input type="checkbox"/> Classmate <input type="checkbox"/> Others		
I. Skills <input type="checkbox"/> Problem solving <input type="checkbox"/> Coping skills <input type="checkbox"/> Interpersonal relationship <input type="checkbox"/> Survival skills <input type="checkbox"/> Communication skills <input type="checkbox"/> Decision making skills <input type="checkbox"/> Vocational skills <input type="checkbox"/> Comprehension <input type="checkbox"/> Critical thinking <input type="checkbox"/> Self awareness <input type="checkbox"/> Others		
J. Resources <input type="checkbox"/> Internal Resources <ul style="list-style-type: none"> a. Intelligence b. Education c. Spirituality d. Discipline e. Resourceful f. Respectful g. Obedient h. Submissive i. Others <input type="checkbox"/> External Resources <ul style="list-style-type: none"> • Family • Other str • Peers • Street ed • Health se • Vocation • Recreati • LGU sta • NGOs ex • commu • People's • Civic org • Faith-ba • Others (g 		

Family Description/ Characteristics	YES	NO
1. Family lives in a quiet, wholesome community/neighborhood. (Nakatira ang pamilya sa tahimik na lugar.)		
2. Parents are often in conflict. (Madalas mag-away ang mga magulang.)		
3. Parents are hardworking. (Nagsumikpa nang mabuti ang mga magulang.)		
4. Family head has a decent work/occupation. (Maganda ang hanapbuhay ni tatay.)		
5. Parents are disappointed with one another. (Ang mga magulang ay nagsisisi sa kanilang pagsasama.)		
6. Family lives in a hand to mouth subsistence. (Mahirap ang buhay ng pamilya.)		
7. Marriage is characterized by unpleasant relationships. (Pangit ang samahan ng mga magulang.)		
8. Parents value their children. (Pinahahalagahan ng mga magulang ang kanilang anak.)		
9. Parents see hopes in their children. (Nagdudulot ng pag-asa ang mga bata.)		

10.	Child is caught between conflicts of parents. (Bata ay naiipit sa awayan ng mga magulang.)		
11.	Family experiences marital conflicts. (Maraming gulog ang dinaranas ng pamilya.)		
12.	Parents often make the children their objects of hostility. (Madalas mga bata ang nadidiskitahan ng sama ng loob ng mga magulang.)		
13.	Poor family conditions stimulate conflicts in parents. (Ang kahirapan ng pamilya ay nagdudulot ng mga alitan sa mag-asawa.)		
14.	Parents try their best to achieve pleasant home atmosphere. (Sinikap ng mga magulang na maging maginhawa ang buhay ng pamilya.)		
15.	Parents maintain order in the family. (Mahusay ang pamamalalakad sa pamilya.)		
16.	Father is trouble maker. (Basagulero ang tatay ng pamilya.)		
17.	Child often meets frustrations in the family. (Madalas makaranas ng pagkabigo ang bata sa pamilya.)		
18.	Parents have little trust in each other. (Mahina ang tiwala ng mga magulang sa isa't isa.)		
19.	Child experiences physical comfort at home. (Nakakaranas ng ginhawa ang bata sa bahay.)		
20.	Family enjoys regular meals daily. (Sapat ang pagkain ng pamilya sa araw-araw.)		
21.	Child sees his father as the survival figure. (Tingin ng bata sa kanyang tatay ay tanging pag-asa para mabuhay ang pamilya.)		
22.	Child is able to do things to take care of himself. (Napapangalagaan ng bata ang kanyang sarili.)		
23.	Family encourages child to make decisions. (Pinapayagan ng pamilya na gumawa ng sariling desisyon ang bata.)		
24.	Parents have realistic expectations of child. (Makatotohanan ang pangarap ng mga magulang para sa kanilang anak.)		
25.	Child learns to fit with the family lifestyle. (Umaayon ang bata sa takbo ng buhay ng pamilya.)		
26.	Parents get along well day by day. (Maayos ang samahan ng mga magulang.)		
27.	Parents are consistent in their dealings with their children. (Maayos at di pabago-bago ang pagpapalakid sa mga bata.)		
28.	Family is often in pain (Madalas makaranas ng hirap ang pamilya.)		
29.	Family pain leads to poor parenting. (Ang hirap ng pamilya ay dahilan ng hindi magandang pagpapalakid sa mga bata.)		
30.	Child enjoys independence of his parents (Bata ay binibigyan ng kaukulang laya ng magulang.)		
31.	Child is unable to integrate an appropriate image of his own. (Hindi kaya ng bata ang maipakita ang angkop niyang pagkatao.)		
32.	Child feels he is left out. (Nadarama ng bata na parang balewala siya sa pamilya.)		

B. Community Description/ Characteristics

Community Description/ Characteristics	Description
1. Resources within the community	
2. Presence and functionality of the BCPC	

3. Presence of barangay / municipality/ city ordinances/policies	
--	--

V. INITIAL ASSESSMENT (professional impression)

Initial assessment of problem (initial impression of worker about the problems and its causes, strength/potentials, weakness and resources)

RISK FACTORS	Stress	Normalization	Feeling/Behavior Towards the Incident
Child			
Family			
Community			
PROTECTIVE FACTORS	Attachment	Skills	Resources
Child			
Family			
Community			

VI. PLAN OF ACTION

VII. RECOMMENDATIONS

Prepared by:

Signature of Client:

Reviewed/Noted by:

Supervising Social

INTERVENTION PLAN

Name of Client: _____

Goal: _____

Needs/Issues Concerns Identified	Objectives	Activities	Responsible Person	Time Frame	Progress Indicators

Prepared By:

Noted By:

Conforme:

Department of Social Welfare and Development
National Capital Region
HAVEN FOR CHILDREN

PROGRESS NOTE

Name: _____ **Age:** _____

DATE	ACTIVITY/ PROGRESS	SUPERVISORY NOTE

Prepared by:

Noted by:

Department of Social Welfare and Development
National Capital Region
HAVEN FOR CHILDREN

VISITOR'S SLIP

Date: _____

Name of Client: _____

Name of Visitors: _____

Address: _____

Relationship to Client: _____

Purpose _____ of _____ Visit:

Name and Signature of Visitor

Houseparent on Duty

Officer On Duty

Department of Social Welfare and Development
National Capital Region
HAVEN FOR CHILDREN

VISITOR'S SLIP

Date: _____

Name of Client: _____

Name of Visitors: _____

Address: _____

Relationship to Client: _____

Purpose _____ of _____ Visit:

Name and Signature of Visitor _____ Houseparent on Duty _____ Officer On Duty
Appendix R **INTER-SERVICE REFERRAL SLIP**
Date: _____

Name of Client: _____

Cottage: _____

This is to refer to you the above-mentioned client for:

- _____ Psychological Evaluation/ Assessment
- _____ Medical Check-up/ Dental Check-up
- _____ Productivity Skills Training
- _____ Social Service
- _____ Homelife Service
- _____ Educational Service

Reason for referral: _____

Requested by: _____

Received by: _____

Appendix R INTER-SERVICE REFERRAL SLIP

Date: _____

Name of Client: _____

Cottage: _____

This is to refer to you the above-mentioned client for:

_____ Psychological Evaluation/ Assessment

_____ Medical Check-up/ Dental Check-up

_____ Productivity Skills Training

_____ Social Service

_____ Homelife Service

_____ Educational Service

Reason for referral:

Requested by: _____

Received by: _____

Appendix S

Department of Social Welfare and Development
National Capital Region
HAVEN FOR CHILDREN

INCIDENT REPORT

I. Facts of the Incident:

• **Who/ Sino** _____

• **What/ Ano** _____

• **When / Kailan** _____

• **Where/ Saan** _____

• **Why/ Bakit** _____

- **How/
Paano** _____

II. Actions Taken:

III. Recommendation:

Prepared by:

Printed Name & Signature

Noted by:

Center Head/ Officer-In-Charge
Haven for Children
Appendix T

KASUNDUAN SA PAGDIDISIPLINA

Pangalan ng Bata/ Mga Bata: _____

_____ **Petsa** _____

Cottage: _____

Behavior/Pag-uugali	Agreement/Kasunduan	Time Frame/ Takdang Araw	Responsableng Tao

Komporme/Bata: _____

Social Worker on Duty: _____ **Houseparent on Duty:** _____

Noted by:

Social Welfare Officer III

Houseparent III

Approved by:

Center Head /Officer-In-Charge