Chapter I

Introduction

Mental illness as a social problem has been witness to a number of individuals ostracized for manifesting deviant behavior. More often than expected, people are afraid of the unpredictable behaviors inherently experienced by people living with this sickness. Due to the obvious neglect in grooming and hygiene as well as the accompanying bizarre behaviors, the image of them being chased down, screamed at, feared by, avoided or shut out are common occurrences in our society. They are shunned, stigmatized, and considered menaces in the community at times, even by their own families.

While there are institutions created to address the immediate medical needs of people suffering from mental illness, the need to identify an institution that will accommodate and protect clients with improved mental condition in preparation for mainstreaming in the community is a must.

Corollary to the mandate of the Department of Social Welfare and Development to implement retained statutory programs and services particularly the provision of social protection services to center-based clients, the Sanctuary Center continues to stand as an evidence of the department's fulfillment of this commitment.

Since 1988, the center continues to provide protective and rehabilitative services to adult females diagnosed as improved mental patients who are unattached, abandoned, neglected and cannot be taken care of by their families and relatives.

Through the center's temporary custodial care and comprehensive programs and services, the Sanctuary Center rehabilitates clients by harnessing their residual skills and prepares them for eventual reintegration with their families and mainstreaming into the community, all with the goal of improving their quality of life.

This Manual of Operation is developed to guide the service providers in the delivery of programs and services in the center and at the same time serve as reference for would-be service providers from the local government units, non-government organizations and other intermediaries.

Borne by extensive experience in managing cases of female improved mental patients, this manual hopes to provide comprehensive, detailed, and clear guidelines that would both guide and inspire the users to provide the best quality of service our clients deserve.

In December 1988, the Sanctuary Center was established as a result of the Operational Plan for the Welfare of Psychotic Vagrants that was launched through the collaborative efforts of the Presidential Management Staff, the Department of Social Welfare and Development, the "National Mental Hospital" now, the National Center for Mental Health (NCMH), the National Capital Regional Command and the Metropolitan Manila Commission.

The Sanctuary Center was a pilot project in response to the growing number of street dwellers including psychotic vagrants and mendicants frequenting the various places within Metro Manila. An intensive saturation drive to rescue adult psychotic vagrants was conducted on December 13-15, 1988.Those rescued were brought to the National Center for Mental Health for assessment and treatment as deemed necessary.

After undergoing treatment, many of the rescued psychotic patients improved their mental condition and no longer need prolonged confinement at the NCMH. Many others had no place to stay or have simply lost contacts with their families and relatives. Thus, the Sanctuary Center became their temporary place of refuge while working out their continued rehabilitation and possible reintegration with their families and relatives. The Sanctuary Center, likewise served as their temporary home to ensure and sustain their need for a substitute family care and follow-up treatment to prevent relapse and facilitate their eventual mainstreaming in the society.

The Sanctuary Center is a twenty-four (24) hour residential care facility which serves as a place of refuge and home for abandoned, neglected, and unattached adult women with improved psycho-social disability, aged eighteen (18) and above.

The center occupies an expanse of four (4) hectares inside the Welfareville Compound in Mandaluyong City. The entire compound, with its expansive and wide area, serves as venue for the management and therapy of women with improved mental conditions.

Legal Bases

A. International Issuances

1. *UN Convention on the Rights of Persons with Disabilities (UNCRPD)* - a legally binding international treaty that " promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities, and to promote respect for their inherent dignity "

2. *UN Convention on the Elimination of All Discrimination Against Women (CEDAW) – Fir*st & only international treaty that comprehensively addresses women's rights not only within civil and political spheres, but also within economic, social, cultural and family life. Discrimination against women violates the principles of equality of rights & respect for human dignity that hampers women's participation, on equal terms with men, in all fields for development and peace.

3. *The Biwako Millennium Framework* promotes a right-based, barrier-free and inclusive society for persons with disabilities. It adheres to community-based rehabilitation as an approach in providing rehabilitation services and in promoting the rights and empowerment of persons with disabilities as an adherence to the Rights of Persons with Disabilities. Further, the *Incheon Strategy to "Make the Right Real" for Persons with Disabilities* in Asia andthe Pacific was adopted in consonance with the Biwako Millennium Framework.

4. *ILO Convention No. 159 – Vocational Rehabilitation and Employment (Disabled Persons), 1983*. Aims to enable persons with disabilities to secure, retain and advance in suitable employment and thereby to further such person's integration or reintegration into the mainstream of society. Aims at ensuring that appropriate vocational rehabilitation measures are made available to all categories of persons with disabilities and promoting employment opportunities for them in the open labor market.

5. *Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific 2012*. The Incheon Strategy promotes that the Asian and Pacific region to track progress towards improving the quality of life, and the fulfilment of the rights, of the region's 650 million persons with disabilities, most of whom live in poverty.

B. National Laws / Issuances / Policies / Guidelines

1. The *Philippine Constitution* declares that the "State shall promote social justice in all phases of national development". In the fulfillment of this policy, the State must give preferential attention to the welfare of the less fortunate members of the community - - the poor, the underprivileged and those who have less in life. It further declares that the "State values the dignity of every human person and guarantees full respect for human rights" which recognize the belief in the inherent dignity and worth of every human person regardless of origin, status and condition in life.

2. *Republic Act No. 7277 – The Magna Carta for Disabled Persons, an "Act Providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Persons and their Integration into the Mainstream of Society and for Other Purposes."* It guarantees the rights of every Filipino citizen including children with disabilities to access services on health and rehabilitation, education, training, and preparation for employment opportunities. RA 9442 an Act amending Republic Act 7277 expanded the benefits for persons with disabilities such as discounts for medicines, food, transportation, and others.

3. *Republic Act No. 9710 - Magna Carta of Women* is a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalized sectors.

4. *Republic Act 8425*, otherwise known as the Social Reform and Poverty Alleviation Act provides for the poverty alleviation of the basic sectors, including women and persons with disabilities.

5. *Executive Order 437:* Encouraging the Implementation of Community-Based Rehabilitation (CBR) as a strategy within general community development for the prevention of impairments, rehabilitation, equalization of opportunities, poverty reduction, and inclusion of children and adults with disabilities into mainstream society.

6. *Proclamation No. 240* declaring the period from year 2003-2012 as the Philippine Decade of Persons with Disabilities that instructs all Heads of Departments, Chiefs of Bureaus, Offices, Agencies and Instrumentalities of the National Government, Local Government Units to implement plans, programs and activities geared towards the development of PWDs.

7. *Batas Pambansa Blg. 344 or the Accessibility Law* that aims to enhance the mobility of disabled persons by requiring certain buildings, institutions, establishments and public utilities to install facilities and other devices.

8. *OP EO 417* – Directing the Implementation of the Economic Independence Program for Persons with Disabilities

C. DSWD Issuances

1. Administrative Order No. 148 Series of 2001 provides for the general guidelines in the management of residential care services.

2. Administrative Order No. 15, Series of 2012 – Standards in the Implementation of Residential Care Service that prescribes guidelines on the minimum administrative and program requirements for the operation of a twenty four (24) hour group care that provided alternative family care arrangements to the poor, the vulnerable and the disadvantaged individuals in crisis whose needs cannot be adequately met by their families and relatives or by any other form of alternative family care arrangements.

3. Administrative Order No. 59 Series of 2003 dated 13 May 2003 – Guidelines for the Implementation of the Auxiliary Social Services for Persons with Disabilities.

Philosophical Bases

Cognizant of the mandate of the Department of Social Welfare and Development and the Ethical Principles and the Beliefs of the Social Work Profession, the Sanctuary Center implements policies, programs and services anchored on the following philosophies:

1. Every person has worth and dignity and endowed with the capacity to reason and the freedom to exercise his/her will;

2. Every person is endowed with rights and every effort shall be exerted towards fulfillment and realization of their rights;

3. Every person has the capacity to change given the opportunity and can develop his/her full potentials as a human being.

Vision

The Sanctuary Center envisions a residential care facility of excellence for the rehabilitation and eventual mainstreaming of women with improved mental condition to their family and community.

Mission

Provide residential custodial care with rehabilitative program and services to women with improved mental condition aimed to harness their residual capabilities, enhance their self-esteem and provide them opportunities to become self-reliant and productive.

Goals

To facilitate the rehabilitation of women with improved mental condition to be integrated with their families mainstreamed in the community.

Objectives

General Objective:

To enhance the self-esteem, self-confidence and improve the social functioning of women with improved mental condition through the provision of rehabilitative programs and services to prepare them for their return to their families and communities or other alternative arrangements.

Specific Objectives:

To provide rehabilitation services and activities in accordance with their physical, social and psychological capabilities to participate in group living within a therapeutic environment/community.

To provide residential service designed to support their social, psychological and functional capabilities as well as health care and rehabilitative services.

To provide occupational activities that will give them opportunities to learn new skills and regain self-respect and economic productivity.

To serve as a model for the development and possible replication of rehabilitation program for this group of clientele in other areas and by other service providers.

Core Values

"Maagap at Mapagkalingang Serbisyo. Serbisyong Walang Puwang sa Katiwalian. Patas ng Pagtrato sa Indibidwal at sa Komunidad."

Target Clientele

The following shall be eligible for admission to the Sanctuary Center:

1. Must be female, 18 years up to 59 years only,
2. With improved mental condition as certified by a psychiatrist;
3. Is non- violent and manageable as certified by a psychiatrist;
4. Is free from communicable diseases and ambulatory despite physical disabilities and/or limitation, if any;
5. Is considered unattached and abandoned or may have lost contacts with their immediate families and relatives that deprived them of home and family care; and/or,
6. Must have been rescued from the streets by government authorities or referred by local government units, non-government, civic and faith-based organizations or other DSWD units.

Chapter II

General Policies

General Administrative Policies

1. Self-referrals or “walk in individuals” is not encouraged.

2. All clients for admission and discharge are required to undergo psychiatric evaluation from NCMH or other psychiatric entities and such an evaluation shall constitute the individual’s documentation for admission or discharge.

3. While at the center, residents shall abide to the center’s rules and regulations.

4. The privacy of the resident shall be respected by all staffs, visitors, students etc.

5. All Volunteers for the center should comply with the existing policies on volunteerism issued by the Department.

6. All cases shall be kept confidential. Measures shall be undertaken to ensure confidentiality of records and resident’s identity.

7. Media coverage, interviews, researches and similar activities including the use of facilities for film making shall be in accordance with the policy issued by the NCR Field Office.

8. All center staff shall observe gender fair behavior and practices.

9. Any form of abuse and exploitation, rigid discipline and corporal punishment shall be subjected to the provisions of existing laws and policies.

10. Reports on leave without permission/missing residents/accidents/ attempted suicide/ death of resident should be accompanied by a written incident report to the NCR Field Office within twenty four (24) hours.

11. Reports on donations and its utilization report shall comply with the requirements provided in Administrative Order No.76 series of 2003 “ Guidelines in Reporting Donations and Resources Generated.”

12. In escorting clients within the region and/or to other regions shall comply with the requirements provided in Regional Memorandum Order No.002 series of 2012 “ Enhanced Guidelines on Escorting of Residents.”

13. All out on pass requests should have duly approval of the Center Head.

14. All center staff shall undergo orientation and capacity building to enhance their knowledge, attitude, skills and behavior in dealing with the center residents and shall sign an oath of commitment and observe the code of conduct.

15. All complaints will be subjected for deliberation by the Grievance Committee of the center and shall comply with the rules and regulations of the Civil Service Commission.

Chapter III

Programs and Services

1. Social Services

The Social Services is responsible to assist the residents adjust and participate in a therapeutic environment/community, formulate an individual case management plan and provide appropriate services aimed at improving the social functioning of the residents.

In the CHT model, the social worker as the caseworker and case manager coordinates all the services to bring about an integrated approach towards the attainment of rehabilitation goal of each resident.

2. Homelife Services

Homelife services refer to the provision of basic needs of each client such as food, clothing and shelter, with a well-balanced and organized activities approximating wholesome family experience appropriate to meet the residents' physical, emotional, mental, social and spiritual needs. The resident's age, interests, needs and mental condition are taken into consideration in their assignment to a group or dorm.

The houseparents/caregivers provide opportunities for the residents to acquire skills in basic home management and activities for daily living; orient them on rules and procedures in a structured group living environment; and encourage them to learn desired positive behavior through values clarification and inculcations to promote harmonious interpersonal relationships.

3. Productivity and Skills Training Services

Basic education and training services is based on the resident's individual needs and capability in preparation for future economic independence and gainful employment prior to reunification to family and mainstreaming to society.

These include productive activities that include selection of occupational/vocational skills such as income generating projects and other productive activities such as:

a. Agricultural Productivity Projects- Include projects such as vegetable gardening, ornamental plant gardening, planting of fruit bearing trees, arts and craft.

b. Sheltered Workshop Projects/Activities- sewing, pillow making, necklace and bracelets, cellphone holder.

c. Practical Skills Training – in coordination with the National Center for Mental Health-Psycho Social Rehabilitation Unit includes training in Soap and perfume making using organic ingredients; training on housekeeping through the NVRC; bread/pandesal making.

d. Vocational counseling is provided to the resident as per assessment and recommendation of the rehabilitation team

4. Psychological Service

Provides battery of testing and other intervening activities to assess and determine client's mental age, social interest and mental abilities that help the social worker and other members of the rehabilitation team formulate, revise and modify treatment plan for the client.

Furthermore, the psychological service devices different therapeutic modalities geared at promoting mental health, development of healthier coping mechanisms, awareness and management of the symptoms of mental illness, acquisition of life skills, and strengthening of client's resolve in going back to the community.

They determine and monitor improvement or changes in the client's mental status in response to the various treatment modalities provided by the rehabilitation team.

Access and referral for psychiatric services is recommended if deemed necessary.

5. Health and Nutrition

Pertinent for the clients' recovery is the provision of preventive, curative and rehabilitative services to ensure physical, mental and psychological conditions of the client that would promote healthy and productive environment through information dissemination, waste/ecological management, nutrition education and health campaign against epidemics and contaminations.

This shall include the provision for medical and dental examination and treatment; psychiatric assessment and evaluation; physical/occupational therapy as well as special dietary care to promote the physical and mental health of the residents.

The health program is under the supervision of the Medical Officer to ensure maintenance of good health and nutritional status of client/s and for them to have regular access to physical examinations and consultations, vitamin supplement and assistive devices that may improve their injury, deformity and/or disease.

Access to regular psychiatric consultation at the NCMH is ensured.

6. Recreational and Other Cultural Activities

These are activities that promote the physical, social and cultural development of the client. It provides opportunities for play amusement and relaxation that offers a wide range of both indoor and outdoor activities. The celebration of clients' birthdays, special events such as Nutrition Month, Persons with Disabilities Month, Family Month, Sports' Fest, Mental Health Month and holidays forms part of this.

The center shall have a definite program of activities that are planned and implemented with clients' considering the schedule of their other tasks. Programmed recreational activities may include TV/movie/theatre watching, socio-cultural games, swimming and other outdoor activities that encourage movement, relaxation, and socialization with co-clients.

7. Dietary Services and Procedures

Provides nutritious, well balanced but low cost meal that improves the nutritional level of the client from moderate to normal status. This provides also learning opportunities for the client during cooking demonstration, food preservation and assignment in the kitchen.

This service also monitors improvement or neglect in the nutritional status of all clients and provides appropriate measures in ensuring that the clients maintain their optimal nutritional intake.

8. Spiritual Enrichment

The center recognizes the importance of spirituality in maintaining mental health. Avenues for spiritual enrichment includes activities aligned with their religious beliefs and are tailored-fit according to their religious inclinations.

This includes the observance of religious rituals during special occasions, daily novena's/rosaries, weekly mass/worship service, attendance to Bible studies/cell groups, spiritual directorship, and access to religious materials.

These activities also ensure that no client regardless of religious orientation shall be discriminated or be given less priority in terms of accessibility to religious activities.

A. Interventions and Strategies

1. Conceptual Framework
2. General Principle

The General Principles of Sanctuary Center is anchored on the principles of Social Work and the guiding principles of the DSWD

3. Intervention Programs

3. a) CHARACTER BUILDING PROGRAM AT SANCTUARY CENTER

I. General Policies

a. The Sanctuary Center acknowledges the importance of instilling values and relearning of positive behavior.

b. Mindful that learning of positive behavior can be encouraged through modeling, behavior modification and habit formation, the application of the Character Building Program is continuously being implemented within the center through a mechanism of reinforcement, group selection & nomination, & provision of adequate venue for the discussion of the featured character for the month.

II. Implementing Procedures

A. Featured Character of the Month

The featured character of the month follows the monthly regional announcement based on the 48 Character Building Program. It is being forwarded to the center at the start of the year and is being referred to for monthly reference.

B. Access to Information Related to the Featured Character

a. Posted in bulletin boards

The featured character every month is being featured in conspicuous areas that are easily accessible to all residents such as their dormitories, along lobbies, and the bulletin boards of every service. Information on the character include the following salient points: 1. Its meaning 2. How it can be exercised 3. Its benefits 4. Statements of commitment on how it can be exercised.

b. Announced during the Flag Ceremony

The featured character is being announced every Monday morning with the host service providing different opportunities for residents to be familiar, to understand, and to deepen their comprehension of the featured character.

C. Behavior Modification through Modeling

a. Residents that exemplified the character traits for the year prior to the anniversary year has been awarded for the specific character that they exhibited.
b. Nomination will be two way: co-residents and staff through a survey conducted by the PRAISE staff.
c. At the end of the month, during the monthly talakayan, residents will nominate among themselves one resident that exemplified the character value for the month per dormitory.
d. Criteria will be based on the salient character traits featured within the month.
e. Winners will be publicly recognized during last Monday of the month during the Flag Ceremony to highlight the character feature and how this is exemplified within their own dorms.
f. Aside from public recognition, residents will be rewarded with a prize to reinforce the exemplified behavior.

3. b) The Psycho-Social Rehabilitation Program

I. **General Policies**

a) The Sanctuary Center recognizes the inherent worth and dignity of all persons under its care.

b) That all persons, regardless of status, race and even health condition has the right to develop capabilities and to its full potential.

Objective/s:

-Self-care

-Employable working skills training

-Develop Social Skills

II. **Implementing Procedures**

a) The clients will be classified according to mental functioning, coping ability, interest and capacity for training. They will be leveled accordingly:

Level I-are trainings for identified clients with low mental ability and have limited motor skills. The activities serves as occupation of time, therapeutic in nature and/or developing predictable behavior.

Level-II-These are trainings for clients with average mental functioning and have the interest to acquire productive trainings. At this level, trainings of clients will be regular and consistent. Social skills will be developed to enhance their ability to interact with their social environment (be it at home, workplace or simply in their dormitories).

Level III-These trainings are for clients who have the potential for employment, entrepreneurship and could assist in teaching fellow residents in the future.

b) The clients will be trained on areas according to the objectives of the programs.

Chapter IV

Operational Procedures and Case Management Process

Case Management is in place when social work intervention is utilized to restore or develop social functioning of the clients from admission to discharge in preparation for family reunification and community reintegration. Different approaches, techniques and strategies are utilized during the helping process:

1. Pre-admission Conferences

The cases being referred for shelter and intervention to the Sanctuary Center are presented during the pre-admission conference. The referring persons will submit the following documentary requirements:

- Referral Letter
- Social Case Study or Case Summary
- Medical abstract with complete laboratory work-up results
- Psychiatric diagnosis from the National Center for Mental Health.
- Other related documents.
- The pre-admission conference is scheduled every Tuesday or Thursday but does not last more than seven (7) days upon receipt of documents and initial discussion with members of the Rehabilitation Team.

If the client is not for admission, the referring parties will be accessed to other agencies that suits the needs of the clients being referred (ex. Hospitals for clients with existing illness or communicable disease or to NGO's who cater to specific clients category like the Missionaries of Charity). A re-evaluation of the case will be made once the clients being referred is declared cured of the illness.

2. Admission/Interview/Initial Assessment

Once admitted, the admission slip and routine slip shall be filled-up by the Action Officer of the Day (AOD) or Executive On Duty (EOD) for all services to be informed of the new client/s at the center.

The client will be admitted in Dorm IV for initial observation of behavior and patterns of actions.

The SWO III will immediately, or within 24 hours, assign the case to a social worker.

Assigned social worker started the helping process by conducting the intake interview, establishing rapport with the client thru series of interviews. The client will be oriented of the goals /objectives of her stay in the center and her participation in the helping process for a sound assessment of her case.

3. Data Collection

Social worker gathers relevant and significant data/information directly from client or from other sources that will be basis for sound assessment of the case.

4. Assessment / Treatment Planning and Contract Setting

All gathered data from the client and other sources shall be assessed as to their relevancy to the case that will help in the formulation of intervention plans.

a. An initial case study shall be prepared within a week after admission. Within a month, a comprehensive Social Case Study Report on the Case shall be prepared by the social worker on case. Updating of the Social Case Study Reports of each client shall take place every six (6) months by the attending social worker reflecting the progress of the client in achieving her rehabilitation plans and goals.

b. The Social Case Study Report shall include social work interventions that helped restore/develop the social functioning of client from admission to discharge and preparation for family reunification and community reintegration.

5. Treatment Plan Implementation

Together with the client, treatment plans and interventions shall be formulated taking into consideration reports and assessment of various helping disciplines. Contract setting shall take place by signing the agreed Treatment plan by the client, her social worker and other members of the team. In case the client cannot make a sound decision, the social worker will decide what is best for the client's welfare.

In Planning of service goals and interventions, social worker focuses on internal resources, capabilities as well as the timeline when help is needed.

The case is then presented to the rehabilitation team. The aim is to formulate appropriate activities/services that will enhance and develop the client's social functioning.

Intervention may include but not limited to contact with families thru letters or visits; involvement in homelife activities, medical check-up and interventions, productivity skills training, , participation to other activities for their growth and development. Casework, group work, focused group discussion, therapy sessions are some tools to help client live a normal and functional life.

COUNSELING – It is an enabling process of helping the client to discover, use modify and develop her coping mechanism The process involves a mutual responsibility between the client and the social worker that should be differentiated from advice giving.

REFERRAL – Support service wherein the social worker access the needs of the client for services and interventions available within the inter service unit and other agencies that can best serve needs of the client.

6. Evaluation

Check point and periodic evaluation must be undertaken through rehabilitation team meetings and case conferences with the social worker as the leader of the team.

For new cases, the evaluation is given two weeks after the initial service plan was laid out. Recommendations to terminate or continue with the interventions or treatment plans are discussed and identified during rehabilitation team meetings. The team will discuss the development of cases every six (6) months considering their mental health condition. If the client is able to cope with the service plan provided, the team can make the adjustment to provide appropriate service for the client.

Client must be updated or informed on results or assessment or of any other significant progress or any difficulties faced in every phase of the helping process, either by the case manager or by the concerned professional. These are for re-planning purposes.

7. Case Termination and Discharge

a. Social Functioning Indicators: All cases maybe recommended for discharge conference when either or a combination of the following are met:

i. Client is assessed to have better understanding of her problem and capacity to cope with situations.

ii. Client has shown capability to undertake everyday tasks and is hopeful of the future.

iii. Rehabilitation goals are achieved as planned specially the readiness and acceptance of her family to take her back into their custody.

b. Transitional Care: In the event that the case of the client has finally been considered for termination, appropriate placement of the client shall likewise be recommended and thereafter shall be facilitated by her attending Social Worker.

i. Placement of the client can be done through the following: reintegration to family and/or relatives, transfer to other centers and institution, and wage/home placement.

ii. Social preparation in relation to client's return to the family shall commence after receipt of a favorable assessment of the family/relative has been received from the LGUs and Field Offices and as per the result of the homevisit conducted to the families/relatives by the social worker in charge of the case.

iii. Social preparation shall also be conducted to clients who will be transferred to another center/institution that can best meet her needs as well as client for independent living thru home wage placement.

iv. Discharge plan shall be formulated as part of the discharge process

v. Conduct of pre –discharge conference by the team

c. Discharge Procedure

Reintegration to the family / relatives shall take place when favorable assessment report shall be submitted by C/MSWDO on their readiness and capabilities to assume custody of the client.

1.) Shall be supported with the assurance of support from receiving LGUs on the provision of medicines of clients and other after care services.

2.) After findings on the merit of the submitted documents, the social worker on the case shall prepare and undertake the following procedures:

3.) Inform the houseparent on duty to prepare the client and her belongings for inventory and clearance.

4.) Social Worker on the case shall accomplish the prescribed discharge slip/paper for the information and signature of all Allied services/units; instruct the houseparent on duty where client is housed to assist the client for medical examination/clearance .as well as prescriptions and schedule of follow up check-up.

5) Allow the parents and/or any receiving qualified relatives to understand terms and conditions contained in a pre-formal agreement between the Head Social Worker (see attached form) and the receiving persons on their parental and moral obligations to the client.

6) Allied services/units will be provided a copy of the discharge slip accompanying their acknowledgement of the discharge upon affixing their signature on the discharge paper/form.

7) Provide exit counseling with the client to discuss experiences and clarify some issues encountered while at the center. Advice parents/relatives on how to handle client at home and necessity for follow-up consultation and regular intake of prescribed medications as improved mental patient to prevent relapse.

8) Social Worker on case prepare Transfer Summary Report at least one week before the discharge of client/s and forward referral letter to LGU or DSWD-Regional Offices upon discharge of client for the after care and monitoring services of client and her family and custodian when necessary.

For clients who were unable to identify their relatives during lucid moments, the information about their address will be gathered and be set for an ocular visits on specific areas in Metro Manila or nearby provinces:

1) The Social Worker will accompany the clients to their alleged area of residence and help the client identify her address. Coordination with local authorities will be made for proper help and protection in the area.

2) Once the family is located, the social worker will directly assess the condition, the family's willingness and capability to care for the clients.

3) It the client is discharged to her family, the social service will send an after care request to the LGU that have authority over the area within three (3) after the discharge.

4) If not, the clients will be returned to the center and the case will be re-evaluated to provide alternate placement for the client.
   a. Case Records of discharged client shall include the following:

      (1) Intake assessment indicating among others reason for client's admission

      (2) Social case Study Report and Treatment Plan

      (3) Record of physical, medical and dental examination/s and intervention, psychological or psychiatric evaluation and treatment.

      (4) All other communications/correspondence concerning the client.

      (5) Periodic evaluation of client's needs and progress report/running records of the case.

      (6) Other pertinent documents, such as referrals for admission and for other services, transfer summary/terminal report. Discharge papers, e.g. discharge slips.

      (7) Pictures

      (8) Discharge Slip and Discharged Summary for closed cases

8. Closure and Case Termination

The LGU or Field Office social worker prepares the family and relatives for the reintegration of the client back to their custody right after discharge from the center.

In case of clients whose families/relatives are traced but refused to take custody, they will be required to sign WAIVER (see attached form) of their decision to delegate their full responsibilities over the client to the center after a year of follow up by the social worker. Said clients will be under custodial care of the center until such time they can be transferred to other custodial care.

9. After Care Service

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

a. In the community, the C/MSWD Office in the locality where the client and his family reside shall be advised of the discharge of the client so that it may assist the client and her family for continuity of service and other interventions, thus the social worker shall:

(1) Properly coordinate discharge of the client and shall send request for their monitoring and after-care service

(2) Request from the LGU a status report on the progress of the client and his family every six (6) months for purposes of monitoring and evaluation.

Chapter V

Records Management & Reporting Procedures

A. Importance of Records

The Center's records are its institutional memory, providing evidence of actions and decisions and are a vital asset to support daily functions and operations. Records support the rights of service users and carers, staff and members of the public. They are necessary for the investigation of complaints, for policy formation and managerial decision-making. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways. Information in case records is an important source of administrative, evidential and historical and equalities information. It supports current and future operations (including meeting the requirements of Freedom of Information). Records are necessary for accountability purposes, and for an awareness and understanding of history and procedures.

Records are essential as evidence in court proceedings, investigations and public inquiries.

Records are also essential for the following activities:

1. **Documentation of Social Worker's activities**

   Case records provide on-going picture of the Social Worker's involvement with the client, progress of the case and the eventual outcome of the case.

2. **Accreditation**

   During monitoring visits by DSWD Central Office and/or Field Office, records are selected by the analyst who reviews them to see if certain criteria have been met. The FO and CO staff uses the written records to base their findings and recommendations.

3. **Statistical Reporting**

   During monitoring visits by DSWD Central Office and/or Field Office, records are selected by the analyst who reviews them to see if certain criteria have been met. The FO and CO staff uses the written records to base their findings and recommendations.

4. **Research**

   Properly maintained records contain a wealth of information for research. When steps are taken to research studies and evaluation, these provide valuable information of the center, social work schools, universities and other welfare agencies.

   The center shall be open to research undertakings and other similar activities that will contribute to program development and policy formulation. The center's policy on research, e.g. area/focus of research, utilization and dissemination procedures shall however be observed.

Research in the center by any individual and/or groups shall likewise have the prior approval of the Field Office and shall likewise be oriented on the existing guideline related thereto. Individual/group shall provide the Center a copy of the research document.

B. Types of Records

Records are pertinent reports, documents of the client, case recordings and all communications related to the case. The case folder should consist of but not limited to the following:

1. Duly accomplished intake sheet
2. Social Case Study Report
3. Progress Reports
4. Admission/Discharge Slip
5. Medical Records
6. Picture
7. Recordings of contact, activities, and results of client with family or relatives
8. Copies of communication pertaining to the client
9. Report on medical examination, psychological and/or psychiatric results
10. Educational or training records
11. Birth certificate and/or other proof of birth
12. House parent's anecdotal report
13. Record on treatment plans and periodic evaluation

C. Other Records

In addition to the case records, a separate file is maintained for the master list of cases, logbook of supplies, and donations, inquiries and referrals, program reports, both narrative and statistical, minutes of case conferences and meetings.

D. Confidentiality of Records

Safeguard all case records. All clients' 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 placed inside personal drawers when not in use. All records should be preserved and backed-up digitally for future use.

E. Release of Information from Case Records

A request to the Regional Director of DSWD-NCR should be made when records or documents have 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 manner.

Chapter VI

Monitoring and Evaluation

Monitoring and evaluation of the over-all operation of The Sanctuary Center shall be done in three (3) levels namely: The Sanctuary Center, Field Office, and the Central Office. Implementation of monitoring and evaluation shall follow the guidelines provided by the Policy Development and Planning Bureau and Protective Services Bureau of the DSWD Central Office.

A. Level 1: The Sanctuary Center

Monitoring and evaluation of the over-all operation of the Center shall be done by the Center Head. As an administrator, she should monitor and evaluate implementation of programs and services and see to it that it is responding to the needs and problems of each client. S/He is responsible for the implementation of the following activities:

1. Conduct of performance contact mid-check shall be done in the month of May and a Year-End Program Implementation Review to ensure effective operation.

2. Monthly consultations/talakayan with clients shall be conducted to thresh out issues, concerns and recommendations of residents as regards to their stay in the center as well as the provision of programs and services. Minutes of the Meeting shall be documented and endorsed to the Field Office for monitoring on policy issues and technical assistance purposes.

3. Assessment of effects of programs/services/interventions to the residents shall be done a quarterly basis and results are incorporated in the residents' intervention plan as necessary, or are utilized in the modification/development of policies and programs.

4. Restorative/corrective measures as a result of the monitoring shall likewise effect and/or instituted to remedy gaps in the implementation of the Center's programs and services. Regular feedback from the residents and staff be gathered so as to ensure effectiveness of the programs and services and complaints/suggestions were responded.

5. Unit records, incidents logbook and staff monthly/quarterly accomplishment reports are reviewed by the respective Unit Heads and shall provide their inputs that may enhance staffs capacities in the delivery of service.

6. Accomplishment reports shall be properly noted and signed by the respective signatories and shall be readily accessible for review.

B. Level 2: DSWD-NCR

The Field Office shall conduct monitoring and evaluation of center management and operation that may be done on a quarterly and annual schedule or as the need arises. This Includes Document Review, Interview with the staff and residents/Focused Group Discussion, General Staff Meeting, Year-End Program Review. Activities such as these shall be properly documented with minute's proceedings. The FO should look into the following areas:

1. Case Management
2. Program Management
3. Administration and Organization
4. Helping Strategies and Interventions
5. Facility Management

C. Level3: DSWD Central Office

The Protective Services Bureau, National Inspectorate Committee and Standards Bureau shall be responsible for the monitoring, audit and evaluation of service to look into its effects. Impact on the rehabilitation of the child. Management interventions in a response to organizational, administrative or service-related issues and problems shall be properly documented and shall effect the agreement reached and/or recommendations as instructed.

Chapter VII

Organizational Structures / Staffing Requirements

A. Organization

The Center shall operate within the framework of the governing laws and shall be guided with its Vision, Mission and Goals in the service of the public specifically of the clientele groups provided with special care and protection in the residential facilities.

The Center shall have the governing structure and appropriate mechanism in the selection and placement of its equivalent personnel in the position as well as in the execution of its duties and functions towards effective management and operation of the Center.

B. *Administration and Manpower Planning*

The administration and welfare of the Center's personnel covers the following:

1. 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 varies depending on the size, nature/type of the organization or target clientele.

2. Service Unit of the Center shall be complemented with qualified staff based on the standard requirements of the Department in the hiring and selection of personnel.

3. 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.

4. 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 Grievance Committee for this purpose.

C. *Human Resource Development and Management*

1. ***Qualification Standards:***

a) Head of the Center must be a Social Worker, BS Social Work graduate with at least two years of managerial experiences and relevant training or experience.

b) Supervising Social Worker – must be registered social; worker (RSW) who has relevant supervisory experience in handling specific clientele category. A center with three or more social workers must have a supervising social worker.

c) Social Worker – must be registered social worker (RSW) with at least 360 hours of training or experience in handling specific clientele category;

d) Houseparent/Caregiver – must be at least high school graduate and is trained for at least 120 hours on caring for the clientele group/s served by the center.

e) Other program and administrative staff – must have completed required education, degree, or obtained appropriate license or eligibility as provided by law and as stipulated in the Center's written policies as the requirement for the specific job position and function.

These may include the following:

i. Medical Officer
ii. Nurse II
iii. Psychologist
iv. Nutritionist/Dietician
v. Dentist
vi. Cook II
vii. Manpower Development Officer
viii. Administrative Officer IV/Clerk
ix. Driver
x. Property Custodian/Supply Officer
xi. Computer Operator/Programmer
xii. Security Guards

Duties and Responsibility of each personnel are specified and clearly defined in accordance with the position 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 (Annex D.1 – D.29)

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

2. Staff Development

Training opportunities are provided to each personnel at least twenty-four (24) hours training of staff in a year based on the Civil Service Commission (CSC). Rule on training per staff to ensure development in their area of expertise and job function.

Training of staff can be undertaken by the Center itself as in-house training service wherewith the speaker/s on the topic to be discussed can be tapped and solicited from other agencies and/or organization. This training shall be collaborated with the Training Section of the Region for technical assistance and monitoring report.

Staff for training as initiated by the Department and/or sponsored by other groups/organizations shall likewise be recommended by the Head Social Worker of the Centre who shall determine and justify staff's training needs.

All new personnel shall receive basic training/orientation about the Center's policies and procedures as contained in the Manual of Operation within six weeks and concerning their job functions and assignments within six months from date of assumption to duty.

Basic program of training for personnel with helping/care giving functions include the following, which shall be documented and supported with training modules, certificate of attendance and documentation of the entire training conducted:

a. Basic Residential Care Skills Team Building
b. Care Approaches and Skills Appropriate to the type of residential being cared for including developmental characteristics and dynamics in working with them
c. Behavior Management
d. Gender and Development
e. Health Education and Nutrition relevant to specific types of residents being cared
f. Human Sexuality
g. Communicating with the Residents including those with disabilities
h. Health Promotion and Protection
i. Safety at Work including safety with medicines
j. First Aid
k. Relevant Legislations for the care and protection of the residents under care
l. The Provision of Purposeful and Enjoyable Activities as part of positive care experience
m. Staff Supervision (for those with supervisory responsibility)
n. Interview Techniques
o. Complaints and Representation Procedures
p. Meeting the Standard Requirement as a Helping Person in a Residential Center
q. Stress Management and Follow-up Teambuilding Activities
r. Procedural Skills on Emergency Cases

3. Staff meetings

The Center shall ensure that staff meetings are held on a monthly basis 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 where all the head and/or staff with relevant functions shall meet twice a month or as need arises.

b. Service Unit Meeting where all the staff of particular unit of the Center shall meet once a month discuss the Center's performance commitment and other relevant topics to improve the service.

c. Supervisory meeting shall involve all staff including direct service provider receive at least one and a half hours of one to one supervision from their respective

supervisors each month, while new staff at least every two weeks during the first six months of their employment.

d. General Staff Meeting where all the staff of the Center shall convene every third Thursday of the month to give updates and further directions in the improvement of the service and compliance to performance commitment.

4. Health Program for Staff

A Health Program is afforded to all personnel of the agency including annual physical, medical and psychological evaluation.

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 utilize to conduct medical and physical examination to the staff.

5. Staff-Client Ratio

The caseload for each worker shall consider the age, physical and mental condition as well as the development needs of the clients. Hence, the following staff to client ratio shall be observed.

a. **Social Worker** - One full time social worker for every 25 to 30 persons with disabilities

b. **Houseparent** - One houseparent per shift for at most for the following number of clients:
   i. One per shift, for 5 to 10 improved female mental patients
   ii. One per shift, for 20 to 30 able bodied older persons;
   iii. One per shift, for every 5 to 10 bedridden or sickly older persons;

c. One per shift, for a number of persons with disabilities:
   i. 10 to 15 mentally-challenged clients
   ii. 20 to 30 hearing impaired clients
   iii. 15 to 20 clients with physical disabilities
   iv. 10 to 15 clients with visual impairment

6. Attendance

a. Eight Hour Daily Work Schedule - All staff of the center shall observe 8-hour daily work as prescribed in the Civil Service law and other existing laws related to employees work and compensation.

b. Tardiness of Staff - Punctuality among the staff is a must. Time In and Time Out of staff shall likewise be recorded through Bundy clock as well as in the Guard's Attendance Logbook of staff that would serve as hard evidence if ever mechanical and/or electrical occurs.

c. Record of tardiness shall likewise be assessed to determine its number of occurrence and hours consumed that shall likewise be deducted from the accumulated leave of absence of the staff and disciplinary action shall be subsequently imposed based on the existing Civil Service Laws.

d. Schedule of Duty - The Center is operating on a 24 hour basis and it requires sufficient staff for the following shifting schedule:

Homelife Service:

1st Shift	-	6:00 a.m. to 2:00 p.m.
2nd Shift	-	2:00 p.m. to 10:00 p.m.
3rd Shift	-	10:00 p.m. to 6:00 a.m.

Administrative Service

8:00 a.m. to 5:00 pm

9:00 am to 6:00 pm

Executive on duty - 5:00 pm to 9:00 am the next day

Medical Service

First Shift - 8:00 a.m. to 5:00 p.m.

Second Shift - 9:00 a.m. to 6:00 p.m.

Security Guards

First Shift - 7:00 am to 7:00 pm.

Second Shift - 7:00 p.m. to 7:00 am.

e. A staff who render as reliever shall be included in the schedule of duty that would allow staff on shifting schedule enjoy their day offs.

f. The clients should not be left unattended and/or without any duty staff. If ever, absences of staff occur in the cottage, it shall likewise be imposed that duty staff in shifting schedule shall

extend her duty and assume the responsibilities intended for the absenting staff. He/She shall therefore entitle to a compensatory day-off notifying the Head Social Worker in advance for her approval.

g. Internal agreement among staff is not allowed unless emergency and must be done in writing and approved by the center head.

h. Day Off - The Center staff is entitled to his/her respective day-offs that may be enjoyed as reflected on approved schedule of duty.

Day-offs is not allowed on the following grounds:

i. If it is scheduled for four (4) consecutive days or more per week;
ii. If absence/s is/are converted to day-off to avoid filing of leave of absences.
iii. If off setting is without prior approval of the Head Social Worker.

The Center shall likewise ensure that day off shall not affect the number of working hours prescribed in the Civil Service law in a week or in a month.

7. Leave Privileges

a. Attendance of staff is crucial in the workforce of the center to ensure that the clients are being attended and provided with care and protection while in the custody of the Center.

b. Absence of staff often occurs in different manners and purposes. The staff may file leave of absences that can be deducted from their accumulative leave on the following conditions as prescribed in the Civil Service law:

i. Vacation Leave that should be filed a week before its actual date starts. Vacation Leave applied for a month or more than a period of one month. The staff shall secure clearance from the Regional Office for approved use of vacation leave.

ii. Sick Leave should be filed upon reporting to work/office. Supporting document such as the Medical Certificate should be attached to support claim for absences incurred more than five working days. If however, sick leave has been filed more than 3 times in a month or single filing more than a week's duration, the staff concerned shall be required to undergo an executive check-ups at his/her own expenses. Results of the executive medical examination shall be considered as the basis of recommendation for the staff.

c. Special Leave (Privilege) Leave

Staff are entitled on three special/privilege leave which include personal milestones such as birthdays, weddings and the likes; parental obligation e.g. attendance to school programs,

and others; filial obligations; domestic emergencies; personal transactions, and calamity/accident hospitalization leave.

These special leaves shall be filed one week ahead and shall not be converted into compensatory day-off for the absences incurred.

d. Holidays

Observance of holidays affects the schedule of duty of the Center's staff in as much as some of them have to report on their schedule. The Center shall therefore consider the provisions of Civil Service law regarding holidays such as:

i. Working Holidays as officially declared should require all staff on duty to report on their respective schedule;

ii. Non-Working Holidays shall observe the movement of date as officially declared and shall permit the staff to report to work on his/her respective duty schedule provided that a compensatory day off shall be allowed for him/her to enjoy.

The contract service workers or the MOA Workers shall observe the policy of "No Work, No Pay Agreement". Any transaction made by the MOA Worker on this matter shall be validated from his/her Daily Time Record (DTR) and/or from the Head Social Worker who would justify the MOA's claim for remuneration or "off-setting".

Suspension of Work due to Typhoon and other Disasters

i. The Center being mandated is service provider under the Department of social Welfare and Development which is committed to care and protect our clientele, belongs to a Department wherewith the nature of its functions and responsibilities are caring and protection. Moreover, the Center is a residential care facility where clients should not be neglected and abandoned.

ii. On these premises, the staff on duty who functions as AOD or EOD, at the time of suspension of work as officially declared, shall not leave or abandon their post for this reason and in doing so, he/she shall be liable in any circumstances that may happen and shall therefore be charged administratively.

8. Staff Performance Evaluation

The center's staff performance evaluation is based on the Agency's Performance Management System:

- Performance Contract
- Performance Contract Mid-check
- Performance Contract Rating

9. Executive on Duty

The Center is 24 hours residential care facility which is administratively being manned by designated staff rendering as Executive on Duty who are senior or qualified staff in the absence of the Head Social Worker from 5:00 p.m. to 9:00 am the next day from Monday to Friday and Friday and during Saturdays, Sunday and Holidays.

Implementation of Executive on Duty shall likewise be imposed based on the approved guidelines related thereto.

10. Stay In/Live-In Staff Center

Any staff regardless of position status and/or work schedule shall not be allowed to stay or live inside the center after her tour of duty and/or beyond her/ his official schedule.

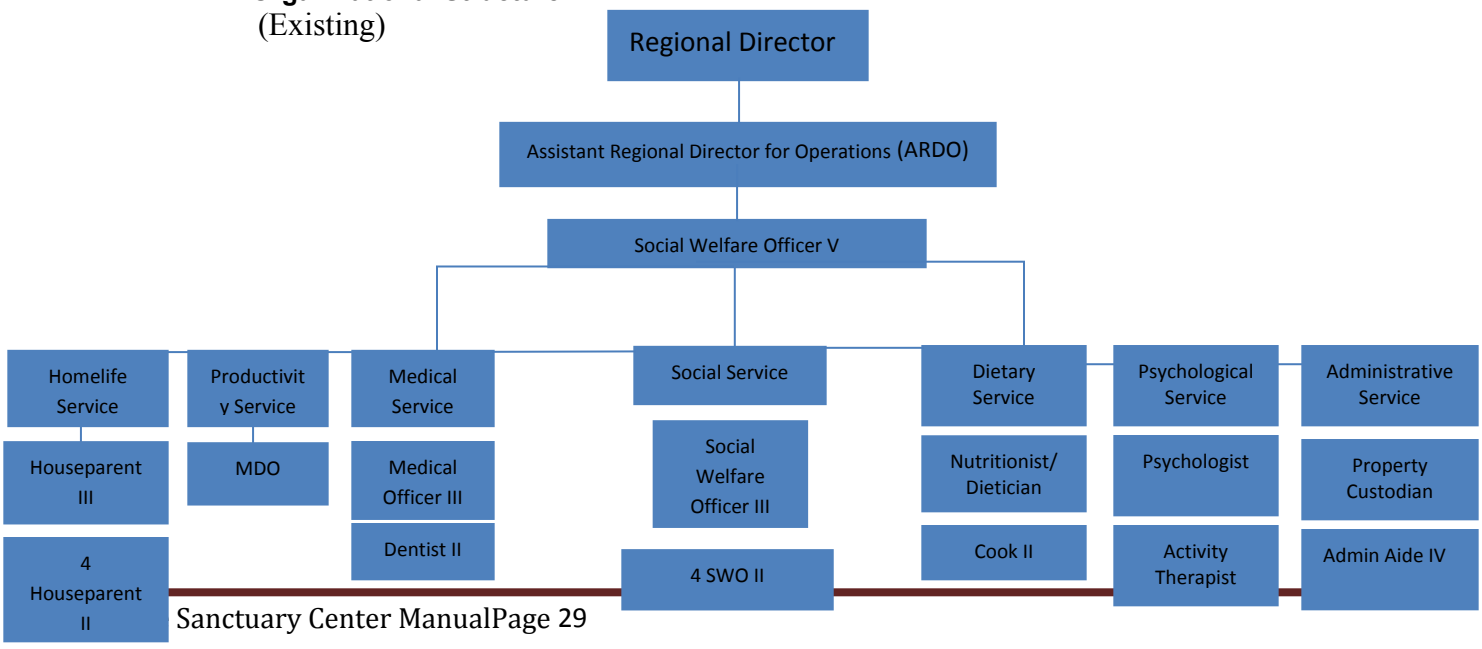
D. Volunteer Management

Community services and use of volunteers should always be a part of planning to supplement staff requirement. This means that the Center will utilize doctors, nurses, dentists, special education teachers, vocational and skills instructors from other government and private organizations. Civic and religious groups can also be tapped to help in other center activities.

1. Skills and talents as well as good moral character are requirements for a volunteer to be accepted in the center.
2. Appropriate orientation or training shall be extended to the volunteers before they start rendering services inside the Center. Orientation shall include the purpose, goals and philosophy as well as the Center's programs and services and policies. It is likewise important that they are oriented on the dynamics of behavior of the children to whom they will have contact with.
3. The center should provide a supervisor will plan and over-see the program of activities for those volunteers.

E. Organizational Structure

(Existing)



Chapter VIII

Physical Structure and Facilities

A. Location

The Sanctuary Center is occupying a four (4) hectare parcel of land located at the Welfareville Compound, Mandaluyong City. As of the writing of this Manual**,** the Sanctuary Center structure comprises of four (4) main buildings called the Administration Building, the Right Wing and the Left Wing Building as well as the Productivity Building which are just closely connected and built adjacent to each other. The entire building, with its expansive and wide area serves as conducive venue for the management and therapy of women with improved mental conditions.

B. Occupancy

The Administration building serves as an office for the Administration staff and other allied services. The 1st floor of the Administration Building are composed of the Head Social Worker's office, Administrative Service' office, the Social Service' office, the Psychological Service' testing room and counseling area, the Homelife service' office, the Medical Clinic, the central stock room, the infirmary, the Dietary Service' office with stock room and kitchen. The Cadena de Amor or Dorm I has a bed capacity for 30 residents. Occupying this room are residents diagnosed with seizure disorder.

The second (2nd) floor of the Administration Building houses the Dama de Noche Dorm and the Social Hall. The Dama de Noche Dorm or Dorm II has a bed capacity of thirty (30) that serves as the clients' resting area. The dorm has a locker area for client's personal belongings and comfort room where they can maintain grooming and personal hygiene. Also situated in the 2nd floor is the Pink Room or the isolation room for clients diagnosed to be with scabies, the Social Hall where big group activities are being conducted in a conducive and comfortable environment. It can accommodate 150-175 persons at a given time.

The Right Wing Building, where the Ilang-Ilang Dorm III is located, serves as sleeping quarters for high functioning/ manageable clients and clients with physical disability. It has a thirty five (35) bed capacity. Below it is the dining area for the clients staying at the Dama de Noche and Ilang-Ilang dorm with a bed capacity of seventy – eighty (70-80).

On the other hand, the left Wing Building serves as Dorm IV or the Sampaguita Dorm for newly clients mostly due to mental health problems. They have a second floor where improved clients are placed and are now ready for inclusion to the mainstream programs of Sanctuary Center . It has a bed capacity of thirty-five (35). Also situated below it is the dining area for clients at the Sampaguita Dorm with a bed capacity of thirty-five to fifty (35-50).

The Productivity Building, located beside the left wing area serves as a venue for the engagement of livelihood and skills training activities by the clients

In case that the Sanctuary Center reasonably exceeds with its total bed capacity, the Center shall still provide conducive temporary shelter for the clients and shall conduct immediate actions and request to facilitate clients' cases and provision of adequate shelter.

C. Development Planning

Prior to implementation of all constructions and repairs, a master development plan (MDP) shall be prepared with the consultation to staff and concerned offices of DSWD-NCR. The MDP shall be the basis of budget requests and subsequent plans. Hence, the design and development of the Sanctuary Center compound should be in accordance with operational requirements and with the following:

1. A 5-year repair and maintenance program must be prepared annually following a master development plan to prevent facility/building deterioration, wastage of resources and inappropriate building layouts.
2. Compliance to PWD Accessibility Law and secondary exits (fire exits) should form part of the plan
3. Plan, design and layout should strengthen resiliency of centers against disasters.
4. Buildings and structures plans and designs are suitable to vision, mission, goal, objectives and operational requirements.
5. Consideration of safety, accessibility, structural adequacy, comfort, aesthetics, stability, efficiency and maintainability of all buildings and structures

D. Space Allocation

1. Office space allocation for all units and various services shall comply with the standards as provided in National Building Code and Occupational Safety and Health Standards
2. Bed space allocation shall be in accordance the guidelines prescribe by the Standards Bureau for residential care facilities

E. Repair and Maintenance

A. General Principles

1. The Center Head shall exercise the diligence of a good father of a family in supervising accountable officers under his control to prevent the incurrence of loss of government funds or property. (based on Sec. 104 of PD 1445)
2. Performing preventive maintenance is almost always the best long-term strategy of facility management.
3. Request of fund for maintenance and repairs shall be based on actual inspection, assessment and plans.

4. Centers shall produce a separate internal maintenance policy based on its service delivery mandates.

B. Specific Policies

1. Preventive maintenance should:

a. keep property and equipment in good condition to prevent large problems

b. extend the useful life of property and equipment

c. find minor problems before they become major problems

d. help eliminate rework/scrap and reduces process variability

e. keep equipment and environment safer

f. greatly reduce unplanned maintenance

2. Periodic inspection and assessment shall be conducted by the Field Office, Center Head or his/her delegated staff.

3. Inspection, assessment and work order shall be properly documented, consolidated and filed for reference and planning of maintenance.

4. All Center occupants shall be oriented on maintenance policies and procedures including involvement on implementation of maintenance activities such as but not limited to immediate reporting of defects, hazards and property damages.

5. As much as possible, petty repairs shall be repaired within 5 days, minor repairs within 90 days and major repairs based on approved schedule and Annual Maintenance and Repair Plan.

Chapter IX

Amendments and Updates, Supplementary Guidelines and Effectivity

A. Amendments and Updates

Partial amendments and updating of this Manual shall be duly approved by the Regional Director of DSWD-NCR. While major revisions of this Manual shall be reviewed and approved of by the DSWD Central Office through the concerned Undersecretary.

B. Supplementary Guidelines

New issuances and guidelines promulgated by the Central Office and Field Office shall automatically supersedes and/or amend this Manual correspondingly on the specific chapter or items affected.

C. Effectivity

This Manual shall take effect after 15 days of approval of the Central Office. Amendments and updates shall take effect after 5 days posting at the Center and after 15 days of approval.

Annexes

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
NATIONAL CAPITAL REGION
SANCTUARY CENTER
Welfareville Compound, Addition Hills, Mandaluyong City
Telefax: 532- 1164; E-mail address: sanctuarydswd@yahoo.com.ph

ADMISSION SLIP

Date of admission/ Re- admission _____
Check appropriate item: New Case _____ Re- admission _____

I. IDENTIFYING DATA

Name _____ Age ____ Civil Status ____ Education _____
Address _____ Tel. _____
Date of Birth _____ Place of Birth _____ Religion _____
Name of Referring Staff _____
Source of Referral/ Institution/ Center _____
Address of Referring Party _____

II. DIAGNOSIS OF MEDICAL STAFF/ PSYCHIATRIST _____

Weight _____ Height _____ Nutritional Status _____

_____
Medical Staff (Name & Signature)

III. PERSONAL BELONGINGS

Personal Money P _____ Jewelry _____
Others, specify _____

Assessed & Admitted by:

_____
EOD/ Name/ Signature/ Designation

CHECKLIST

EFERRAL	
DMISSION SLIP	
.I.S.	
CSR	
EALTH/ MEDICAL RECORDS	
ROGRESS NOTES	
SYCHOLOGICAL REPORT	
OMELIFE REPORT	
RODUCTIVITY/ O.T.	
LEVEL OF REHABILITATION	
TRACER 11. 1. FAMILY 11. 2. LGU 11. 3. REGION	
CLOSING/ TRANSFER	
AFTER CARE REFERRAL	
DISCHARGE SLIP	
OTHERS 15. 1. Incident Report 15. 2. Out-on- Pass 15. 3. Picture 15. 4. Special Assistance 15. 5. Agreement for Home wage ner	

CHECKLIST

1. REFERRAL
2. ADMISSION SLIP
3. G.I.S.
4. SCSR
5. HEALTH/ MEDICAL RECORDS
6. PROGRESS NOTES
7. PSYCHOLOGICAL REPORT
8. HOMELIFE REPORT
9. PRODUCTIVITY/ O.T.
10. LEVEL OF REHABILITATION
11. TRACER 11. 1. FAMILY 11. 2. LGU 11. 3. REGION
12. CLOSING/ TRANSFER
13. AFTER CARE REFERRAL
14. DISCHARGE SLIP
15. OTHERS 15. 1. Incident Report 15. 2. Out-on- Pass 15. 3. Picture 15. 4. Special Assistance 15. 5. Agreement for Home wage Earner

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
SANCTUARY CENTER
Welfareville Compound, Addition Hills, Mandaluyong City

GENERAL INTAKE SHEET

Date of Admission/ Re- admission _____ Case No. _____ (for social worker)
Check appropriate item: New Case _____ Re- admission _____

I. IDENTIFYING DATA
Name _____ Age _____ Civil Status _____ Education _____
Address Tel.
Date of Birth _____ Place of Birth _____ Religion _____
Source of Referral _____ Tel. _____
Problem/ Illness _____

Family Composition

Name	Relationship to the client	Age	Sex	Birthday	Education	Job	Monthly Income	Remarks

II. PROBLEM PRESENTED (Please check appropriate items)
_____ Temporary shelter _____ medication _____ food, clothing _____ others, specify_____

III. Bio- psychosocial status upon admission (Please check appropriate items)

A. Psychosocial
_____ resistant _____ unresponsive _____ withdrawn _____ depressed
_____ violent _____ quarrelsome _____ negligence of self- care
_____ incoherent _____ Others, specify _____

B. Biological
_____ malnourished _____ with skin disease _____ high blood _____ anemic
_____ with PTB _____ others, specify _____

C. Bio- psychosocial Functioning Level of Client (Please check appropriate level/ appropriate indicators given below)

_____ 1. Chronic Functional. Manifests at least three (3) of the following: (Please check appropriate indicators).
_____ Self- help (SH)
_____ Self- care (SC hygiene)
_____ Activities of Daily Living (ADL)
_____ Psychosocial Involvement (PI)
_____ Healthy (H)

_____ 2. Chronic Dysfunctional. Manifests any of the above indicators (Please check appropriate indicators).

SANCTUARY CENTER
SUMMARY CASELOAD
For the month of AUGUST

'angalan ng Residente : _____
'angalan ng Houseparent : EMALYN B. TAPEL
'etsa : _____

MGA OBSERBASYON	AGOSTO	GAANO KADALAS	
.Paggawa ng assignment / ang araw araw na gawain		1	Hindi gumagawa/gawa ng gawa at hindi napipigilan sa paggawa
		2	Inuutusan pa para gumawa, namimili ng Gawain
		3	Araw-araw gumagawa, may kusa at masipag sa gawain
.Pakikitungo sa sarili / angangatawan		1	Hindi maayos sa sarili at sa gamit/sobrang linis na hindi naaawat sa paggawa
		2	Minsan malinis, minsan hindi
		3	Malinis sa sarili, maayos sa gamit araw- araw
.Pakikitungo sa kapwa esidente		1	Palaaway / malimit mag isa
		2	Sumasama sa activity pero di masyado nakikisalamuha
		3	Marunong makisama at palakaibigan
.Pakikitungo sa staff		1	Hindi magalang sa staff, ayaw sumunod at matigas ang ulo
		2	Minsan lang magalang at sumusunod
		3	Magalang at naaasahan, napapakiusapan at sumusunod
.Nakasanayang gawi sa agkain		1	Laging kailangang piliting kumain, walang gana/masyadong maraming kinakain, nan pagkain ng iba
		2	Pili ang kinakain pero kumakain pa din
		3	Kumakain sa tamang oras, maayos kumain
.Nakasanayang gawi sa agtulog		1	hindi masyado nakakatulog sa gabi, laging tulog kahit umaga
		2	Minsan hirap sa pagtulog, minsan gising pag nagrarounds
		3	Mahimbing ang tulog gabi-gabi
.Pisikal na pangangatawan		1	Araw-araw may sakit / laging may karamdaman
		2	Minsan nagkakasakit
		3	Malusog ang pangangatawan
.Sikolohikal na kondisyon		1	Madalas may sumpong
		2	Minsan may sumpong
		3	Hindi na sinusumpong
.Nakasanayang gawi sa ag ihi / pagbabawas		1	Hindi gumagamit ng palikuran
		2	Madalas gumagamit ng palikuran pero minsan umiihi kung saan datnan
		3	Gumagamit ng palikuran araw-araw

INTER- REFERRAL SLIP

O: _____

May we refer client, _____, _____
ears old, admitted in the Center last_____
and presently assigned in Ward ___ , for _____
_____(purpose).

REFERRING / REQUESTING SERVICE

_____

Received by: _____
DATE : _____

INTER- REFERRAL SLIP

O: _____

May we refer client, _____, _____
ears old, admitted in the Center last_____
nd presently assigned in Ward ___ , for _____
_____(purpose).

REFERRING / REQUESTING SERVICE

RECORDINGS / UPDATES

DATE	FINDINGS / OBSERVATION	PLAN OF ACTION

Prepared by

(Social Worker)

Noted

SWO III