

# MARILLAC HILLS

## MANUAL OF OPERATIONS



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## MESSAGE FROM REGIONAL DIRECTOR



Throughout the years, Marillac Hills has catered the need of the public by providing a rehabilitation center for female children aged, 7-18 years old, who have been victims of sexual abuse or exploitation, child labor or trafficking. It also served as a residential treatment facility for children in conflict with the law, who are in need of social care and special protection.

Indeed, it is with great pride to spearhead the said center in serving its clients as the fulfilment of its mandate towards the public complement the mission of the Department of Social Welfare and Development (DSWD) to the Filipino people.

But it is also important to note that the duty to provide the vulnerable and the disadvantaged sectors a rehabilitation facility equipped with trained professionals to provide social care for clients is made possible through the aid of partner individuals and stakeholders from public and private organizations.

The help and support given by these parties enable the Marillac Hills to improve their services in delivering utmost assistance to its residents and clients. Amid the obstacles that come along the way, the patronage from different sectors and most especially the trust from clients serve as an inspiration for the staff to do their job better.

Truly, a manual of operations for this facility will serve as a helpful guide in providing the public a clear image on the implementing procedures that are being practiced inside the said center.

May this serve as one of other intensified projects for our clients and beneficiaries in the years to come.

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

# CHAPTER I

## INTRODUCTION/RATIONALE

This chapter is an overview of how Marillac Hills – National Training School of Girls was founded. It also discusses the rationale behind the significance of establishing this center, as well as its description and objectives.

### RATIONALE

The Philippines, being one of the developing countries, has an alarming number of cases on violence against children. In the first quarter of 2016 alone, an article from the Inquirer.Net stated that as many as 2,147 cases of child abuse were reported to the Department of Social Welfare and Development (DSWD). Among that number, there were 539 cases of sexual abuse, followed by 233 cases of sexual exploitation and 214 cases of child trafficking. As evidenced by the recent statistics and according to a UNICEF study, one of the most prevalent incidences is sexual violence, with children aged 13 to 17 being the majority of those who are affected. On sexual violence, some of the rampant cases include child sexual abuse, child trafficking, and one of the current trends, child online pornography.

All these crimes can easily happen in homes, institutions, schools, and workplaces, in travel and tourism facilities and within communities. Additionally, the Internet and the new era of technology also contributed to putting children at risk of sexual violence. They mostly get victimized due to the increasing number of child sexual abuse images circulating online and the surge of adult perpetrators pursuing sexual relationships with children on social media. Child victims experiencing these kinds of traumatic events impact not only their mental well being, but also poses a threat on their physical health. This is because several reports stated that because most of the victims have sexual contact, they began to acquire sexually transmitted diseases or infections (STD/STI), such as HIV or AIDS.

Relatively, there is also a rise in the number of children-in-conflict with law in the country. However, they break the law not of their own free will, but rather as a result of restricted opportunities available for their development. Such opportunities become even more restricted once they enter the criminal justice system. Having been charged with a criminal offense, these juveniles have been discriminated by the community, when in fact, they were also victimized. They are often victims of abuse, neglect, negligent and poor parenting, as well as economic difficulties, which is an evidence of how the society failed to ensure protective environment for its children. If juvenile offenders continue to be criminalized while at the same time be denied the “second chance” that they deserve, their “chances” will lead to nothing but recidivism when they become adults.

In order to counter these dangers that the Filipino children experienced, the Philippine government developed ways to protect these child victims. One is by having child protection policies, as well as coordinating with each of its offices and other organizations and groups on how to guard the safety of children and prevent

Re-victimization for those who were already victimized. That is also the time when the government established a center to cater to young women who encountered sexual violence and conflict with the law, in order for them to be provided with equal care and social protection, as well as therapeutic and rehabilitative interventions.

## **DESCRIPTION**

Marillac Hills – National Training School for Girls (NTSG) is a center that provides residential care and rehabilitation to minor girls ages 7 to 17 years old, who are survivors of sexual abuse, human trafficking (i.e. commercial sexual exploitation of children & online sexual exploitation of children), and children in conflict with the law. Their needs shall be assessed and they will be provided with necessary interventions through temporary shelter and protective custody.

While the residents are in the center, they are entitled to different programs and services designed to achieve their rehabilitation plan. These include formal education and practical skills development to equip these young women with general knowledge and basic livelihood skills once they reunite with their families or get reintegrated with the community. They also attend to various programs and activities conducted by some of the center's partner organizations, sponsors and other volunteers. Aside from that, they are provided with a homely atmosphere and are also given different tasks and responsibilities in their dormitories to help them become independent and self-reliant once they go back to the community.

Coincident with these opportunities and training being given to the girls, their respective Social Workers facilitate their reintegration to their families or relatives who are capable of providing all their needs. In cases when a resident cannot be reintegrated to her family- when resident's perpetrator is supported by her family, or when no family members/relatives can be identified to care for her- the center provides other alternative parental care, such as independent living, foster care, adoption and transfer to other institutions that can provide appropriate services based on the needs of the resident.

Their assessment is done through in-depth data gathering and interview with the residents, using social case management tools, such as the Social Functioning Indicator (SFI) and Rehabilitation Indicator (RI). Social workers also coordinate with members of the Intervention Team (IT) - composed of social workers, psychologists, teachers, productivity instructors, house parents and the medical team - with regards to each of their intervention plans for the resident. The resident's physical, social, emotional, psychological, medical and rehabilitation services are provided depending on the recommendations made by the intervention team.

## **OBJECTIVES**

To provide services for the care, training and rehabilitation of girls and young women in difficult circumstances to enable them to become socially and economically productive citizens;

To help the girls and young women cope with the trauma and develop positive attitudes;

To stimulate the resident's potentials, interests and capacities for economic self sufficiency;

To develop residents to become self-motivated and responsible individuals through various behavioral and therapeutic activities;

To update techniques and treatment modalities, establish procedures, standards and requirements that can be adopted by other institutions.

## **CHAPTER II**

### **DESCRIPTION OF OFFICE**

This chapter discusses the history in the beginning of the center, as well as its vision, mission and goals in its operation. It also discusses the different laws and philosophies that are used as bases in developing and implementing programs and services for minor girls who experienced sexual abuse, sexual exploitation/trafficking, and those who are in conflict with the law.

#### **HISTORY**

Marillac Hills – National Training School for Girls was formerly known as the City Girls Reformatory of Manila, located in Makati. On December 3, 1942, the center was placed under the Public Welfare Commission in accordance to Articles 356 and 259 of the Commonwealth Act No. 3203, which mentioned that, “it is the right of every child to live in an atmosphere conducive to his physical, moral and intellectual development.” In 1926, the institution was transferred to Welfareville, Mandaluyong, Rizal, where it stayed for 42 years. However, due to the decentralization program of the Department of Social Welfare and Development (DSWD), the center was transferred in Alabang, Muntinlupa City on November 13, 1968 through the effort and kind patronage of the former First Lady, Mrs. Imelda Romualdez Marcos. In line with the rationalization program of DSWD, all institutions in Metro Manila, including Marillac Hills, was transferred to Region IV on October 1, 1977, and eventually transferred to the National Capital Region on October 1, 1978. Almost a couple of months later, on November 16, 1978, adult women from Asuncion Perez Center merged with the institution for better management of the programs and services.

Marillac Hills was formerly situated at the area of Alabang Stock Farm, now Westgate, Filinvest Corporate City, Alabang. It was a five-hectare site with six residential cottages, one school building under the Jose Fabella Memorial School, One building each for the Sewing, Baking and Cosmetology classes, Director’s cottage (used as storeroom), Sickbay, Administration building, and one cottage for the Isolation (for those with measles, chickenpox and storeroom of livelihood projects). The residential cottages previously accommodated 12-25 girls. The school building was divided into a conference room and three classrooms, which were used every Saturday for the holding of the Holy Mass for the residents.

On August 14, 1995, the center transferred to another location, which is now its present site, at Northgate Cyberzone, Filinvest Corporate City, Alabang. It consisted of six residential cottages, storerooms, an Administration building, a Sickbay, one building for the classrooms, and a building for the Productivity Service that houses the Bakery, Sewing, Handicraft and Display rooms. In 1997, two (2) two-storey buildings were constructed from the funds donated by the Congressional Spouses Foundation (under the leadership of Mrs. Gina P. De Venecia), due to the influx of admission of abused cases. The next succeeding years from 2003 saw the need to construct three more buildings, each three storey high, where the previous cottages were situated. These three buildings, now called dormitories, currently house victims of Sexual Abuse, Sexual Exploitation, and Children in Conflict with the Law.

Each of the two-storey building now contains the Productivity Service and young victims of Sexual Abuse and pregnant residents, while a new one-storey cottage was opened in January 2012 and was used as admission cottage for Trafficking victims.

## **LEGAL BASES**

### **A. INTERNATIONAL INSTRUMENTS**

#### **A.1. United Nation Convention on the Rights of the Child**

- A human rights treaty, which sets out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen, unless the age of majority is attained earlier under national legislation.

#### **A.2. Palermo Protocol**

- These are three protocols that were adopted by the United Nations to supplement the 2000 Convention against Transnational Organized Crime (The Palermo Convention). The following are:

##### **A.2.1.**

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (also referred to as the Trafficking Protocol or UN TIP Protocol) – This protocol covers the definition of the crime of trafficking in human beings, which states that to be considered trafficking in persons, a situation must meet three conditions: act (i.e., recruitment), means (i.e., through the use of force or deception) and purpose (i.e., for the purpose of forced labor). It also covers the following:

Facilitating the return and acceptance of children who have been victims of cross-border trafficking, with due regard to their safety

Prohibiting the trafficking of children (which is defined as being a person under 18 years of age) for purposes of commercial sexual exploitation of children (CSEC), exploitative labour practices, or the removal of body parts

Suspending parental rights of parents, caregivers, or any other persons who have parental rights in respect of a child should they be found to have trafficked a child

Ensuring that definitions of trafficking reflect the need for special safeguards and care for children, including appropriate legal protection Ensuring that trafficked persons are not punished for any offences or activities related to their having been trafficked, such as prostitution and immigration violations

Ensuring that victims of trafficking are protected from deportation or return where there are reasonable grounds to suspect that such return would represent a significant security risk to the trafficked person or their family



Considering temporary or permanent residence in countries of transit or destination for trafficking victims in exchange for testimony against alleged traffickers, or on humanitarian and compassionate grounds.

Providing for proportional criminal penalties to be applied to persons found guilty of trafficking in aggravating circumstances, including offences involving trafficking in children or offences committed or involving complicity by state officials

Providing for the confiscation of the instruments and proceeds of trafficking and related offenses to be used for the benefit of trafficked persons

A.2.2. Protocol against the Smuggling of Migrants by Land, Sea and Air – This protocol is aimed at the protection of rights of migrants and the reduction of the power and influence of organized criminal groups that abuse migrants. It emphasizes the need to provide migrants with humane treatment, and the need for comprehensive international approaches to combating people smuggling, including socio-economic measures that address the root causes of migration.

A.2.3. Protocol against the Illicit Manufacturing and Trafficking in Firearms, their Parts and Components and Ammunition – This protocol is a treaty on anti-arms trafficking including Small Arms and Light Weapons that is supplemental to the Convention against Transnational Organized Crime.

### A.3. Beijing Rules of 1985

- This is commonly referred to as the United Nations Standard Minimum Rules for the Administration of Juvenile Justice, which is a resolution of the United Nations General Assembly of 29th November 1985 regarding the treatment of juvenile prisoners and offenders in member nations. It states that:

1.1 Member States shall seek, in conformity with their respective general interests, to further the well-being of the juvenile and her or his family.

1.2 Member States shall endeavour to develop conditions that will ensure for the juvenile a meaningful life in the community, which, during that period in life when she or he is most susceptible to deviant behaviour, will foster a process of personal development and education that is as free from crime and delinquency as possible.

1.3 Sufficient attention shall be given to positive measures that involve the full mobilization of all possible resources, including the family, volunteers and other community groups, as well as schools and other community institutions, for the purpose of promoting the well-being of the juvenile, with a view to reducing the need for intervention under the law, and of effectively, fairly and humanely dealing with the juvenile in conflict with the law.

1.4 Juvenile justice shall be conceived as an integral part of the national development process of each country, within a comprehensive framework of social justice for all juveniles, thus, at the same time, contributing to the protection of the young and the maintenance of a peaceful order in society.

1.5 These Rules shall be implemented in the context of economic, social and cultural conditions prevailing in each Member State.

1.6 Juvenile justice services shall be systematically developed and coordinated with a view to improving and sustaining the competence of personnel involved in the services, including their methods, approaches and attitudes.

## B. NATIONAL LAWS

B.1. Presidential Decree No. 603 or the Child and Youth Welfare Code, which states that the child is one of the most important assets of the nation. Every effort should be exerted to promote his welfare and enhance his opportunities for a useful and happy life. It also states that all children shall be entitled to the rights herein set forth without distinction as to legitimacy or illegitimacy, sex, social status, religion, political antecedents, and other factors.

B.2. Republic Act No. 7610 or the Special Protection of Children Against Abuse, Exploitation and Discrimination Act states that it is hereby declared to be the policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty exploitation and discrimination and other conditions, prejudicial their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination. The State shall intervene on behalf of the child when the parent, guardian, teacher or person having care or custody of the child fails or is unable to protect the child against abuse, exploitation and discrimination or when such acts against the child are committed by the said parent, guardian, teacher or person having care and custody of the same.

B.3. Republic Act No. 9775 or An Act Defining the Crime of Child Pornography, Prescribing Penalties Therefor And For Other Purposes states that the State recognizes the vital role of the youth in nation building and shall promote and protect their physical, moral, spiritual, intellectual, emotional, psychological and social well-being. Towards this end, the State shall:

(a) Guarantee the fundamental rights of every child from all forms of neglect, cruelty and other conditions prejudicial to his/her development,

(b) Protect every child from all forms of exploitation and abuse, including,

but not limited to:

(1) The use of a child in pornographic performances and materials;

and

(2) The inducement or coercion of a child to engage or be involved in pornography through whatever means; and

(c) Comply with international treaties to which the Philippines is a signatory or a State party concerning the rights of children which include, but not limited to, the Convention on the Rights of the Child, the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, the International Labor Organization (ILO) Convention No. 182 on the

Elimination of the Worst Forms of Child Labor and the Convention Against Transnational Organized Crime.

B.4. Republic Act No. 10364 or an Act Expanding Republic Act No. 9028, entitled, “An Act to Institute Policies to Eliminate Trafficking in Persons Especially Women and Children, Establishing the Necessary Institutional Mechanisms for the Protection and Support of Trafficked Persons, providing Penalties for its Violations and for other Purposes”, states that the State values the dignity of every human person and guarantees the respect of individual rights. In pursuit of this policy, the State shall give highest priority to the enactment of measures and development of programs that will promote human dignity, protect the people from any threat of violence and exploitation, eliminate trafficking in persons, and mitigate pressures for involuntary migration and servitude of persons, not only to support trafficked persons but more importantly, to ensure their recovery, rehabilitation and reintegration into the mainstream of society.

B.5. Republic Act No. 10175 or an Act Defining Cybercrime, providing for the Prevention, Investigation, Suppression and the Imposition of Penalties therefore and for Other Purposes, states that the State recognizes the vital role of information and communications industries such as content production, telecommunications, broadcasting electronic commerce, and data processing, in the nation’s overall social and economic development. The State also recognizes the importance of providing an environment conducive to the development, acceleration, and rational application and exploitation of information and communications technology (ICT) to attain free, easy, and intelligible access to exchange and/or delivery of information; and the need to protect and safeguard the integrity of computer, computer and communications systems, networks, and databases, and the confidentiality, integrity, and availability of information and data stored therein, from all forms of misuse, abuse, and illegal access by making punishable under the law such conduct or conducts. In this light, the State shall adopt sufficient powers to effectively prevent and combat such offenses by facilitating their detection, investigation, and prosecution at both the domestic and international levels, and by providing arrangements for fast and reliable international cooperation.

B.6. Republic Act No. 9344 or An Act Establishing A Comprehensive Juvenile Justice and Welfare System, Creating the Juvenile Justice and Welfare Council under the Department of Justice, appropriating Funds Therefore and for Other Purposes, states that:

(a) The State recognizes the vital role of children and youth in nation building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.

(b) The State shall protect the best interests of the child through measures that will ensure the observance of international standards of child protection, especially those to which the Philippines is a party. Proceedings before any authority shall be conducted in the best interest of the child and in a manner which allows the child to participate and to express himself/herself freely. The participation of children in the

program and policy formulation and implementation related to juvenile justice and welfare shall be ensured by the concerned government agency.

(c) The State likewise recognizes the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty and exploitation, and other conditions prejudicial to their development.

(d) Pursuant to Article 40 of the United Nations Convention on the Rights of the Child, the State recognizes the right of every child alleged as, accused of, adjudged, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, taking into account the child's age and desirability of promoting his/her reintegration. Whenever appropriate and desirable, the State shall adopt measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected. It shall ensure that children are dealt with in a manner appropriate to their well-being by providing for, among others, a variety of disposition measures such as care, guidance and supervision orders, counseling, probation, foster care, education and vocational training programs and other alternatives to institutional care.

(e) The administration of the juvenile justice and welfare system shall take into consideration the cultural and religious perspectives of the Filipino people, particularly the indigenous peoples and the Muslims, consistent with the protection of the rights of children belonging to these communities.

(f) The State shall apply the principles of restorative justice in all its laws, policies and programs applicable to children in conflict with the law.

B.7. Republic Act No. 9165 or An Act Instituting the Comprehensive Dangerous Drugs Act of 2002, Repealing Republic Act No. 6425, otherwise known as The Dangerous Drugs Act of 1972, as amended, providing Funds thereof, and for Other Purposes, states that it is the policy of the State to safeguard the integrity of its territory and the well-being of its citizenry particularly the youth, from the harmful effects of dangerous drugs on their physical and mental well-being, and to defend the same against acts or omissions detrimental to their development and preservation. In view of the foregoing, the State needs to enhance further the efficacy of the law against dangerous drugs, it being one of today's more serious social ills. Toward this end, the government shall pursue an intensive and unrelenting campaign against the trafficking and use of dangerous drugs and other similar substances through an integrated system of planning, implementation and enforcement of anti-drug abuse policies, programs, and projects. The government shall however aim to achieve a balance in the national drug control program so that people with legitimate medical needs are not prevented from being treated with adequate amounts of appropriate medications, which include the use of dangerous drugs. It is further declared the policy of the State to provide effective mechanisms or measures to re-integrate into society individuals who have fallen victims to drug abuse or dangerous drug dependence through sustainable programs of treatment and rehabilitation.

B.8. Republic Act No. 7610 entitled, "An act Providing for Strong Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination", states that the State shall intervene on behalf of the child when the parents, guardian, or person

having custody of the child is unable to protect the child against abuse, exploitation and discrimination or when parent, guardian, teacher or person having care and custody of the same. It is the policy of the state to protect and rehabilitate children gravely threatened or endangered by circumstance which affect or will affect their survival and normal development and over which they have no control. Every effort shall be exerted to promote the welfare of children to enhance their opportunities for a useful and a happy life. The offended party shall immediately be placed under the custody of the Department of Social Welfare and Development pursuant to Executive Order 56, Series of 1986. In the regular performance of this function, the officer of the Department of Social Welfare and Development shall be free from any administrative, civil or criminal liability. Custody proceedings shall be in accordance with provisions of Presidential Decree No. 603 or the “The Child and Youth Welfare Code”.

B.9. Republic Act No. 9344 or the Juvenile Justice Welfare Act of 2006 has declared the policy framework of the state involving CICL and children – at – risk. The Declaration of State Policy, Section 2, cites the following policies to be observed at all times:

- (a) Recognize the vital role of children and youth in nation building and shall promote and protect their physical, moral, spiritual, intellectual and social well being;
- (b) Protect the best interest of the child through measures that will ensure the observance on international standards of child protection especially those to which the Philippines is a party;
- (c) Promote the best interest in a manner, which allows the child to participate and to express himself/ herself freely;
- (d) Participation in program and policy formulation and implementation related to juvenile justice and welfare shall be ensured by the concerned government agency;
- (e) Recognize the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty and exploitation, and other conditions prejudicial to their development.

B.10. Pursuant to Article 40 of the UN Convention on the Rights of the Child, recognize the right of every child alleged as, accused of, adjudged, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of child’s sense of dignity of worth, taking into account the child’s age and desirability of promoting his reintegration.

I. Whenever appropriate and desirable, adopt measures for dealing with such children without resorting to judicial proceedings, providing the human rights and legal safeguards are fully respected;

II. Ensure that children are dealt in a manner appropriate to their well-being by providing for, among others, a variety of disposition, measures such as care, guidance and supervision orders, counselling, probation, foster care, education and vocational training programs and other alternatives to institutional care;

III. The administration of the juvenile and welfare system shall take into consideration, the cultural and religious perspectives of the Pilipino people, particularly the indigenous peoples and the Muslims consistent with the protection of the rights of the children belonging to these communities.

B.11. Republic Act No. 10364 or the “Expanded Anti-Trafficking in Persons Act of 2012”, which is An Act Expanding Republic Act No. 9208, states that in pursuit of this policy, the State shall give highest priority to the enactment of measures and development of programs that will promote human dignity, protect the people from any threat of violence and exploitation, eliminate trafficking in persons, and mitigate pressures for involuntary migration and servitude of persons, not only to support trafficked persons but more importantly, to ensure their recovery, rehabilitation, reintegration into mainstream of society.

It shall be a State Policy to recognize the equal rights and inherent human dignity of women and men as enshrined in the United Nation Universal Declaration of Human Rights, United Nations Convention against Transnational Organized Crime including its protocol to prevent, Suppress and Punish Trafficking in Persons, especially Women and Children and all other relevant and universally accepted human rights instruments and other international conventions to which the Philippines is a signatory.

B.12. Republic Act No. 9523, which is An Act Requiring the Certification of the Department of Social Welfare and Development (DSWD) to Declare a “Child Legally Available for Adoption” as a Prerequisite for Adoption Proceedings, Amending for this Purpose Certain Provisions of Republic Act No. 8552, otherwise known as the Domestic Adoption Act of 1998, Republic Act No. 8043, otherwise known as the Inter-Country Adoption Act of 1995, Presidential Decree No. 603, otherwise known as the Child and Youth Welfare Code, and for other purposes. The Section 1, Declaration of Policy states that it is hereby declared the policy of the State that alternative protection and assistance shall be afforded to every child who is abandoned, surrendered, or neglected. In this regard, the State shall extend such assistance in the most expeditious manner in the interest of full emotional and social development of the abandoned, surrendered, or neglected child.

It is hereby recognized that administrative processes under the jurisdiction of the Department of Social Welfare and Development for the declaration of a child legally available for adoption of abandoned, surrendered, or neglected children are the most expeditious proceedings for the best interest and welfare of the child.

B.13. Republic Act No. 10165 or the “Foster Care Act of 2012”, which is an Act to Strengthen and Propagate Foster Care and to Provide Funds Therefor, states that 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 or other conditions prejudicial to their development.

It is hereby declared the policy of the State to provide every child who is neglected, abused, surrendered, dependent, abandoned, under sociocultural difficulties, or with special needs with an alternative family that will provide love and care as well as opportunities for growth and development.

The State shall guarantee that all the rights of the child enumerated under Article 3 of Presidential Decree No. 603, otherwise known as “The Child and Youth Welfare Code”, as amended, and the rights found under Article 20 of the United Nations Convention on the Rights of the Child shall be observed.

The State recognizes that in most cases, a child will benefit more from foster care than institutional care. Towards this end, the State shall systematize and enhance the foster care program in the country. It shall ensure that the foster family shall provide a wholesome atmosphere to the foster child. Further to this end, the State recognizes that foster care is an important step towards the child’s return and reintegration to his biological parents or placement with an adoptive family.

The State shall also protect the rights of the biological child of the foster family and ensure that in no case shall the child be disadvantaged as a result of the placement of a foster child.

In all cases, the child’s right to health shall be upheld and protected.

### C. INTERNAL POLICIES

C.1. Administrative Order No. 7, Series of 2015 – DSWD Child Protection Policy in the Workplace. It is the policy of the State to protect children from abandonment and all forms of neglect, abuse, and exploitation. This is in adherence to the United Nations- Child Rights Convention.

C.2. Administrative Order No. 17, Series of 2010 – Enhanced Guidelines in Monitoring Social Welfare and Development Agencies (SWDAs) and Service Providers. In line with the Social Reform Agenda, the monitoring of Social Welfare and Development Agencies (SWDAs) is a major focus of attention of the Department of Social Welfare and Development (DSWD), nationwide. The DSWD, through the Standards Bureau (SB) by virtue of Memorandum Circular No. 3 series of 2004, installed a comprehensive monitoring system with accompanying monitoring tools cognizant to the types of SWDAs’ and Social Welfare and Development (SWD) programs and services.

C.3. Administrative Order No. 17, Series of 2008 - Rules and Regulations on Registration and Licensing of Social Welfare and Development Agencies and Accreditation of Social Welfare and Development Programs and Services. It is a set of guidelines that aims to regulate the practice of Social Welfare and Development agencies, both public and private in the country that engage in social welfare and development activities through registration, licensing and accreditation

## **PHILOSOPHICAL BASES**

Marillac Hills caters girls and young women, seven (7) to seventeen (17) years old, who are victims of Sexual Abuse (SA), Human Trafficking (Commercial Sexual Exploitation of Children and Online Sexual Exploitation of Children) and Children in Conflict with the Law (CICL).

Theoretically, this range of age belongs to Latency (6 to 11) and Adolescents (11 to 20) who are in the degree of competence and fidelity. Latency period is the stage when a child is developing productivity and competence in physical, intellectual, and social skills. According to one study, this is also the stage when the child is developing “conscience”. School is the most significant in this stage so every child shall be sent to school as early as six (6) years old to develop her industry so that in the succeeding stages of life, she will become a well-integrated and law abiding citizen. In like manner, adolescence is the stage when a child is developing mature thoughts. She can perform her roles in the society well with a good relationship with peers. Peers are the significant relations at this stage only if those peers are good influence. According to the study, this is the most crucial stage where a child can develop commitments in life and create her life with positive self-image. (Eric Ericson Stages of Development)

Children shall always have the most important relations in life especially the parents. Family is very essential to child’s development and healthy upbringing. The lack of parental guidance affects the development of attitude and behavior of the child.

The main findings in every child’s case in the center are either bad influence of peers or negligence of the family. Some of them have not sent to school and chose to engage themselves to prostitutions and they are pimped due to lack of social awareness. Some are also involved in different crimes because of the said factors in the environment (Genetic and Environmental Influences on Criminal Behavior. (2005). Retrieved from <http://www.personalityresearch.org/papers/jones.html>).

Marillac Hills responds to those cases through the existing programs and services of the center. These programs and services are in line with the mission, vision and objectives, specifically to empower the residents through social care, training and proper intervention. In a larger picture, empowered children are likely to develop a positive attitude and become self-motivated without the plan of going back to the life they have been.

## **VISION**

To empower girls and young women in especially difficult circumstances, children in conflict with the law who have overcome the trauma of abuse and maltreatment to become self-reliant and to become contributing members of society.



## **MISSION**

To provide therapeutic and rehabilitative services to girl children in conflict with the law and to ensure the early recovery and reintegration of sexually abused and exploited girls in the community.

## **GOAL**

Marillac Hills – National Training School for Girls aims to serve as a social laboratory for intervention, research and social welfare and development services for children in need of special protection.

### **M – Molding Children to become Self-Reliant**

Marillac Hills provides training to children for enhancement of their skills and help them achieve independence in the future.

### **A – Agent of Change**

With the rapid change happening in our society, Marillac Hills adheres and embraces these developments to improve the quality of services to its residents.

### **R – Respect for Human Dignity**

Marillac Hills respects the inherent worth and uniqueness of each person may it be staff, residents, volunteers and donors, considering their beliefs, status or religious affiliation.

### **I – Integrity**

Marillac Hills practices competency in actions, truthfulness and honesty in any situations, may it be with staff, residents and their families and our partners.

### **L – Liberal**

Marillac Hills can adapt to change, may it be with policies or management for the best interest and welfare of its residents.

### **L – Loyalty**

Marillac Hills uses the difficult times to demonstrate its commitment to those serve the residents.

### **A – Aims for Service of Excellence**

Marillac Hills is committed to quality care and service to its residents using the available resources inside and outside the institution to facilitate the residents' rehabilitation and healing.

## **C – Competence**

Marillac Hills has the knowledge, skills and attitude that contribute to the delivery of quality service in meeting high standards.

## **CHAPTER III**

### **CLIENTELE/BENEFICIARIES**

Marillac Hills caters minor girls, 7 to 17 years old who are victims of sexual abuse, human trafficking (commercial sexual exploitation of children and online sexual exploitation of children), as well as girls who are children in conflict with the law.

#### **1. Sexual Abuse**

Based on the Republic Act No. 7610, or “An Act Providing for Stronger Deterrence and Special Protection against Child Abuse, Exploitation and Discrimination, and for Other Purposes”, Child Sexual Abuse includes the employment, persuasion, inducement, enticement or coercion of a child to engage in, or assist another person to engage in, sexual intercourse or lascivious conduct, or the molestation, prostitution of or incest with children.

#### **2. Commercial Sexual Exploitation of Children (CSEC) and Online Sexual Exploitation of Children (OSEC)**

The Republic Act No. 9208, or “An Act to Institute Policies to Eliminate Trafficking in Persons Especially Women and Children, Establishing the Necessary Institutional Mechanisms for the Protection and Support of Trafficked Persons, providing Penalties for its Violations, and for Other”, states that Sexual Exploitation refers to participation by a person in prostitution or the production of pornographic materials as a result of being subjected to a threat, deception, coercion, abduction, force, abuse of authority, debt bondage, fraud or through abuse of a victims’ vulnerability. Online Sexual Exploitation, on the other hand, uses Pornography, which refers to any representation, through publication, exhibition, cinematography, indecent shows, information technology, or by whatever means, of a person engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a person for primarily sexual purposes .

#### **3. Children in Conflict with the Law**

In the Republic Act No. 9344, or “An Act Establishing a Comprehensive Juvenile Justice and Welfare System, Creating the Juvenile Justice and Welfare Council under the Department of Justice, Appropriating Funds Therefor and for Other Purposes”, Child/Children in Conflict with the Law refers to a child who is alleged as, accused of, or adjudged as, having committed an offense under Philippine laws.

## **CHAPTER IV**

### **PHYSICAL STRUCTURES AND FACILITIES**

#### **LOCATION**

Marillac Hills is located at Northgate Avenue, Filinvest Corporate City, Alabang, Muntinlupa City with lot area of 2.5 hectares. It is accessible to community facilities such as schools, places of worship and hospital/ clinics and far from conflict areas and other structures that may pose hazards to its residents and staff. Programs and services of the center operate 24/7.

#### **ACCOMMODATION**

Marillac Hills is a residential care facility that can accommodate residents with a maximum range of 215-250 bed capacity such number of minor girls and young women.

#### **GENERAL DESIGN AND CONSTRUCTION**

The building design and construction must be sturdy to minimize injuries, prevent opportunities for residents to leave without permission and allow auditory supervision at all times. The interior areas must be large enough and have a homelife atmosphere. A single floor structure is preferred and must provide for central area that will have visibility of all general areas. In dormitory type facilities, it is necessary to build a strong and tall perimeter fence for the privacy and protection of the residents. The structure should be a fire resistant and earthquake proof. Moreover, emergency measures should be installed to deal with emergencies and other life threatening situations. The following should be included:

- a. Evacuation/exit plan, warning system and clearly marked emergency exits and escape route known to all residents and staff;
- b. Safety measures that ensure periodic conduct of fire and earthquake evacuation drills and orientation on safety precaution, survival techniques and know-how when emergency and disaster occur;
- c. Firefighting gadgets should be made available (e.g. functional fire extinguisher or its functional equivalent like sand and water, etc.);
- d. Inflammable materials are kept in a safe place;
- e. First aid kits should be available and strategically located;
- f. Installation of Closed-Circuit Television (CCTV) camera preferably in perimeter corners, pathways, admin building, storage rooms, covered court and medical;

g. Updated annual clearance certificate from proper authorities in compliance with basic building and fire safety requirements;

h. Installation of alarm system per dormitory/building for immediate information and response by the staff on duty and guard if any untoward incident happens.

Likewise, the health and sanitation facilities shall be in consonance with standards of local health office. The waste management system should be in accordance with regulatory standards on health safety and environmental conservation and protection and shall consider the following:

a. Segregation of biodegradable from non-biodegradable waste;

b. Waste recycling; if possible

c. Solid waste disposal system that is supportive of the Clean Air Act and acceptable practices in environmental sanitation.

d. Drainage and sewerage system.

e. Planting of fruit bearing trees, ornamentals plants, etc.

There should be a steady supply of electricity and potable water for the daily needs of staffs and residents. Examination by proper authorities should be conducted at least once a year. In case of power/supply interruption, emergency lights should always be ready for use.

The structure should be properly inspected by a licensed architect or civil engineer and an expert plumber who shall determine the record needed repairs and projected the life span of the building, including existing equipment. All necessary repairs work and/or remodeling should be completed before the structure is occupied. Amenities for food preparation and laundry should be in place and usable. Further, worthiness of the structure, the structure should also meet the standard for a facility that will provide residential care service for minor girls based on DSWD AO No. 141 Series of 2002 (Standards in the Implementation of Residential Career Service).

The physical structure of the home/center should include appropriate accessibility features where facilities, rooms and spaces are barrier free and properly labeled with appropriate signage for access to residents, staff or visitor with disability.

Dormitories measuring approximately 400 sq. meters shall have a capacity of seventy (50). However, there may be a smaller dormitories which can accommodates a smaller number of residents. Each dormitory shall have a designated room for each function, with amenities that may vary depending on the purpose, such as dining room and bedrooms.

The following arrangement of facilities is recommended for the purpose of promoting the physical, emotional and psycho-social well-being of the residents and staff of the home/center:

a. Reception and Administrative Area – the reception and administrative area includes visitors area “Kubo” and administrative receiving area used for admission, interviewing the minor girls, receiving family members and other visitors. This is also used for administrative purposes. This area must have the following design and facilities.

1. Reception Area “Kubo” – the reception area must be spacious enough to accommodate family members and other visitors. It must have a public comfort rooms and must be directly accessible to the admitting area and visiting rooms. A barrier or wall should be constructed to clearly separate the reception area from the other sections of the center for the purpose of protecting the privacy of its residents.

2. Admitting or Reception Dormitory Area – this should be where newly admitted minor girls are observed by house parents after the intake interview. It must have a bathroom facility and closets for new clothing of new residents’ and lines for new admissions and secured lockers for the personal belongings.

3. Center Head Office – should be in or near the reception area and the administrative section.

4. Social Service Office – should be close to the general living room, the reception area and the counseling room. It is preferred that a waiting room within the area should be made available while for a minors girl to see a social worker needs a place to wait and calm down privately. The room must be well ventilated, with proper illumination and comfortable furniture couches are preferred.

5. Administrative Section – should be near the Center Head’s Office and should be large enough to accommodate a clerk’s workstation including tables for volunteer workers.

6. Counselling Room – should be near at the social service for the interview of the assigned social workers and other significant counsellors / therapists.

b. Psychological Service – should be near the social workers office and large enough to accommodate a group of residents needing therapy.

c. Conference Room – should be near the Center Head’s Office up to 100 staff. Tables, chairs and black/white boards should be readily available.

d. Dormitory building– are dormitory type rooms with a homelike atmosphere. Three-storey buildings can accommodate up to 50 minor girls. Dormitory are also classified according to the needs and categories of the residents. Each dormitory should be large enough for single bed and individual lockers. Furniture and fixtures

should be attractive and durable without ledges. Fixtures should be accurately fastened to the floor or wall, study tamper proof and able to withstand unreasonable abuse. Tables may be movable/durable and handy.

Beds should be steel double deck made of sturdy materials and preferably one meter apart from other bed and windows/wall. The use of hung bunks should not be used and avoid jail – like appearance of bedrooms.

Comfort rooms in the dormitories should be maintained clean and dry at all times. Mats, hand rails and other safety features shall be installed. The following are its features and maximum bed capacity:

NAME OF DORMITORIES	NORMAL BED CAPACITY	AMENITIES	FEATURES OF DORMITORIES/DESCRIPTION
DORM I MASUNURIN	30	-4 CRs w/ (bathing area, washing area, 4 bowls & 4 Faucets) -3 sink w/ 3 faucet -Staff Room -Dining area -Nursery Room	<b>-DORM I (MASUNURIN) is housed for Sexually Abused and pregnant girls.</b> A two-storey building with complete amenities

DORM II MATATAG	50	-1 CR w/ (bathing area, washing area, 8 bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff room -Dining area -Living room -Activity room	<b>DORM II (MATATAG) is housed for Sexually Abused.</b> A three-storey building with complete amenities.
DORM III MAPAGMAHAL	50	-1 CR w/ (bathing area, washing area, 8 bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff room -Dining area -Living room -Activity room	<b>DORM III (MAPAGMAHAL) is housed for Trafficking in Person.</b> Three storey building and it also has a dining area staff room, living area, activity room, etc.
DORM IV MAPAGMAHAL	50	-1 CR w/ (bathing area, washing area, 8 bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff room -Dining area -Living room -Activity room	<b>DORM IV (MASIGASIG) is housed for Children in Conflict with the Law.</b> Three storey building and it also has a dining area staff room, living area, and activity room.
DORM V MAHINAHON	20	-3 CR w/ (bathing area, washing area, 4 bowls & 5 Faucet) -2 sink w/ 2 faucet -Staff room w/built in cabinet -Dining area -Living room	<b>DORM V (MAHINAHON) is housed for new admission residents.</b> A bungalow type building with complete amenities like dining area, staff room with built in cabinet, and living area.



DORM VI MASAYAHIN	20	--2 CR w/ (bathing area, washing area, 2 bowls & 2 Faucet) -2 Sink w/faucet -Staff area -Dining Area -Washing Area	<b>DORM VI (MASAYAHIN) is housed for Online Sexual Exploitation of Children.</b> A bungalow type building with complete amenities.
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e. Dietary Service – which may include the kitchen, should be spacious enough for free interaction and mobility of the residents and staff. Plants and other decorations should adorn the room to resemble a home. If possible, round tables should be used covered with clean and attractive tablecloths. With 2 CR /bathing area, washing area, dining area and staff room. It has separate area for dirty kitchen and marketing of raw foods like meat and fish.

f. Sick Bay/Medical Service – shall be provided for residents who need to be isolated due to infectious illnesses. There should be comfortable beds with clean/sanitized linens. This room should be well illuminated and ventilated.

Medical Examination Room – this should be accessible to the reception area and living rooms. The clinic should contain a sink, comfort room, doctor and nurse's room and an examination area large enough to accommodate medical facilities, equipment and storage for medicines.

g. Productivity Service – this service provides exposure to projects such as skills training and other self-development sessions. Every training rooms should have an appropriate equipment, tools, materials and furniture such as chairs, tables, whiteboard and cabinets for the safekeeping of training materials should be provided.

h. Storage Room – this is where food, supplies and other materials are stored. This should be kept clean and sanitized. There should be a separate storage room for food and non-food supplies.

i. Covered Court – this is where center's events and outreach programs are held. This area should be provided for recreation purposes. Recreational supplies and materials should be appropriate to the residents. There shall be adequate space for different activities, open space for outdoor activities, garden space and for reflection.

## **CHAPTER V**

### **GENERAL POLICIES**

#### **ADMISSION POLICIES**

The center shall admit girl children who are survivors of Sexual Abuse, Human Trafficking (Commercial Sexual Exploitation of Children/Online Sexual Exploitation of Children) and female CICL.

The referring party shall submit the following requirements:

- a. Referral Letter
- b. Updated Case Study
- c. Medico-genital examination result
- d. Sworn Statement
- e. Information (Copy of the Information filed with the inquest prosecutor or for preliminary investigation)
- f. Psychological evaluation
- g. School Records
- h. Birth Certificate / baptismal certificate
- i. Court order (for CICL)

Pre-admission conference:

- a. With agreements emphasizing Time Bound Case Management (TBCM)
- b. This is done to discuss the case and the role of the center, the referring party and/or LGU C/MSWDOs.

Upon admission:

- a. Residents shall be subject to: frisking, checking and inventory of belongings. b. Picture-taking for documentation
- c. The following items/belongings shall be endorsed to the Social Service:
  1. Electronic Gadgets (i.e. cameras, cellphones)
  2. All cosmetics (false eye-lashes, contact lens)
  3. Alcohol/ Perfume/ Cologne/ Lotion
  4. Sharp and blunt objects
  5. Black t-shirts/ daring clothes
  6. Cigarettes and lighters/ matches
  7. Feminine and mouth wash
  8. Medicines/ Vitamins
  9. Money/ Jewelries/ Valuables

10. Wallet/ Photos/ Bag (shoulder/ pouch)/ Calling Cards and IDs d. Residents shall be given orientation on the policies of the center.

e. Residents shall be referred to Homelife Service for provision of clothing, toiletries, food and bed.

f. Residents shall be referred to Medical Service for physical and dental examination.

g. Intake interview of assigned Social Worker

h. Contact nearest family member/s within 24 hours for possible reintegration with the family

### **OUT-ON-PASS**

Out-on-pass shall be provided to the resident who needs to attend to an ailing family member or a special occasion, a wake or burial of immediate family and attendance to legal briefings and court hearings and special invitations outside the center. The social worker must fill up an out-on-pass form to be signed by the resident, houseparent and senior staff and approved by the Center Head. No resident is allowed to leave the center without an approved out-on pass.

### **ATTENDANCE TO COURT HEARINGS**

The center shall guarantee attendance of the resident during the court hearing, as stipulated in the court order. Thus, the following must be observed:

a. The resident must be socially prepared prior to the court appearance and that logistical needs should be provided by the referring party, NGO and/or the center.

b. The number of escorts during the actual court hearing shall depend on the assessment of the handling Social Worker, with recommendations from the Intervention Team.

c. The center social workers shall testify only if summoned by the court.

d. The Local Government Unit (LGU) social workers shall be encouraged to escort the child in court hearings especially on CICL cases.

e. There should be no travel without the approved Travel Request and Out-on-Pass for the resident by the Head Social Worker, if within NCR. For outside NCR, the Regional Travel Order and Regional Special Order/Regional Administrative Order must be secured, and approved by the Regional Director.

### **LEAVE WITHOUT PERMISSION (LWP)**

a. All possible efforts to search shall be exhausted by the Security Service and Staff on Duty inside the center. In cases wherein a resident committed LWP outside the center, the escort shall immediately report to the center and facilitate blotter to the nearest jurisdiction where the incident took place.

- b. The Officer-on-Duty (OD) and Executive-on-Duty (EOD) after receiving the report from the houseparent and the guard or from what service the resident was in when she made LWP shall report the incident immediately to the Barangay and/or PNP Station that has jurisdiction over the center.
- c. The Social Service must submit an incident report duly signed by the Head Social Worker to the Regional Director within 24 hours of the incident, taken from the gathered reports from other staff, such as Houseparents and Security Guards.
- d. The handling Social Worker shall conduct an immediate home visit to inform the parents/relatives/guardians of the incident, or verify whether the resident is in their custody.
- e. In cases where the resident is a CICL, the handling social worker shall report the incident to the committing court within 72 hours.

## **VISITATION**

- a. The visiting hours must be between 9:00 a.m. - 4:00 p.m. every Wednesday and Friday for newly admitted residents considered as supervised visit, with an allowable duration of 2 hours. On the other hand, visiting days for old residents are either Saturdays or Sundays, with the same duration.
- b. For visitors coming from other regions, a maximum of 4 hours shall be allotted. Relatively, visitors who are immediate family members of the resident coming from other regions may be allowed to stay overnight in the center, subject to the approval of the Regional Director, based on the assessment and recommendation of the center.
- c. Copies of the Birth Certificate of the newly admitted resident and a valid Identification Card of the visitor must be presented as proof of relationship.
- d. In cases of holidays and special events where the staff are on skeletal duty, the center must limit acceptance of visitors.
- e. Visitors shall be expected to wear appropriate clothing. No tight-fitting shirts/blouses, tank tops, mini shorts/skirts and plunging necklines are allowed.
- f. Cellular phones, tablets and other gadgets shall be surrendered to the guard on duty upon entering the facility.
- g. Children below 7 years old must not be allowed inside the center, except if the child is a son or daughter of the resident.
- h. Roaming around the vicinity shall not be permitted. Visitors must stay only at the designated place for visit.
- i. All items brought for the resident must be strictly checked first by the Child Participation Council (CPC) members before endorsing to the resident.

j. Alcoholic beverages, junk food (e.g. sodas and chips), menthol candies, sharp and blunt objects, deadly weapons and firearms, including pets, shall be strictly prohibited inside the center.

## MANAGEMENT OF CLIENTS WITH DIFFICULT BEHAVIOR

In instilling discipline, corporal punishment shall not be meted against the resident. Instead, the Social Worker in Charge, in coordination with the Intervention Team, shall be responsible in discussing the matter with the resident.

MAJOR OFFENSE	BEHAVIORAL MODIFICATION	FOCUS OF COUNSELING	PERIOD AND COMMISSION OF OFFENSES
Attempt to Leave without Permission (LWP)	<p>1. Exempt involved resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Transfer the involved resident on the first floor of the dormitory during bedtime, to be monitored by the houseparent on duty.</p> <p>3. Remove involved resident's permission to roam around outside the dormitory without a monitoring staff or buddy.</p> <p>4. Give involved resident additional tasks, such as creating ten (10) pieces of any dorm projects (rugs, doormats, etc.) each day</p>	The counseling will focus on the danger and risk of the attempt to the resident's own security and safety, as well as its effects on the legal case.	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral 3 (three) modification for e) months or more depending on the observation report of the houseparent and the handling social worker.</p>

Bringing In/Using Gadgets (e.g. cellphones, tablets, MP3/ipods, etc.)	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Additional task and assignment inside the dorm.</p>	<p>Importance of having self-control and discipline.</p> <p>Importance of following rules and guidelines.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one for 2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one and two for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>
Intimate Same-Sex Relationships	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Transfer of one involved parties to another dorm. (if in case they are in the same dorm)</p> <p>3. Dorm to school restriction and vice versa.</p> <p>4. Additional task and assignment inside the dorm.</p>	<p>Identifying different kinds of relationships, emotions and feelings and learn how to distinguish it.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 1-2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>

Substance use Improvised liquor/solvent	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Sleep on the first floor monitored by the houseparent on duty.</p> <p>3. Prohibit the resident involved to roam around outside the dorm without a monitoring staff or buddy.</p> <p>4. Give the task to create 10 pieces of any dorm project (rugs, doormats, etc.) each day until the ban is lifted.</p>	<p>Danger and risk of the substances and its effect to the health.</p> <p>Alternative/positive ways of coping up to problem/stress.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>
Stealing of money	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Sleep on the first floor monitored by the houseparent on duty.</p> <p>3. Prohibit the involved resident to join any TV viewing.</p> <p>4. Additional task and assignment inside the dorm.</p>	<p>Importance of having self-control and discipline.</p> <p>Significance of hard work and perseverance and putting value to the fruit of each person's labor.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 1-2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>

Unendorsed money	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Confiscation of the money.</p> <p>3. Sleep on the first floor monitored by the houseparents on duty.</p> <p>4. Additional task and assignment inside the dorm.</p>	<p>Importance of having self-control and discipline.</p> <p>Importance of following rules and guidelines.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 1-2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>
<p>Paddling</p> <p>Inflicting physical harm to others</p>	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Sleep on the first floor monitored by the houseparent on duty.</p> <p>3. Prohibit the involved resident to roam around outside the dorm without a monitoring staff or buddy.</p> <p>4. Give the task to create 10 pieces of any dorm project (rugs, doormats, etc.) each day until the ban is lifted.</p> <p>If the injury is severe</p>	<p>Understanding the value of each one's body and life.</p> <p>Importance of having compassion towards self and other people.</p> <p>The risk of putting danger to the health/life of co-residents.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 1-2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>



	report for police blotter *		
Bringing /keeping sharp object	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Sleep on the first floor monitored by the houseparent on duty.</p> <p>3. Prohibit the involved resident to join any TV viewing.</p> <p>4. Give the task to create 10 pieces of any dorm project (rugs, doormats, etc.) each day until the ban is lifted.</p>	<p>Importance of having self-control and discipline.</p> <p>Importance of following rules and guidelines.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>
Fabricating false information against staff	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Sleep on the first floor monitored by the houseparent on duty.</p> <p>3. Prohibit the involved resident to roam around outside the dorm without a monitoring staff or buddy.</p> <p>4. Additional task and assignment inside the dorm.</p>	<p>Respect towards self and other people.</p> <p>Trusting the right people and information.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>

Bullying	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Sleep on the first floor monitored by the houseparent on duty.</p> <p>3. Prohibit the involved resident to roam around outside the dorm without a monitoring staff or buddy.</p> <p>4. Additional task and assignment inside the dorm.</p>	<p>Respect towards self and other people.</p> <p>Importance of having compassion towards other people. (Putting oneself on other people's situation.)</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 1-2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>
Destroying MH property	<p>1. Exempt resident's participation to activities initiated by visitors or donors (e.g. parties)</p> <p>2. Pay for whatever corresponding amount of the property she had destroyed.</p> <p>3. Sleep on the first floor monitored by the houseparent on duty.</p> <p>4. Additional task and assignment inside the dorm.</p>	<p>Importance of having self-control and discipline.</p> <p>Putting value to other people's property.</p>	<p><b>1<sup>st</sup> offense:</b> she has to abide the behavioral modification number one and two for 2 months.</p> <p><b>2<sup>nd</sup> offense:</b> she has to abide the behavioral modification numbers one to three for 2-3 months.</p> <p><b>3<sup>rd</sup> offense or more:</b> she will receive all of the behavioral modification for 3 months or more depending on the observation report of the houseparent and the handling social worker.</p>

## **REPORT ON ACCIDENTS/DEATHS**

Report of accidents / deaths or any incidents within the center shall be reported within an hour to the Center Head, who shall in turn officially inform the Regional Director within 24 hours from receipt of the report.

## **POLICY ON GIVING AND ACCEPTING GIFTS, DONATIONS AND SPONSORSHIPS**

In reference to Republic Act No. 6713, otherwise known as the “Code of Conduct and Ethical Standards for Public Officials and Employees”, the policies with regards to giving and accepting gifts, donations and sponsorships shall be as follows:

a. Gifts and other forms of material accommodation shall be presumed to have been given for the reason of a DSWD personnel’s office or functions.

b. As a general policy, the DSWD discourages acceptance of gifts from residents or any person or organizations it is transacting business with as this may influence past, present, or future performance of their official functions. Any offer of gifts shall be politely declined at the first instance.

c. DSWD personnel shall not directly or indirectly request any gift regardless of the amount, share or benefit for himself or for any other person in connection with any contract or transaction with the Department, wherein the official or employee in his official capacity can intervene or influence. They shall not accept or receive, directly or indirectly, any gift, donation or sponsorship regardless of amount from any of the following:

1. Any bidder, supplier, contractor, service provider, technical expert or any other entity including their agents with existing or completed contract/s or transactions with DSWD;

2. Any individual, party or organization applying for travel clearance, registration, license or accreditation and authorization.

3. Any individual, counsel, witness, or their agent undergoing any fact-finding or formal investigation being conducted by DSWD; and

4. Any person or company transacting business with DSWD.

d. DSWD personnel shall not solicit, directly or indirectly, any gift, donation in cash or in kind and sponsorship for themselves or for others, regardless of the amount unless it is in behalf of the Department for its programs or projects. They are discouraged from accepting or receiving, directly or indirectly, any gift, donation, sponsorship,

Regardless of the amount, where this may influence past, present, or future performance of their official functions.

e. DSWD personnel may receive tokens of gratitude (whether cash, in kind or in the form of gift certificates) as appropriate to the ceremony or occasion to which the DSWD personnel acted as a resource speaker and other similar instances outside the Department.

f. DSWD personnel may accept gifts, donations and sponsorships from individuals or organizations or their agents not covered in Section 2, provided that the gifts, donations and sponsorships were delivered or given in the workplace. The cost of any gift shall not exceed PhP 400.00 for individuals or PhP 1,200.00 for a group or organizational unit.

## **FINANCIAL ASSISTANCE FOR RESIDENTS**

a. Residents shall receive money from the following:

1. From Department of Justice's (DOJ) Witness Protection Program (WPP) and Board of Claims (BOC). This assistance is provided by the office intended for residents' personal, educational and medical needs. This shall be received monthly (except for BOC which is a one-time assistance) and deposited to a reputable, good standing bank under the name of the resident as depositor. The resident shall be entitled to withdraw an amount provided that this is approved by the handling Social Worker and the Head Social Worker using the prescribed request for Withdrawal of Deposit form. Monthly reports shall be submitted to the Field Office on a monthly basis for accounting purposes, using a prescribed format (In compliance to DSWD Administrative Order No. 233 Series of 2002 or Guidelines in the Management of Financial Benefits Assistance and Compensation from External Resources for Clients in Residential Centers and Institutions).

2. Tips from their On-Job-Training (for Housekeeping participants). This must be surrendered by the residents to each of their handling Social Workers for safekeeping and can be used for their personal needs, and to be endorsed to the residents once discharged.

3. Compensation they are paid from the Government Internship Program (GIP), which is seasonal. Every year, the regional office allots positions for residents in the GIP in part of mainstreaming and training them to be financially independent.

4. Sub-contract projects from donors, partner agencies or private individuals through the Productivity Service. The Productivity Service receives seasonal orders wherein the partners provide the raw materials and labor as counterpart of the center through the residents. As compensation for their labor, the residents then receive a maximum share of 60% per unit price. The money received must be temporarily endorsed to the handling Social Workers for safekeeping and can be used for their personal needs, and to be endorsed to the residents once discharged. The remaining 40% shall be used for the operation and maintenance of the Productivity Service.

b. For the money in forms of prizes during outreaches or sponsored parties, it shall be kept safely in the vault at the Social Service and shall be used as needed by the

resident and/or released upon the discharge of the resident from the center. In cases of group performance; it will be decided by the group and agreed by majority.

c. There will be a designated purchaser for the needs of the residents, but it shall be limited to: once or twice a month or depending on the urgency or the assessment of the Social Worker.

d. The Social Service shall maintain an individual journal of the resident's money, to record the latter's budget and expenses.

### **WAGE PLACEMENT FOR RESIDENTS**

a. The Manpower Development Officer (MDO), with the handling Social Worker, shall assist the resident in wage placement.

b. Every resident shall have the opportunity to engage in wage placement even they are under the custody of the center.

c. Wage placement shall be upon the acquired necessary skills from the center and/or from vocational education, usually through the Technical Education and Skills Development Authority (TESDA).

d. Once employed, any amount by the resident incurred from the job shall be placed in the bank under their name. The handling Social Worker shall assist in opening the bank account, likewise safekeeping of the passbook. Only the transportation expense shall be deducted from the accumulated amount or savings.

e. Once the resident is ready for reintegration and/or independent living, her passbook shall be returned to her in order to learn on how to manage her finances.

### **CONFIDENTIALITY**

#### **Research and Internship**

All cases shall be handled with strict confidentiality. Visits by students/ groups as well those interested to conduct studies/ researches shall be approved by the Regional Director. Requests for visiting the center and interview of staff members and the residents of the center should be in a form of letter addressed to the Regional Director indicating the purpose for the visit. Other sets of guidelines with regards to research shall be in accordance to the Administrative Order No. 19

Series of 2011, or the Policy Guidelines on the Conduct of Research Studies in DSWD Offices, Centers and Institutions Amending Administrative Order No. 10, Series of 2006 and Administrative Order No. 4, Series of 2007.

#### **Protocol on Media Coverage**

A set of guidelines were formulated to safeguard and ensure that the rights of victims of abuse and exploitation are protected and upheld without prejudice to the rights of

media practitioners to report new and events (In compliance to DSWD Administrative Order No. 15 Series of 2004 or Policies for the Media Coverage of Victims of Abuse and Exploitation).

### Outreach

Volunteers who conduct outreach in the center shall write a letter of intent addressed to the Regional Director, and attention to the Head Social Worker, which will be approved by the latter. Once the permit is approved, they must conduct their outreach on their scheduled date. An orientation on the policies of the center shall be given to all the volunteers before they will conduct their activities by the Social Worker or Officer-of-the-day.

## **VOLUNTEERISM**

As per DSWD Administrative Order No. 214 Series of 2002, The Bayanihan Bayan Program was created. It is a volunteer program that aims to build strong partnership between the government and private sector in implementing government programs and projects. This program provides opportunities for individuals, groups, and organizations to extend voluntary service in the implementation of social welfare and development programs as well as disaster operations.

Any individual group or organizations intending to conduct volunteer work on the center shall coordinate with the Standards Unit of DSWD-NCR Field Office for the requirements and activities to be undertaken.

## **COMPLAINTS**

All complaints made by the residents involving erring staff shall be reported to the Head Social Worker. The latter must then take immediate action on the complaint/s in accordance with existing administrative order, guidelines, rules and regulations of the center. For cases violating RA 7610, the regular procedure on filing complaints shall apply.

### Progressive Disciplining

Progressive Disciplining is intended to create a “win-win” situation both for the agency and the staff where discipline serves as a vehicle in early determination of problem areas and constructive interventions are taken to resolve them. It emphasizes that discipline is not enforced as a punishment for an employee but serves to assist the employee overcome performance or behavioral problems and satisfy job expectations. It also seeks to understand the possible causes of the negative work behavior and finds out how to best address them. This shall be achieved through a discussion/counseling session between the employee and the supervisor or a competent third party (In compliance to DSWD Memorandum Circular No. 17 Series of 2009 or Amendment of Administrative Order No. 14 Series of 2004 on the Guidelines on Progressive Disciplining in the DSWD)

## Grievance

In line with Revised Policies on the Settlement of Grievance in the Public Sector contained in Civil Service Commission (CSC) Resolution No. 010113, dated January 10, 2001 and implemented through CSC Memorandum Circular No. 02 series of 2001, the Department of Social Welfare and Development shall adopt Grievance Machinery, wherein a Grievance Committee is formed. Its goal is to create a work atmosphere conducive to the good relation between and among management officials and employees to help promote organizational harmony and productivity.

## Adherence to the Child Protection Policy

a. All staff (regular, contractual, cost of service workers, private sponsored, non-organic, including those newly hired) shall sign a Child Protection Pledge indicating that they commit to protect the children at all times and adhere to their rights. Staff shall observe the following decorum:

1. Always involve residents in matters that affect them according to their evolving capacity.
2. Use a positive discipline and never use corporal punishment.
3. Never force resident to participate in activities or perform acts which are against their religious beliefs and practices.
4. Never engage residents in sexually provocative performance or presentations.
5. Never require a resident to render or perform tasks which are beyond her ability due to age and physical built.
6. Never expose resident to violent video games and shows and pornographic materials either in printed or electronic form or introduce them to obscene websites.
7. Never allow visitors, service providers, interns, volunteers, and visiting researchers to treat children inappropriately or in a manner that may be damaging to them.
8. Ensure that the media guidelines in the conduct of interview with children victims of abuse and exploitation and whose cases are being managed by the Department are complied with.
9. In the conduct of interviews, utmost care must be observed to avoid words and terms that may offend or harm the residents.
10. Take immediate appropriate action on any incident of bullying. The staff shall make an incident report to the Head social worker, inform the parents of the child and call for a case conference to determine official actions to take. If the case falls under the coverage of RA 9344 as amended, the handling social worker shall

ensure the procedure applicable to cases of children in conflict with the law is followed.

- b. A resident reported to have been inflicted with physical harm shall be referred for medico-legal escorted by a medical staff or any responsible staff assigned by the Head Social Worker or the Executive-On-Duty within 24 hours.
- c. The resident shall be required to make a verbal or written report (depending on her capability) to the Social Worker or any Senior Staff and have the resident's written affidavit notarized.
- d. The Social Worker or any Senior Staff shall forward the child's written affidavit, together with her own report about the incident to the Head Social Worker.
- e. The Head Social Worker shall then prepare and forward her report to the Regional Director within 24 hours.

### **FILING OF LEAVES**

This shall include reasonable office rules and regulations, which cover vacation leave and forced leave to be filed 5 days before the scheduled absence which can be enjoyed by regular, casual and contractual staff. Sick leaves and emergency leaves must be filed by all staff, may it be Regular, Contractual, MOA and Job Order immediately upon returning to work. If the sick leave incurred is more than four (4) days, a medical certificate should be submitted as proof. Moreover, Compensatory Day-Off should be filed 5 days before the scheduled leave and with attached supporting documents, like accomplishment reports and an approved Regional Special Order (RSO).



## CHAPTER VI

### PROGRAMS AND SERVICES

#### SOCIAL SERVICE

Marillac Hills has a total of thirteen (13) Social Welfare Officers II. From the thirteen (13) Social Welfare Officers II, six (6) are under permanent positions and seven (7) are under Memorandum of Agreement (MOA) positions. The Social Service also has one (1) Social Welfare Officer III, as the Supervising Social Worker and one (1) Social Welfare Officer V, as the Head Social Worker. Social workers are responsible in the implementation of programs and services that enable residents to become empowered, self-reliant and contributing members of society.

The standard staff: resident ratio is 1:15 for Social Workers handling Children in Conflict with the Law, and 1:20 for Social Workers handling children who are survivors of sexual abuse and human trafficking (commercial sexual exploitation of children and online sexual exploitation of children). Below are the following programs and services provided by the Social Service:

##### Case Management

Social Workers shall facilitate the following activities for the delivery of services:

##### a. Intervention Team Meeting (ITM)

The handling Social Workers shall facilitate the ITM twice a month (or as need arises) for the development of intervention plans for each resident. They also take charge in updating the team on the progress of the resident, based on the plan.

##### b. Case Conferences

The following are the case conferences being conducted in the center:

##### 1. Pre-Admission/Admission Conference

Social Workers hold pre-admission/admission conferences, as need arises, for referrals coming from Local Government Units (LGUs), National Government Agencies (NGAs), Non-Government Organizations (NGOs) and other stakeholders before the admission of the child. During the conference, agreements, tasking and role delineation as to the interventions to be provided to the resident will be discussed among partners.

##### 2. Pre-Discharge/Discharge Conference

Social Workers hold pre-discharge/discharge conferences, as scheduled, together with the referring party, the recipient City/Municipal Social Welfare Development Offices (C/MSWDO) of the LGUs where the resident is for reintegration, and immediate

families/relatives/guardians. During this conference, agreements between the immediate families/relatives/guardians and LGUs will be discussed for the aftercare and future plans of the former for the best interests of the resident. Part of the agreements with the C/MSWDO is for them to provide the center with an after care report, three months after the reintegration.

### 3. Special Case Conference

Social Workers hold special case conferences together with various professionals – such as medical doctors, lawyers and other technical personnel from field and central offices – to discuss highly difficult or high profile cases needing expert opinion.

#### c. Case Recordings and Documentations

Social Workers ensure that all cases have individual case folders labeled as confidential, with a checklist of the following documentations based on the Administrative Order No. 15, series of 2012:

##### 1. Admission Slip

Admission slips should be filled out by the Officer-of-the-Day/Executive-on-duty upon admission of the resident. It should then be signed by the referring party, parents/guardians (if available) and the Supervising Social Worker, with the approval of the Head Social Worker. (See Annex 1 for reference)

##### 2. Intake Sheet

Intake sheets should be filled out by the Officer-of-the-Day upon admission. (See Annex 2 for reference)

##### 3. Social Case Study Reports (SCSR)

Social Case Study Reports are prepared within a timeline as prescribed by the Administrative Order No. 15, series of 2012.

##### 4. Intervention Plans

Intervention plans are formulated by the handling Social Worker, the resident and the Intervention Team. It includes clear helping goals/objectives, activities or various helping strategies, with time frame and expected output, duly signed by the Case Worker and the resident.

##### 5. Social Functioning Indicator (SFI)

SFI is a tool to measure a resident's social functioning or ability to perform various roles. Under the Time-Bound Case Management (TBCM)/Modified Social Stress Management (MSSM), the SFI is accomplished together with the Intervention team, during the Intervention Team Meeting.

##### 6. Rehabilitation Indicator (RI)

It is a tool being used to assess if the helping goals and objectives of the residents were attained from the Intervention plans contracted between the residents and the Intervention Team Members (ITM).

#### 7. Progress Reports and Running Records of the Case

The Social Workers ensure that all salient development of the residents are properly recorded and regularly updated.

#### 8. Quarterly Progress Reports Submitted to Court

As per Sec. 53 of RA 9344, a quarterly report shall be submitted by the center to the proper court on the progress of the children in conflict with the law.

#### 9. Discharge Slip

The handling Social Worker should ensure that the discharge slip is properly accomplished and counter signed by the different Services, as proof of concurrence of the discharge. This also serves as a clearance that the resident is medically fit to be discharged from the center and all the belongings are properly accounted and returned. (See Annex 3 for Reference)

10. Other records that are vital in the management of cases include the following:

##### Medical and Dental Records

Upon admission, the resident will undergo Physical Examination (PE) to determine present physiological and health conditions.

##### School Records

The School Records, which include the Birth Certificate, Form 138 and Certificate of Good Moral, are the basic requirements to be submitted by the referring party to ensure the resident's enrollment to a formal school inside the center. For the students' Form 137, the teachers are the ones in charge in facilitating the request from the resident's former school.

##### Psychological/Psychiatric Assessment Records

The Psychological Service conducts an Initial Psychological Assessment 1 week after the admission of the resident in the center. They then provide a copy to the handling Social Worker for filing.

##### Parenting Capability Assessment Report (PCAR)

The PCAR is being requested by the Social Worker to the CSWDO/MSWDO where the resident will be reintegrated. From this

assessment, the Social Worker will determine the parents/guardian's capability to take the custody of the resident.

#### Inter-Referral Slip to Concerned Services

This is used by the different Services to refer specific cases needing intervention or assistance. (See Annex 4 for Reference)

#### Legal Documents

These include the Court Order, Commitment Order, Decision Order, Information of the Case, Sworn Affidavit, and Resolution of the Filed Case.

#### d. Attendance to Legal Briefing and Court Hearing

Social Workers assist the resident during legal briefings for social preparation upon scheduled court hearings.

#### e. Group Work Activities

Social group work is a method of social work, which helps individuals to enhance their social functioning through purposeful group experiences, and to cope more effectively with their personal, group or community problems (Konopka, 1963). Social Workers conduct social group work to residents with common interests, issues and problems every month.

#### f. Home Visits

Social Workers conduct home visits to the family of the child within a month after the referral, to validate information provided by the residents.

#### g. Talakayan

Talakayan is conducted once a month to address the issues and concerns of the residents as to the implementation of policies of the center. It can be facilitated per case category, per dormitory or as a general assembly. Agreements during the Talakayan should be documented 5 days after the activity. The Social Service shall be the lead unit in the conduct of the activity, with the presence of the Senior Staff.

#### h. Referral/Coordination with other Agencies

The handling Social Worker sends referral letters to partner agencies that could provide the needed intervention for the resident.

#### Case Management Process

The Case Management Process is the process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a resident. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given resident through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings (National Association of Social Workers, Barker, 2003).

A Professional Social Worker is the primary provider of Social Work Case Management. Distinct from other forms of case management, Social Work Case Management addresses both the individual resident's bio-psycho-social status as well as the state of the Social System in which Case management is both micro and macro in nature. It requires the Social Worker to develop and maintain a therapeutic relationship with the resident, which may include linking the resident with systems and provide him or her with needed services and resources. (NASW Standard for Social Work Management. Washington DC, NASW, June 1992)

## **1. Assessment**

It involves collecting and analysing information about people with the aim of understanding their situation and determining recommendations for any further professional interventions.

a. Administer Social Functioning Indicator

b. Prepare Initial Social Case Study Report within a week after admission. c. Regular coordination with the house parents specifically on the behavior

of the child.

d. Referral to other services, such as, Psychological Service for Initial Psychological Assessment (within one week of admission), School and Productivity Services for education and skills training, Social Hygiene and legal assistance.

e. Conduct of home visit to validate information about the resident and her family through the relatives and collateral interview.

f. The case shall be presented with the Intervention Team within the month from admission to discuss the observation and problem that need to be addressed. The Head Social Worker/Supervising Social Worker will facilitate the meeting to provide direction in the formulation of individual care plan/service plan. The social worker will prepare comprehensive case study report indicating all the reports submitted by the rehab team members.

g. A case conference will be facilitated in hard to manage cases. Periodic rehab team meeting shall be the venue to discuss/assess progress of the child in relation to the objectives of her rehabilitation plan.

h. All interactions with the child especially conferences and rehabilitation team meetings shall be form part of the child's record at the center.

## **2. Intervention Planning**

- a. Social workers offer intervention to individuals, families and groups and enable them to meet their needs and issues. The main purpose of this intervention is to aid residents in alleviating problems and improving their well being.
- b. Request for Parenting Capability Assessment
- c. Dialogue with the resident on her plan
- d. Conduct case conference for the formulation of intervention plan
- e. Discuss the intervention plan to the resident
- f. Conduct of group activity
- g. Completion of requirements such as: birth certificate, school record, medical record and other legal documents
- h. Assist / escort resident to legal briefing and attendance to court hearing
- i. Conduct of follow-up session after attendance to court hearing
- j. Prepare progress report or notes / For CICL: prepare and submit progress report every three months
- k. Access resident to other services.
- l. Conduct of activities based on the Rehabilitation Indicator.

## **3. Implementation of Intervention Plan**

Close coordination between the Rehabilitation Team is vital in attaining a child's care/service plan to enhance her psychosocial functioning. Likewise, referral to other services (Psychological, Medical, Productivity, Dietary and Education) is important to address the resident's needs and concerns. In cases where other professionals are required (Psychiatrists, Specialized Doctors, Skills Trainers, and the like), external resources are outsourced through partnerships with different organizations. In achieving the child's rehabilitation plan, it is imperative that the Social Services should monitor her progress through the following:

- a. Conduct close coordination with the LGU-C/MSWDO to ensure that the child's family is provided with the necessary interventions as part of the

family's case management. Furthermore, a Parenting Capability Assessment Report (PCAR) shall be requested in preparation for the community reintegration.

b. Houseparents shall immediately notify the social workers in case the child's behavior becomes unmanageable.

c. Conduct RTMs and case conferences alongside the review and revision of treatment plan if necessary.

d. In cases where the family reunification is not possible and court has decided on the case, the social worker shall prepare the child emotionally and spiritually for him to live independently and prevent re-victimization.

e. Explore NGOs, religious organizations, and private individuals that can provide sustainable services for the child especially in the area of education.

f. Ensure preparation through life skills training (such as those that will allow her to acquire a job) upon discharge.

#### **4. Closure/Case Termination**

When the child has responded positively to care/service plans, preparation for discharge shall be undertaken by members of the intervention team. The following procedures describe this process:

a. A case conference shall be conducted with members of the rehabilitation team to discuss and evaluate the progress of the child for discharge. The social worker shall consolidate the team members' findings/ observation and come up with the final report.

b. The court will order for the release of the Children in Conflict with the Law in the center. Likewise, sexually abused and sexually exploited residents, the social worker will inform the presiding judge on the discharge plan.

c. If the family assessment report is favorable for reunification a pre-discharge conference shall be conducted with the presence of LGU C/MSWDO and parents/relatives to discuss the agreements to ensure the child will not commit offense or to be abused again.

d. For those children for possible transfer to other institution/organization, agency visit will be conducted to ensure that the child is prepared.

e. Children for independent living should be properly oriented. Social Worker shall conduct a twice a month visit to them for one year.

#### **5. Requirements for Discharge**

The following are the requirements for the discharge of resident:

- a. One of the bases for discharge of residents is the favorable recommendation of the Rehabilitation Team Members based on the assessment using the Time Bound Case Management tools that determines the readiness of the resident in the discharge process. These tools are the Social Functioning Indicator used upon admission of CICL, SA and times Victims of Trafficking and Child Online Pornography/ Online Sexual Exploitation of Children.
- b. The submission of Parent Capability Assessment Report (PCAR) from the LGU where the parents or guardian resides must be favorable to consider the discharge.
- c. Presence of court order, especially for CICL, ordering the residential care facility for the discharge of CICL/SA/TIP or in other instance, a report was submitted to the court for the discharge of the resident/s.
- d. Coordination with the LSWDO and Field Office where resident/s will be discharged will be undertaken such as the time of arrival and a discharge conference for all resident/s will be conducted.
- e. Secure a regional travel order approved by the Regional Director for the travel of the center social worker in escorting the resident for reintegration.
- f. Referral for aftercare must be forwarded to the receiving LGU and monitoring report with all the agreements discussed and agreed upon during the pre-discharge conference will be requested one (1) month three (3) months and six (6) months after reintegration.
- g. If the resident /s is/are from the Visayas or Mindanao or far provinces in Luzon, request for transportation assistance will be submitted to NCR. Purchase of ticket for the resident /s and escort, coordination with the LSWDO and FO for their acknowledgment of pre-discharge conference or reply for their presence and assistance on the arrival of the resident and escort SWO until the resident's reintegration with her family and community.
- h. Social preparation of the resident /s for the reintegration.
- i. Inventory of the resident's valuables (money, clothes, gadgets, pieces of jewelry etc.).
- j. Escort resident for discharge or reintegration to family/ relatives/ guardian (Escort of resident/s will be based on the Regional Guidelines on Escorting).
- k. Official endorsement of resident/s to the concerned LSWDO/FO with the required and necessary documents. Proper receipts of belongings and acknowledgement of these and acknowledgements of the resident/s and her/ their families and witnessed by the LSWDO/FO SWOs for documentary purposes.



## **6. Transfer to another center or institution**

If alternative placement in lieu of return to the child's family or transferred to a foster home, the social worker must undertake the following procedures to ensure addressing the child's needs and safety:

- a. Acceptance of the child on the center/ institution for his transfer.
- b. Center/ institution shall conduct social preparation or readiness of the child.
- c. Complete all documents/ requirements requested by the center/ institution and provide an updated SCSR of the child.
- d. Accomplish the discharge papers, and follow the procedures in securing documents from other service units.
- e. Secure a special order of approval for the transfer of the child from regional office and proceed to escort the child during travel.
- f. Officially turnover of the child's documents and belongings by securing proper receipts and acknowledgement of records and reference.

## **7. Aftercare Services**

- a. To ensure the smooth reintegration of the residents with her family/guardian and community, the center social worker and the community social worker with the parents/ guardian and the resident should sign the contract for aftercare service and monitoring.
- b. The center social worker may conduct follow-up visits or coordinate with the community social workers to evaluate aftercare needs of the resident/s and assess her/ their reintegration with the family/ families and community.
- c. The community social worker shall submit monitoring reports of resident's/ residents' integration and development to the center.

## **8. Case Management Process Flowchart**

*Please see Annex 5 for reference*

## **Performance of Other Tasks and Deliverables**

### **a. Supervisory Conference**

Individual and regular supervisory conferences shall be held between the Supervising Social Worker and the Social Workers to discuss caseload management and other matters pertaining to work performance. Group Meetings shall also be held among the Social Services staff to discuss common problems.

### **b. Attendance to Seminars and Meetings**

The Head Social Worker, the Social Welfare Officer III and the Social Workers shall attend conferences and similar activities and shall participate and take a stand regarding important issues.

### **c. Preparation and Maintenance of Reportorial Requirements**

The staff of the Social Service shall maintain adequate administrative records, such as Individual Monthly Plan of Activities, Individual Case Management Plans, Individual Monthly/Quarterly/Annual Accomplishment Reports, Caseload Inventory, Minutes of Social Service Meeting, Documentation of Individual Counseling and Social Group Work sessions conducted and Feedback Report of Home Visits, following a prescribed timeline for each report or other communication, as required.

### **d. Participation in Policy Planning and Preparation of Operational Plan**

The staff in coordination with the allied services shall set the number of resident to be served by the Center for the succeeding fiscal year, budget allotted for needs for services, input and output and areas of staff development. The staff shall take advantage of the opportunities to participate in the planning and formulating policies related to other work.

### **e. Officer of the Day and Executive on Duty (OD and EOD)**

The Social Workers act as Officers of the Day (OD) and Executives on Duty (EOD).

## **MEDICAL SERVICES**

Marillac Hills' Medical Service consists of one (1) radiating Medical Doctor who reports thrice a week, one (1) radiating Dentist who reports once a week and five (5) nurses. Services include consultations and treatment, physical examination and referral for treatment and hospitalization (as need arises), issuance of medical certificates and interpretation of laboratory and other medical reports. Programs of Medical Service focus on health prevention, control and promotion.

The Medical Service is also the lead service in forging partnerships and coordination with hospitals and other health service providers.

The following are the detailed descriptions of each procedure being done by the Medical Service:

### **Medical Examination**

All residents shall undergo initial physical examination, vital signs and pregnancy tests upon admission to determine their current health status.

As a result of the initial physical examination, a medical plan will be formulated. In cases wherein a resident needs further medical examination, the resident can be referred for the following:

- a. Routine Clinical laboratory tests, such as basic chest X-ray, urinalysis, stool, blood count and other special tests (e.g. ultrasound and social hygiene tests)
- b. The Medical Officer on Duty shall make the medical evaluation based on the medical examination results certifying the physical fitness of the resident, which includes:
  1. General Health status of the residents.
  2. Results of laboratory and other tests.
  3. Recommendation for further medical evaluation when needed.
  4. Evaluation of the physical capacities and limitations of the resident with regards to center activities.
  5. Evaluation of specialists in other medical fields, when needed.

### **Hospital Confinement**

a. For residents needing hospital confinement, the Nurse on Duty shall facilitate the referral to the hospital until admission. The Homelife Service and Medical Service shall serve as the hospital watchers on the duration of confinement.

b. During confinement of the resident in a hospital wherein major medical procedures will be done (e.g. surgical procedures), the resident's immediate family members/relatives/guardians shall sign the medical consent. However, in absence of the above, or in cases of emergencies, any official representative from the center may sign for the medical consent, with consultation from the center Medical Officer.

c. The Medical Officer, or in her absence, the Nurse on Duty, are expected to conduct hospital visit together with the handling Social Worker, during the confinement of the resident in the hospital.

d. The handling Social Worker and/or the Marillac Hills hospital watcher shall facilitate the needed documents for discharge, in coordination with the hospital's Medical Social Service, Philhealth, PCSO, and the like.

#### Health Prevention and Promotion

The prevention of sickness and promotion of health is done through monthly health lectures with various topics and other health related activities, such as conducting annual physical check-ups, nutritional status assessments and physical fitness sessions.

#### **Administrative and Related Responsibilities**

a. Attendance to Intervention Team Meetings/Case Conferences

The medical staff shall present the residents' medical evaluation, which will serve as a basis of formulating the intervention plan of the resident; his/her medical reports will be part of the resident's recommendations.

b. Conduct of Monthly Service Meetings

c. Attendance to Seminars and Conferences

d. Attendance to Senior and General Staff Meetings

#### **PSYCHOLOGICAL SERVICES**

Marillac Hills' Psychological Service consists of 1 Regular Psychologist I, 7 MOA Psychologist I, 1 MOA Psychologist III and 2 Child Counselors under Private Sponsorship. These Child Counselors are sponsored by Zonta Club of Makati and Environs, a non-government organization that has been supporting the center since 1997. Having the same vision, it is their responsibility to provide psychological care for all the residents who are victims of sexual abuse, sexual exploitation and those children who are in conflict with the law.

The following are the activities and services being rendered by the Psychological Service:

#### **Psychological Assessment**

This refers to the integration of gathered information through administration of psychological tests, interviews and behavioral observations that helps to assess the residents' present psychological and behavioral conditions. This assessment determines the appropriate therapeutic interventions to be given to the residents.

a. Initial Psychological Assessment

The Initial Psychological Assessment is administered by Psychometricians to newly admitted residents one week upon admission. It is a process of screening that uses a combination of techniques (e.g. Mental Status Examination and Houseparent Observation Reports) to help arrive at some hypothesis regarding a resident and her behavior, personality and capabilities (Framingham, 2017). It provides explanations on the resident's current psychological condition or concern, and is beneficial in the development of the latter's intervention plan.

#### b. Psychometric/Psychological Evaluation

The Psychometric/Psychological Evaluation is a set of assessment procedures administered to obtain information about the resident's intellectual, personality and emotional functioning. It is comprised of a battery of psychological tests and other observation tools (e.g. behavioral reports coming from the Houseparents, Teachers and Social Workers), to come up with a whole image of the resident. It is conducted by Psychometricians and Psychologists one month upon the resident's admission and is updated once a year. It also involves the use of an inter-referral slip to determine the purpose of the psychological evaluation.

#### Therapeutic Intervention

This refers to the techniques used following the Psychological Assessment to guide the Psychometricians and Psychologists in the process of better understanding the residents and their problems, and developing goals and solutions for it.

##### a. Individual Counseling/Therapy Sessions

Individual Counseling/Therapy is a process in which a resident and a Psychological staff work one-on-one – in a safe and caring environment

– for the former to understand herself and others, explore her thoughts, feelings and behaviors, deal on challenging or traumatic memories, set personal goals and work toward her desired change for herself. The individual counseling/therapy will be conducted to selected residents who are observed to be in need of such intervention, such as those who experience traumatic symptoms.

##### b. Group Counseling/Therapy Sessions

Group Counseling/Therapy is an alternative to Individual sessions, depending on the resident's needs and preference. This process involves a small number of residents, usually 6-8 individuals with related issues or problems, who meet together under the guidance of 2-3 Psychological staff to express their own problems, thoughts and feelings and at the same time understand and help one another. The residents learn not only to deal with their own issues but also become therapeutic helpers for other members.

#### c. Referral for Psychiatric Intervention

Those residents who would be in need of psychiatric interventions, coordination and referral to other partner agencies that have psychiatrists shall be facilitated (e.g. NCMH)

#### Administrative and Related Responsibilities

##### a. Case Conferences and Team Meetings

Psychological service shall attend to different case conferences in the center, including Intervention Team Meetings (ITM), Pre-Admission Conferences, Pre-Discharge Conferences and others that need psychological assessment or clinical impression of the residents.

##### b. Monitoring Psychology Practicum Students (OJT) and Researchers

Psychological service staff will be responsible in monitoring and supervising the Psychology practicum students (OJT), as well as psychology students who visit, conduct research and practice in the center.

##### c. ZONTA-Related Activities

Zonta Child Counselors are responsible in assisting Zonta volunteers in facilitating their activities to ensure the attendance of the client-participants in the volunteers' activities/sessions, provide monitoring and document session of the proceedings.

d. Attendance to conferences, workshops, seminars and staff meetings as part of staff development and professional growth.

Psychological service staff will give aide or will perform other non-psych related tasks as assigned by the Head Social Worker.

#### **HOMELIFE SERVICE**

The Homelife Service is composed of two (2) Homelife Supervisors and forty-five (45) houseparents. They provide a homely atmosphere to the residents, which is conducive to the normal development of the girls and young women designed in meeting their social, physical, emotional and spiritual needs. The following are the functions of the Homelife Service:

##### Admission Phase

##### a. Receipt of endorsed resident

##### b. Conduct initial interview of the residents upon admission

c. Conduct orientation on dormitory rules & regulations to the resident d. Facilitate inventory of non-valuable belongings for safekeeping e. Facilitate room assignment of the residents within the dormitory.

f. Request and Issuance of supplies and basic needs of the newly-admitted residents

g. Endorsement of residents to Medical Service for Initial Physical Examination h. Submission of initial report re: behavioral & observation report after a week

### **Daily Routine of the Residents**

Indicated in the table below is the daily schedule of the residents, as facilitated by their respective houseparents. Next page

TIME	ACTIVITIES
5:00am-5:30am	Wake up time Head counting
	Morning prayer Warm up exercise/ <i>Hataw</i> & jogging Bathing time Personal hygiene
5:30am-6:30am	Up keeping beddings Setting table Breakfast Administering of medicine Early morning household chores
6:30am-7:00am	Endorsement to School and Productivity Skills Training
7:00am-10:30am	Maintain cleanliness and orderliness of the entire premises. Referrals to: Medical Service Psychological Service Social Service
10:30am-12:00pm	Monitor residents' activities Fetching food at dietary for lunch Setting the table
12:00pm-12:30pm	Lunch Administering of medicine
12:30pm-1:00pm	Household chores up-keeping Getting ready for school
1:00pm-2:00pm	Endorsement to school and Productivity Skills Training Nap Time for Residents Logbook recording Conduct head counting with attendance Endorsement to Incoming Duty for the 2-10 pm shift
2:00pm-3:30pm	Monitor different resident activities Refer to different services, as needed Snack time
3:30-5:00pm	Afternoon activities such as: Watering of the plants Cleaning of surroundings Recreational Activities/Free Play Lectures on Life Skills (e.g. Values Formation, Basic Life Support) Fetching of food for dinner



5:00pm-6:30pm	Setting table Head counting Dinner Administering of medication
6:30pm-7:30pm	Household chores up-keeping Personal hygiene
7:30pm-9:00pm	Evening prayer Group Sharing/ <i>Kahustahan</i> , as needed
	TV Viewing Study Time Head Counting Preparation for Bed Time
9:00pm-10:00pm	Lights off Checking of entire premises for endorsement Logbook recording Endorsement to Incoming Duty for the 10-6 am Shift
	Conduct hourly rounds
	Preparation and submission of Reports, such as Incident, Behavioral, Anecdotal and Progress Reports. Logbook Recording

#### Attendance to Intervention Team Activities

a. Pre-Admission and Admission conference

b. Intervention Team Meeting (ITM)

c. Pre-discharge and Discharge Conference

d. Facilitate signing of discharge slip

e. Facilitate inventory of all non-valuable belongings and release of such upon discharge

f. Assist in facilitating with medical service re: updating menstrual period and general health status of a resident before discharge

g. Endorsement of the resident to Social Service for discharge.

### Other Related Tasks

- a. Act as escorts during activities outside the center, such as hospital watchers, court hearings, field trips, social and school events.
- b. Assist to Productivity and Dietary Services, as need arises.

### **DIETARY SERVICE**

Dietary Service is the unit in providing the food and ensuring the food security of the center. They are in charge of the food procurement plan, as the food supply should always be available and sufficient for all the residents served. Aside from that, this service coordinates with Medical Service in providing nutritional intervention for particular residents. They implement supplemental food programs in close coordination with the Homelife Service, and they facilitate possible food donations/external resources with the Social Service. The following are their specific duties and responsibilities in the center:

- a. Review and revise cycle of menu appropriate to resident needs
- b. Keep a daily census of the residents inside the center, which serves as basis in the preparation of Purchase Request (PR), Purchase Order (PO) and Market Order.
- c. Preparation of Market Order based on actual number of residents admitted.
- d. Preparation of P.O. of foodstuff for the month per dealer category (meat, fish, and seafood, poultry and eggs, vegetables and fruits, groceries, and rice.
- e. Preparation of P.R. of foodstuff, as mentioned above.
- f. Allocation and distribution of foodstuff per dormitory, according to number of residents in the center.
- g. In cases of residents needing special diet consideration, the Dietary Service coordinates with Medical Service for any nutritional concerns of specific residents.
- h. Keep record of the following:
  - 1. List of malnourished residents for Nutritional Intervention
  - 2. Records of Foodstuff
  - 3. Records of External resources received (e.g. donation)
  - 4. Record of Food Inventory Service.
  - 5. Inventory of Dietary equipment and utensils.

6. Record of serviceable and unserviceable tools/equipment.
7. Maintenance of updated stock card of supplies
- j. Direct monitoring of kitchen activities.
- k. Monitoring of food preparation and distribution.

## **PRODUCTIVITY SERVICE**

a. All residents except for babies/dependent are required to enroll to the productivity skills training available inside the center, which they are interested to. Prior to their enrollment, they were given a training need assessment form in order to determine the skills they are fitted to which anchors to the rehabilitation plan of the residents. The skills training offers and its trainers are as follows:

### **Skills training**

1. Arts and Crafts
  2. Basic and Advanced Computer
  3. Bread and Pastry
  4. Food and Beverages
  5. High Speed Sewing
  6. Basic and Advanced Computer
  7. Bread and Pastry
  8. Food and Beverages
  9. High Speed Sewing
- b. A maximum of fifty (50) enrolled residents per class is accepted and entertained by the trainer.
- c. The Productivity skills training is the counterpart of Marillac Hills' to Jose Fabella Memorial School-Alabang Unit Technology Livelihood Education (TLE) for high school students, and Edukasyong Pangkaunlaran at Pangkabuhayan (EPP) for elementary pupils, thus grade for TLE and EPP comes from the service. The basis for the residents grade are the following: 1) Attendance – 20%, 2) Written Examination-30%, 3) Application ( Hands-on activities/recitation) – 40%, and 4) Projects/Assignments – 10%.

d. Classes are divided into two (2) sessions: Morning and afternoon sessions. Morning sessions are for elementary pupils while afternoon session for high school students to avoid conflict in their regular class in school.

e. Residents should need to finish the ten (10) months skills training period before certificate of completion will be awarded given. The 10 month period is equivalent to the school year implemented by JFMS which is from June-March. There are no classes during summer (April-May) to give way to the Holy Week Celebration, Sportsfest Activity, Santa Cruzan). The rating the residents obtained from the Productivity classes shall be included in the grading system of JFMS' TLE and PPE subjects.

f. Enrolled students must wear proper school uniform, except for high school graduates and newly admitted students, were they have to wear white tee shirt and jeans.

g. After training session, students must surrender trainings materials such as scissors, nipper, nail pusher, nail polish, acetone, cuticle remover, shampoo, thread, steel pin, needle, and other harmful materials to avoid accidents in the dormitories. The trainer needs to conduct inventory of the materials every end of the session.

h. The enrolled residents must be endorsed by the Houseparent on Duty to the Productivity Skill trainers to ensure their attendance in the skill training.

i. Any product such as throw pillow cases, throw pillow, pot holders and stuff toys produced from the service are for sale in very affordable price. Baking materials are included as food stuff for the residents use, however, when there is a surplus from the said material, the residents can use it to bake bread for sale. Income out from sale can be used to maintain and sustain the operation of certain skills training such as repair of sewing machine, buy needed materials for high speed sewing like machine oil, needle, cord, zipper, additional baking materials which is not included in the delivery, gasul and other. Income are being safe kept and handled by the Manpower Development Officer which then stated and reported in the monthly accomplishment report. Moreover, the income incurred for the month is also reported during the General Staff Meeting for transparency purposes.

j. The Productivity Service also collaborates with other government agencies like TESDA-NCR and Muntinlupa City Techological Institute (MCTI) and other non-governmental organization in the conduct of other skills training for the qualified residents and staff in securing National Competency II. The following are the procedure and requirements in securing National Competency II, to wit:

1. The resident shall undergo 3 month lecture- discussion from the accredited trainer from TESDA.

2. They will render 200 hours to 400 hours on the job training. The trainer helps the residents to look for the place where the residents conduct they training.

3. They should pass the National Assessment given by the assessor accredited by TESDA.
4. Filling up of Assessment form
5. 2 pcs of passport size picture with background and complete name (first name, middle initial and surname)
6. An assessment fee amounting to One Thousand Five Hundred Pesos (Php 1,500.00), Processing Fee of Two Hundred Pesos.

## **EDUCATIONAL SERVICE**

The Educational Service offers special education program for elementary and secondary level through the Department of Education (DepEd) – Jose Fabella Memorial School. One of its units, National Training School for Girls, is located inside Marillac Hills. It offers Basic Education Program from Grades 1-10. In addition, it registers the residents for examinations such as PEPT, Alternative Learning System (ALS), and NCAE in the Division Office of Muntinlupa. As of now, it has 9 teachers offering EBEC curriculum with K-12 programs. However, approval from DepEd is still pending for the Kindergarten and Senior High School programs.

## **ADMINISTRATIVE SERVICE**

The Administrative Service consists of one (1) Regular Social Welfare Assistant, three (3) Regular Administrative Aide IV, one (1) MOA Administrative Aide III, two (2) MOA Administrative Aide VI, and one (1) Administrative Aide IV on Job Order. This service plays a vital role in the operation of the center, along administration and organization, physical safety and security, as well as support to case management and program management. The Administrative Service undertakes the following main functions:

- a. Preparation of Work and Financial Plan (WFP)
- b. Monitoring of the Fund utilization
- c. Revolving Funds (replenishment/liquidation)
- d. Preparation and tracking of Purchase Requests (PR)
- e. Liaisoning
- f. Personnel/manpower database
- g. General Upkeep of Facilities
- h. Procurement of Supplies
- i. Ensure the safe keeping and monitoring of properties/equipment
- j. Ensure the issuance of supplies
- k. Project Management
- l. Records keeping
- m. General clerical tasks like drafting of documents, answering telephone calls, scheduling and tracking and monitoring of incoming and outgoing documents.

## SECURITY SERVICE

Marillac Hills has one (1) organic Security Guard and seven (7) Security Guards under a private agency that is funded every year under Direct Release Fund. The schedule of duty of the organic Security Guard is from 8:00 A.M. to 5:00 P.M and Monday-Friday while the 7 private Security Guards are in shifting schedules, which is from 7:00 A.M to 7:00 P.M and 7:00 P.M to 7:00 A.M. The Security Service is in-charge of ensuring the peace and order, protect the property, assets and safeguarding the residents and staff in the center. They are also responsible for checking the belongings of visitors, guests and researchers who visit Marillac Hills and ensuring that these people are register/log in the log-book for recording purposes.

## PUBLIC AND PRIVATE PARTNERSHIPS

Marillac Hills – National Training School for Girls maintains partnership with several faith-based groups, civic/civil society organizations, companies and private groups and individuals. This is done to sustain/fund projects, activities and programs geared towards the rehabilitation and empowerment of the residents.

This partnership has helped the center to enhance the programs and services for the residents as well as improve the facilities of Marillac Hills. They are also the champions for the center that advocate for the rights and protection of the residents as well as in resource generation.

The following list consists of the partner organizations of the center:

<b>Name of Organization/ Individuals/ Address/Contact No.</b>	<b>Contact Person/ Position</b>	<b>Duration of Support at the Center</b>	<b>Type of Support Extended</b>
1. Zonta Club of Makati and Environs	Ms. Joanne Zapanta- Andrada / Ms. Vickie Winickie Coordinator Tel. No. 541-5900	On-going	Sponsorship of two child counselors' salary
2. Jose Fabella Memorial School	Ms. Dionisia Serohijos	On-going	Provides grades 1-11 for the continuous regular schooling of the residents
3. Rotary Club – Bagumbayan, Manila	Mr. Ed Choa Tel. No. 523-5502	On-going	Sponsorship of yearly Christmas party for the residents and limited school supplies

4. Rotary Club – Paranaque South	Dr. Dan Constantitno Tel. No. 812-4981	On-going	Sponsorship of yearly Christmas party for residents
5. Verizon	Mr. Dave Haydon	On- going	Donated computers for the computer class of the center, provided sound system, projector for the center, provided salary to two houseparents & now I nurse & will provide educational supplies
6. Child Protection Unit- Philippine General Hospital	Dr. Bernadette Madrid Executive Director	On-going	Conduct psychiatric session to children  Conduct medico- genital examination
7. Catholic Women's	Sister Belen Ramirez	On-going	Conduct values education to
League (CWL)	Tel. No. 807-2348		children, sponsorship of weekly Holy Mass
8. Lighthouse Christian Ministry	Sister Christine Kairuz	On-going	Conducts Bible sharing every Friday afternoon & yearly summer Bible camp
9. Saint James Apostolate Group	Ms. Baby Girl Tanedo	On-going	Conducts therapeutic activities for CICL and Dorm I abused children
10. Focolare	Ms. Pat Tel. No. 801-6054	On-going	Conducts spiritual activities thru group bible sharing and catechism
11. Mr. Mar Keng Sun		On-going	Donates biscuits for snacks of the children
12. Gardenia Breads	Mamplasan, Binan	On-going	Donates bread for snacks of the children
13. Rizal Medical Center (RMC)	Ms. Luningning Banocia Chief, Social Medical Service Tel. No. 671-9740	On-going	Free medical treatment and hospitalization for residents of Marillac Hills
14. Jose Fabella	Head Social Worker	On-going	Pre and post-natal check-up

Hospital (JFH)	Tel. No. 734-5561		Hospitalization & medical treatment for pregnant girls Admission of pregnant residents for delivery
15. Department of Justice – Witness Protection Program and Board of Claims	Tel. No. 523-1689	On-going	Monthly financial assistance to children applied for witness protection program and board of claims
16. Department of Justice- Inter-Agency Council Against Trafficking		On-going	Provides security and vehicle during court hearing of TIP residents.



## CHAPTER VII

### ORGANIZATION AND ADMINISTRATION

#### ADMINISTRATION

##### Organizational Purpose and Commitment

Marillac Hills shall function within the framework of the Department of Social Welfare and Development's vision, mission, core values and goals. And it's governing structure and appropriate mechanism in the selection and placement of appropriate personnel for the position.

##### Human Resource Development and Management

The administration of the Marillac Hills personnel covers the following:

- a. Staffing pattern indicating adequate number of personnel consistent with the function and organization structure of the Center for its management and operation. The type and number of personnel varied depending on the required standard guidelines and ratio of staff to clientele.
- b. Policies and procedures on recruitment, appointment, promotion and termination/separation to ensure staff competence for each position shall be observed based on the existing government laws and guidelines as provided by the Civil Service Commission. The center Promotion and Selection Board (PSB) shall conduct initial assessment and interview of applicants and endorse recommendation to the Regional Director for approval.
- c. Rules and procedures in handling personnel needing disciplinary action shall be based on existing laws and the process involved shall abide with. The system installed by the Regional Office that any complaint against personnel shall be heard through its Grievance Committee. Thus, the center shall organize its own Progressive Disciplining or Grievance Committee for this purpose.

#### STAFF DEVELOPMENT

##### Trainings

Training opportunities must be provided to each personnel at least once a year to ensure development in their area of expertise and job function being facilitated and managed by the center training officer or IDCB Focal Person/s.

To aid all personnel in attaining their declared Individual Development Plan (IDP), center-initiated trainings are monitored and will provide basis for equal distribution of training opportunities.

All newly hired personnel with official Certificate of Assumption to Duty shall undergo basic/training orientation about the center's policies and procedures as contained in the Manual of Operation within two (2) weeks and concerning their job functions and assignments.

All staff are entitled/required to have at least twenty-four (24) hours worth of training in a year to enhance their knowledge and skills, based on the Training and Needs Assessments. Fund requirements should be regularly included in the annual Work and Financial Plan of the center.

### Staff meetings

Staff meetings are held regularly and properly documented.

Marillac Hills shall ensure that staff meetings are held monthly and can be done on different levels, approaches and strategies that would encourage and motivate the staff to cooperate well in their attendance and participation. Staff Meeting may come in the following:

- a. Senior Staff Meeting shall be conducted on a monthly basis as scheduled or as the need arises.
- b. Service Meeting where all the staff of particular unit of the center shall meet to discuss the center's performance commitment and other relevant topics to improve the service.
- c. General Staff Meeting, which is held once a month, to discuss directives, updates, issues and concerns pertaining to the operation of the center.

### Personnel Health Program

An annual physical / medical examination and a health card program is afforded to all permanent and contractual personnel of the center. The center shall submit its staff in the annual physical and medical examination provided by the Regional Office. If ever the latter is unable to provide this, the center's Medical Service can be utilized to conduct medical and physical examination to the staff.

### **STAFF-RESIDENT RATIO**

Social Worker to Resident

Per Administrative Order No.15 series of 2012, the caseload for each social worker shall consider the age, physical and mental condition as well as the developmental needs of the residents. Hence, the following staff to resident ratio shall be observed:

- a. One full time social worker for a number of clients as follows:
  1. 20 abused / exploited children or youth
  2. 15 children / youth in conflict with the law

#### Houseparent to Resident

The number of houseparents are to be determined by the actual number of cases of CICL caseload i.e., 15-20 CICL/shift/HP.

- a. One house parent per shift, for at most, the following number of residents as follows:
  1. 10 children aged 3 to 6 years old
  2. 15 children aged 7 to 12 years old
  3. 25 children aged 13 to 17 years old
  4. 20 children/youth in conflict with the law

### **ORGANIZATIONAL STRUCTURE**

Please see Annex 6 for reference

### **SCHEDULE OF DUTIES**

All staff shall render 40 hours a week of work, as per the Civil Service Rules. They shall observe a flexi-time schedule, except for Homelife and Medical Services, who shall render duties in three shifts: (6:00AM – 2:00PM; 2:00PM – 10:00PM; and 10:00PM – 6:00AM). During holidays, special events or emergency situations, staff shall observe skeletal duties. Any excess on the 40 hours work week shall be entitled to a monetary/compensatory day off, subject to the existing guidelines.

There shall be an assigned Officer-of-the-Day (OD) and Executive-on-Duty (EOD) among the Social Workers and Senior Staff on a daily basis, including holidays.

Qualified staff to render duty as EOD:

- Social Welfare Officer II & III
- Psychologist
- Nurse I&II
- Manpower Development Officer II/I
- Nutritionist Dietitian
- Houseparent IV/III
- Houseparent II
- Medical Officer III &;
- Senior Staff

a. All designation of EOD shall be by virtue of Regional Special Order for permanent and contractual employees and Regional Administrative Order for the MOA Workers.

b. As a general rule, all designated EOD should be guided by the general policies of the center on program management and administration especially policies on admission, confidentiality of cases, staff attendance and performance of duties, financial and supply management and general services.

Duties and Responsibilities of Executive on Duty and Officers of the Day (EOD/OD):

a. Exercise overall supervision in the operation of the center from 5:00pm to 9:00am on the following day for the EOD and 9:00am to 5:00pm for OD. EOD shall stay at the Administration Office during tour of duty except when conducting rounds. All EOD shall observe office decorum and dress code during her entire tour of duty.

b. Assess and evaluate referrals for admission including the completeness of requirements and endorse admitted resident to appropriate cottage for proper care and management. When necessary, the EOD/OD can refer residents to appropriate agency that could best serve their needs.

c. Conduct rounds during the tour of duty at least three (3) times within the duration of duty, i.e. upon endorsement or acceptance of responsibilities as EOD/OD, during the middle and end of the tour of duty.

d. Not to allow an outreach program beyond 5:00pm.

e. Ensure the newly admitted resident's personal money and properties are properly accounted and necessary supplies are issued to them.

f. Attends to visitors and telephone inquiries during the tour of duty.

g. Acknowledge, issue official receipts, record donations and make dispositions of perishable goods when necessary. All donations should be endorsed to the Head Social Worker at the earliest possible time for proper disposition.

h. Make immediate and necessary decisions on emergency cases, like medical referrals, death, leave without permission

and deaths. Submit necessary reports to the Head Social Worker and Regional Director immediately.

i. In coordination with the Houseparents on duty, conduct physical head count of all residents and record the movement/condition of residents in the logbook.

j. Ensure that the whole center and surroundings and dormitories are clean and in order.

k. Ensure residents with out on-pass to attend court hearings are prepared and with packed lunch.

1. After the tour of duty, endorse the responsibilities and accountabilities to the incoming Officer of the Day or to the head Social Worker which shall include, money, logbook with complete recordings and items and concerns needing follow up actions.

## CHAPTER VIII

### PERSONNEL

This chapter includes the staffing requirements needed to complete the number of staff in the center. It also gives a description of the qualifications and specific functions of each staff.

#### STAFFING REQUIREMENTS

POSITION	Number of Staff	Status of Appointment	Source of Fund
Social Worker Officer V (Head Social Worker)	1	Permanent	PS
Property Custodian	1	Permanent	PS
Administrative Aide IV / Records Custodian	1	Permanent	PS
Houseparent I / Clerk	1	MOA	DRF (Vacant)
Houseparent I /Supply Officer	1	Permanent	PS
Administrative Assistant III	2	MOA	GAA (1 Vacant)
Administrative Aide IV / Driver	1	Permanent	PS
Administrative Aide VI / Utility	1	Job Order	DRF (Vacant)
Administrative Aide VI/Emergency Driver	1	MOA	GAA
Administrative Aide IV-Clerk	1	Permanent	PS (Vacant)
Security Guards	1	Permanent	PS
TOTAL	12		

#### QUALIFICATIONS AND SPECIFIC FUNCTIONS OF THE STAFF

As guided by the Civil Service Commission standards the following are the qualifications and specific functions of the staff:

##### Head Social Worker (Social Worker Officer V)

- Must be a registered Social Worker Officer V, with at least three (3) years of managerial experiences and relevant training or experience in handling specific clientele category.
- Responsible for program direction and coordination and exercises general supervision over the implementation of various programs and makes periodic assessment on monthly, quarterly and semestral basis.

- c. Supervises and provides direction of personnel through the assigned supervisors.
- d. Prepares budget estimate or proposal and supervises the expenditure of budgeted funds.
- e. Performs administrative functions, implements and execute policies and procedure.
- f. Promotes and maintains good working relationship within the community explores taps and utilizes community resource.
- g. Consolidates accomplishment report of the different service and submit the same to the regional office.

#### Social Service Supervisor (Social Worker Officer III)

- a. Must be a registered Social Worker Officer III with at least 360 hours of training or experience in handling specific clientele category.
- b. Supervises the center's Social Service Workers in the performance of their duties, assign workloads to ensure equitable and proper distribution of personnel.
- c. Identifies the training needs of each worker and recommends for staff development.
- d. Conducts regular supervisory conference for staff development and case management for better program implementation.
- e. Coordinates with allied professional or specialist, government and non-government organization to access services that could address the needs of the esidents.

#### Social Workers (Social Worker Officer II)

- a. Must be a registered Social Worker (RSW) with at least 360 hours of training or experience in handling specific clientele category.
- b. Shall be the case manager and lead the conduct of Case Management Planning through intake interview, case conferences, implementation and monitoring of the resident's condition.
- c. Shall conduct intake interview, develop case study report included the intervention plan based on the result of the assessment.
- d. Shall refer to the other intervention team members for further assessment of resident's medical condition, physical and psychological functioning.
- e. Shall coordinate with allied professional or specialist, government and non-government organization to access services that could address the needs of the residents.

### Psychologist I

- a. Must be a registered Psychometrician (RPm) or Psychologist (RPsy) with at least 360 hours of training or experience in handling specific clientele category.
- b. Shall provide Initial Psychological Assessment (within 1 week).
- c. Shall administer psychological tests to assess the resident's mental status and personality traits and provide the Psychological Evaluation (within 1 month) prior to the Intervention Team Meeting/Case Conference. This is for the report to be integrated to the case study report and Intervention Plan, assuming that the ITM is logically scheduled or announced within a reasonable time.
- d. Shall inform the team of the resident's level of psychological/intellectual condition and allow them to identify appropriate psychosocial interventions.
- e. Shall be responsible in providing activities/intervention on how the residents will overcome their emotional and mental needs, issues and concerns, adjustment to the group living arrangements, ageing and dying.
- f. Shall facilitate referral of the resident who needs clinical assessment and medical intervention due to possible clinical disorder.
- g. Shall provide individual and group counseling to the residents.

### Child Counselor

- a. Must be a graduate of AB/BS Psychology or any behavioral science with at least 360 hours of training or experience in handling specific clientele category.
- b. Shall provide Initial Psychological Assessment (within 1 week).
- c. Shall administer psychological tests to assess the resident's mental status and personality traits and provide the Psychological Evaluation (within 1 month) prior to the Intervention Team Meeting/Case Conference. This is for the report to be integrated to the case study report and Intervention Plan, assuming that the ITM is logically scheduled or announced within a reasonable time.
- d. Shall inform the team of the resident's level of psychological/intellectual condition and allow them to identify appropriate psychosocial interventions.
- e. Shall be responsible in providing activities/intervention on how the residents will overcome their emotional and mental needs, issues and concerns, and adjustment to the group living arrangements.
- f. Shall facilitate referral of the resident who needs clinical assessment and medical intervention due to possible clinical disorder.
- g. Shall provide individual and group counseling to the residents.



### Medical Service Supervisor (Medical Officer III)

- a. Must be a graduate of a Doctor of Medicine with at least one (1) year relevant training and possesses RA 1080-certificate issued by Professional Regulation Commission (PRC). Preferably with experience in handling specific clientele category.
- b. Assumes the principal obligation and responsibility to manage the resident's medical condition.
- c. Performs medical history taking and thorough physical examination of all residents.
- d. Requests for routine laboratory examinations and other necessary work up.
- e. Formulates the resident's medical plan.
- f. In cases of complicated medical cases/ emergency cases, facilitates referral to hospital.
- g. Participates in the intervention team meeting and case conferences to update the team of the current medical condition.
- h. Supervises activities of the medical staff, volunteers and students.
- i. Accomplishes medical abstract/ medical certificate of resident for reference and information of other concerned agency/ institutions.
- j. Prepares and submits reports as per time line.

### Nurse I

- a. Must be a registered nurse with at least 360 hours of training or experience in handling specific clientele category.
- b. Conduct regular rounds during tour of duty and monitor medical condition of the residents (if needed arise).
- c. Assists the medical officer during medical consultation; ensures that the medical officer's orders are carried out properly.
- d. Administers medications.
- e. Performs health education to address safety care needs for falls, injuries, and common complications and prevalent illnesses and for the promotion of health.
- f. Escorts residents to the hospital and other charitable institutions during emergency or if necessary.
- g. Prepares reports.
- h. Facilitate an organized and efficient medical record.

- i. Safe keeps medical supplies and equipment.
- j. Performs monthly inventory of medicines and medical equipment.
- k. Acts as the center's lead in the medical team in the absence of the medical officer.

#### Homelife Service Supervisor (Houseparent III)

- a. Must be a graduate of four year course preferably behavioral science and with experienced for at least 1 year in supervisory. Trained for at least 360 hours in caring for the clientele group/s served by the center.
- b. Supervises the implementation of programs and services of the center's Homelife Service.
- c. Coordinates with other allied services regarding the rehabilitation of residents.
- d. Conducts Homelife Service meeting with the Houseparents.
- e. Submits Homelife Service accomplishment reports.
- f. Monitors attendance and performance of the Homelife staff.
- g. Defines and arranges the duties and time schedules of Houseparents.
- h. Attend meeting and case conferences.
- i. Prepares semestral performance evaluation.
- j. Prepares schedule of Houseparents for staff development and trainings.
- k. Reviews and enriches program for the care of the resident.
- l. Does other related task assigned by the Head Social Worker.

#### Houseparents

- a. Must be a high school graduate and is trained for at least 120 hours in caring for the clientele group/s served by the center. Preferably with a nursing aid, midwifery or medical background.
- b. Takes down note of the observations/behavior of the resident in getting along with other peers while inside the cottage and shares this during case conferences.
- c. Shall look into the resident's basic needs like food and clothing and maintaining the home-like atmosphere of the facility to provide the residents with comfort while at the center.

- d. Shall provide nursing care especially to those who are unable to attend to their own personal care.
- e. Shall also report cases of accidents of residents as she has the first knowledge when accidents happened within the resident.
- f. Conducts orientation to the newly admitted residents on the rules and regulation of the cottage.
- g. Checks the resident's personal belongings once admitted in the center. All valuables shall be sorted, recorded and turned over to the Social Worker in charge. These shall be kept in the storage room for safekeeping.
- h. Issues Homelife stuff and supplies to selected residents.
- i. Assists residents to observe cleanliness, health and sanitation within the area.
- j. Does other related task assigned by the Homelife Supervisor or Head Social Worker.

#### Dietitian/Nutritionist

- a. Must be a registered Nutritionist and Dietitian with at least 360 hours work experience.
- b. Prepares menu for residents in accordance with their nutritional needs.
- c. Prepares Purchase Requests for bidding and Purchase Orders for funding.
- d. Makes order for the weekly supply of food stuff.
- f. Monitors the delivery of foodstuff and other kitchen needs as per quality and quantity.
- g. Supervises the preparation, cooking and distribution of food to residents.
- h. Requests food supplies and kitchen equipment.
- i. Assess nutritional status of residents at the center.
- j. Interprets the dietetic prescription of the physician.
- k. Visits all cottages to know if the food are properly given to the resident.
- l. Conducts regular supervisory meeting with the staff.
- m. Coordinates with the other services regarding the management of the resident.
- n. Prepares and submits reports.

- o. Does other related task assigned by the Head Social Worker.

#### Cook

- a. Must be at least a high school graduate and at least 360 hours work experience as cook.
- b. Prepares variety of food according to recipes and menu.
- c. Checks and accepts foodstuff deliveries.
- d. Cleans and stores raw foodstuff deliveries.
- e. Stores food supply after deliveries.
- f. Checks availability of ingredients needed for next day menu.
- g. Prepares requisition of non-perishable foods, toiletries and other supplies.
- h. Maintains cleanliness and sanitation of the kitchen.

#### Productivity Service Supervisor (Manpower Development Officer II)

- a. Must be a graduate of related course
- b. Teaches potential residents using special and adopted methods, techniques to aid them in their physical rehabilitation.
- c. Directs and provides the general supervision of the productivity center.
- d. Executes productivity activities, policies and recommends changes.
- e. Evaluates implementation of the productivity activities.
- f. Coordinates with the intervention team members on problems encountered with the resident.
- g. Prepares budget estimates including supplies and materials needed.

#### Productivity Trainer

- a. Must be a graduate of related skills course e.g. Computer, Baking, Cosmetology etc.
- b. Teaches potential residents using special and adopted methods, techniques to aid them in their physical rehabilitation.

- c. Directs and provides the general supervision of the productivity center.
- d. Executes productivity activities, policies and recommends changes.

#### Security Guard

- a. Safeguards and protects the center facilities, properties, cash, equipment, vehicles, supplies and similar items against robbery, theft, pilferage, fire damage and other similar hazards.
- b. Provides security measures for the protection of the residents and staff of the center from accidents and/or natural calamities.
- c. Guards and inspects goods, loaded or unloaded.
- d. Guards and protect premises and compound from unlawful entry.
- e. Takes note of persons and vehicles entering and leaving premises.
- f. Searches then from prohibited articles and stolen property.
- g. Accost suspicious persons and reports unusual happenings and accidents.
- h. Maintains peace and order within the vicinity.
- i. Issues gate passes to authorize persons.
- j. Inspects conditions of buildings to detect needed repairs.
- k. Reports same of the protection and safety of the special group clientele.
- l. May safe keep and issue firearms.
- m. Conducts preliminary investigation of disturbances and infractions of the center's rules and regulations.
- n. Conduct roving during tour of duty and ensure safety of the residents.
- o. Regular inspection of personal belongings during in and out of staff and visitors.

#### Property Custodian

- a. Receives Property, Plant and Equipment (PPE) delivered through Purchase or Donation. Submit report of Semestral/ purchased equipment within (5) days upon received to Property and Assets Section Field Office for recording and monitoring.
- b. Records PPE in the Registry book and Property card indicating used number of items received, description, serial number if any and amount/cost per item of PPE.

- c. Prepares the Proper Accountability Receipt (PAR) for issuance to accountable person who will use the PPE, assigned corresponding property number and post on PPE.
- d. Maintains preventive maintenance record of the PPE while the PPE is serviceable.
- e. Prepares records of serviceable and unserviceable PPE in the General form number 13 and 12 (Inventory Report of Serviceable Property and Inventory and Inspection Report of Unserviceable PPE)
- f. Submits to Property and Assets Section, F.O. Inventory Report of Serviceable PPE and Inventory and Inspection Report of Unserviceable PPE and every end of June and December of each year
- g. Prepares Requisition Issuance Slip (RIS) for the replacement of unserviceable PPE for approval.
- h. Regularly conduct check, inspection and assessment on the issued PPE of its serviceability.
- i. Assists the Regional PPE Inventory Committee in the conduct of physical count of Serviceable and Unserviceable PPEs as per schedule of the undertaking.
- j. Prepares the pre-repair Inspection Report of PPE submit or use of repair for inspection and approval.
- k. Ensures that unserviceable PPE's are well-stored in safe place for proper inspection and inventory by the PPE Inventory Committee.

#### Administrative Assistant III

- a. Must be at least high school graduate preferably with training in housekeeping.
- b. Takes charge of washing, drying, of clothes, blankets and curtains of the cottage.
- c. Arranges, sews, torn/ damaged clothes of the residents.
- d. Handles all laundry supplies endorsed for laundry use.
- e. Conducts inventory of laundry items.
- f. Maintains the upkeep of the laundry areas.
- g. Knows the operation of laundry equipment.
- h. Maintains the equipment in good running conditions.

#### Administrative Aide IV

- a. Must be at least high school graduate preferably with training in housekeeping.

- b. Takes charge of washing, drying, of clothes, blankets and curtains of the cottage.
- c. Arranges, sews, torn/ damaged clothes of the residents.
- d. Handles all laundry supplies endorsed for laundry use.
- e. Conducts inventory of laundry items.
- f. Maintains the upkeep of the laundry areas.
- g. Knows the operation of laundry equipment.
- h. Maintains the equipment in good running conditions.

#### Administrative Aide VI

- a. Must be at least high school graduate preferably with training in housekeeping.
- b. Takes charge of washing, drying, of clothes, blankets and curtains of the cottage.
- c. Arranges, sews, torn/ damaged clothes of the residents.
- d. Handles all laundry supplies endorsed for laundry use.
- e. Conducts inventory of laundry items.
- f. Maintains the upkeep of the laundry areas.
- g. Knows the operation of laundry equipment.
- h. Maintains the equipment in good running conditions.

#### AA -IV / Driver

- a. Must be a High School graduate with driver's license and at least of one (1) year experience. Preferably skilled on proper maintenance of vehicle.
- b. Drives office vehicles with Senior Citizen and special group's clientele, staff of the Center and other passengers.
- c. Assists residents in boarding and un-boarding the vehicle.
- d. Cleans and inspects office vehicles being responsible for their cleanliness and readiness.
- e. Makes minor repairs and adjustments necessary, or reports needed major repairs.
- f. Assists in the loading and unloading of supplies, materials and equipment.

- g. Properly accomplish vehicle trip ticket.
- h. Performs other work as may be assigned.

#### Administrative Aide IV

- a. Must be at least a graduate of 2-Year course, preferably in Administrative course, and with relevant knowledge or training in office procedure.
- b. Sorts, index and files correspondence, reports and other documents.
- c. Routes documentary bags or telegrams received to proper circuit for transmission.
- d. Records communications received and transmitted.
- e. Traces missing or un-transmitted messages.
- f. Maintains record or files out from letters and routine application and request for completeness and accuracy.
- g. Makes physical count of items and record figures.
- h. Does simple posting of figures on record forms.
- i. Prepares bills and statement of current accounts.
- j. Meets the public and answer routine questions about places, events or personnel. k. Types routine correspondence and report form
- l. Receives and maintain records of correspondence m. Keeps time records of employee n. Performs related task.

#### AA-VI/Utility Worker

- a. Must be at least high school graduate with skills in repair and maintenance of facilities and equipment.
- b. Cleans rooms and grounds to provide proper sanitation for the protection of the residents and personnel from diseases.
- c. Keeps office equipment and furniture clean and orderly and collects, dumps or burn garbage.
- d. Opens doors and windows before office hours and close them after office hours.
- e. Hauls and transfers office furniture, fills drinking containers with water.
- f. Keeps restrooms or closets clean and sanitary.



g. Occasionally does liaisons, minor clerical and simple carpentry repair work.

#### Supply Officer

a. Receives supplies and materials delivered as purchased and as donation to the center.

b. Records all items of supplies and materials received in the record book and in the stock card reflecting the quantity, particulars and amount.

c. Issues request for supplies and materials as per approved Request Issuance Slip (RIS) by authorized approving staff.

d. Consolidates all issued supplies and materials as per approved RIS and records all issuance on the stock card on a daily basis.

e. Prepares Report of Monthly Supplies and Materials Issued (RSMI) and submit to the accounting unit to record issuance in the Books of Account.

f. Prepares and submits Semestral Report of inventory of supplies and materials every end of June and December to Accounting Unit copy furnished Supply Section.

g. Prepares purchase request for supplies and materials based on records of balances as per stock card for approval and procurement.

h. Regularly check stock card balances for the required and necessary replenishment of supplies and materials

i. Assists the Inventory Committee in the conduct of Semestral physical count of inventory of supplies and materials.

j. Follows-up request for supplies and materials as necessary as possible to abate any shortage on stock level card for required supplies and materials.

h. Properly observe the standard operating procedures (SOP) in the management of store room, its cleanliness and orderliness.

- The duties and responsibilities of each personnel are specified and clearly defined in accordance with the positions and job functions.

- The center shall have the record of duties and responsibilities of each personnel based on the official job descriptions specified in the Civil Service Law.

- Working and labor standards, including wages, benefits and privileges, applicable to the Agency's personnel are in accordance with the policies of the Civil Service Commission (CSC) and other related laws as the case may be

## **CHAPTER IX**

### **BUDGET**

#### **WORK AND FINANCIAL PLAN**

The Work and Financial Plan (WFP) shall be prepared by every center annually during the financial planning. The plan shall indicate detailed forecast of budget for administrative and programs. The allocation for administrative costs should be not more than 20% of the entire budget. The remaining 80% will be used to fund the various services provided by the center to the residents.

The MDP will be evaluated monthly for check and balance. The other important purpose is to assess the financial condition of the Center as vital input and guide for its operation for the succeeding months.

#### **DISBURSEMENT**

The Field Office manages the disbursements of funds. At the Center, there is an assigned staff who manages the disbursement fund. The schedule of disbursement of fund will be done every month subject to submission of liquidation of funds provided for particular quarter.

#### **FINANCIAL MANAGEMENT**

##### **Recording**

The Finance Section shall maintain and keep finance related records and documents.

Financial records and documents are to be held confidential. These shall be kept in safe files backed up with a computer files. Financial records and documents should not be taken out from the office unless prior permission it sought from the Executive Director.

Financial records/documents shall include, among others the following:

- a. Cash Disbursement Record
- b. Paid Petty Cash Voucher Report
- c. Inspection and Acceptance Report
- d. Summary of Expenses and liquidation of expenses
- e. Journal Vouchers (petty cash voucher)
- f. Liquidation and other financial requirements
- g. Other accounting documents/records

The Disbursing Office shall maintain cash receipts and petty cash disbursement book.

The assigned staff on Financial Management and Reporting keeps the other finance-related records and documents.

## **RECEIPT OF DONATIONS (Per Memorandum Circular No. 09, Series of 2006)**

a. All donations received in cash or in cheque shall be covered by the Acknowledgement Receipt for Donations Received (ARDR) and be covered by the Deed of Donation and Acceptance (DDA) (See Annex 3). Moreover, an official receipt shall be issued by the Collecting Officer for cash donations. The DDA shall be notarized to be charged on the funds for the operating costs of the center.

b. The recipient center/institution, in addition to the Deed of Donation and Acceptance, shall prepare in three (3) copies pre-numbered Acknowledgement Receipt for Donations Received (ARDR) and to be distributed, as follows:

Copy 1- Donor

Copy 2- Field Office

Copy 3- Receiving Center/Institution

c. The ARDR shall be properly accomplished and duly signed, both by the Center Head and the Donor or their respective authorized representatives. The designation of the center head and the alternate representatives in the center/institution authorized to receive donations shall be covered by a Special Order to be issued by the Field Office concerned.

d. Cash donations in small amounts from various donors for general purpose or common use by the center/institution can be pooled together for the execution of DDA, provided that each donor has been issued with an ARDR and has signed in the DDA. This can be done through a pre-printed, fill in the blanks DDA, with formatted tables for the donors' names and signatures and other required information and specifications. Upon generation of a maximum amount of TWO THOUSAND PESOS (P2, 000), the DDA shall be notarized and forwarded to the Field Office.

e. Cash donations from anonymous donor through courier services or direct deposit to the agency/office's authorized bank account, wherein the execution of a DDA is impossible, shall be governed by the existing rules and regulations on the receipt and remittance of grants and donations to the National Treasury subject to approval of Special Budget by the Department of Budget and Management.

f. Receipt of donations in kind sourced out by different bureaus/offices for purpose other than for disaster relief and rehabilitation shall be coursed-through the Administrative Service in Central Office or Management Division in Field Offices. The ARDR shall also be prepared and issued by the said office copy furnished the Accounting Division/Unit for recording in the books.

g. Donations in kind immediately consumable or perishable in nature like snacks or food served, medicines and other items provided by the donor shall also be accounted however, and only the ARDR shall be prepared and issued. The corresponding Monthly Donation Report, Request and Issuance Slip and Report of Supplies and Materials Issued shall be attached to the ARDR for purposes of recording the receipt and outright utilization of the donation.

h. Donations in kind without monetized value shall be requested for valuation by the Valuation Committee.

## **CASH DISBURSEMENTS**

A regular staff shall be designated as Special Disbursing Officer (SDO) for the revolving cash advance and another staff as SDO for the special cash advance for major activities of the center.

## **UTILIZATION AND DISBURSEMENT OF CASH ADVANCE**

- a. The Center shall have a revolving fund through cash advance;
- b. Request for cash advance from the different services should be approved and signed by the center head using the Paid Petty Cash Report and shall be liquidated within 3-5 days upon receipt and must be supported with proper documents (e.g. official receipts, certificate, of appearance etc.)
- c. The following items can be charged to the revolving cash advance:
  1. Transportation allowance and meals of the residents during referral to hospitals for check-ups, area tour and the like
  2. Medical check-ups, laboratories and other immediate medical work-ups
  3. Filing of birth certificates
  4. Gasoline for the center vehicle
  5. Services such as Toll fee, parking fee, etc.
  6. LPG for the kitchen
  7. Communication expenses such as mails, stamps etc.
  8. Notarization of documents
  9. Photocopying of documents
  10. Office/center supplies needed in emergency cases and not part of the regular requisition
  11. Representation expenses for meetings and entertaining center guests.
  12. Minor repairs and maintenance (materials and labor)
  13. Miscellaneous expenses in attending to official functions.
- d. A cash disbursement record is maintained and is checked by the assigned SDO every end of the month when petty cash fund is replenished.

## **TRAVEL AND TRANSPORTATION**

- a. The transportation cost in connection with the conduct of an official business shall be shouldered by the Center through Emergency Money.
- b. Travelling Expenses Voucher shall be made/submitted at the end of the month and should be supported with proper supporting documents e.g. Travel Order, Approved Itinerary of Travel, Certificate of Travel Completed, Certificate of Appearance, Official Receipt, Tickets and Certification of Expenses not Requiring Receipts.

c. Request for cash advance for travel shall be made five (5) days prior to the actual date of travel and should be supported with proper supporting documents.

## **FINANCIAL REPORTS**

### **Budget against Expenses**

The Assigned Staff shall prepare a Cash Disbursement Record every 5th day of the succeeding month and WFP Implementation every semester for specific projects (expenses against budgets). These shall be submitted to the FINANCE DIVISION (Accounting Section) for Cash Disbursement Record and (Budget Section/Planning Unit) for WFP Implementation.

## **CHAPTER X**

### **MONITORING AND EVALUATION**

This chapter discusses the process of monitoring and evaluation of the overall operation of the center, which shall be in three levels.

#### **1. Center (Marillac Hills)**

Monitoring and evaluation of the over-all operation of the center shall be done by the Head Social Worker. As an administrator, she shall monitor and evaluate implementation of programs and services and see to it that it responds to the needs and problems of each resident. Administrative concerns shall likewise be evaluated by conducting the following activities:

- a. Annual Program Implementation Review.
- b. Performance Contract (PC) and Individual Performance Contract Report (IPCR)
- c. Performance Contract Mid-Check

#### **2. Field Office**

Monitoring on this level shall be done by the Center, Regional Center Coordinator, Standards Unit, Administrative Unit, Planning and Finance Units and the Social Welfare Specialist (SWS) as per expected timeline. Monitoring shall look into the implementation of the five work areas, as per Administrative Order No. 15 Series of 2012:

- a. Administration and Organization
- b. Program Management
- c. Case Management
- d. Helping Strategies/Interventions
- e. Physical Structures and Safety

#### **3. Central Office**

The technical staff from the Central Office shall be responsible for the audit and evaluation of services to look into its effects/ impact on the rehabilitation of the child.

## **CHAPTER XI**

### **REPORTING AND DOCUMENTATION**

#### **IMPORTANCE OF RECORDS**

Records are necessary in documenting program implementation in order that the case movement are monitored and program effectively is evaluated. It is also useful for continuity of service, supervision , teaching, statistical reporting, documentation of social worker'activities and other programmatic consumptions. These records can also be a source for documentation of success stories and good practices.

#### **ACCREDITATION**

The Standards Unit conducts pre-accreditation assessment to assist the center in preparation for the accreditation to be conducted by the Central Office. After complying with the findings and assessment of the Standard Unit, the center will be then endorsed to the Central Office for its final accreditation assessment.

#### **REPORTORIAL REQUIREMENTS**

The following are the reports to be submitted:

- a. Austerity Report – Submitted every 1st day of the succeeding quarter.
- b. Dress Code Monitoring – Submitted every 5th day of the month.
- c. Garage Report – Submitted every 5th day of the month.
- d. Report of Supplies and Materials Issued (RSMI) – Submitted every 1st day of the succeeding month.
- e. Report on the Physical Count of Inventories – Submitted every end of the semester.
- f. Records Disposal – Submitted every 1st day of the succeeding semester.
- g. Records Holding - Submitted every 1st day of the succeeding semester.
- h. Information and Communication Technology (ICT) Report - Submitted every 1st day of the month.
- i. Inventory and Inspection Report of Unserviceable Property – Submitted every end of the semester.
- j. Report on the Physical Count of Property, Plant and Equipment – Submitted every end of the semester.
- k. Report on the Physical Count Inventory of Semi-Expendable Property

- l. Waste Material Report - Submitted every end of the semester.
- m. Work and Financial Plan (WFP) Implemented – Submitted every end of the semester.
- n. Project Procurement Management Plan (PPMP) Implemented – Submitted every end of the semester.
- o. Donation Report - Submitted every 1st day of the succeeding month.

### **CASELOAD INVENTORY, LOGBOOKS AND SUPPLIES RECORDS**

A Caseload Inventory of Cases shall be maintained in a separate file. A logbook of supplies and donations, record of inquiries and referrals, as well as program reports both narrative and statistical, minutes of case conferences, minutes of meetings shall be kept for ready reference.

### **CONFIDENTIALITY OF RECORDS**

Safeguard all case records. All children's case records are strictly confidential and must be placed in a safe permanent file to protect information contained in records against unauthorized disclosure. Records should not be left on top of social worker's desk or place inside personal drawer when not in use. All records should be preserved for future use.

### **RELEASE OF INFORMATION FROM CASE RECORDS**

A formal request should be made when records or documents are to be shared with other workers and researchers. The information must never be released automatically. There must be an evaluation to determine whether the information can be released and in what reason/purpose. Records of children can only be released through court orders or in some cases, upon the order of the RCF Head.



# ANNEXES

## Annex 1. Admission Slip

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
National Capital Region  
Marillac Hills  
Zapote Road, Alabang, Muntinlupa City

### ADMISSION SLIP

Case No. \_\_\_\_\_  
Category : \_\_\_\_\_  
Assigned Social Worker: \_\_\_\_\_

Date Admitted: \_\_\_\_\_  
Time: \_\_\_\_\_

This is to certify that I received the person of \_\_\_\_\_, \_\_\_\_\_ years old referred by \_\_\_\_\_ of \_\_\_\_\_  
for temporary shelter, proper care and case management/ disposition. Documents received ( ) SCSR, ( ) Referral ( ) Legal Documents, ( ) Others: \_\_\_\_\_

#### Initial Medical Impression

Social Worker / Executive on Duty \_\_\_\_\_

Initial Data		Impression
Height		
Weight		
Pulse Rate		
Temperature		
Blood Pressure		Medical Officer / NOD _____

Services	Signature of Staff	Remarks
Social Service		
Dietary Service		
Psychological Service		
Educational Service		
Homelife Service		
Medical Service		
Productivity Service		

#### Inventory of Belongings

Quantity	Description	Received By	Remarks

Endorsed to / Received By: \_\_\_\_\_

Houseparent \_\_\_\_\_

Dorm \_\_\_\_\_

Date & Time \_\_\_\_\_

Recommending Approval: \_\_\_\_\_

Signature Over Printed Name of Referring Party \_\_\_\_\_

Address / Tel No.: \_\_\_\_\_

Approved By: \_\_\_\_\_

**FARRAH A. CABRERA**  
SWO V/Center Head

## AGREEMENT

We agree and authorize the administration and staff of Marillac Hills on matters concerning the welfare, rehabilitation of my daughter (s)/ friend/ward/referral \_\_\_\_\_  
Including; \_\_\_\_\_ *(name of child)*

1. Medication, hospitalization (e.g. bills, hospital watcher, and escort) surgery and other matters related to her/their illness that may occur minor(s) stay at Marillac Hills.
2. Social and recreational, educational ( e.g. records, documents and outside school activities ) religious activities ( worship/fellowship activities ) in relation to her/their rehabilitation;
3. Attendance and escorting minor(s) to court hearings, preliminary investigation and other legal activities e.g. a) filing of complaint b) provision of legal documents, c) submission of minor(s) for medico-legal examination and psychological evaluation and psychiatric sessions when necessary;
4. Locate minor(s) relatives and assess parenting capability within 6 months;
5. Attendance to case conferences/dialogues as schedule

\_\_\_\_\_  
Signature of Parent(s)/ Guardian(s)

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Signature of referring Party

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Witness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Annex 2. Intake Sheet

### *Child's Description*

#### A. Major Life Events

- \_\_\_\_\_ Death of Parents
- \_\_\_\_\_ Abandonment
- \_\_\_\_\_ Separation from the family
- \_\_\_\_\_ Serious Accident
- \_\_\_\_\_ Victim of natural / man made disaster
- \_\_\_\_\_ Victim of Demolition
- \_\_\_\_\_ Victim of apprehension
- \_\_\_\_\_ Victim of sexual abuse
- \_\_\_\_\_ Victim of physical abuse
- \_\_\_\_\_ Victim of verbal abuse
- \_\_\_\_\_ With suicidal tendencies
- \_\_\_\_\_ Acquired disability
- \_\_\_\_\_ Mistaken identity
- \_\_\_\_\_ Others: (pls. specify)
- \_\_\_\_\_ death of paternal grandmother

**B. Enduring Life Strain**

- \_\_\_\_\_Poverty
- \_\_\_\_\_constant need to earn for the family
- \_\_\_\_\_Physical illness ( pls. specify)
- \_\_\_\_\_lack of education / education opportunity
- \_\_\_\_\_lack of recreational facilities
- \_\_\_\_\_exclusion for school
- \_\_\_\_\_exclusion for peers
- \_\_\_\_\_with disability
- \_\_\_\_\_others (pls. specify) \_\_\_\_\_

**C. Life Transition**

- \_\_\_\_\_moving from one neighborhood to another
- \_\_\_\_\_changing peer group
- \_\_\_\_\_moving to another place of residence due to demolition
- \_\_\_\_\_moving to another place of residence due to disaster
- \_\_\_\_\_moving from the biological family to a kinship/foster placement
- \_\_\_\_\_beginning romantic relationship
- \_\_\_\_\_beginning romantic relationship of parents

**D. Development changes**

- \_\_\_\_\_early childhood 1-6 yrs.old
- \_\_\_\_\_school age 7-12 yrs. Old
- \_\_\_\_\_adolescence 13-18 yrs. Old



#### E. Normalization

\_\_\_\_\_ legality/law enforcement (weak)

\_\_\_\_\_ availability of:

- Commercial Sex
- Substance / illegal drugs
- Pornography materials to include video tapes
- Red Houses

\_\_\_\_\_ price- least expensive

\_\_\_\_\_ advertising/ sponsorship/media presentation

- Advertisement promoting liquors / cigarettes / clubs / red houses
- Television shows
- Movies
- Printed materials

\_\_\_\_\_ community acceptance

- Source of income
- Involve in actual trade/ production

\_\_\_\_\_ role of culture (culturally accepted)

- Smoking
- Drinking
- Abuse
- Gambling
- Illicit relationship
- Polygamous relationship
- Incest relationship
- Begging
- Rugby sniffing

#### F. Feelings / Behavior towards the incident

\_\_\_\_\_ Behavior (+ or - )

- *Stow away*
- Withdrawal
- Irritable
- Unresponsive / passive
- Delinquent behavior
- Indulge in illegal substance

- Stealing
- Snatching
- Begging
- Staying in the street
- Others ( pl. specify)

\_\_\_\_\_ feelings (+ or -)

- Happy
- Contented
- Feeling of freedom
- Belongingness
- Hatred
- Guilt
- Independence
- Rebellion
- Others pls. specify

#### G. Attachment

\_\_\_\_\_ mother

\_\_\_\_\_ father

\_\_\_\_\_ grand mother

\_\_\_\_\_ grand father

\_\_\_\_\_ aunt

\_\_\_\_\_ uncle

\_\_\_\_\_ neighbor

\_\_\_\_\_ peer

\_\_\_\_\_ cousin

\_\_\_\_\_ schoolmate

\_\_\_\_\_ teacher

\_\_\_\_\_ classmate

\_\_\_\_\_ others (older sister)

#### H. Skills

- \_\_\_\_\_ problem solving
- \_\_\_\_\_ coping skill
- \_\_\_\_\_ interpersonal relationship
- \_\_\_\_\_ survival skills
- \_\_\_\_\_ communication skills
- \_\_\_\_\_ a decision making skills
- \_\_\_\_\_ vocational skills
- \_\_\_\_\_ comprehension
- \_\_\_\_\_ critical thinking
- \_\_\_\_\_ self awareness
- \_\_\_\_\_ others

#### I. Resources

##### \_\_\_\_\_ Internal Resources

- Intelligence
- **Education**
- Spirituality
- Discipline
- Resourceful
- **Respectful**
- **Obedient**
- Submissive
- Others

##### \_\_\_\_\_ External Resources

- **Family**
- Other street children
- **Peers**
- Street educators
- Health services
- Vocational services
- Recreational services
- **LGU staff and all levels**
- NGOs existing in the community
- People's organization
- Civic organization
- Faith- based organization
- Others (pls. specify)

#### IV. Activities or source of income in the street; (N/A)

- |               |              |               |
|---------------|--------------|---------------|
| _____ vending | _____ porter | _____ carwash |
| _____ barker  | _____ rugby  |               |



Earnings / Income  
Hours of the stay in the street

Length of the stay in the street

Common substances Used

#### V. INTIAL ASSESMENT (Professional impression)

*Initial assessment of problem (initial impression of worker about the problems and it's causes, strength/ potentials, weakness and resources.*

#### VI. Recommendation

Prepared by:

Social Welfare Officer II

Noted by:

**FARRAH A. CABRERA**  
SWO V/Center Head

FORM 1

Case No. \_\_\_\_\_

Date of Intake \_\_\_\_\_

**Intake Form for CICL**  
(Data may be obtained from the child and/ or significant others.)

**I. Identifying Data of the Child**

Name: \_\_\_\_\_ Alias, if Any \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ If IP, please Specify: \_\_\_\_\_

Physical Disability (if any) \_\_\_\_\_

Identifying marks (if any) \_\_\_\_\_

Present Address: \_\_\_\_\_

Provincial Address: \_\_\_\_\_

Highest Educational Attainment: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Date / Year: \_\_\_\_\_ Status: \_\_\_\_\_ In-school: \_\_\_\_\_ OSY

Address of school: \_\_\_\_\_

## II. Family Composition

### A. Immediate Family

Name	Age	Relationship to the Child	Civil Status	Address	Educ. Attainment	Occupation	Monthly Income	Remarks

### B. Other household members

Name	Age	Relationship to the Child	Civil Status	Address	Educ. Attainment	Occupation	Monthly Income	Remarks

### C. Significant Others not be staying with the family

Name	Age	Relationship to the Child	Civil Status	Address	Educ. Attainment	Occupation	Monthly Income	Remarks

D. Remarks (other relevant information on the child's past and present)

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III. Circumstances of Referral

(Information could be obtained from the law enforcement officer or accompanying party)

Name of Referring party: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Reason(s) for referral: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Offense Allegedly Committed: \_\_\_\_\_

Date and Place Where Offense was allegedly committed: \_\_\_\_\_

Date of apprehension: \_\_\_\_\_ Place: \_\_\_\_\_

Apprehended By: \_\_\_\_\_

Name

Designation

Agency/ Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Name of Victim (if applicable) \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Relationship to the C/CL: \_\_\_\_\_

Name of Accompanying Person (if applicable):

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

IV. Problem Presented

A. Law Enforcement Officer's Report

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Child's Version

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Views of the child about the offense allegedly committed:

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V. Initial Assessment and Recommended Action

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\_\_\_\_\_  
Name and Signature of Social Worker

\_\_\_\_\_  
Date

**PART II. Interviewer's Assessment (Use additional paper if necessary)**

**A. Initial Assessment of Interviewer**

Problem presented

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Brief description of the trafficking incident

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Types of Trafficking

Prostitution  
Pornography  
Sexual exploitation  
Sex tourism

forced labor and slavery  
involuntary servitude/debt bondage  
illegal adoption  
removal or sale of organs

Alleged traffickers and others involved in the trafficking situation

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Client

Client's immediate needs (specify)

Medical/health

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Temporary shelter

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Others

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Client's initial reintegration plans

Reunification with Family

Job placement

Livelihood

Micro-financing

Return to school

Vocational/skills training

Psychological/medical care

Alternative care

Legal Action

Others

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**CONFIDENTIAL**

**RR Form 2 – INTEGRATED INTAKE FORM**

Instructions	This form should be completed by the case manager who is trained in interviewing and case management. The client may fill up Part I and III with the assistance of the CM, translating to the client's dialect, as necessary, to ensure the accuracy of information. The client must sign in the Conforme after Part II to show his/her concurrence to the agreed upon actions/plans. Relevant information must be reflected in RR Form 1.
Note	This form may not be fully completed at initial contact particularly Part III which may be done after the client has stabilized or is ready to give needed information. Part II is the manager's professional assessment and actions/plans must be discussed and agreed upon by the client.

Case No. \_\_\_\_\_  
Date of Intake \_\_\_\_\_

**PART I. Profile of the Trafficked Person**

**A. Identify Data of the Trafficked Person**

Name \_\_\_\_\_ Other names, If any \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_ Health Condition \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Highest Educational Attainment \_\_\_\_\_  
Skills \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Contact Nos. mobile: \_\_\_\_\_ landline: \_\_\_\_\_ email \_\_\_\_\_  
Present Passport/Travel Document No. \_\_\_\_\_ Issued on \_\_\_\_\_  
Place of Issue \_\_\_\_\_  
Present Address \_\_\_\_\_  
Provincial/City Address \_\_\_\_\_  
If child/minor, name of parent/guardian/custodian \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Nos. mobile \_\_\_\_\_ landline \_\_\_\_\_ email \_\_\_\_\_  
Last School Attended \_\_\_\_\_  
Address of School \_\_\_\_\_  
Date/Year \_\_\_\_\_ Status In-School \_\_\_\_\_ Out-of-School \_\_\_\_\_



### B. Family Composition

### 1. Immediate Family and Household Members

[illegible]

2. Significant Others (relatives, friends, etc.) who may be contacted and not staying with the family

[illegible]

### C. Work/Employment History

[illegible]



#### **D. Recent/Present Employment Record**

Recent/Present Employment \_\_\_\_\_  
Nature of Work \_\_\_\_\_ Status \_\_\_\_\_  
Inclusive Dates \_\_\_\_\_ Monthly Salary \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Nos. mobile \_\_\_\_\_ landline \_\_\_\_\_ email \_\_\_\_\_  
Name of Local Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Nos. mobile/landline \_\_\_\_\_ fax no. \_\_\_\_\_ email \_\_\_\_\_  
Duration of Contract \_\_\_\_\_ Date of Termination \_\_\_\_\_  
Reason/s of Termination of Contract \_\_\_\_\_  
Name of Foreign Agency \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact Nos. mobile/landline \_\_\_\_\_ fax no. \_\_\_\_\_ email \_\_\_\_\_  
Duration of Contract \_\_\_\_\_ Date of Termination \_\_\_\_\_  
Reason/s for Termination of Contract \_\_\_\_\_  
\_\_\_\_\_  
Date/time of Departure from country/place of destination \_\_\_\_\_ by \_\_\_\_\_  
Date/time of Arrival at country/place of origin \_\_\_\_\_ by \_\_\_\_\_

#### **E. Circumstances of Reporting / Referral**

Name of Reporting/Referring Party \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact Nos. mobile/landline \_\_\_\_\_ fax no. \_\_\_\_\_ email \_\_\_\_\_  
Reason/s for Reporting / Referral \_\_\_\_\_  
\_\_\_\_\_  
Date of Report/Referral \_\_\_\_\_ Relationship of client, If any \_\_\_\_\_

**PART III. Description of the Trafficking Situation (Use additional paper if necessary)**

**A. Pre-Trafficking Situation**

**1. family/community/workplace situations**

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**2. recruitment process including individuals/agencies involved and financial transactions.**

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**B. During Trafficking**

**1. modus operandi, trafficking route/s to country/place of destination including individuals and agencies involved and financial transactions, if any**

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**2. client's experience during the trafficking incident**

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**C. Post-Trafficking**

**1. how client came in contact with government authorities/NGO e.g. rescue: repatriation/return process and immediate post-trafficking**

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B. Plan of Action/Recommendation of Interviewer

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Interview by

Conforme:

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Client

## Annex 3. Discharge Slip

Republic of the Philippines  
**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**  
 National Capital Region  
**MARILLAC HILLS**  
 Northgate Avenue, Filinvest Corporate City  
 Alabang, Muntinlupa City

### DISCHARGE SLIP

Date Admitted: \_\_\_\_\_

Case # \_\_\_\_\_

Category \_\_\_\_\_

Dormitory \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Time \_\_\_\_\_

This is to certify that \_\_\_\_\_, \_\_\_\_\_ years old is discharged to \_\_\_\_\_  
 (relationship)

of \_\_\_\_\_ (address) for \_\_\_\_\_ (reason for discharge)

Client's Signature \_\_\_\_\_

Social Worker \_\_\_\_\_

#### Service Unit Clearance

#### Returned Personal Money / Belongings

Services	Signature of Senior Staff	Remarks	Quantity	Description	Received by	Remarks
SOCIAL SERVICE						
HOMELIFE SERVICE						
DIETARY SERVICE						
PSYCHOLOGICAL SERVICE						
EDUCATIONAL SERVICE						
PRODUCTIVITY SERVICE						
SECURITY						

#### Medical Clearance

Height		Medical Clearance
Weight		
Pulse Rate		
Temperature		
Blood Pressure		
		Medical Officer / NOD

Approved by:

**FARRAH A. CABRERA**  
 SWO V/Center Head

### RECEIPT OF WARD

I have received the living body of \_\_\_\_\_  
 discharge to my custody and take the responsibility for her safety and protection. That we shall report to  
 CSWDO \_\_\_\_\_ for after care and monitoring service.

\_\_\_\_\_  
 Name & Signature of Parents/Guardian

\_\_\_\_\_  
 Address

Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



*KASUNDUAN*

Ako si \_\_\_\_\_ ni  
nakatira sa \_\_\_\_\_, \_\_\_\_\_ na taong gulang  
nangangako na: \_\_\_\_\_ ay

1. Pangangalagaan ko ang aking \_\_\_\_\_ na si \_\_\_\_\_.
2. Suportahan ko po siya sa mga gawaing makatulong sa pag-unlad ng kanyang kaalaman at kagalingan.
3. Susubaybayan ko po siya sa kanyang mga gawain at gagabay sa kanyang patuloy na pagbabago at kaayusan.
4. Hindi ko pahihintilutang mangyari muli ang pambibiktimang ginawa sa kanya ng ibang tao.
5. Ako ay makikiisa sa mga gawain at programa ng \_\_\_\_\_ para sa kapakanan at kabutihan ng aking \_\_\_\_\_.
6. Nangangako ako na makikipagtulungan sa local na DSWD sa aming bayan at regular na magrereport sa social worker ng \_\_\_\_\_ isang beses sa isang buwan kasama ng aking \_\_\_\_\_.
7. Pahihintulutan ko si \_\_\_\_\_ na pumunta o dumalo sa pagdidinig laban sa kasong isinampa sa mga taong bumiktima sa kanya kung kinakailangan.
8. Bilang \_\_\_\_\_ at tagapangalaga gagampanan ko po ang aking obligasyon sa aking \_\_\_\_\_. Bibigyan ko siya ng kaukulang atensyon ng hindi na maulit ang hindi magandang nangyari.

Bilang patunay, pinipirmahan ko ito ngayong ika- \_\_\_\_\_ ng \_\_\_\_\_, 2018.

\_\_\_\_\_  
Lagda ng Tagapangalaga

\_\_\_\_\_  
Lagda ng Bata

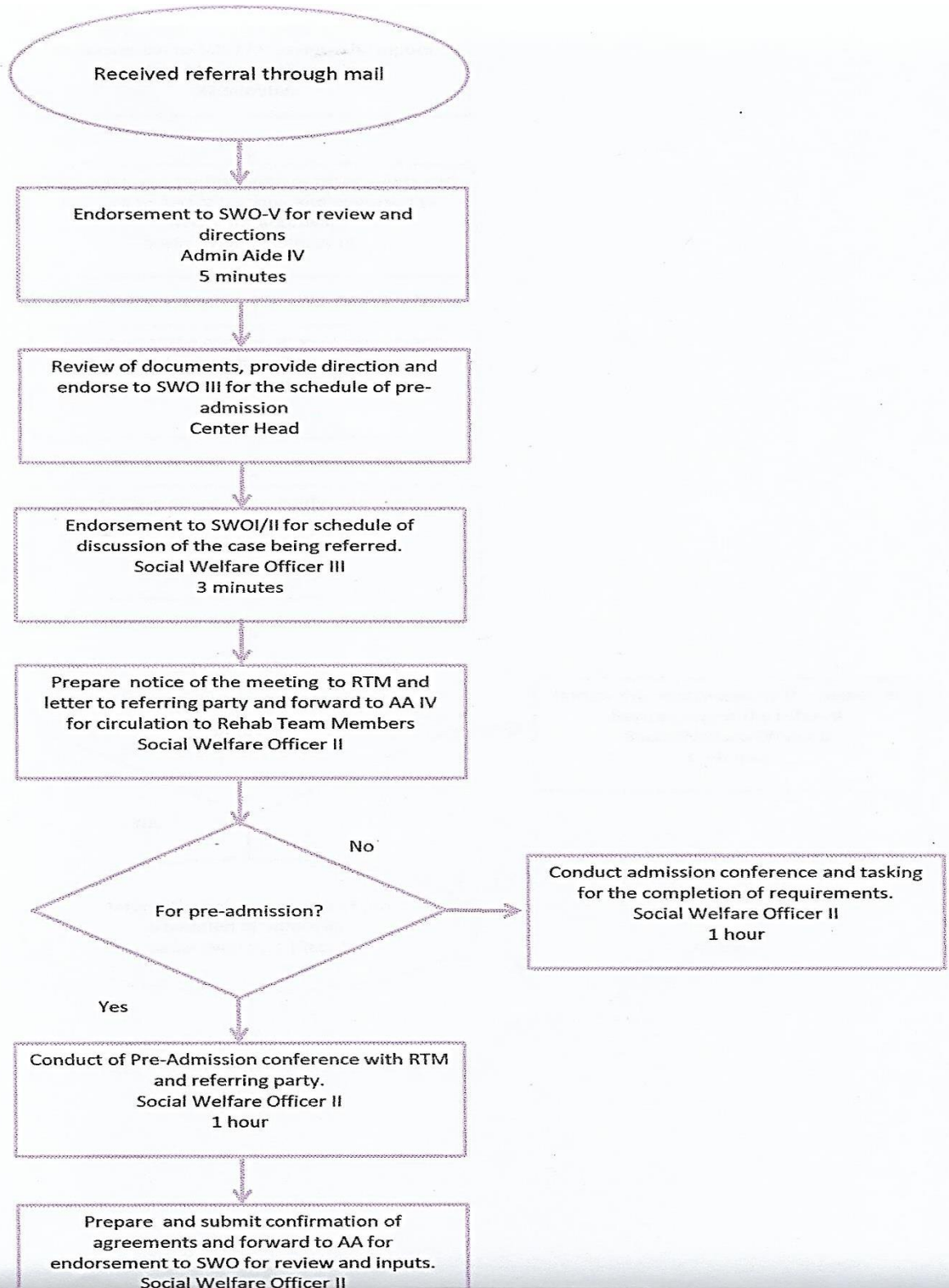
May patnubay ni:

\_\_\_\_\_  
Social Welfare Officer II

Witness :  
\_\_\_\_\_

**FARRAH A. CABRERA**  
SWO V/Center Head

#### Annex 4. Inter-referral Slip





## Annex 5. Case Management Process Flow Chart

### Pre-Admission Phase

DSWD-NCR-MARILLAC HILLS

- ☐ - URGENT  
☐ - WITHIN 3 DAY

TO : \_\_\_\_\_  
FROM : \_\_\_\_\_  
SUBJECT : \_\_\_\_\_

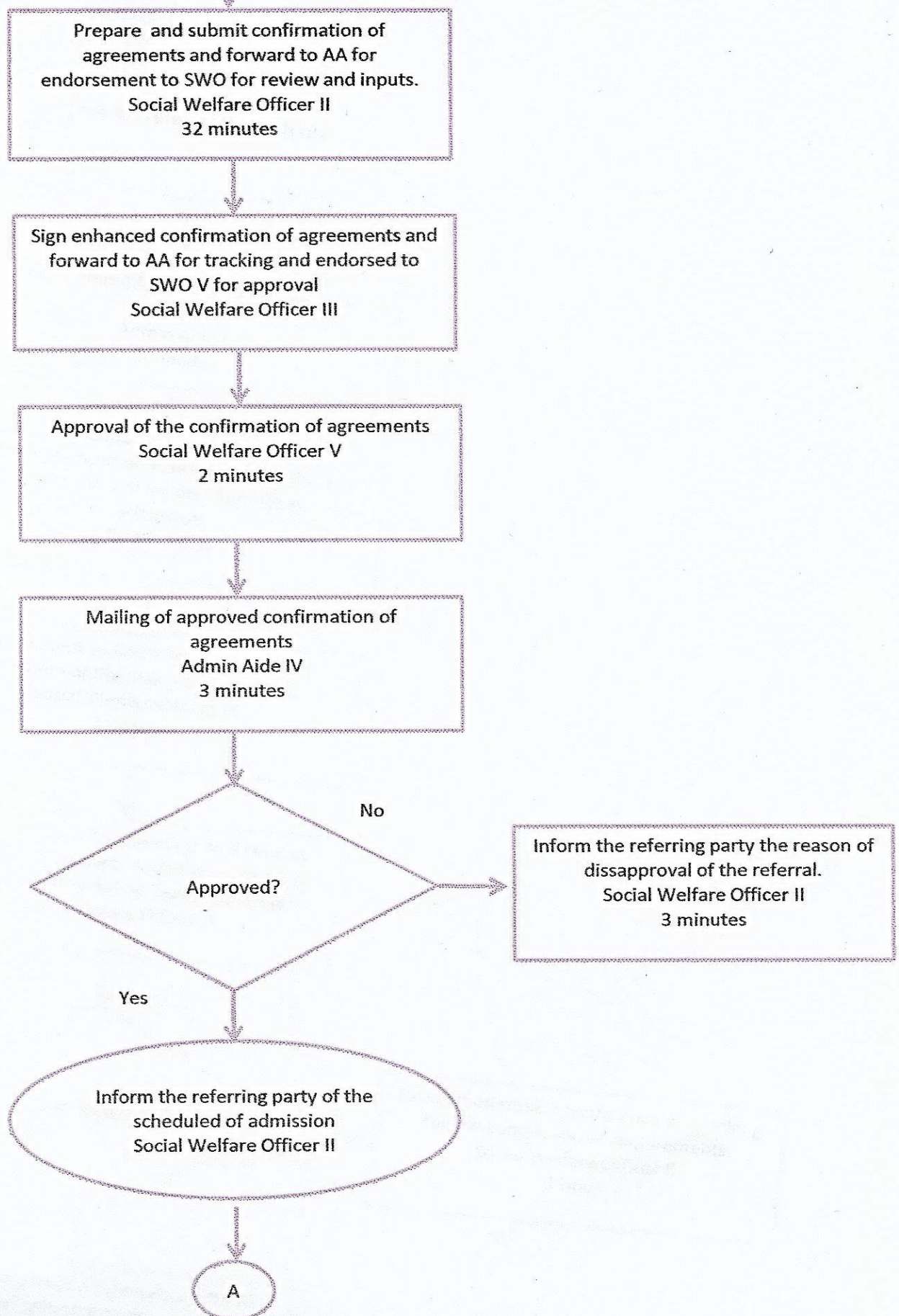
Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

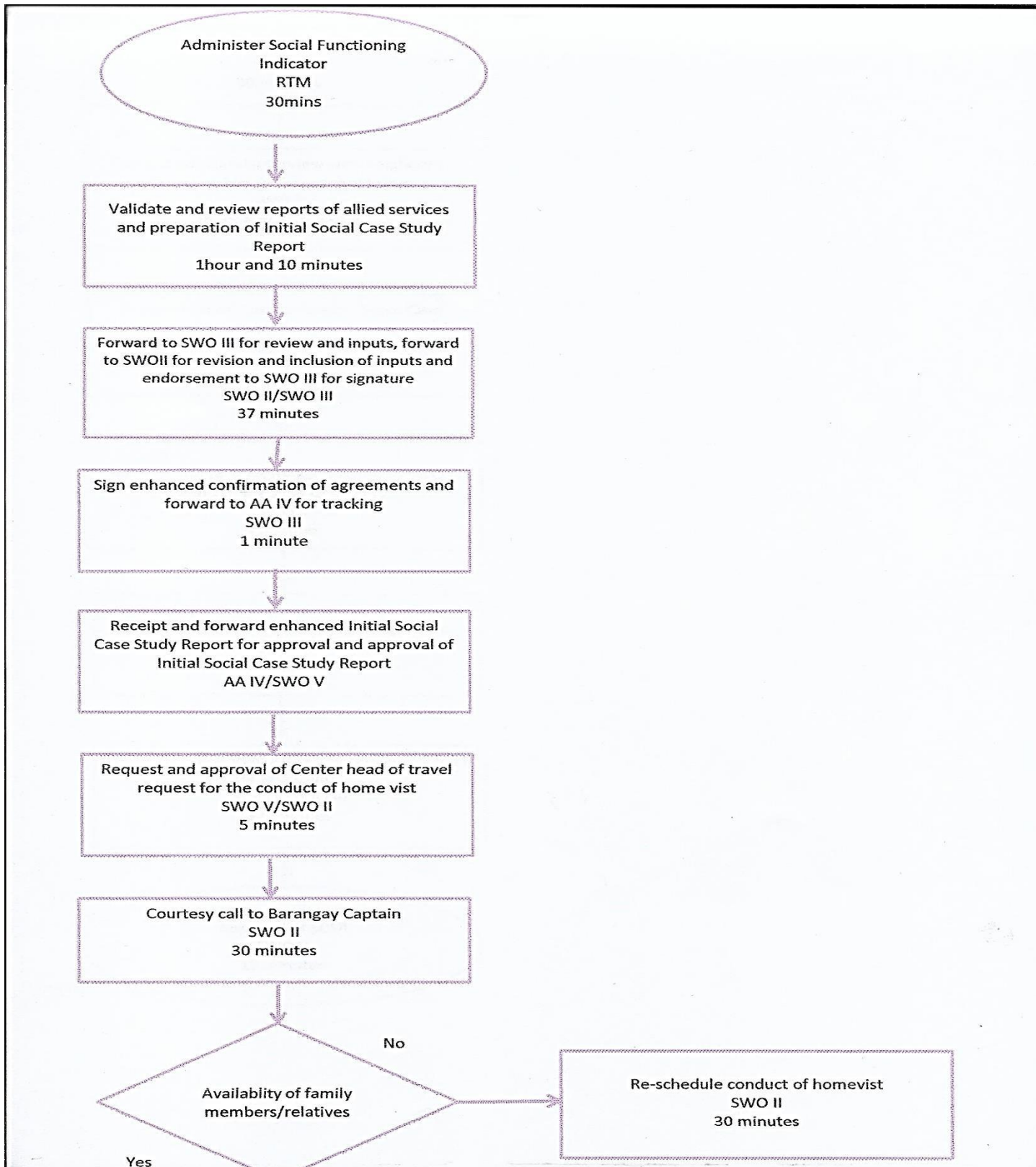
Request reply due: \_\_\_\_\_

\_\_\_\_\_  
Requesting Officer

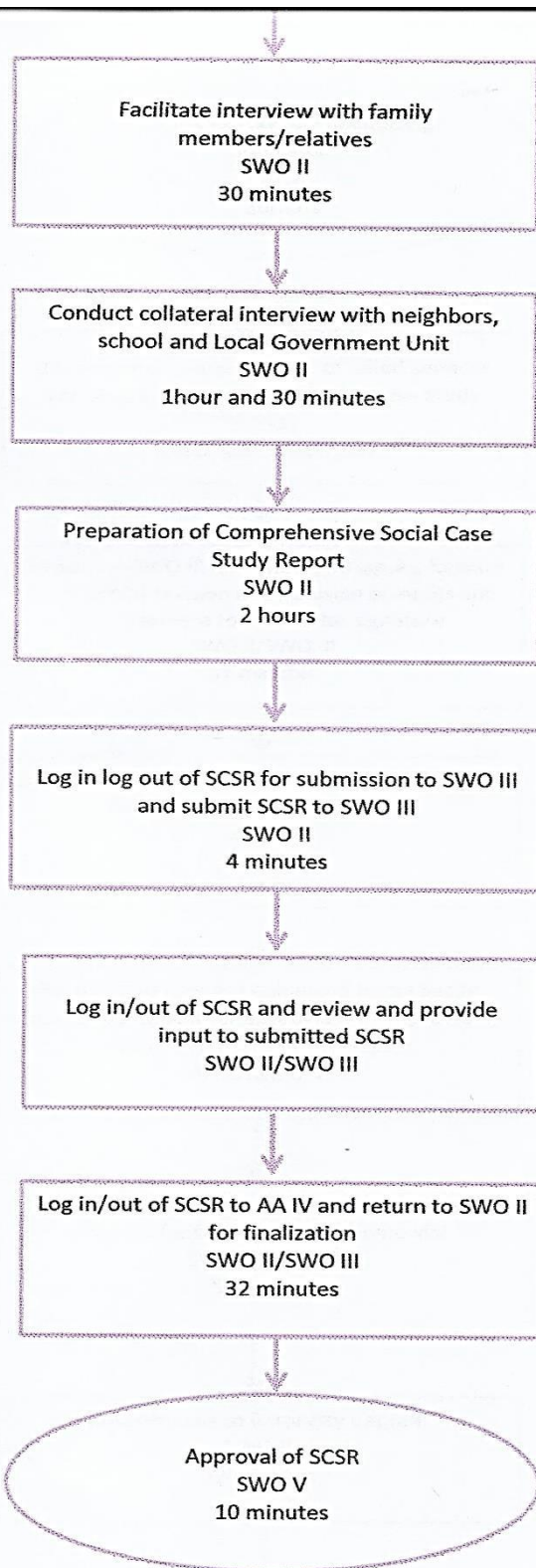
\_\_\_\_\_  
Reply Received



## Assessment/Diagnosis Phase







## Annex 6. Organizational Structure

