Department of Social Welfare and Development
National Capital Region

REGIONAL MEMORANDUM ORDER
No. 002
Series of 2020

GUIDELINES ON THE USE OF THE AMENDEDREHABILITATION INDICATOR IN ELSIE GACHES VILLAGE

I. RATIONALE

With the Elsie Gaches Village (EGV) vision to maximize limited capabilities of children with special needs, the centerprovides various rehabilitative services for the improvement of the physical and mental condition as well as the enhancement of the psychosocial adjustment of individuals with intellectual disability towards the end goal of their eventual mainstreaming into the society.

Currently, EGV has six hundred four(604) residents being served which is 26% more than itsbed capacity of four hundred seventy (470).This becomes a hindering factor to justify the standard staff- client ratio based on the requirement of the revised standards for the accreditation of residential care facilities. Cottages servethe maximum of sixty (60) residents for highly functional with seven (7) shifting homelife staff attending to their needs instead of 1:15 ratio for this type of cases. While for the profound cases, there are eleven (11) shifting homelife staffs to attend for thirty-four (34) residents, instead of 1:5 for these cases. Even case managers, handles cases more than their capacity, and there is only one doctor, psychologist and dietitian who manage the health services. With the new Rehabilitation Assessment Tool to measure and monitor the adaptive functioning and progress of the residents, the EGV can accurately place residents in the right cottage with appropriate number of staff based on the standard requirement to effectively attend to their needs to achieve rehabilitation.

In 2015, EGV classified its residents into two (2) major categories– Developmental and Custodial cases. Presently, EGV has 42% 255 developmental cases and58% or 349 custodial cases. Developmental cases are projected to be rehabilitated through various therapeutic services provided in the center such as Special Education Program, Productivity Services, Music and Arts Therapy and other services that maximizes their potential, while the custodial cases projects rehabilitation on the sustainability of the social services and nutritional status of residents. Through this, delivery of appropriate therapeutic activities and intervention are properly given by the multi-disciplinary team as to the classification and needs of the residents.

Further, revision of this Rehabilitation Indicator is based on the changes in the Taxonomy on the Mental Health, based on the Diagnostic Statistical Manual Fifth Edition published by the American Psychiatric Association in 2013. The highlights changes in the indicators emphasized on the individual functioning of residents rather than the IQ Scores, which is adapted in the creation of the Rehabilitation Indicator.

This guideline will also be reference and assessment tool to determine the appropriate placement of residents with the right number of staff to attend to their needs.

II. LEGAL BASES

The Philippine Constitution in the Declaration of Principles and State Policies mandates that the State shall promote justice in all places of national development: it is the policy of the State under the 1987 Constitution of the Philippines to protect the rights of persons with disabilities (PWDs) and promote their welfare and development.

Republic Act No. 9442, An Act Amending Republic Act No. 7277, Otherwise Known as the "Magna Carta for Disabled Persons and for Other Purposes"and its Implementing Rules and Regulations affirms and mandates the rehabilitation, development, self-reliance and integration into the mainstream society. The Act also directs the national and local government agencies to implement programs and services to ensure the participation of Persons with Disabilities (PWDs) in all aspects of community life.

DSWD Administrative Order No. 35, Series of 2003Rehabilitation Indicator which describes the conceptual framework of Rehabilitation Indicator. The AO also define the indicators of rehabilitation of various client categories of the DSWD.

Republic Act 11036or the Mental Health Act. An act establishing a National Mental Health Policy for the purpose of enhancing the delivery of integrated mental health services, promoting and protecting the rights of person utilizing Psychosocial Health Services, appropriating funds therefor and other purposes. This act strengthens the effective leadership and governance for mental health by, among others, formulating, developing and implementing national policies, strategies, programs and regulations relating to mental health.

III. OBJECTIVES

General: To provide service providers, such as the social workers, medical officer, nurse, psychologist, therapist, houseparents and other staff attending the residents, with a guide on the measurement of the level of functioning in the physical, psychosocial development, economic/vocational productivity and placement of residents of Elsie Gaches Village.

Specific:

1. To provide a clear description and understanding of resident's level of functioning.
2. To serve as basis for evaluation of interventions being provided to residents; and
3. To serve as a guide in the formulation of resident's rehabilitation plan.

IV. SCOPE OF COVERAGE

The guideline contained herein shall provide access to the service providers of EGV on the use of its amended rehabilitation indicator as a tool to monitor the level of functioning of residents in the areas of physical, psychosocial development, economic/ vocational productivity and other rehabilitation indicators such as health and nutrition.

V. DEFINITION OF TERMS

a. **Areas of Rehabilitation**refers to fields/factors that are being studied and where one expect changes to happen to an individual. This includes the following; Physical, Psychosocial/Behavioral, Economic/Vocational and client's placement.

b. **Conceptual**refers tothe ability to use general mental abilities, such as reasoning, problem solving, planning, abstract thinking,judgment, academic learning, and learning from experience.(APA, 2013)

c. **Custodial**refers to those residents who are totally dependent on others in performing the activities of daily living; attend music and art therapy and other appropriate therapeutic activities as part of stimulation.

d. **Developmental** refers to those residents who are independent and semi-independent in performing the activities of daily living, can adjust to normal community living, can possibly reach Grade 12, can attend to therapeutic activities and special education program for stimulation. They can be productive through open employment or any sheltered workshop but needs close supervision.

e. **Level of functioning** refers to the observable situations or conditions manifested by the residents relative their endowed capabilities and capacities.

f. **Level of functioning** refers to the observable situations or conditions manifested by the residents relative their endowed capabilities and capacities.

g. **Mild** refers to a condition wherein resident is able to perform minimum requirement to a standard in accord to norms of given situation, tasks and/or activities. Minimal supervision is also expected. Thus, the client is adequately functioning.

h. **Moderate**refers todevelopmental case with full supervision from the care provider. The client can perform self-help skills with direction from care provider, use objects based on its function.

i. **Practical**refers tothe ability of the resident to perform activities of daily living, and occupational functioning, and personal independenceat home or in community settings.(APA, 2013)

j. **Profound**refers to a condition wherein the resident is fully-dependent of the care from the care provider, especially on the practical, and health and nutrition. In the aspect of conceptual domain, the resident cannot fully comprehend or even utilize the executive function.

k. **Rehabilitation**refers tothe process of transformation from a dysfunctional to a state of renewed functional condition where residents show competence in the performance of one's role.

l. **Rehabilitation Indicators** refers to the descriptive characteristics that serve as measures of the total well-being of residents and the changes resulting from intervention process at a given period of time.

m. **Service Providers**refers to,individual providing mental health services including but not limited to, mental health professional and workers, the social worker and counselors, peer counselors informal community caregivers, mental health advocates. (Republic Act 11036)

n. **Severe** refers to a condition wherein the resident needs further assistance from the care provider. The resident's conceptual domain can follow simple instruction but unable to implement the tasks assigned.

o. **Social** refers to the ability of the residents to attend to their responsibilities, interacts or to join with group activities as well their ability to relate well with others through communication and social participation. (APA, 2013)

VI. ASSESSING THE LEVEL OF FUNCTIONING

In determining the level of functioning, the five (5) domains will be considered. Each has corresponding description on a progressing condition such as Profound, Severe, Moderate, and Mild.

The rehabilitation indicator is a sixteen (16)-question checklist that provide glimpse of the performance of the resident. (See Annex A). The scoring will be the summation per domain and the great number is the level of functioning of the client.

VII. GENERAL POLICIES

The following policies shall be observed in the use of the set of Rehabilitation Indicators of Elsie Gaches Village:

1. The use of the amended rehabilitation indicator of EGV shall be strictly and properly applied by the service providers to assess level of functioning of the residents.

2. The Elsie Gaches Village' Rehabilitation Indicators shall be categorized into five areas or factors that are being studied and where one expects change to happen to an individual such as; (1)conceptual, (2)social, (3)practical, (4)health and nutrition, and (5)economic indicator.

3. Based on the Rehabilitation Indicator these areas shall be further classified into: Developmental and Custodial Cases, and further subdivided into four categories according to the severity based on the Diagnostic Statistical Manual Fifth Edition (APA, 2013) such as Profound, Severe, Moderate and Mild.

VIII. IMPLEMENTATION PROCEDURE

1. In the use of the Rehabilitation Indicator, the Social Worker shall initially assess the resident upon admission as a baseline data to assess the level of functioning of the resident.

2. Upon intake, the Rehabilitation Indicator Assessment Tool shall be administered by the Social Worker and the initial assessment of the functioning or condition of residents shall be taken using the prescribed Rehabilitation Indicator.

3. After administering the RI tool, the Social Worker shall provide recommendation to different services as basis for the provision of appropriate intervention to the needs of the resident/s.

4. A referral slip shall be issued by the Social Worker and the result of the assessment using the RI tool shall be discussed during the rehabilitation team meeting.

5. The Homelife, Productivity, Special Education, Health and Allied Services shall prepare quarterly progress report as this will be one of the bases for the assessment of the Rehabilitation Indicator.

6. The Social Worker as the case manager shall be responsible in the gathering ofobservations from members of the rehabilitation team in assessing the condition of resident/s at a designed period during the rehabilitation team meeting as the case managers. Each role in the rehabilitation but on the development of cognitive, social and practical domain of the functioning of the residents reflected in their quarterly, semesteral or annual progress reports.Said observations shall be the basis of evaluating rehabilitation goals for every client.

7. A progress report shall be prepared by the Social Worker indicating the extent implementation of the Rehabilitation Plan and development of client vis-à-vis the Rehabilitation Indicator/

8. The Head Social Worker thru the Supervising Social Worker shall monitor compliance on the use of the Rehabilitation Indicator, facilitate evaluation of its effectiveness and submit to the Field Office a report on its implementation and the rehabilitation of residents. Likewise, the Head Social Worker shall coordinate with the Field Office on areas needing capability building and technical assistance for the staff.

9. Assessment of the level of functioning of the residents shall be evaluated every six months.

10. A re-evaluation to the resident shall be done by the Social Worker to assess the current level of functioning of the residents after six months and the result shall be discussed in the rehabilitation team meeting for future direction and case management.

IX. MONITORING AND EVALUATION

1. The social worker as the case manager, monitors and evaluate the level of functioning of the residents, using the comparative assessment and the rehabilitation indicator tool

3.2. Submit a progress report to the Supervising Social Workers indicating the extent implementation of the Rehabilitation Plan and development of client vis-à-vis the Rehabilitation Indicator

4. Allied Services

4.1. Provide rehabilitative services according to their expertise based on the referral of the Social Worker.

4.2. Submit quarterly report of their progress observation of the residents during residential phase of the resident for consolidation and comparison on the Rehabilitation Plan

B. The Office of the Regional Center Coordinator and the Social Welfare Specialist

1. Provide technical assistance in the implementation and monitoring of the Rehabilitation Indicator and recommends to the Protective Management Bureau and Standards Bureau on the needs for improvement and other needs of the EGV in terms of case management.

XII. EFFECTIVITY

This policy shall take effect immediately upon its approval and revokes and supersede any existing policy pertaining thereto.

Issued in the City of Manila this 6th day of April 2020.

VICENTE GREGORIO B. TOMAS
Regional Director

2. The phase of evaluationshall be further discussed during the rehabilitation team meeting where the service providers discuss the potentials and capability of the resident to determine other needs for improvement.

3. The Homelife, Productivity, Special Education, Health and Allied Services progress report shall be submitted to evaluate the rehabilitation indicator of the resident.

4. Monitoring on the use and results of the Rehabilitation Indicator as a tool in evaluation and determining progress of residents shall be undertaken every three months.

5. Review and revision of the Rehabilitation Tool shall be undertaken based on the assessment of different services involved in the rehabilitation of the residents.

X. DOCUMENTATION AND REPORTING

1. The Matrix of the Rehabilitated cases of residents shall be submitted every 30th of May and November of the current year.

2. A report on the status of rehabilitation of residents shall be submitted to the Field Office on the 20th day of the last month of the semester.

3. The required reports shall be properly filed in the case folder of each EGV resident.

X. INSTITUTIONAL ARRANGEMENT

A. Elsie Gaches Village

1. Head Social Worker

1.1. Monitor the implementation of the Amended Rehabilitation Indicator of EGV.
1.2. Submit to the Office of the Regional Center Coordinator a report on its implementation and the rehabilitation of residents.
1.3. Coordinate with the Field Office on areas needing capability building and technical assistance for the staff.

2. Supervising Social Worker

2.1. Prepare and submit Matrix of the Rehabilitated cases of residents every 30th of May and November of the current year to the Field Office.
2.2. Monitor the implementation of the Rehabilitation Plan and recommends further direction of the case management.

3. The Social Worker (Case Manager)

3.1. Administer the Rehabilitation Indicator Assessment Tool (Annex A) during the admission as part of the routing procedure.

Department of Social Welfare and Development
National Capital Region
ELSIE GACHES VILLAGE
Indicators of Rehabilitation

Name: _____ **Date of Evaluation:** _____
Case No: _____

Adaptive Functioning Domain	Custodial		Developmental	
	Profound (0)	**Severe (1)**	**Moderate (2)**	**Mild (3)**
Conceptual	◯ Does not identify body parts	◯ Points body part randomly	◯ Can only point body part but not identify it use	◯ Can identify body parts and its use
	◯ Cannot sort things according to size	◯ Can sort things but not according to size	◯ Can sort things with minimal discrepancies	◯ Can sort things according to size, similarities and differences
	◯ Cannot use object based on it use	◯ Cannot use but hold the object correctly	◯ Can use object but not according to its function	◯ Use object according to its function
Social	◯Not Responsible at all- Does not take care of personal belongings	◯Unreliable- Seldom takes care of personal belongings.	◯Usually Dependable- Usually takes care of personal belongings.	◯Very Dependable- always take care of personal belongings
	◯ Not given responsibilities and unable to carry out responsibilities at all	◯ Makes little effort to carry out responsibilities; one is uncertain that the assigned activities will be performed	◯ Makes an effort to carry out responsibilities; one can be reasonably certain that assigned activities will be performed	◯ Assumes much responsibility and makes special effort; assigned activities are always performed.
	◯ Does not respond/socialize to others	◯ Interacts with others imitatively to others with little interaction	◯ Interacts with others for at least a short period of time like; showing or offering toys, clothing or objects.	◯ Interacts with others in group games or activities
	◯ Does not participate in or withdraw from group activities	◯ Participates in group activities if encouraged to do so (passive participants)	◯ Participates in group activities spontaneously and eagerly (active participants	◯ Initiates group activities (leader and organizer)

Practical	◯ Does not feed self	◯ Feed self with fingers or hands	◯ Feed self with spoon	◯ Feed self with spoon neatly
	◯ Not toilet trained at all	◯ Sits on the toilet bowl with help	◯ Sits on the toilet bowl without help	◯ Flushes the toilet after use
	◯ Makes no attempt to wash self	◯ Cooperates when being washed	◯ Washes self with help	◯ Washes self completely
	◯ Makes no attempt to brush teeth	◯ Cooperates in tooth brushing	◯ Brushes teeth with supervision	◯ Brushes teeth completely without help

Based on the *Diagnostic Statistical Manual Fifth Edition: Neurodevelopmental Disorders pp 34-36*
Vineland Adaptive Behavior Scale Interview Edition
Developmental Profile Third Edition
American Association of Mental Retardation Adaptive Behavior Scale School Edition(AAMR- ABS)

Other Rehabilitation Indicators	**Custodial**		**Developmental**	
	Profound (0)	**Severe (1)**	**Moderate (2)**	**Mild (3)**
Health and Nutrition	◯ Diagnosed with Multiple diseases entity and multiple disability (point as 1)		◯ Response to medications and recovery from illness	◯Health stabilized and in good physical health
Economic Indicator / Productivity Skills Indicator	◯ Shows no interest in the tasks in the productivity activity (point as 0)		◯ Willing to learn and has interest in the tasks but needs encouragement	◯Willing to learn and has interest in the tasks
	◯ Unable to perform productivity work (point as 0)		◯ Able to perform work with supervision	◯ Has initiative and work with less supervision
			◯ Has records of troubles and not courteous at work	◯ Has good character towards work
			◯ Occurred absences, occasional tardiness on the workshop	◯ Regularly attends to the productivity workshop punctually or on - time

Prepared by:

_____

(Social Worker's Printed Name and Signature)