



MONASH University

Residential care as a child protection mechanism in the Philippines: An analysis of children's life histories and their community-based protection

By

Steven Hugh William Roche

Master of Social Policy (University of Melbourne)

Bachelor of Social Work (Australian Catholic University)

Bachelor of Arts (Honours) (Australian National University)

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Department of Social Work

Monash University

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Abstract

The residential care of children forms a major approach to children's welfare and child protection in the Philippines. The reason for the widespread use of children's homes, orphanages and institutions in the Philippines has undergone limited formal investigation. High incidences of poverty and neglect (Yu 2013b), low levels of social protection (ADB 2013), international and religious charity models of care (Cheney & Ucembe 2019), a lack of alternate care options (Roche & Flores-Pasos in press), alongside the high levels and impact of child maltreatment (Ramiro, Madrid & Brown 2010; Roche 2017) can, however, be considered major factors. These circumstances are compounded by the limited effectiveness of the Philippine child protection system, which lacks coherence and resources, and is often unable to provide interventions where needed (Roche & Flores-Pasos in press).

To date, the experiences and understandings of those who live in residential care are largely unknown, as are the perspectives of the program and policy actors who enable and manage the residential care of children. As such, this research investigates the social contexts of residential care and its relationship to child protection. It specifically engages the perspectives and insights of children and young people, the welfare system in which they are embedded, and the policy actors that shape their experiences of child protection and residential care. A total of 79 participants were interviewed for this research including children and young people currently or previously living in care (n=50), child protection actors and program staff (n=17), a range of national policy and program actors relating to residential care and child protection (n=11), as well as one interpreter (n=1).

This large and diverse sample provide rich insights into the lives of children and young people, their intersection with residential care, and the functions of child protection efforts in the Philippines. Children's interpretations of their life histories, and the critical elements of which these are comprised, including poverty, unstable care arrangements, family breakdown and significant child maltreatment, reveal the complex interplay between their lives, social contexts, and the crucial role of residential care in child protection efforts. Their insights generate important detail about residential care as a child protection mechanism, which operates amid a significant community need for welfare and safeguarding. The findings further highlight the function of informal community-based actors, such as neighbours, family, friends and non-government organisations, including residential care programs, in responses to child maltreatment, providing assistance that constrained and under-resourced formal child protection actors struggle to provide. These findings offer important implications for developing policy and practice, including a broader critique of the Philippines' welfare settings. Addressing the key structural drivers of residential care, including the socio-economic contexts of children and their families, via an expansion of community-based child protection capacities and resources, is arguably a critical policy strategy that could reduce the current reliance on residential care as a child protection model.

Publications during enrolment

Peer reviewed journal articles

Roche, S. (2020). Conceptualising children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding. *Children and Youth Services Review*, 110 (104820), 1-10.

Roche, S. (2019). A scoping review of children's experiences of residential care settings in the global South. *Children and Youth Services Review*, 105(104448), 1-14.

Roche, S. (2019). Childhoods in policy: A critical analysis of national child protection policy in the Philippines. *Children and Society*, 33(2), 95-110.

Roche, S & Flynn, C. (2020). Geographical inequity in social work research; Analysis of research publications from the global South. *International Social Work*, 63(3), 306-322.
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Book chapter

Roche, S., & Flores-Pasos, F. (forthcoming). *Protecting children in the Philippines: a system focused overview of policy and practice*. In Oxford Handbook of Child Protection Systems. Berrick JD, Gilbert N, Skivenes M (eds.). Oxford University Press: New York, NY.

Thesis including published works declaration

I, *Steven Hugh William Roche*, hereby declare that this thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

This thesis includes two original articles published in peer reviewed journals, one book chapter accepted for publication, and one article under review in a peer reviewed journal. The core theme of the thesis is understanding the experience and context of the residential care of children in the Philippines, and its relationship to child protection efforts. The ideas, development and writing up of all the papers in the thesis were the principal responsibility of myself, the student, working within the Department of Social Work under the supervision of Dr Catherine Flynn and Associate Professor Philip Mendes.

(The inclusion of co-authors reflects the fact that the work came from active collaboration between researchers and acknowledges input into team-based research.)

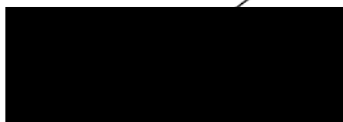
In the case of Chapters Two, Three, Five and Seven my contribution to the work involved the following:

Thesis Chapter	Publication Title	Status	Nature and % of student contribution	Co-author name(s) Nature and % of Co-author's contribution	Co-author(s), Monash student Y/N
<i>Two</i>	Protecting children in the Philippines: A system focused overview of policy and practice.	<i>Accepted</i>	Reviewed literature, prepared and revised manuscript 85%.	1). Florence Flores-Pasos, 15% contribution to manuscript.	No
Three	A scoping review of children's experiences of residential care settings in the global South.	Published	Developed concept, reviewed literature, conducted analysis, prepared and revised manuscript 100%.		
Five	Conceptualising children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding.	Published	Developed concept, reviewed literature, prepared and undertook data collection, conducted analysis, prepared and revised manuscript 100%.		
Seven	Local child protection in the Philippines: A case study of actors, processes and key risks for children.	Under review	Developed concept, reviewed literature, prepared and undertook data collection, conducted analysis, prepared and revised manuscript 75%.	1). Dr Catherine Flynn, input into manuscript 25%	No

I have renumbered sections of submitted or published papers in order to generate a consistent presentation within the thesis.

Student name: Steven Roche

Student signature:

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Date: 9/6/2020

I hereby certify that the above declaration correctly reflects the nature and extent of the student's and co-authors' contributions to this work. In instances where I am not the responsible author I have consulted with the responsible author to agree on the respective contributions of the authors.

Main Supervisor name: Dr Catherine Flynn

Main Supervisor signature:

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Date: 9/6/2020

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Key terms

Child protection: preventing and responding to violence, exploitation and abuse against children (UNICEF 2008).

Child protection mechanism: coordinated formal or informal efforts to protect children from all forms of abuse and neglect (Plan International, 2015).

Child protection system: Child protection systems aim to provide a coherent structure, including a combination of policy, programs and efforts, to prevent, respond and resolve child maltreatment (Wessells et al. 2012).

Local Government Unit: a widely used term in the Philippines that denotes the various levels of non-national government.

Global South: Economically disadvantaged nation states who are often politically and culturally marginalised (Dados & Connell, 2012; Mahler, 2017).

Residential care: “... care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities, including group homes” (UN 2010, p. 6).

Residential care setting: Children cared for in a group setting (institutional care, orphanage, alternative care, residential care) away from their family and often by paid staff and/or volunteers (del Valle 2013; Rotabi et al. 2017).

Social protection: Initiatives involving public and private policies and programs with the objective of reducing economic and social vulnerabilities to poverty (Connolly et al. 2014).

List of acronyms and abbreviations

ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
AVID	Australian Volunteer's for International Development
BCPC	Barangay Councils for the Protection of Children
CPU	Child Protection Unit
CWC	The Council for the Welfare of Children
DOJ	Department of Justice (Philippines)
DSWD	Department of Social Welfare and Development
GNI	Gross National Income
HDI	Human Development Index
INGO	International Non-government Organisation
LCPC	Local Councils of the Protection of Children
LGU	Local Government Unit
NGO	Non-government Organisation
NHMRC	Australian National Health and Medical Research Council
PhD	Doctor of Philosophy
PSA	Philippine Statistics Authority
RCS	Residential Care Setting
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme

UNICEF United Nations Children's Emergency Fund

WHO World Health Organisation

Chapter one: Context and overview

The residential care of children is a well-established, yet complex, welfare intervention utilised across the world. This is the case in the Philippines, where the residential care of children is a distinct and widely used welfare phenomenon, forming the largest component of out-of-home care in circumstances of children's welfare and protection in the country (Roche 2019a). This is of major interest to the academic fields of children's welfare and social policy, given the negative impacts that residential care settings can have on childhood development and children's rights, and the central role of residential care in child protection in the global South (Browne 2009; Save the Children UK 2009; Save the Children UK 2003).

However, knowledge of residential care settings (RCSs) and associated child protection systems in the Philippines are rudimentary, with little understanding of their purpose, objectives or effectiveness. They operate within conditions of limited social protection (Asian Development Bank 2013), high levels of poverty and neglect (Yu 2013b), and a welfare sector dominated by non-government provision (Curato 2015) and limited governance (Yilmaz & Venugopal 2013). Crucially, the experiences and understandings of the children and young people who live in residential care is absent from the literature, as are the motivations and perspectives of the program and policy actors who enable and manage the residential care of children. The characteristics, backgrounds and experiences of children and young people residing in these institutions is not documented, nor are the determinants for their entry into care. Additionally, how residential care programs and children's experiences of child maltreatment intersect is uncertain, as is how child protection is enacted and characterised at a community level. These gaps in knowledge are the predominant focus of this doctoral study.

1.1 The international phenomenon of residential care

Residential care settings, also variably known as institutional care, orphanages or alternative care throughout the literature, refer to children being cared for in a group setting, away from their family (Rotabi et al. 2017), most often by paid staff and volunteers (del Valle 2013). The United Nations defines residential care as “... care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities, including group homes” (UN 2010, p. 6). This type of welfare intervention is widely in place around the world (Kendrick 2015). There are around 2.7 million children living in various forms of institutional care (Petrowski, Cappa & Gross 2017), with most living in the global South, across low and middle-income nations in Sub-Saharan Africa, and South-East and Southern Asia (Whetten et al. 2009). Currently, residential care is a diverse welfare mechanism taking on a variety of forms and interpretations across the world, according to the cultural, social, economic, and political climates and historic contexts in which they are embedded (Kendrick 2015). Their models differ remarkably, from large scale entities providing basic care, to small sized units with specialised care (Kendrick 2015).

Residential care settings are most frequently used in circumstances where parental care is compromised, often in scenarios in which children are orphaned (one or both parents have died) (Shang & Fisher 2013), or parents or extended family are unable to provide a primary caring role and provide essential needs of safety, food and shelter (UNICEF 2009).

Circumstances in which residential care is utilised also include instances of child maltreatment, conflict or natural disasters, or broader efforts to protect children from social and economic harms such as poverty or discrimination (McCall 2013; Rotabi et al. 2017; UNICEF 2009; Kendrick 2015; Whetten et al. 2009; WHO 2007; Shang & Fisher 2013).

Another driver of residential care is the ‘orphan industrial complex’, comprising the commodification of children and residential care settings for the economic and cultural interests of international donors, charities and adoption (Cheney & Ucembe 2019; Cheney & Rotabi 2016). Residential care practices have been the subject of guidance from the United Nations, who recommend that children who do not have a family environment, or cannot remain in a family environment, are entitled to assistance and protection from the state, including suitable alternative care (UNCRC 1989, Article 20).

A complex welfare intervention

While its use is widespread, residential care is a highly complex and often problematic welfare intervention. The deleterious impact of institutional care arrangements on the development and wellbeing of children has been well established, by predominantly Western research, over the last 50 years (Browne et al. 2006; McCall 2013). For young children, in particular, institutional care characteristics such as limited, multiple or inconsistent caregivers, and a lack of warmth and sensitivity, isolation and depersonalisation can severely impact health, attachments and other developmental outcomes (van Ijzendoorn et al. 2011; Kendrick 2015; McCall 2013). Residential care can be unsupportive of children’s individual, physical and emotional needs, and in some circumstances can dislocate children from their language and culture (Kendrick 2015). Additionally, risks of child maltreatment and victimisation are high due to the limited accountability, resources and regulation that often characterise residential care settings (Rus et al. 2017). RCSs in low and middle-income environments can risk outcomes of trauma, cognitive and emotional underdevelopment and higher exposure to child labour, sexual exploitation and trafficking for children and young people (Atwine et al, 2005; Crampin et al. 2003; Lyneham & Facchini 2019; van Doore 2016). The United Nations recognises that ‘alternative care’, including residential care, is not

always utilised in the best interests of children and young people, leading to policy agendas of deinstitutionalisation (Babington 2015). In 2009 the United Nations General Assembly adopted the 'Guidelines for the Alternative Care of Children' (UN 2010) that highlight the importance of attachment and supportive relationships for children in care, and guidelines that stipulate the need to keep children living in their families where possible so that the best interests of children are upheld (Cantwell et al. 2012).

Further complicating this, however, is research that finds that residential care can form an important component of child protection systems, caring for children and young people when family-based care is simply not possible. Studies identify that residential care settings can be more supportive, safer and provide better outcomes than family or community care arrangements for children, especially if they have prior experiences of abuse or neglect (Gray et al. 2017; Whetten et al. 2009; Huynh 2014). For example, Whetten, et al. (2014) found some improvements in overall wellbeing over a three year period for children living in institutional care in low and middle-income country settings. Scholars argue that residential care can provide positive outcomes for children if their needs and interests are effectively met (Kendrick 2015). Amid the ongoing utilisation of residential care across the world, the purpose, objectives and lived experiences of residential care, in any setting, need to be understood, explored and justified, especially in critical circumstances of child protection, and is a further justification of this study.

Child protection is made up of activities, mechanisms, actors and processes to prevent child abuse and neglect, to respond to concerns in relation to the abuse and neglect of children, and to subsequently protect and support children and families in circumstances of abuse, in many cases punishing perpetrators of abuse and neglect (Connolly & Katz 2019; Wulczyn et al.

2010, Wessells et al. 2012). Within these child protection approaches, out-of-home care, including residential care, is a central component, largely utilised in the ‘protect and support’ component of child protection described above. However, the use of residential care varies given that countries protect children within their own varied social and cultural contexts (Connolly & Katz 2019). In low and middle-income countries, child protection takes on unique characteristics, given the often limited resources to invest in child protection infrastructure and mechanisms, and distinct social and cultural views of family and care relations (Connolly & Katz 2019). As such, examining the specific approaches and contexts of residential care and child protection, such as that in the Philippines, is an important contribution.

Child protection and residential care in the Philippines

Child protection efforts respond to significant risks to children’s wellbeing across the Philippines. A growing body of research identifies the high levels of child maltreatment in the Philippines as well as its impacts (Ramiro, Madrid & Brown 2010; Roche 2017). It details widespread and entrenched corporal punishment and family violence (Sanapo & Nakamura 2011; Runyan et al. 2010; Ramiro, Madrid & Brown 2010; Hassan et al. 2004), and child sexual abuse (CWC & UNICEF 2016). Additional threats to children’s safety include rising levels of commercial sexual exploitation (Brown, Napier & Smith 2020), child labour, and armed conflict and extrajudicial killings, most recently involving the national ‘war on drugs’ (Daly et al. 2015; Mapp & Gabel 2017).

The frequency and severity of child maltreatment is influenced by long lasting structural disadvantage, poverty and neglect in the Philippines (Yu 2013b; Pells 2012). Approximately 31.4 per cent of children live in poverty (PSA 2017), including 5.9 million who live below

the ‘food poverty line’ (PSA & UNICEF 2015), leading to malnutrition of 21 per cent among children under the age of five (Ramesh 2014). Overall levels of poverty have remained largely unchanged since the mid 1990s (Ramesh 2014). These conditions have also led to an estimated 2.85 million children aged between five and 15 years being out of school (UNICEF 2018), between four and six million children without, or at risk of losing, parental care (DOJ 2012), and around 250,000 children living or working on the streets (DOJ 2012).

These circumstances are somewhat explained by the social policy and governance conditions of the Philippines. From the 1960s, social protection policies and programmes have been marginal and underdeveloped (Ramesh 2014), providing low levels of social assistance to families (ADB 2013), prioritising economic growth over social policy efforts (Yu 2013a; Choi 2012; Holliday 2000), while existing social welfare infrastructure lacks capacity and technical expertise (Kim & Yoo 2015; UNICEF 2016; Ramesh 2014). It is likely that these conditions create additional demand for child protection and welfare interventions such as residential care. However, there is currently limited understanding of the role, scope and effectiveness of the Philippine child protection system, as well as informal child protection efforts (Roche 2017). While the Philippines is understood to have clear, national child protection legislation and policy (UNICEF 2016), its implementation, coverage and effectiveness, particularly at local levels, is uncertain. At the same time, there are indications of a burgeoning residential care sector, with an array of non-government welfare organisations attempting to meet the welfare needs of communities in the absence of adequate and effective government programming. The Philippines’ Department of Social Welfare and Development details over 900 private social welfare agencies with residential care programs (DSWD 2019a; DSWD 2019b), but given limited regulation, and the

international commodification of children's welfare (Cheney & Ucembe 2019), it is argued there are many more additional and unlicensed residential care settings (Graff 2018).

Despite the scale of residential care settings in the Philippines, very little is known about its function, purpose or arrangements, with a recent systematic review of child maltreatment and protection in the Philippines finding residential care unexplored in the academic literature (Roche 2017). Understandings of the conditions, characteristics and practices of residential care in the Philippines is limited, including the experiences of children and young people who live in them, and the staff and caregivers who care for them. How residential care programs and children's experiences of child maltreatment intersect is uncertain, as is how residential care is utilised in child protection processes. This paucity of research suggests a lack of reliable evidence to inform residential care and child protection policy and practice reforms, and little information regarding their adequacy, management, and alignment with what children and families experience and need.

Methodological frameworks and methods

In response, this study aims to generate new insights into a previously unexplored topic. It investigates the contexts of residential care and its relationship to child protection through engaging the perspectives and insights of children and young people with direct experiences of residential care and child protection, and exploring the welfare arrangements in which they are embedded via the program and policy actors that participate in residential care and child protection responses. Exploratory in design, it takes a pluralist, qualitative research approach, which strongly shapes its design and objectives, aiming to highlight the under-represented voices of children and young people, and pursue new, in-depth explanations and understandings of the welfare phenomena under investigation. To do so, its methods and

analysis draw on post-colonial theoretical perspectives (Connell 2007; Sewpaul 2006) and sociological interpretations of childhood and children (Corsaro 2011; Prout & James 2015). Postcolonial methodologies seek authentic representations and knowledge that take culturally sensitive and empathetic research approaches (Liamputtong 2010), while cognisant of the influence of dominant Western frameworks utilised throughout research and relevant issues of culture, knowledge and representation (Go 2013). This framework is supported by a Sociology of Childhood perspective which emphasises the methodological position that children can be studied in their own right, as agentic social beings, and engaged in the social worlds around them (Wall 2019). Children's experiences and perspectives are highly valuable insights that can explain and critique the social phenomena they encounter, and effectively inform policy and practice (Buhler-Niederberger & Schwittek, 2014; Qvortrup et al. 2011).

Significance and utility of this study

This study represents the first empirical research to investigate the topic of residential care in the Philippines, and the first to examine residential care in relation to child protection in this context. The paucity of research into child protection and residential care in the Philippines, particularly across social work and social policy fields, is the starting point of this thesis. Overall, this thesis pursues new understandings of social policy circumstances in the Philippines, the factors that make up social welfare efforts, and the conditions within which these emerge. More specifically, this research presents new insights into child protection and residential care interventions via the interpretations of children and young people with experiences of residential care, as well as the first-hand experiences of policy and program actors that participate in and enact residential care and child protection efforts. The accounts of these participants offer insights into how child protection efforts intersect with residential

care programs, and explore these welfare interventions through the qualitative insights of the children and young people that experience them.

The circumstances of children entering care, the social contexts of children and their families' lives, and the extent to which residential care is utilised as a child protection mechanism are entirely new contributions to the literature. New insights also include understandings of the lives of children who live in residential care, in particular the key relationships they identify, and the influence of these on their wellbeing. Additionally, the factors that contribute to local child protection arrangements, child protection actors and their roles and functions, including the role of residential care, offer significant new knowledge in this area.

The findings of this research contribute to nuanced debates and assessments concerning current policy and practice and identify opportunities for enhanced service delivery for children in the Philippines. It also provides insights into child protection approaches and practices in the Philippines, and more broadly in the global South, to enable a better understanding of the factors that foster children's welfare and protection, and inform future child protection policy and practice. As highlighted by Kendrick (2015), it is of great importance to understand the role of residential care in welfare systems, to improve policy and practice standards to enhance outcomes and quality of life for children in care, as well as hear directly from children and young people themselves.

To achieve these outcomes, the overarching research question for this study is *What is the role of residential care within approaches to children's welfare and their protection in the Philippines?* It is supported by three subsidiary questions:

1. How do children and young people understand their life histories and entry into residential care in the Philippines?
2. Who comprise children's supportive relationships in residential care and how do they support their wellbeing?
3. How are children protected in a regional Local Government Unit in the Philippines?

1.2 Researcher rationale

This choice of study topic, and overall research approach, is the result of a number of formative and intersecting, professional and personal experiences. My research training and subsequent passion for research first began in earnest in the sociology Honours program at the Australian National University, where its strong social constructionist epistemological framework connected with my developing social work practice experiences in community-based and outreach homelessness programs. This blend of sociological theory and practice experience highlighted to me the value of in-depth and contextualised insights into the interpretations, feelings and experiences of clients, and the value these could have for improving practice, policy and general understandings of social issues. In 2012, my interests in living overseas and my professional development were met by a volunteer role through the Australian Government's 'Australian Youth Ambassador for Development' program. I was assigned to a large non-government welfare organisation in a regional location in the Philippines for one year. My task was to develop organisational child protection frameworks, and contribute my professional expertise to the dynamic, responsive case management of the

organisation's clients. The welfare needs of community members, especially children and young people, were significant. This was exemplified by the circumstances of one client, a young mother and wife, terminally ill, without health insurance, or a family income that could afford medical care. She was dying of breast cancer with open, untreated wounds, while her family scraped a living the best they could, her son missing school to care for her and earn money where possible. The indignity of this situation was enraging, and the quiet, graceful suffering of Margaret (a pseudonym) entirely humbling. This family's situation left an indelible mark on my views of the role of the welfare state, the need for welfare programs, and a curiosity about the potential of research to communicate and transform the lives of marginalised individuals and communities.

Subsequently, my research training continued with employment at the Institute of Child Protection Studies at the Australian Catholic University, which gave me insights into diverse methodologies, and exposure to a range of projects committed to research with children and young people in welfare settings, representing their experiences, voices and perspectives, with the objective of enhancing the policy and practice that impacts their lives. Research projects included exploring children's safety in residential care and other institutions, commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse, developing my interest in residential care as a welfare intervention. Concurrent completion of a Master of Social Policy at the University of Melbourne provided theoretical scaffolding and the opportunity to examine child protection policy in the Philippines via a short dissertation, leading to undertaking this doctoral study.

1.3 Thesis including published works

This is a thesis inclusive of published works, which according to Monash University Graduate Guidelines (2020, para 1) is a “format that includes papers that have been submitted, or accepted, for publication, during the course of the student's enrolment...” incorporating “a sustained and cohesive theme” (Monash University Graduate Research 2020, para 2). A thesis inclusive of published works is a unified body of work that has the same components and purpose as a conventional thesis, but also includes publications and framing text that links these publications together. As such, this thesis includes four peer reviewed publications, including two journal articles, one book chapter accepted for publication, as well as an article under review.

Thesis structure

This introductory chapter contains a brief background summary and relevant context to residential care and child protection in the Philippines, highlighting key issues and knowledge gaps surrounding this topic. It also includes the researcher's rationale, key terms, as well as a full overview of the thesis structure.

Chapters Two and Three provide the foundation for the study by offering relevant insights and analysis of relevant literature and empirical research. Chapter two comprises a book chapter titled ‘Protecting children in the Philippines: A system focused overview of policy and practice’, which provides an exploration of current knowledge of child protection policy and practice settings in the Philippines including out-of-home care. This has been accepted for publication in a forthcoming book - the *International Handbook of Child Protection Systems*. It takes system-based concepts of child protection and applies these to what is

known about child protection policy and practice in the Philippines, offering a critique of the systemic characteristics of Philippine child protection, and identifying the risks to children's wellbeing, as well as the governance and policy conditions of child protection efforts, identifying areas for system strengthening.

Chapter Three complements this understanding of child protection policy and practice in the Philippines by critiquing research examining the welfare phenomenon of residential care in the global South, and how these interconnect with child protection efforts. This chapter comprises a literature review titled 'A scoping review of children's experiences of residential care settings in the global South' that was published in *Children and Youth Services Review*. This work highlights the significance of residential care settings as a welfare intervention across the global South. It introduces the voice of the child as an important and instructive source of knowledge on this topic, working to contextualise the nature of residential care settings, through highlighting its purpose and function via children's detailed, qualitative experiences and interpretations of residential care settings.

The methodology of the overall study is detailed in Chapter Four and highlights the conceptual and methodological rigour required to conduct empirical research with children in international welfare contexts. It applies the study's methodological frameworks of postcolonialism and the Sociology of Childhood to its research methods, and explains in-depth the fieldwork undertaken with children and young people living in residential care, as well as child protection policy and program actors. It also describes the study's ethical arrangements, sample, data collection, data analysis, and reflexivity strategy.

There are three findings chapters focusing on different elements of the study's data: children's life histories and reasons for entering into residential care; their perceptions of life and relationships within care; and a wider view of the role played by residential care in child protection via a case study analysis.

Chapter Five presents a peer reviewed journal article titled 'Conceptualising children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding', published in *Children and Youth Services Review*. This article explores the life histories of children and young people and their interpretations of their entry into residential care, drawing attention to their need for safeguarding from a range of social instabilities and threats to their wellbeing.

The second findings chapter, Chapter Six, provides insights into the lives of children in residential care and how they perceive their social relationships and associated wellbeing, presenting findings about the most important people in the lives of these children and young people. It explores how they support participant's wellbeing, identifying peers, caregivers and family who provide largely spiritual and emotional support that works to enhance children's welfare and overall wellbeing.

Chapter Seven presents the final findings chapter, a journal article, submitted to *Asia and the Pacific Policy Studies*, titled 'Local child protection in the Philippines: A case study of actors, processes and key risks for children'. It explores the child protection actors, processes and child maltreatment issues in one community in the Philippines, highlighting the roles of informal community-based actors such as neighbours, family, friends and non-government organisations including residential care, in responses to child maltreatment. Its findings draw

attention to a need for localised and contextual analysis of child protection in the Philippines, and policy responses that strengthen relationships between formal actors and communities, expand early intervention activities, and develop the capacity of community-based child protection actors.

The thesis concludes with Chapter Eight, an integrated discussion and conclusion summarising the key research findings and areas for future research. This chapter also highlights the strengths of the study, as well as declaring its limitations, and outlines the main policy and practice implications of this study.

This thesis now moves onto its next chapter, which explores what is known about the Philippines' child protection system, concentrating on its systemic characteristics and key actors, as well as identifying the key threats to children's safety and wellbeing.

2.0 Preamble to Chapter Two

Chapter Two incorporates the first publication included in this thesis by publication. It comprises a book chapter titled ‘Protecting children in the Philippines: A system focused overview of policy and practice’, offering an exploration and analysis of current child protection policy and practice settings, including the role of out-of-home care in children’s protection and welfare, in the Philippines. This work represents the first academic analysis of the Philippines’ child protection system. It applies system-based concepts of child protection to current knowledge of child protection policy and practice in the Philippines, in the process identifying the core risks to children’s wellbeing, as well as the governance and policy conditions of child protection efforts. Its findings highlight a range of limitations to the Philippine child protection system, finding an uneven and underfunded child protection system lacking in necessary coherence to support the needs of children, families and communities and respond to maltreatment in the way it intends. These findings assist to answer the overarching research question for this doctoral study: *What is the role of residential care within approaches to children’s welfare and their protection in the Philippines?* detailed in Chapter One.

This book chapter was co-authored with Florence Flores-Pasos, an Assistant Lecturer at the University of the Philippines in Manila. It was accepted for publication in 2019, and is due to be published in the second half of 2020 in an edited book titled the *Oxford Handbook of Child Protection Systems*, edited by Jill Duerr Berrick, Neil Gilbert, and Marit Skivenes, and published by Oxford University Press. This handbook represents the leading authority on child protection systems across the world. Its full citation is: Roche, S., & Flores-Pasos, F. (in press). *Protecting children in the Philippines: a system focused overview of policy and*

practice. In Oxford Handbook of Child Protection Systems. Berrick JD, Gilbert N, Skivenes M (eds.). Oxford University Press: New York, NY.

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Chapter Two (Publication One): Protecting children in the Philippines: A system focused overview of policy and practice

Book Title – *International Handbook of Child Protection Systems* (ed. by Jill Duerr Berrick, Neil Gilbert & Marit Skivenes)

Authors

Steven Roche (PhD Candidate, Department of Social Work, Monash University, Australia)

Florence Flores-Pasos (Assistant Professor, College of Social Work and Community Development, University of the Philippines)

Chapter Number & Title – Chapter XX, Protecting children in the Philippines: A system focused overview of policy and practice.

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Introduction

The Philippines is experiencing rapid economic, social and political change and the challenges that come with such transformation are confounded by relatively low levels of social assistance, and the weakening of traditional social support structures (ADB 2013; Chan, Wang and Zinn 2014; Curato 2015, 2017). At the same time, there is increasing international awareness of the need for children to be protected from neglect and abuse, and to grow up in safe and stable environments (Price-Robertson, Bromfield, and Lamont 2014), particularly in circumstances of significant poverty and deprivation such as in the Philippines (PSA and UNICEF, 2015).

Child protection ‘systems’ are receiving increasing international attention in preventing and responding to child maltreatment, yet few studies have explored the Philippines’ approaches to child protection, nor related these to system frameworks. In response, this chapter presents current policy settings and approaches to child protection in the Philippines. Firstly, it provides an overview of the Philippines and the context of the lives of children and their families. This is followed by insights into the core risks to child maltreatment in the Philippines, including an analysis of national social policy and governance arrangements. Then, utilising Wessells’ (2015) ‘top-down’, ‘bottom-up’, and ‘middle-out’ framework for child protection systems in developing contexts, we provide an overview of child protection approaches in the Philippines, and in doing so, identify its major flaws and areas for policy development. This chapter assists researchers, policy makers and welfare sectors to gain a more comprehensive overview of child protection practices in the Philippines.

The context of child maltreatment in the Philippines

The Philippines is a nation state in South East Asia, made up of an archipelago of more than 7,000 islands and geographically divided into three main island groupings of Luzon, the

Visayas and Mindanao. The country has a population of over 100 million people (United Nations Development Programme, 2016), with around 36.6 million (40 per cent of the total population) children under the age of 18 (PSA and UNICEF 2015, p. 7). The population is growing with a fertility rate (births per woman) of 2.96, one of the highest of countries in South East Asia (The World Bank 2017b), and is split evenly between regional and urban areas (ADB 2013a).

The Philippines' long colonial history strongly impacts its make-up today. Spanish colonisation brought disparate islands with varied languages, histories and cultures together into a nation presided over by a semi-feudal society dominated by landowners, the Catholic Church and the upper class (Yu 2006). While later, the United States of America's control between 1898 and 1946 left behind a collection of political and cultural institutions that continue today (Francia 2010). Now a democratic presidential republic, the Philippines exhibits the formal features of electoral democracy, however, it is argued that this fails to translate into meaningful democratic functioning and sustained democratic reforms (Curato 2015), hampered by intractable oligarchic structures and dysfunctional political institutions (Curato 2017). Emerging from these governance conditions is a vibrant civil society with the third largest number of non-governmental organisations in the global South, and the densest network of civil society groups in the world (Curato 2015), as well as a neo-liberal economic orientation that pursues foreign investment and public-private partnerships (Curato 2017).

The lives of children in the Philippines

Children in the Philippines experience a strong sense of familial belonging and community connectedness, with a high degree of social and cultural importance placed on the family (Bessell 2009). The institution of the family is highly important in the lives of Filipino people,

defined by loyalty, sacrifice and affection, and providing economic, social and emotional support (Asis, Huang and Yeoh 2004). Family membership is expansive, involving extended relatives and strong kinship ties, and is characterised by reciprocal exchange and mutual assistance (Asis, Huang and Yeoh 2004; Madianou 2012). This is reflected in the Philippines' comparatively high scores in measures of subjective wellbeing, based on strong family and peer relationships (Lau and Bradshaw 2010).

Families are typically large in the Philippines relating to a range of factors. Teen birth rates have increased in the last five years (UNICEF 2016) while 54 per cent of all pregnancies in the Philippines are unintended (Chiu 2013), which has much to do with limited access to contraception and the illegality of abortion. To combat this, reproductive health legislation was implemented in 2014 that provides free contraception to poor communities, and provides sex education to children and young people (Gulland 2014), reducing barriers to access to sexual and reproductive health care and services (Chiu 2013). The impact of these programs on birth rates is yet to be determined.

Contemporary family dynamics are continually being reshaped by 2.2 million overseas Filipino workers, who are the parents of between 4 and 6 million children, and frequently leave their children in various forms of alternate parental or extra-familial care (Department of Justice 2012). Children growing up apart from their mother or father are changing care environments, family relationships and functioning, as well as parental roles and capacities (Asis, Huang and Yeoh, 2004; Parrenas 2005), and can be viewed as a product of the structural contexts of families' lives in the Philippines.

The structural context of children's lives

The lives and experiences of children and their families vary significantly across the Philippines due to significant levels of inequality and poverty, generated by the interaction of social, political, economic and historical forces (Yu 2013a). Substantive improvements to poverty and inequality have not been achieved by recent governments (Curato, 2017), despite consistently high economic growth in the last decade, including gross domestic product annual growth at 6.9 per cent in 2016 (The World Bank 2017a). Inequality has increased since 1994 (The World Bank 2015), and the number of people living below the poverty line expanded by approximately 2 million people since 1991 (PSA and UNICEF 2015), detailing entrenched levels for the last 25 years.

A more in-depth measure, the 2016 United Nations Human Development Index (HDI), which incorporates indicators of Gross National Income (GNI) per capita, as well as measures of life expectancy and education, ranks the Philippines 116th out of 188 countries (UNDP, 2017). In addition, a comparative study investigating child-wellbeing in a range of countries in the Pacific Rim found that the Philippines ranked lowest overall, and last on multidimensional measures across domains of well-being, including material wellbeing, health, education, risk and safety (Lau and Bradshaw 2010). Data from 2009 identified that 6.5 million children live in homes without electricity, and 4.1 million children obtain water from an unsafe source (PSA and UNICEF 2015). Further, 1.4 million children live in informal settlements and 250,000 experience deprivation of shelter, both strong indicators of insecure tenancy, lack of infrastructure and basic services, and an environment conducive to social problems (PSA and UNICEF 2015). This has direct ramifications for children's education with 1.46 million primary school aged children not attending school, among the highest number of any country in the world (PSA and UNICEF 2015).

Impact of structural conditions on children

There is clear evidence that a vast number of children in the Philippines face a multitude of difficulties relating to poverty and inequality, which can impact on their safety and wellbeing. In these circumstances, children and families have fewer resources and capacities to cope with risks, and fewer social protections (Pells 2012; Myers and Bourdillon 2012a; Gabel 2012). Childhood poverty and long-term stressful experiences can have a lifelong impact on children's social, emotional, physical and neurological development, also leaving children vulnerable to exploitation and maltreatment (Gabel 2012). Lachman et al., (2002) describes the impact of inequality on families as 'extra-familial structural abuse', a pervasive threat for children in the Global South that is a result of international structures such as poverty, inequality and global debt, the outcomes of which negate many efforts to reduce child maltreatment.

Family life is characterised by insecurity and poverty for many. Indicators of severe disadvantage beyond income and inequality provide details of child deprivation and the lived experience of children living in poverty in the Philippines, with many deprivations overlapping. A comprehensive report jointly authored by the Philippine Statistics Authority (PSA) and the United Nations Children's Emergency Fund (UNICEF) details multiple indicators of child poverty in the Philippines (PSA and UNICEF 2015). Using 2009 data, the PSA and UNICEF (2015) detail that approximately 13.4 million (36 per cent) children below the age of 18 were determined 'income poor', the number of children living in families that did not meet minimum basic needs, and had an income less than the predetermined poverty threshold of US\$355 per person. The incidence of poverty among children is higher in rural areas, with three in four children 'income poor', and 5.9 million children living below the 'food poverty line', while one in five children between the age of zero and five is underweight for their age (PSA and

UNICEF 2015). These are clear threats to children's wellbeing that can impact children's development, and leave them vulnerable to maltreatment, exploitation and other dangers.

Core risks to children and young people in the Philippines: maltreatment and exploitation

The nature and incidence of child maltreatment in the Philippines

While the Philippine Department of Justice states that increasing numbers of Filipino children are victims of various forms of abuse, exploitation and violence (DOJ 2012), there is an absence of reliable data on child maltreatment in the Philippines (Madrid et al. 2013), particularly recent official data (DOJ 2012). The Department of Social Welfare and Development (DSWD) managed a total of 7,182 child abuse cases in 2007, the most recent officially published figure (DOJ 2012), a figure likely to reflect just a fraction of cases that meet the Philippines' legislative definition of child maltreatment. The Department of Justice estimates four to six million children are without parental care or at risk of losing parental care, between 60,000 and 100,000 children are prostituted, and a quarter of a million are either living or working on the streets (DOJ 2012). However, a systematic review of peer-reviewed research on child maltreatment and policy responses in the Philippines indicates varying levels of robust evidence of child maltreatment (Roche 2017).

Emotional and psychological abuse is the most common form of maltreatment in the Philippines (Ramiro et al. 2010). This is most related to children's exposure to family violence which can impact on the psychosocial wellbeing of children. In the Philippines, domestic and family violence is widespread (Jeyaseelan et al. 2004) and a major concern (Sarmiento and Rudolf 2017). For example, Mandal and Hindin (2013) found that as children, 44 per cent of females and 47 per cent of males in the Philippines had witnessed physical violence between their parents. Hassan et al. (2004) identified that intimate partner violence was experienced by

21.2 per cent of participants in a Filipino community (Hassan et al. 2004). Having an impact on children in the home, Ansara and Hindin (2009) found that nearly 26 per cent of women in their study had either perpetrated or experienced a physically aggressive act with their partner in the last year, while more generally, Ramiro et al. (2010) found that psychological and emotional abuse is high in the Philippines, experienced by 22.8 per cent of children. Mandal and Hindin (2015) also identify the intergenerational transmission of family violence in the Philippines, suggesting the culturally entrenched nature of these practices.

Research on the physical abuse of children in the Philippines varies in its findings. While Ramiro et al. (2010) found physical abuse in only 1.3 per cent of their sample, as noted above, research has identified higher rates of family violence. Children's exposure to family violence is now accepted as a form of emotional and psychological abuse in research and policy (AIFS 2015). Fehringer and Hindin (2009) found prevalence of partner violence perpetration was 55.8 per cent for female and 25.1 per cent for male participants, and that approximately half of participants witnessed their parents or caretakers physically hurt one another in their childhood. In their study, 'pushing, grabbing or shoving', 'throwing objects', and 'hitting' were the most common forms of physical violence (Fehringer and Hindin 2009). In a sample of Filipino mothers, 21.2 per cent had experienced physical intimate partner violence across their lifetime, most commonly 'slapping' and 'hitting' (Hassan, et al., 2004).

Studies identify high rates of physical abuse relating to punishment and discipline. Sanapo and Nakamura (2011) found physical punishment among 49.7 per cent of their sample of grade 6 participants, and Runyan et al. (2010) discovered that 83 per cent of their sample experienced high levels of 'moderate' physical discipline, and 9.9 per cent high levels of 'harsh' discipline. Sarmiento and Rudolf (2017) reveal that four out of five young Filipino adults experienced

minor physical violence during childhood, and one in four severe physical violence. In a large survey of children and young people, CWC and UNICEF (2016) identified 66.3 per cent had experienced physical violence during childhood, most commonly relating to corporal punishment in the home. Corporal punishment remains highly tolerated and an accepted cultural practice in the Philippines (DOJ 2012; Save the Children Sweden 2008), and current law allows parents to discipline children for character formation and obedience (Daly et al. 2015; Sarmiento and Rudolf 2017).

The neglect of children is widespread in the Philippines (Ramiro et al. 2010; Lansford et al. 2015). Ramiro et al. (2010) reveal that 22.5 per cent of a general population sample in the Philippines had experiences of physical neglect as a child. However, this has much to do with high levels of material deprivation, such as limited access to food, clean water, and medical care, as well as experiences of child labour and a lack of education, which are all typical measures of neglect.

There is limited research that has examined the extent and characteristics of sexual abuse in the Philippines. However, in Ramiro et al. (2010) study, 6 per cent of girls and 4.5 per cent of boys under the age of 18 have experienced sexual abuse. Using broader definitions, the CWC and UNICEF (2016) found in their sample that 17.1 per cent of children aged between 13 and 18 have experienced sexual violence. This is an area that requires significantly more research.

Other risks to children in the Philippines

Children in the Philippines also face serious risks to their safety resulting from wide ranging concerns, including child labour, commercial sexual exploitation, extra-judicial killings, as well as natural disasters and armed conflict (Daly et al. 2015; Mapp and Gabel 2017). A 2011 survey found that 3.2 million children aged five to 17 were engaged in child labour, half of

whom work in ‘hazardous’ work environments (PSA and UNICEF 2015, p. 72). In total, 7.5 per cent of 5-14 year olds work in the Philippines (US Department of Labor, 2016). Poverty is a crucial element of child labour in the Philippines with families more likely to turn to child labour earnings when in financial crisis (UNICEF 2016). Poverty and family breakdown also force children into living on the street, a group estimated to number approximately 1.5 million (Njord et al. 2010).

Children in the Philippines are exposed to high levels of conflict and natural disasters. A recent example includes Typhoon Haiyan which hit the Visayan Islands in 2013 and killed or left missing more than 7000 people (UNICEF 2016). Threats to children in disaster and conflict contexts often involve separation from family and parents, displacement, exposure to violence and abuse, lack of basic services and supports (UNICEF 2016). Additionally, conflict in the Mindanao region between the government and Islamic separatists, claimed over 120,000 lives up until 2012 (UNICEF 2016), and continues to have a significant impact on civilians including children (The Economist 2017). The CWC and UNICEF (2016) found that 2.6 per cent of their research participants had been displaced by war, ethnic conflict or crime.

Child trafficking, and the commercial sexual exploitation of children via prostitution or child pornography is a growing phenomenon in the Philippines (DOJ 2012). The Department of Justice (2012) estimates that there are between 60,000 to 100,000 children involved in prostitution; most are girls aged between 13 and 18 years old. Online child sexual exploitation has increased significantly in scale, relying on ongoing poverty and the advancements in, and increased access to, information and communications technology (Terre des Hommes 2016). A report by international non-government organisation Terre Des Hommes (2016) estimates that tens of thousands of children are victims of online child sexual exploitation, often in the

form of webcam child sex tourism, and that these numbers are increasing rapidly, despite updated legislation such as the anti-trafficking in Persons Act, Cybercrime Prevention Act, and the Anti-Child Pornography Law (Terre Des Hommes 2016). Research has yet to investigate these phenomena in-depth.

The current government's violent campaign to reduce illicit drug use has posed significant threats to children and their wellbeing, and provides important insights into the rule of law and capacities of the criminal justice system (Cousins 2016). President Duterte's administration has endorsed members of the public, vigilantes as well as police to murder drug users and dealers, outside of the criminal justice system (Thompson 2016; Teehankee 2016), even providing financial rewards to police for every person killed (Coronel 2017). This has resulted in over 12,000 deaths so far (Human Rights Watch 2018) and left many children orphaned or killed, including the high profile case of a 17 year old school boy who was murdered in cold blood by police (De Castro and Mogato 2017).

Clearly children in the Philippines navigate numerous threats to their safety and wellbeing in a complex setting involving a unique combination of structural, social and environmental factors. Poverty and inequality leave children and families vulnerable to abuse and neglect within cultural and social settings in which abuse and neglect, in their multiple forms, occur, requiring a range of government and social policy responses.

Governance and social policy in the Philippines

The social policy context of the Philippines

The family unit takes primary responsibility for its own welfare, with the state playing a secondary role in providing social assistance in relation to education, health care, housing and

social assistance (Yu 2013a). Numerous national and international non-government organisations also provide welfare programs, in part a legacy of the international goodwill and aid following the fall of the Marcos dictatorship (Yu 2013a). Since the 1980s, NGOs have worked to privilege the role of civil society, and in effect, minimise the role of the state in providing social welfare (Yu 2013b). International NGOs provide much support for the health care, education, and basic needs of children and families, and financial agencies such as the World Bank and the Asian Development Bank (ADB) provide programs to address poverty (Yu 2013b).

Characteristics of welfare provision are evolving since the national government's introduction of a near universal conditional cash transfer program called *Pantawid Pamilyang Pilipino Program* (Building Bridges for the Filipino Family Program) (Kim and Yoo, 2015). Progressively introduced from 2007, it acts as a financial safety net for poor families and was estimated to cover 21 per cent of the poor population in 2016 (ADB 2015). The program was designed with technical and financial support from the World Bank, the Asian Development Bank, and the Australian Agency for International Development (Kim and Yoo 2015). It distributes money to poor families (Rawlings and Rubio 2005), and has conditional behavioural requirements built into it that develop human capital, health and education outcomes through a 'social contract' in which participants must have their children attend school, get immunised and receive health checks in exchange for financial assistance (Kim and Yoo 2015). In 2017, nearly 4.4 million households participated in Pantawid (DSWD 2015; House of Representatives 2017), taking up approximately 90 per cent of the social welfare budget of the DSWD (Kim and Yoo 2015). However, there is growing uncertainty as to how the program will continue to be financed after the World Bank and the Asian Development Bank cease funding loans to support the program after 2019 and 2022 respectively (Pasion 2017).

Decentralised governance

Government social policy initiatives and programs, including those relating to child protection, are strongly impacted by the decentralisation of government structures and policies in the Philippines. Decentralisation has seen the national government to devolve spending, taxation and borrowing powers to various levels of local government (Daly et al., 2015), brought about by the enactment of the Local Government Code in 1991, which articulates areas of responsibility for local governments, including health and social services, and education (UNICEF 2016).

Seventeen regions make up the decentralised governance of the Philippines, and receive 17 per cent of total government expenditure playing a central role in delivering basic services such as health, education and housing (UNICEF 2016). Primary national administrative divisions are divided into 79 provinces, 115 cities, 1499 municipalities, and more than 42,000 *barangays* (UNICEF 2016; Daly et al. 2015). *Barangays* are the smallest administrative division of government in the Philippines. Akin to villages, each *barangay* is led by an elected council and receives direct funding from Local Government Units (a widely used term in the Philippines that denotes the various levels of non-national government) but retains a significant amount of their own autonomy (UNICEF 2016). *Barangays* are an important mechanism of governance, having a major impact on people's lives, and are guided in part by the national government who provide technical assistance and set standards (Daly et al. 2015), while local government delivers all health and social welfare programs, including funding at a *barangay* level (Daly et al. 2015). The capacities and resources of regions, provinces, municipalities and *barangays* vary significantly due to high levels of resource and governance disparity between local government units (Daly et al. 2015).

Dominant ideologies in Philippine social policy

A significant welfare policy orientation of the Philippines relates to the ‘productivist’ nature of the Philippine welfare state. Consecutive governments have prioritised accelerating the productive elements of society and promoting economic goals, and left social policy underdeveloped and subordinate to economic growth (Choi 2012; Holliday 2000). The Asian Development Bank’s ‘social protection index’, a measure of social protection policies that reduce poverty, finds the Philippines comparatively low on social assistance (ADB 2013a), indicating low de-commodification, the standard of living that is achieved by citizens outside of market-based activity (Esping-Andersen 1990). At the same time, high economic growth objectives are supported by government, exemplified by labour exportation and the centrality of remittances from migrant workers to the Filipino economy (Asis 2015). Within this system, welfare provision relies on social rights flowing from high economic growth (Choi 2012).

Understandings of welfare in the Philippines tacitly accept that inequality and disadvantage are a fixture of Philippine society, while social policy places large amounts of responsibility on individuals for their own welfare, a result of four centuries of colonial influence, and the view that hierarchical social order and inequality is inevitable, with welfare conceptualised as minimalist and functionalist (Yu 2006, 2013). Understandings of welfare throughout Spanish colonial intervention centred on Catholic views of fatalism, the virtues of suffering, and poverty as a punishment for sin, while American colonial involvement propagated the view that social problems originated in individuals’ lack of education, regressive values, and a lack of modern thinking and practices (Yu 2006). These colonial interventions frequently saw welfare provided under the auspices of religious orders, rather than government, in the form of institutions such as hospitals, orphanages and asylums (Yu 2006).

These orientations to welfare and social policy influence child protection policy, and are compounded by the low social protection conditions across the Philippines in which the state takes limited responsibility for providing social services, or protecting children from unequal life outcomes that are a result of their social position. The Philippines mainly relies on the free market, and views employment rather than assistance from government as the desired assistance, with families or NGOs providing crisis assistance. This has implications for the official responses to child maltreatment, the state's relationship and role with children and their families, and the child protection system that it engenders.

Conceptualising child protection systems in the global South

System understandings of child protection have emerged as the most accepted conceptual approach to improving child protection in the global South (Connolly et al. 2014). They focus on combining policy, programs and activities that aim to prevent, respond and resolve the abuse, neglect, exploitation and violence experienced by children into a coherent structure (Pells 2012; Wessells et al. 2012). Child protection systems in the global South need to be conceptualised as distinct to those in high-income contexts, as they typically take a different form, rely on different actors, and need to be responsive to a greater diversity of risks to children and more diverse population groups (Connolly et al. 2014). Low-income countries frequently have limited structures to implement strategies and approaches to protect children (Connolly et al. 2014), and often political and economic circumstances negate attempts to alleviate the difficult situations of children through policy intervention, in circumstances where poverty significantly impacts on the likelihood of child maltreatment (Myers and Bourdillon 2012a). These efforts are frequently beset by a disconnect between formal child protection systems, and local child protection practices, relating to problems of access, as well as social and cultural norms, and general perceptions of formal systems (Wessells et al. 2012). For these reasons, the structure of child protection systems in the global South vary, and often focus on

integrating the protective potential of community groups and families, and deploy a system that is more balanced between actors than typically ‘top-down’ approaches in the global North.

It is generally considered that the key components of a child protection ‘system’ include a statutory child protection agency, a process to report suspected cases of child abuse and neglect, as well as a system that provides alternate care for children at high risk (Bromfield and Higgins 2005). To achieve these functions, a system can incorporate informal actors such as children, families, communities and leaders, as well as formal actors such as state and multinational actors, government social welfare workers, police, magistrates (Wulcyn et al. 2009; Wessells 2015). These actors are supported by laws, policies and regulations that traverse welfare, education, health and justice sectors, that combine into a larger structure (Jenkins et al. 2017; UNICEF 2016).

Focussing on developing contexts, Wessells (2015) highlights the importance of strengthening and balancing child protection systems across three conceptual domains; ‘top-down’, ‘middle-out’ and ‘bottom-up’. ‘Top-down’ approaches include the national government providing laws, policies and capacities relating to child protection, while ‘middle-out’ approaches comprise local government working to embed child protection agendas in regional functions of government and power (Wessells 2015). ‘Bottom-up’ approaches involve community actions at the community level, involving identifying and building on community strengths and actors, as well as community-government collaboration (Wessells 2015). Community-based child protection mechanisms appear in contexts of limited capacity for formal protection, and are commonly comprised of local level groups or processes that respond to or prevent child maltreatment (Wessells 2015; Wessells et al. 2012). Their strength within child protection systems is that they are located where children and families live, and in the contexts in which

children are exposed to risks. This chapter now describes and evaluates the Philippines' child protection system against these three areas of child protection activity. Across each domain we describe the major actors and functions of the child protection system, as well as provide critique, highlighting key questions over the coverage and funding of child protection programs and activities, as well as the systems' coherence and effectiveness.

Approaches to child protection in the Philippines: top-down, middle-out and bottom-up

Top-down approaches to child protection – definitions, legislation and government agencies

A systemic 'top-down' approach to child protection incorporates national legislation, policies and capacities relating to preventing child maltreatment (Wessells 2015). The Philippines exhibits a range of 'top-down' approaches to protecting children. A clear focus relates to the recognition of children's rights. The Philippines ratified the Convention on the Rights of the Child in 1990, and later ratified two optional protocols pertaining to the involvement of children in armed conflict, and the sale of children (DOJ 2012). Domestically, the basic premise of the rights of children was first established in the 'Child and Youth Welfare Code' (Presidential Decree 603) of 1974, which codifies laws on the rights of children and articulates a number of rights of the child, as well as promoting their wellbeing and development (The LawPhil Project 2018b).

Legislation and policy relies on the Philippines' definition of child maltreatment. The definition largely mirrors the World Health Organisation's (WHO) understanding of child maltreatment. The WHO articulates four distinct classifications of child maltreatment: physical abuse, sexual abuse, emotional and psychological abuse and neglect (WHO 2006, p. 10). The Republic Act (No 7610), titled the "Special protection of children against abuse, exploitation and discrimination act", understands child abuse as "the infliction of physical or psychological injury, cruelty to, or neglect, sexual abuse or exploitation of a child" (Saplala 2007, p. 88). The

same legislation defines children as “persons below 18 years old or those over but are unable to take care of themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition” (CWC 2000, p. 11). This suggests that children are viewed as vulnerable, and childhood a period of incompetence in which special protection and adult intervention is required (Bessell 2009).

To operationalise this definition, the Philippines has a strong legal basis for the protection of children. The 1992 “Special Protection of Children Against Abuse, Exploitation and Discrimination Act” (RA 7610) articulates the Philippines’ legislative response to child abuse and neglect. It declares that it is the:

...policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination and other conditions, prejudicial to their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination (The LawPhil Project 2018a, article 1, section 2).

This legislation clearly identifies the State’s central role in child protection activities and interventions, based on criteria relating to children’s development as well as child maltreatment. Further, article one of this act articulates the States’ responsibility to protect and rehabilitate children in response to child maltreatment.

The State shall intervene on behalf of the child when the parent, guardian, teacher or person having care or custody of the child fails or is unable to protect the child against

abuse, exploitation and discrimination...” (The LawPhil Project 2018a, article 1, section 2).

Article two of the same legislation commits to responding to child maltreatment through providing prevention, deterrence and crisis intervention (The LawPhil Project, 2018a, article 2, section 4). Other legislation relating to child protection, passed between 2003 and 2009 pertain to; people-trafficking, child labour, violence against women and children, and anti-pornography acts (DOJ, 2012; CWC, 2011), amounting to a range of robust and well-defined legislation seeking to protect children from a range of potential maltreatment. Despite this, at 12 years of age, the Philippines has one of the lowest ages of sexual consent internationally and is the lowest among the ASEAN nations (Child Wise, 2009), impacting on the protection of children from abuse, and having major social and health consequences (Philippine Commission on Women, 2019).

National government agencies involved in the protection of children

A cluster of national government agencies provide oversight for a range of child protection related functions that cascade into regional and provincial contexts. The Council for the Welfare of Children (CWC) operates as the principal agency for children’s issues and policy in the Philippines, observing children’s rights and coordinating policy for children in the Philippines (CWC 2016). Its role is to coordinate, implement and enforce all laws relating to the promotion of child and youth welfare, and develop policies, guidelines and oversee the monitoring of formal child protection mechanisms (UNICEF, 2016). Despite this role, its capacity to achieve these is heavily questioned, with limited funding, few policy and research publications, and a low national profile (UNICEF 2016; Yangco 2010). In 2018, the CWC is

expected to receive an annual budget of 39.9 million Philippine pesos (approximately \$800,000 US) (House of Representatives 2017).

The Department of Social Welfare and Development is the primary welfare agency of the national government. It sets standards and regulations, accredits and guides organisations and institutions involved in social welfare activities, and monitors the performance of organisations (Save the Children 2011; DSWD 2015). Both government and non-government agencies provide child protection responses in the Philippines. The DSWD also both provides and regulates residential care, as well as domestic and international adoption (PSA and UNICEF 2015).

A host of committees and governance groups provide direction and support to child protection efforts, although their level of influence is unclear. The Committee for the Special Protection of Children (CSPC) is responsible for investigating and prosecuting child maltreatment related cases, as well as receiving reports from its member agencies relating to child protection issues, and promoting the legal protection of children more broadly (DOJ 2017; Save the Children 2011; DOJ 2012). The Committee also recently designed a protocol for the case management of victims of child maltreatment for use across multiple welfare contexts, advising on reporting and case management procedures (DOJ 2013). The committee is co-chaired by representatives from DSWD, and has multiple members across various government departments (DOJ 2017).

Other inter-agency councils aim to respond to various child maltreatment related issues in the country that concern children, and attempt to connect government with non-government actors. The National Child Labor Committee (NCLC) advocates for reductions in child labour. There is also an Inter-Agency Council on Violence Against Women and Children (PCW 2017), while

others relate to juvenile justice, child pornography and human trafficking. These committees reflect the governance mechanisms of child protection policy and programs in the Philippines and its top-down mechanisms for protecting children.

National policy documents relating to child protection

Government agencies have produced policy documents that describe policy approaches and ambitions relating to children's welfare, development and protection. The most central child protection document is produced by the Committee for the Special Protection of Children, titled 'The Comprehensive Programme on Child Protection 2012-2016' (CPCP) (DOJ 2012). It identifies key goals to improve child protection nationally including; establishing a comprehensive data base of child protection data, ensuring all child protection related laws are enforced, and making sure child protection systems are functioning (DOJ 2012). Other policy ambitions include improving services and creating cultures of child protection through major institutions such as families, schools and government (DOJ 2012).

Additional policy documents authored by the Council for the Welfare of Children provide insights into national government policy agendas relating to child protection, although they provide limited detail or analysis of current or previous policy programs, nor the ways in which these policy objectives might be achieved (CWC 2000; CWC,2011; CWC 2005; CWC 2010). They detail explicit rights-based strategies to child welfare and child protection policy, which are closely aligned to international rights and development agendas (Roche, 2019). For example, the 'Second National Plan of Action for Children 2011-2016' expresses the commitment of the Philippines to the UNCRC and 'progressive realization of the rights of Filipino children' as an objective (CWC 2011, p. 3). Similarly, 'Child 21', a frequently cited policy document authored by the Council for the Welfare of Children to assist with

implementation of the UNCRC, aims to “synchronize family, community, and national efforts towards the full realization of the rights of children by year 2025” (CWC 2000, p. 4).

The CPCP articulates the need for system strengthening via national responses and engagement by government and non-government organisations, communities and faith-based organisations (DOJ 2012). It also highlights the role of national government actors in enforcing child protection related laws, ensuring child protection structures and services are functioning, and child protection cultures are improved (DOJ 2012). Despite articulating these policy objectives, these national policy documents lack information relating to the implementation and direct funding of child protection programs and measures, and their monitoring and evaluation, and as a government body, lack the capacity to promote and enforce the policies they suggest in a meaningful way (Roche, 2019).

‘Middle-out’ approaches: localised governance and child protection mechanisms

Situated between national and community level approaches to child protection, ‘middle-out’ methods and structures in a child protection system comprise actors such as local government and non-government organisations who work to embed child protection agendas in regional functions of government and power (Wessells 2015). These approaches to child protection are widespread in the Philippines, largely due to the high levels of local government power, and a range of non-government efforts to protect children.

Decentralisation of government responsibility of child protection

Local governments have major regulatory powers and the responsibility for the welfare of their citizens, putting an onus on regions, provinces, municipalities, and *barangays* to develop their own primary programs and processes to meet child protection goals (UNICEF 2016). Recent

national policy documents continue to make strong recommendations to utilise local government as the central point for all interventions for children, while guided by higher levels of government (CWC 2010, 35). This has merit due to the numerous social issues experienced in communities, the limited reach of the national government into communities, and the difficult geographical nature of the Philippines which makes service delivery difficult, all requiring local and contextualised responses (UNICEF 2016). This means that all levels of government and civil society are requested to assist in resolving social issues and addressing child protection issues, and designing children's programs and projects, and child-friendly policies.

Government child protection bodies and functions

There are a range of localised committees and councils charged with the protection of children which represent the major responsible governing bodies for child protection. The Council for the Welfare of Children (CWC) coordinates Regional Sub-Committees for the Welfare of Children, whose role is to translate the CWCs policy directives in regions, and assist Local Councils for the Protection of Children (LCPC) in their efforts on child protection (DOJ 2012; UNICEF 2016). Legislation (Article 87 of PD 603) mandates that all local councils have an operating Local Council for the Protection of Children (LCPC) (CWC 2010). The role of LCPCs is to support the implementation of national policies intended to protect children, as well as develop and integrate policies, programs and projects for children and make their jurisdictions "child-friendly" (CWC 2010). While these councils are a crucial component of government efforts in the implementation of these national policy directions, Madrid et al. (2013) found that that in 2013, there was no official data on how many of these LCPCs were functional, while UNICEF (2012) identified that LCPCs are functional in 36 per cent of provinces, 56 per cent of cities, 44 per cent of municipalities and 34 per cent of *barangays*

(UNICEF 2016). This is due to under-resourcing, unclear or overlapping responsibilities, and the limited capacity and expertise of staff (UNICEF 2016). LCPCs also support and fund Barangay Councils for the Protection of Children (BCPC), which act as community-level responders to child protection issues, and are provided with funding and technical assistance (DOJ 2012; UNICEF 2016).

Nationally, the Department of Social Welfare and Development delivers programs and services for children (Sarmiento and Rudolf 2017). Although the coverage of these programs is not published, DSWD offices can be found in communities across the country. Some of the DSWD programs relating to child abuse cases include; case management, family violence prevention, child and family counselling services, and child protective behaviour programs (Yangco 2006). Child protection actors based at the DSWD and in other health and local government roles are undergoing training in a ‘protocol for case management of child victims of abuse, neglect and exploitation’ (UNICEF 2016). This protocol instructs child protection actors to report incidents and disclosures to the relevant authority, and support subsequent processes involving social workers and police (UNICEF 2016). The DSWD also has a 24-hour crisis intervention program called ‘Assistance to Individuals and Families in Crisis Situations (AICS)’ in which social workers can assess and recommend cash assistance to families in response to a crisis up to 25,000 pesos (US 500) (DSWD, 2018). Filling the gaps of the work of the DSWD are numerous non-government organisations.

Non-government organisations and child protection

The involvement of civil society and non-government actors in child protection activities is encouraged by all levels of government (DOJ 2012). Hundreds of NGOs are accredited by the DSWD who provide a range of welfare programs relating to children’s welfare and their

families. Organisations are operated by both domestic and international non-government organisations, and are often faith-based representing a variety of Christian denominations. The most recent information provided by the DSWD (2016) reveals 915 private social welfare agencies licensed by the DSWD. Many of the programs offered by NGOs focus on child and family welfare, as well as more specific services relating to mental health, drug rehabilitation, youth offending, disability, and out-of-home care for children. Services include the provision of basic needs like shelter, food, clothes, education programs, referrals and case management services, as well as counselling (Madrid et al. 2013).

Organisations also offer preventative programs that assist in reducing the likelihood of child maltreatment, or preventing it entirely. Examples of these include programs on responsible parenting, maternal and neonatal health, women's health, breastfeeding and immunisation programs, and feeding programs (Madrid et al. 2013). Madrid et al. (2013) identified child protection related activities across three *barangays*, finding 20 different programs across early childhood education, parent effectiveness and child development seminars.

The most active provider of child protection services and interventions is the Child Protection Network, a non-government organisation that has established 84 Women and Children Protection Units (WCPUs) across 48 provinces of the Philippines, many of which are based in Department of Health run hospitals (Child Protection Network 2018). Funded by government, donors and trustees, these units provide a raft of multidisciplinary services including medical, forensic, social and legal, as well as specific violence against women services (Child Protection Network 2018). The social services include case management, risk and safety assessments, as well as therapeutic interventions and classes for children and their families (Child Protection Network 2018). In 2016, WCPUs handled nearly 8000 cases (Child Protection Network 2016).

The organisation also provides professional development for workers exposed to child protection issues, such as trained medical specialists on child protection, the National Bureau of Investigation (NBI) and the Philippine National Police (PNP) (Child Protection Network 2018). Most referrals to WCPUs come from law enforcement, followed by walk-ins, then hospitals and social workers, while there are low referrals by schools and teachers (Child Protection Network 2016).

While WCPUs provide important services, researchers have found that they often operate in isolation in addressing cases of abuse, can provide a disjointed service, and their programs can be poorly implemented at local levels (Terol 2009; Ramiro et al. 2010). While the Child Protection Network is the preeminent service for children who have experienced maltreatment with a high profile, it is not able to cover the vast number of children who experience abuse and neglect.

Out-of-home care

A primary government and non-government programmatic response for victims of child abandonment, neglect and abuse is through out-of-home care, organised by both government and non-government welfare organisations (Save the Children 2011). While up-to-date statistics are not provided, in 2010, DSWD placed a total of 1339 children in alternative forms of care including adoption, foster care and legal guardianship (DOJ, 2012), while the use of residential care (institutional care provided in a non-family group setting) is widespread (Save the Children 2011; DSWD 2015; 2016). In 2016 there were 177 NGOs accredited by the DSWD operating a total of 197 residential care facilities for children and young people (DSWD 2016). The DSWD directly operates 46 residential care facilities for children who are victims of maltreatment, or are experiencing homelessness or mental illness (DSWD 2016). These

residential care facilities vary in capacity, from four to 490 children (DSWD 2016). The latest published DSWD annual report details 5819 children in the residential care facilities run directly by DSWD, however, provides limited detail of the numbers nor arrangements of children in the 197 DSWD licensed residential care facilities (DSWD 2015). This indicates a high, but unknown number of children in residential care settings operated by non-government organisations.

The reason for young people to be placed in residential care is not necessarily related to abuse and neglect, but also for reasons relating to economic circumstances, and the opportunity that residential care can provide children and families in the form of economic support or secure schooling. There is a distinct lack of research into the experiences of children living in out-of-home care in the Philippines, the conditions and practices of these settings, the extent of children's safety, as well as children's transition into independent adulthood (Roche 2017).

Bottom-up approaches - community based child protection

'Bottom-up' approaches involve community actions at the grass roots level that utilise community actors and their strengths, that can also employ community-government collaboration (Wessels 2015). In contexts such as the Philippines, community-based child protection mechanisms also play an important role in responding to and preventing child maltreatment (Wessells 2015). A significant, yet underutilised, 'bottom-up' approach to child protection in the Philippines involves Barangay Councils for the Protection of Children (BCPC). The role of BCPCs is to address issues of child maltreatment at a grass-roots level, and where functioning, offer initial responses to issues of child protection (Save the Children 2011; ECPAT 2006; Madrid et al. 2013).

BCPCs offer an initial response to issues of child protection in local communities, assisting abandoned, maltreated and abused children, and organising their safety (Save the Children 2011; ECPAT 2006). To achieve this, *barangays* attempt to resolve child protection concerns, particularly through utilising their strong and direct relationships with their communities (UNICEF 2016). The assistance of BCPCs is sometimes preferred by families over DSWD workers or NGOs due to limited trust in official responses to child maltreatment, and concern about sensitivity, timeliness, and the judicial process, and the capacity to resolve child abuse and neglect within *barangays* (UNICEF 2016). In some circumstances, children sit on BCPCs, and provide support and advice in cases of maltreated children (Bessell 2009).

However, BCPCs remain largely unfunded, informal and untrained initiatives, and can often be ineffective in preventing or responding to child maltreatment. This is due to poor training and organisation, limited funding and, inadequate technical support and monitoring (DOJ 2012). There are poor practices in *barangay's* as well. UNICEF (2016) provides the example of a girl who was raped, and then required to marry the offender, for the family to save face, demonstrating the need for monitoring, training, clear guidelines and reporting mechanisms for BCPCs.

Family as the primary protector of children

Family is positioned as the primary protector of children who hold significant responsibilities and duties for children's welfare both in Filipino socio-cultural relations, as well as in national policy documents relating to children's welfare. The Special Committee for the Protection of Children (SCPC) highlights the importance of family ties and strong family relationships in the prevention of children's abuse and neglect, also emphasising the responsibility families have in ensuring children's welfare (DOJ 2006). Further, the SCPC (2006, p. 49) identifies that the

challenge for child protection approaches is “to build and strengthen family stability, particularly among the poor and disadvantaged families”. These documents draw attention to overarching views of the responsibility and centrality of families to protect children from maltreatment, which equates with the view of the family unit bearing responsibility for its own welfare (Yu 2013b).

National government policy documents describe an ‘ecological’ view of children, situating children at the centre of a society of multiple actors and systems that influence their wellbeing, rights and protection (CWC 2010, p. 33; CWC 2000, p. 43). This view holds family as the most central actor relevant to children’s welfare, followed by the *barangay*, and then the institutional and programmatic influences on a child’s life, such as social services, schools or religious communities (CWC 2010).

Community-level reporting processes

The reporting of child abuse and neglect, as defined in legislation, is mandatory for the head of a hospital or medical clinic, or a doctor or nurse, and they can break the law if they do not (DOJ, 2013). Others, such as government workers, have a ‘duty’ to report abuse and neglect, such as teachers, government lawyers, police, or *barangay* officials (DOJ 2013). Reports of child abuse, neglect or exploitation are typically received by a DSWD official or the Philippine National Police, but can also be received by a range of agencies including the National Bureau of Investigation, or a member of a Barangay Council for the Protection of Children (Madrid 2009; DOJ 2013). A telephone hotline to report child maltreatment, titled ‘Bantay Bata 163’, is available in many places across the country, and is operated by the charity arm of a major media company in the Philippines (ABS-CBN 2018). After the receipt of a report,

investigations are conducted by the DWSD who also have protective custody authority if deemed necessary (Madrid 2009; DOJ 2013).

Challenges for child protection in the Philippines

Coverage and funding of programs

Despite the range of child protection related activities across the three levels, research has identified major failings in their coverage. Madrid et al. (2013) reveal that government provided child protection services, interventions and laws are barely funded or provided, identifying 31 laws and 17 pending bills in Congress relating to child protection that have not received funding (Madrid et al. 2013). In a survey of community stakeholders relating to children's welfare, CWC and UNICEF (2016) found that many local government units have either no Barangay Council for the Protection of Children, or if present, are non-functional. The operation of LCPCs is impacted on by local government unit executives and the availability of funds (CWC and UNICEF 2016). Other analysis of the child protection activities of three local government units found that coverage of social and health services was low and that there were limited responses to child maltreatment, and minimal child protection programs or activities, particularly in regional areas (Madrid et al. 2013; CWC and UNICEF 2016). In one study, of those who were aware of available services, only 37 per cent of males, and 25 per cent of females utilised a child protection unit or woman and child protection unit in their province or region (CWC and UNICEF 2016).

Levels of national government funding to child protection efforts is unclear. There is no specific budget allocated to child protection or the prevention of child maltreatment in the health, education and social welfare areas of government, leaving the financing of distinct programs relating to children's wellbeing and protection unidentifiable (Madrid et al. 2013).

In addition, lower levels of government do not differentiate child protection funding and programs from broader health and welfare budgets (Madrid et al. 2013). The resourcing of local government units varies significantly, and those in poorer areas typically have less resources (UNICEF 2016). The Asian Development Bank highlights the weak taxing arrangements and low budget transparency as hindering development and government funding in the Philippines (ADB 2014).

As noted previously, Barangay Councils for the Protection of Children (BCPCs) differ in resources and capabilities across the country, despite mandated to receive funding from local government (DILG 2012; UNICEF 2016). They are reliant on local government unit funding and most BCPC workers are volunteers, despite BCPCs being a LGU requirement (UNICEF 2016). In one of the *barangays* investigated by Madrid et al. (2013), it was found that only one per cent of the entire *barangay* budget was allocated to a local Barangay Council for the Protection of Children, amounting to approximately \$250US per annum. Acknowledging budgetary constraints and inadequate resources for child protection, particularly at the local government level (DOJ, 2012), the Special Committee for the Protection of Children (2006) has suggested financing child protection programs through the private sector, foreign governments, international NGOs, the World Council of Churches, and international philanthropists, among others (SCPC 2006), and has encouraged the national government to increasing funding to child protection and child rights programs (SCPC 2006).

System incoherence and breakdown

Given the low level of funding and limited coverage of child protection efforts, it is unsurprising that the child protection system, as it currently stands, lacks coherence and frequently breaks down. Sarmiento and Rudolf (2017) argue that the Philippines lacks the

social welfare infrastructure, budgets, expertise and capacity to provide the required interventions to prevent and respond to child abuse and neglect the way it intends. UNICEF (2016) relates this to a lack of collaboration between and within welfare sectors and a strong disjuncture between national positions on child protection, and the reality of child protection activities and programs at regional, local and *barangay* levels. Other research finds that child protection programs are not holistic and comprehensive when applied at local levels (Yangco 2010).

The Committee for the Special Protection of Children identifies an array of failures across the child protection system relating to weak and inconsistent enforcement of laws relating to child protection, non-functional child protection mechanisms at multiple levels, a lack of technical competency, and an unresponsive judicial system (DOJ 2012). These issues are compounded by a limited capacity to encourage and enforce national policy programs at local government levels (UNICEF 2016).

At the community level, there are concerns that Barangay Councils for the Protection of Children work outside of the formal child protection system. BCPC councillors have expressed reservations about reporting child maltreatment issues to DSWD, as they determine that it is not always in the best interest of children and their families (UNICEF 2016). There are also poor understandings of preventing child maltreatment (Madrid, et al., 2013), and misconceptions around the functions and purpose of BCPCs (UNICEF 2016). The CWC and UNICEF (2016) have also found that children who are victims of various forms of violence rarely disclose, and that families have a low awareness and utilisation of child protection services.

Moving forward - child protection system strengthening

While top-down child protection approaches, including legislation, discourse on children's rights, and national policy are well developed, there remains a significant gap between these visions and the reality of the Philippine child protection system. Despite institutional frameworks, the system struggles to address and respond to the needs of children and families, mostly due to a disconnect between the optimistic intentions of top-down approaches, and the under resourced and poorly administered reality of both government and non-government supported child protection policy and programs. In addition, community-based child protection mechanisms are ad hoc, and lack the resources and technical skills required. The child protection system highlights the administrative constraints and institutional challenges in implementing welfare policies in the Philippines (Kim and Yoo 2015).

The systemic characteristics of child protection in the Philippines can be questioned. While understandings of child protection systems are broad, incorporating both formal and informal actors, the extent each works with each other is uncertain, as is the level of resources and coverage of the system as a whole. An extensive national child protection system is incongruent with traditions of social policy and welfare in the Philippines that typically resists intervening in the welfare of families in any significant way.

For this reason, bottom-up, child protection responses that are enmeshed in community, and fit the physical, social and economic contexts in which children live, are an important policy consideration (Myers and Bourdillon 2012b). While basic legal foundations and rights for children's protection are highly important, they are not necessarily the primary structure through which children are protected in developing contexts. Myers and Bourdillon (2012b) argue strongly for a shift from legal and normative standards of child protection, to community

and social relationships to be at the core of approaches. Through engaging families and communities, the main protectors of children in the Philippines, to build the protective capacity and strengths of the community, child protection responses can be improved (Myers and Bourdillon 2012b; Lachman et al. 2002).

The challenge is also to connect national policy agendas on child protection and broader social protection to the activities of local governments and community level actors, while at the same time improve accountability and alignment across child protection programs and activities. Setting minimum standards of practice, collecting data and raising the profile of child protection issues have been identified as ways to improve the system (UNICEF 2016).

In developing contexts such as the Philippines, reducing child maltreatment relies on more than a child protection system, involving significant reductions to the contexts and environments that foster maltreatment. Social services, such as those related to child protection, are frequently only a small element in determining social outcomes (Piachaud 2015). Child protection approaches need to acknowledge and incorporate understandings of the influence of broader socio-economic and political structures that influence life chances and outcomes (Pells 2012). Reducing multidimensional poverty and vulnerability is a crucial part of reducing incidence of child maltreatment (Gabel 2012). For the Philippines, views and values relating to acceptable social disadvantage must evolve, and the level of state intervention into the welfare of families lives reassessed, to better protect children.

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3.0 Preamble to Chapter Three

The previous chapter provided a review and analysis of the Philippines' child protection system, the role of out-of-home care in children's protection and welfare, and an overview of the leading threats to children's wellbeing and safety. This next chapter is the second publication included in this thesis inclusive of published works; it is a peer reviewed journal article titled 'A scoping review of children's experiences of residential care settings in the global South,' that was published in *Children and Youth Services Review*.

It is an important inclusion in the overall thesis given the limited research investigating children's experiences of residential care in the Philippines. This work assists in achieving the goals of this study in that it helps to better understand the phenomenon of residential care in similar contexts to the Philippines, including their role in child protection arrangements. It undertakes a scoping review of the academic literature, incorporating qualitative research undertaken with children who have experiences of residential care in global South settings. This publication highlights the use of residential care as a welfare intervention across diverse contexts in the global South, and highlights the significant role of children in creating knowledge on this topic, and the important and relevant research contributions they can make in research.

Overall, this study highlights the use of residential care in circumstances of limited social protection and weak child protection systems, their objectives in responding to child maltreatment issues, as well as children's views of the material benefits that they offer them, including shelter, education and food. These findings assist to answer the overarching research question for this doctoral study: *What is the role of residential care within*

approaches to children's welfare and their protection in the Philippines? detailed in Chapter One.

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Steven Roche

Department of Social Work, Monash University, Building C, Caulfield Campus, 900 Dandenong Road, Caulfield East, Victoria 3145, Australia.

Abstract

Residential Care Settings (RCSs), including orphanages, children's homes, and institutional care, form a significant welfare response in communities across the global South. Given their scale, central role in welfare provision, and the potential harms to children and young people who live in them, a greater understanding of their functions, circumstances, and how they are conceptualised and experienced by children is critical. This scoping review explores available peer-reviewed articles on children's experiences of residential care settings in the global South. A comprehensive search of ten databases was conducted, and 26 articles included in the review. The study finds that models of RCSs are diverse and highly contextual, with

children articulating distinct experiences and perspectives of RCSs in the global South. Children express generally positive views towards their RCSs, emphasising a highly relational life, with large peer networks and community connections. They also draw attention to the material benefits of RCSs in comparison to prior care with family, and educative opportunities that they provide. Challenges include maintaining relationships with family, constraints on their agency in day-to-day life, as well as navigating disruption around identity and belonging, indicating clear areas for policy and practice development that may improve family relationality and reduce social exclusion.

Keywords: residential care; orphanage; institutional care; children & young people; out-of-home care.

1. Introduction

The institutional care of children and young people, referred to as Residential Care Settings (RCSs) in this article, form a significant part of child protection and welfare responses to children across the world. RCSs aim to provide a safe alternative to harmful home and community environments, and a response to child maltreatment, poverty and family breakdown (Poertner, Bussey, & Fluke 1999). While there is a lack of adequate data (United Nations Committee on the Rights of the Child, 2006), global estimates of the number of children in residential care vary from 2.7 million (Petrowski, Cappa & Gross, 2017) to eight million (UNICEF, 2009), with the majority of these children living in the global South, mostly in Sub-Saharan Africa and Southern and South-East Asia (Whetten et al., 2009). The scale of residential care has reduced markedly in the global North, within better-resourced child protection and out-of-home care systems, and social and economic conditions that support parenting and family life (Shang & Fisher, 2013). This reduction has also been a response to heightened awareness of the negative impacts that institutional care can have on childhood development and children's rights, as well as shifts to greater support for parents and guardians (Browne, 2009; Save the Children UK, 2009; Save the Children UK, 2003; Lough & Panos, 2003; Groark & McCall, 2011).

While a concept with various meanings and shortcomings, for the purposes of this review, the 'global South' refers to economically disadvantaged nation states (Mahler, 2017) who are often politically and culturally marginalised (Dados & Connell, 2012), while the global North indicates economically powerful countries with colonial histories mostly located in the Northern hemisphere in Europe and North America (Epstein and Morrell, 2012).

Understandings of the distinctions between RCSs in the global North and South are growing. In the global North, out-of-home care, including RCSs, is utilised in circumstances of abuse,

neglect or risk of harm to children, and institutional care has been replaced by a variety of types of family-based care, as a part of formal and well-resourced welfare and child protection systems, within higher levels of social protection (Shang & Fisher, 2013). In contrast, RCSs in the global South make up a larger proportion of out-of-home care, and orphans, understood as a child under 18 years of age where one or both parents has died (UNICEF, 2018), make up the predominant group of children living in RCSs (Shang & Fisher, 2013).

RCSs in the global South are widespread, despite efforts to deinstitutionalise (for example see Babington, 2015; Frimpong-Manso, 2014). Much is unknown about the experiences and perspectives of children living in these settings, as are the practices, characteristics and models of care in which children reside. Furthermore, how institutional care is conceptualised, understood by children and young people, and its role in broader approaches to child protection, is poorly understood.

As no previous reviews have been conducted on this topic, this article provides a new contribution to this field with a review of studies that explore children's experiences in RCSs in the global South, and engage directly with children and young people in their methods. The paper seeks to better understand how RCSs are experienced by children and young people, highlight and promote their voices on this topic, and identify where gaps in knowledge of residential care remain.

1.1. The use of residential care settings in the global South

Residential care settings, also variably known as institutional care, orphanages or alternative care throughout the literature, refer to children being cared for in a group setting, away from their family (Rotabi et al., 2017), typically by paid staff and volunteers (del Valle, 2013).

Historically, residential care institutions were a common mode of caring for vulnerable children (del Valle, 2013). In low and middle-income countries, circumstances such as children losing one or both parents, the unavailability of extended family to act as caregivers, or social and economic circumstances, continue to push children into residential care (Groark & McCall, 2011; Rotabi et al., 2017).

UNICEF (2009) reports that most children are placed in residential care by family members in response to experiences of poverty and related issues. Frequently, children are placed in RCSs in circumstances in which parents are unable to fulfil a primary care role, provide safety, food and shelter, are physically or mentally incapable of caring for their children, seek employment and have to leave their children behind, or when children have experienced or are at risk of abuse or neglect (Shang & Fisher, 2013; Whetten et al., 2009; WHO, 2007). Such children are typically disadvantaged, often experiencing disability, ethnic or religious difference and socioeconomic disadvantage, as well as social problems, material deprivation and vulnerabilities (Skinner, et al., 2006). Conflict and epidemics can also impact on children's need for residential care (Shang & Fisher, 2013), such as recent experiences of AIDS and civil war in areas of Africa (del Valle, 2013). These circumstances typically occur in countries with low levels of social protection, and unable to meet the social, health, and educational needs of children (Thielman et al., 2012).

A major factor driving RCSs in the global South is what scholars describe as the 'orphan industrial complex' (Cheney & Ucembe, 2017; Cheney & Rotabi, 2016), in which the monetisation of orphans has created strong economic and cultural interests in RCSs among institutions and organisations in the global North. The growth in the numbers of RCSs for children in the global South have coincided with a globalisation of welfare and the

transnational exchange this engenders (Wang, 2010). This has been supported by increases in international interest and support through religious and secular charity, ‘voluntourism’ and donations (Rotabi et al., 2017), alongside increases in funding and management by middle-class Westerners (Wang, 2010), and inter-country adoption (Cheney & Ucembe, 2019). There is a Western demand for engagement and experiences with orphans in the global South, and a ‘rescue’ orientation to developing countries (Cheney & Ucembe, 2019), further highlighting the distinct nature and contexts of RCSs in the global South.

1.2. The impact of RCSs on children

Predominantly Western research over the last 50 years has found that various forms of institutional care are detrimental to the cognitive, emotional, and social development of children (Browne, Hamilton-Giachritsis, Johnson, & Ostergren, 2006). This is especially the case for young children whose development can be severely affected, particularly in relation to attachment (McCall, 2013). Risks of maltreatment and victimisation are high in RCSs in all contexts including physical, sexual and emotional abuse, as well as neglect and exploitation (Rus et al., 2017). Research specifically highlights the negative impact of RCSs for children in the global South, involving trauma, reduced cognitive and emotional development, and a higher likelihood of exposure to child labour (Atwine, Cantor-Graae, & Bajunirwe, 2005; Crampin et al., 2003). Residential care settings often have characteristics that enable abuse and neglect by staff and peers, relating to low levels of accountability, regulation and resources, as well as poor policies, oversight and external regulation (Rus et al., 2017). They can also be characterised by low child to caregiver ratios, non-individualised care (Huynh, 2014), a failure to adequately prepare young people for adulthood (Stein, 2014) and leave children vulnerable to child sexual exploitation and trafficking (Lyneham & Facchini, 2019; van Doore, 2016). Further, Cheney and Ucembe (2019) outline that child

protection practices may be compromised by the economic stimulus and benefits that children living in RCSs can provide and attract, incentivising RCSs to recruit orphans from local communities, while drawing attention away from local efforts of welfare and protection as well as broader social protection policies.

In response to these trends, and research that highlights the harms of RCSs, International Non-Government Organisations and advocacy groups call for the closure of institutions that care for children (Save the Children UK, 2009), to be replaced with family based care where appropriate (Pinheiro, 2006; Browne et al., 2006). The United Nations Convention on the Rights of the Child (1989) recommends that children be raised by their parents where possible, while the United Nations' *Guidelines for the alternative care of children* (2010, p. 2) encourages States to 'to keep children in, or return them to, the care of their family', and provide alternative care arrangements.

However, there are concerns that these agendas do not take into account the potential for family and community settings to be less supportive and safe for children than RCSs (Gray, Ariely, Pence and Whetten (2017). Family settings in the global South have the potential to provide poorer outcomes for children, particularly if there are histories of abuse or neglect (Huynh, 2014). For example, Whetten, et al. (2009) found that for children aged 6 to 12 across five low-income countries (Cambodia, Ethiopia, Kenya, India & Tanzania), institutional care is not systematically associated with poorer wellbeing (physical health and growth, emotional wellbeing, learning ability and memory) than community care. There were limited differences between the wellbeing of children living in institutions compared to the community, indicating that in some scenarios, institutions may be a better care option for children. Given the significant variation in RCSs across the global South, and the diversity of

cultural practices around caregiving, policy contexts, economic circumstances, and demand (Whetten et al., 2009; Huynh, 2014), there is a need to focus more closely on these disparate and complex care contexts as well as those who experience them.

1.3. Justification and analytical framework of this review

Given the range of approaches and forms of RCSs, understandings of how they are conceptualised, perceived and experienced by children is critical. This review of research including children as participants deploys a childhood's framework, distinguished by the position that children and young people's involvement in research is essential. Holding different conceptualisations and experiences of the world to adults, children's alternate views can assist knowledge development about the social problems they encounter (Corsaro, 2011; Moore, McArthur & Noble-Carr, 2008; Jernbro, Eriksson & Janson, 2010). How children's lives are understood and made meaningful is socially constructed and negotiated within social, cultural and historical contexts (Morrow, 2011; Trinder, 1997; Roche, 2019), as well as specific practices and ideas (Prout & James, 2015). As such, how children understand themselves, the RCSs they experience, and the culturally situated practices that they encounter, can reveal how 'childhoods' are constituted within RCSs in the global South.

In order to develop appropriate policy and practices for children and young people, their perspectives and descriptions are required, and they need to be given opportunities to influence and shape policy and practice (Jernbro, Eriksson & Janson, 2010). Further, Powell, et al. (2018) and Davis (2009) outline that participation in research can be an opportunity for children to influence social policy that impacts on them, as well as improve the design of services that affect them. Research with children validates them as individuals and places value on their views and experiences, provides opportunity for them to raise issues important

to them, and allows them to influence change (Moore et al., 2016). Children also provide important insights into their experiences and more accurate, practical interpretations of the contexts and settings they experience. As those who directly experience residential care settings, this review considers children as key informants of residential care settings.

Research that does not directly engage children in research may fail to understand their lived experience of residential care, nor appreciate the impact and challenges of this experience.

This review focuses on qualitative research in order to achieve a more in-depth understanding of children's experiences of living in residential care in the global South. Qualitative methods allow for children and young people to offer crucial insights into the perspectives, experiences and opinions of RCSs. While important, quantitative research is unable to detail children's interpretations of their experiences, nor promote understanding from their perspectives (Haggman-Laitila, Salokekkila & Karki, 2018, 135), and rarely explores the nuances of specific cases or experiences (Holland, 2009), which can help to improve practices, and alter policy landscapes.

In response, this article reviews findings from studies involving qualitative methods and data with children and young people living in RCSs. The review firstly focusses on the justifications and objectives of RCSs, as well as the contexts and models of residential care presented in the studies, to provide context to children's understandings and interpretations of everyday life. It then focusses on children's daily life, levels of agency; relationships and interactions with peers, family, caregivers or staff, and the community; as well as children's views of RCSs.

2. Scoping Review Method

A ‘scoping’ approach to reviewing the literature was utilised to allow for an investigation of diverse scholarship across multiple fields of research. The methods of this review closely follow the process detailed by Arksey and O’Malley (2005) and informed by recent reviews in similar fields (McKibbin, 2017; Tilbury, Hughes, Bigby & Osmond, 2017). Arksey and O’Malley’s (2005, p. 22) process involves five stages including: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarising and reporting the results. Advantages of this approach include a capacity to highlight the boundaries of literature and summarise relevant knowledge, while drawing attention to generalisations and gaps, research characteristics, and detailing the processes and sources of documents included, allowing for future replication for further appraisal of the findings (Arksey & O’Malley, 2005; Littell, 2008). The research question utilised in this review is; *What are the contexts of RCSs in the global South and the experiences of children living within them?*

2.1. Search strategy

The systematised search strategy first involved developing a set of key search terms. These were developed by the author and include widely used international terminology for residential care settings and out-of-home care, as well as terms for children and young people. The terms and their combinations are detailed in Table 1. Search terms pertaining to children and young people were combined with terms relating to RCSs and out-of-home care. To accommodate some of the databases, variations in the syntax of searches occurred.

Ten electronic databases were searched from September to November 2018 and included: JSTOR; Proquest Social Science Premium Collection; Social Services Abstracts;

Sociological Abstracts (Proquest); Academic Search Complete; SocINDEX; Applied Social Sciences Index and Abstracts (ASSIA); Web of Science; Anthropology Plus; and Family and Society Studies Worldwide (EBSCO). These databases were chosen for their international scope, representing the largest across the fields of social work, sociology, anthropology and family studies, and thus having a high likelihood of retrieving relevant papers.

Table 1 Key search terms

<p>child* OR youth* OR young person OR young adult OR adolesce* OR minor* OR kid* OR teen* OR juvenile* OR famil* OR orphan*AND residential care setting* OR residential care OR residential house OR institutional care group care OR orphanage* OR group home* OR substitute care OR out-of-home care OR out of home care OR looked-after OR extended care OR independent living OR state-based care OR residential home* OR extended care OR residential home* OR placement OR therapeutic residential care OR residential care unit OR lead tenant OR resi care OR foster care</p>
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2.2. Paper selection

A total of 295 papers were identified and retained for review. The systematised search flowchart is detailed in Figure 1. Title and abstracts were screened and incorporated if meeting the inclusion criteria. Articles had to concern the residential care of children in the global South, and have been published in English between 2010 and 2018. This timeframe improves the likelihood that findings are representative and relevant to contemporary residential care settings, particularly given the fluid and evolving landscapes of RCSs internationally.

Building on from the definition of the global South provided in the introduction, to provide a replicable and transparent process, the United Nations Development Programme's 'Human Development Index' (UNDP, 2017) was utilised. The HDI has previously been utilised successfully in conjunction with global South research (Odeh, 2010; Roche & Flynn, 2020), and is an objective way to classify nations into North and South categories (Hollington,

Salverda, Schwarz, & Tappe, 2015). Research focussing on residential care settings in the ‘very high human development’ country tier were excluded, considered to comprise the global North.

While important, it was beyond the scope of this review to include studies exploring young people and adult’s transitions to independent living. Instead, this article focusses on specifically on children’s experiences of RCSs while living in residential care at the time of research.

2.3. Papers included

In total 26 peer-reviewed journal articles were reviewed, as shown in Table 2. The articles all include qualitative methods with children living in residential care in the global South between 2010 and 2018. A quality appraisal is not included given a scoping review focusses on the range and limits of evidence, rather than weighting its quality (Arksey & O’Malley, 2005). Data were extracted from each article using two methods. Firstly, a data extraction table was used to record important characteristics including residential care setting terminology, location, model of care, purpose of RCS, participants, methods, data analysis, key findings and others (see Table 3 for example). In addition, articles were uploaded into NVivo, and relevant passages of text coded into relevant themes by the author.

The analysis began utilising some pre-determined themes based on the literature (deductive), and additional themes were developed (inductive) as the analysis progressed (Elo & Kyngas, 2008). Initial parent codes included widely accepted elements of children’s perceptions of RCS, including; everyday life and routine; child maltreatment; RCS environment; protective factors; safety risks; social life and relationships; cultural factors; education; socialisation; and transitions. Additional parent codes to emerge throughout the coding process included: child participation and agency; concept of ‘home’; residential care policy settings; stigma,

labelling and identity, while extensive child nodes were added to parent codes throughout analysis. The findings are based on the major themes and issues that emerged during analysis of the research.

Figure 1. Systematised search flowchart

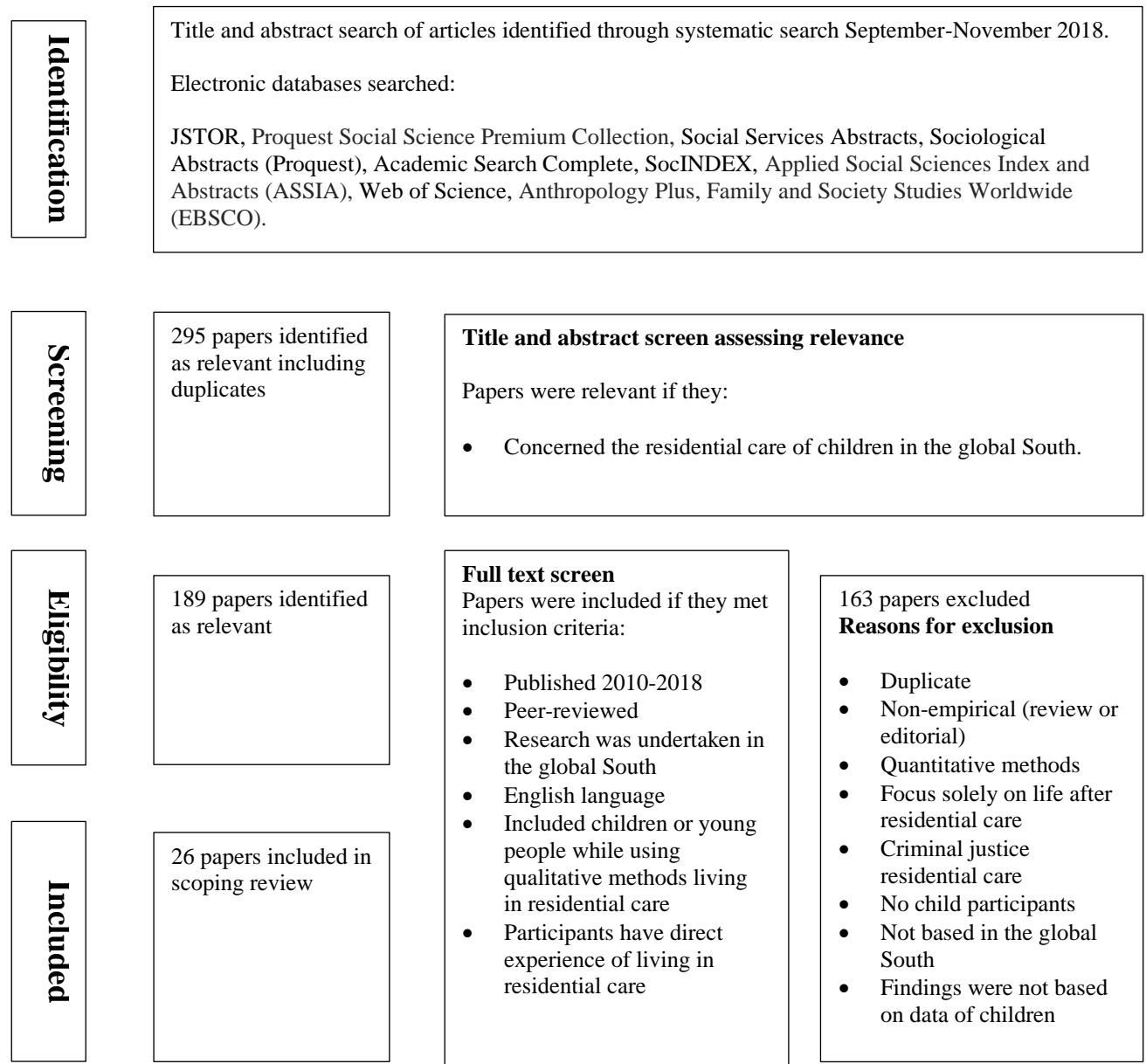


Table 2: Papers included in the scoping review

Author, year	Journal	Location	Residential care setting	Number of participants (age range)	Methods (data analysis)	Key findings
Yendork and Somhlaba, 2015	Africa Today	Ghana	Faith-based orphanage	20 (7 to 17)	Semi-structured interviews (thematic analysis)	<p>Orphanages provide structure, nurturance and positive peer relationships that support wellbeing.</p> <p>Poor caregiver relationships and financial constraints can be an issue for some children.</p> <p>The study found that orphans are in need of greater psychosocial support, as well as support for developing skills on forming healthy peer relationships.</p>
Williams-Peters, 2014	Social and Economic Studies	Trinidad and Tobago	State-run residential care	Not stated (13 to 17)	Participant observation, interviews and focus groups (thematic analysis)	Children in RCSs engage in relationships with each other and with their broader social networks online and through social media.
Tahsini and Duci, 2016	Social Work Review	Albania	Residential institutions	58 (10 to 18)	Interviews and focus groups (theoretical saturation and constant comparison method)	<p>Children in the study have previously been exposed to various forms of abuse and neglect.</p> <p>Children living in residential care have challenges adapting and feel vulnerable to social exclusion.</p>
Singh and Jha, 2017	Children and Society	India	State-run and NGO orphanages	31 (10 to 17)	In-depth and open-ended interviews (thematic analysis)	<p>Despite traditional obligations of extended family to care for children, institutional care has become a norm.</p> <p>The participants have limited authority to shape their own day-to-day lives.</p>

Rukundo and Daniel, 2016	Social Work and Society	Uganda	Orphanage	12 (13 to 15)	In-depth, semi-structured interviews (thematic network analysis)	<p>Participants were 'thriving' and demonstrated skills, knowledge, confidence and gave examples of supportive relationships.</p> <p>The orphanage improved the material wellbeing of children.</p> <p>Participants lacked enough contact with their relatives as well as psychosocial support.</p>
Ruiz-Casares and Phommavong, 2016	Global Social Welfare	Laos	Residential care	Not stated (not stated)	Interviews and survey (content analysis)	<p>Children are not always consulted in decisions around entering orphanages.</p> <p>Concerns for children include limited contact with family, insufficient food, poor hygiene and emotional distress.</p> <p>Children did not receive regular assessments of their placement in residential care.</p>
Qian, 2014	Dialectical Anthropology	China	State-run orphanage	Not stated	Participant observation (no detail)	<p>Orphans are subjected to stigmatising labels such as 'the unfortunate'.</p> <p>Philanthropy through orphanages reproduces social inequalities.</p> <p>Children are exploited for tourist and marketing purposes.</p>
Pienaar, et al., 2011	SAHARA-J: Journal of Social Aspects of HIV/AIDS	South Africa	Residential care facility	8 (9 to 13)	In-depth, semi-structured interviews, a biographical questionnaire and life history task and drawing (constant comparative method)	<p>Children exhibit optimism, perseverance and hope in interviews.</p> <p>Participants' development of resilience relies on friendships and networks of support.</p> <p>Self-efficacy and goal-setting are important to participants in achieving their goals.</p>

Nourian, et al., 2016	International Journal of Qualitative Studies in Health and Well-being	Iran	Government residential care facility	8 (13 to 17)	Semi-structured interviews (phenomenological analysis)	<p>Young people understand their resilience as self-reliance.</p> <p>The experience of living in a RCS requires self-encouragement and viewing it as a part of life's hardships.</p>
Nestadt, et al., 2013	Vulnerable Children and Youth Studies	South Africa	Children's group homes	20 (10 to 16)	In-depth qualitative interviews (collaborative framework analysis)	<p>Youth participants lack appropriate psychosocial support, and have weak relationships with their key support workers.</p> <p>Youth participants had poor knowledge of HIV transmission and prevention.</p>
Murray, et al., 2012	International Journal of Pediatrics	Georgia	Orphanage	51 (6 to 18)	Interviews (no detail)	<p>The reasons for children utilising the orphanage include familial financial issues, poor relationships with parents, parental absence or neglect.</p> <p>Participants issues with the orphanage included difficulties with studies, unfair treatment, fighting with other children or poor relationships with carers.</p>
Morantz and Heyman, 2010	AIDS Care	Botswana	Youth houses and dormitory residential facility	74 (6 and above)	Structured interviews (thematic analysis)	<p>In contrast to life previously, residential care involves higher levels of food security, shelter and education.</p> <p>Children report inadequate connections and interactions with family and community, and feel ambivalent toward their caregivers.</p>
Mhongera and Lombard, 2017	Practice	Zimbabwe	State-managed institutional care and an NGO family-type facility	16 (15 to 18)	Semi-structured interviews and focus groups (framework analysis)	<p>Adolescent girls lack adequate social support both during and after living in institutional care.</p> <p>Recommends a greater continuum of support and services for care-leavers.</p>

Malatji and Dube, 2017	Social Work/Maatskaplike Werk	South Africa	Child and Youth Care Centre	10 (12 to 16)	In-depth, semi-structured interviews (thematic analysis)	<p>Participants gave accounts of high levels of wellbeing.</p> <p>Challenges for participants include a lack of support for the use of native language, feelings of isolation from community and culture, and a shortage of professional staff to support young people.</p>
Khoo, Macinas and Skoog, 2015	Children and Youth Services Review	Mexico	Institutional care	6 (14 to 16)	Focus groups (analysis included children analysing and mapping their own photos)	<p>Life is highly structured for children and highly regulated by adults.</p> <p>Stigma about living in institutional care was present among participants.</p> <p>Children wanted to live with their families.</p> <p>Children were able to make decisions related to their lives.</p>
Johnson, 2011	Visual Anthropology Review	Kenya	State-operated orphanage and NGO orphanage	3 (8 to 14)	Photo-elicitation interviews, group discussion, and participant observation (participant participation in narrative analysis)	<p>Photovoice is an effective method in the circumstances of this research.</p>
Johnson and Vindrola-Padros, 2014	Children's Geographies	Kenya	State-operated orphanage and NGO orphanage	8 (8 to 14)	Photo-elicitation interviews, group discussion and participant observation (thematic analysis)	<p>Children move into orphanages specifically for health services.</p> <p>Family members interact with their children regularly.</p> <p>Children are active participants in decisions made regarding their residence and healthcare.</p>

Hong, et al., 2015	Health Policy and Planning	China	Family-style group homes.	12 (not stated)	Observations, in-depth interviews and group discussions (analysis informed by constructivist grounded theory and framework analysis)	The study found that community-based family-style group homes offer a safe and stable environment for AIDS orphans.
Hermanau, et al., 2011	Child and Adolescent Psychiatry and Mental Health	Tanzania	NGO orphanage	38 (7 to 16)	Mixed methods, qualitative methods include structured interviews and participant observation (no detail)	Violence in orphanages contributes to poor mental health as well as aggressive behaviour in orphans.
Freidus, 2010	Children and Society	Malawi	Local and internationally managed orphanages	29 (8 to 22)	Interviews and participant observation (no detail)	<p>Institutions address material vulnerabilities for orphans.</p> <p>Orphans report that the orphanage experience can increase feelings of stigma, and disrupt community and family ties.</p>
Fournier, et al., 2014	Children and Youth Services Review	Uganda	Dormitory style group home	13 (12 to 18)	<p>Four focus group discussions</p> <p>Creating and discussing photographs (child led analysis process)</p>	<p>Children view their RCS as providing:</p> <ul style="list-style-type: none"> -a caring and safe environment -basic life needs -a strong social support network -positive adult role models -high expectations of educational achievement. <p>Children experience stigma and discrimination in the community.</p>
Flores, van Niekerk and le Roux, 2016	Music Education Research	South Africa	Faith-based NGO residential care	15 (7 to 12)	Semi-structured interviews (thematic analysis)	<p>Music workshops have a positive effect on children's emotional and social functioning.</p> <p>The workshops enhanced children's capacity for personal agency and self-expression.</p>

Fernando and Ferrari, 2011	Journal of Spirituality in Mental Health	Sri Lanka	Faith-based orphanages	62 (5 to 18)	Mixed methods, qualitative methods included interviews (content analysis)	<p>Orphans demonstrate resilience after exposure to war.</p> <p>Faith is a major component of children's sense of wellbeing and belonging.</p> <p>A lack of contact with biological parents was challenging for children.</p>
Emond, 2010	British Journal of Social Work	Cambodia	State-operated orphanage	19 (4 to 23)	Ethnographic, participant observation and interviews (no detail)	<p>Children relate to each other through care-related actions.</p> <p>Children received comfort and support from one another, however this could not replace the love of family members.</p> <p>Children's power and status in the orphanage was influenced by the care they showed to each other.</p>
Dziro, et al., 2013	Journal of Social Development in Africa	Zimbabwe	Dormitory style children's home	12 (14 to 17)	Focus groups (no detail)	<p>Children's knowledge of African culture and values was limited.</p> <p>Children had limited interactions with outside community.</p> <p>Recommends the adoption of an Afrocentric model of residential care for children in Zimbabwe.</p>
Carpenter, 2015	Children and Society	Cambodia	Cambodian operated orphanage	40 (not stated)	Participant observation (no detail)	<p>Elements that impact child wellbeing include:</p> <ul style="list-style-type: none"> -the complexity and level of stimulation of the physical and social environment for children -the program's continuity with the surrounding community -reciprocity of access to program resources with surrounding community.

Table 1 - Example from the data extraction sheet

Author (year)	Title	Location of research	RCS terminology	Model of residential care	Age and gender of children at RCS	Research design	Participants (gender, age)	Methods	Ethical procedures and designs	RCS stated purpose.	Key findings
Fournier et al., (2014)	Hear our voices: A Photovoice project with children who are orphaned and living with HIV in a Ugandan group home	Semi-urban, western Uganda	Group home, institution	Local NGO, dormitory style with full time care provided by nurses, cooks, maintenance and security staff	30 children who are all HIV positive and orphaned Aged from 6 to 18. 55% male, 45% female	Qualitative participatory research study	-13 children, aged 12 to 18 -5 girls and 8 boys	-Photo taking session Photovoice: creating and discussing photographs Four focus group discussions	Ethical approval from four institutions: Mount Royal University (Canada); University of Alberta (Canada); Makerere University (Uganda); the Uganda National Council for Science and Technology Limited detail on ethical processes	To provide specialised psychosocial support to children orphaned by AIDS and living with HIV	Children view their RCS as providing: -a caring and safe environment -basic life needs -a strong social support network -positive adult role models -high expectations of educational achievement Children experience stigma and discrimination in the community

3. Findings

3.1. Summary of research

3.1.1. Participants

Table two details the children living in residential care who participated in each study. The sample size of the studies ranges from three to 74, and the mean sample size is 23.7. The studies with smaller sample sizes typically involve more in-depth and methods such as ‘photovoice’ (Johnson, 2011). Participants across the studies range from four to 23 years of age. The five studies lacking detail on participants predominantly drew on participant observation methods.

3.1.2. Methods utilised by studies

The studies drew on a range of qualitative methods to achieve their objectives utilising various approaches and strategies. Approaches to interviews include semi-structured in-depth interviews (Malatji & Dube, 2017); structured interviews (Hermanau et al., 2011) and in-depth interviews (Hong et al., 2015), while a number of studies utilised participatory or child-centred strategies. Emond (2010) utilised flash card interviews whereby the interviewer used thematic prompts on cards during the interview, while Freidus (2010) used ‘storyboard’ interviews where children drew their lives in the past and future. Similarly, a ‘river of life’ drawing task was used by Pienaar, et al (2011) to elicit life histories, while a sand tray narrative task, inviting participants to detail stories using a sand tray was used for children who have experienced trauma (Fernando & Ferrari, 2011). Pienaar, et al (2011) conducted multiple interviews with participants to establish rapport between participant and researchers.

Other participatory methods included ‘photovoice’ where participants create and then discuss their photographs (Fournier et al., 2014). In Johnson and Vindrola-Padros’ (2014) study, participants were asked to take photos of a typical day in their lives and of the people important to them, while Khoo, Macinas and Skoog (2015) asked participants to provide a map of their daily activities, as well as take photos for discussion in a focus group. Eight studies were ethnographic utilising participant observation, two of which solely used these methods (Qian, 2014; Carpenter, 2015), while two studies utilised mixed methods (Fernando & Ferrari, 2011; Hermanau et al., 2011).

3.1.3. Ethical arrangements of articles reviewed

Key ethical concepts and considerations such as informed consent, confidentiality and research rights are given in detail by several studies (Carpenter, 2015; Rukundo & Daniel, 2016). Fifteen studies gave details of independent institutional ethics review, however 12 studies did not, with some receiving approval from the research site, or undergoing no review at all. This is noteworthy, given the complexity and risks involved in research with children in welfare settings.

3.1.4. Location of RCSs

There was major geographical variation in the studies. South Africa was most represented with four articles, Cambodia, Zimbabwe, Uganda, China and Kenya with two, while other countries are represented by one article each. Fourteen of the 26 studies were based in Africa, seven in Asia, and of the 22 of the studies that detail the location of the RCSs, 16 were located in urban areas, and six in rural.

3.1.5. Concepts and terminology of RCSs

The variation in the terminology referring to RCSs, as well as in terms for the children that reside in them (see table 4), indicates the diversity of these settings. The terminology describes the characteristics or model RCSs, or uses culturally based names for RCSs. In one study, all the staff, families and children who participated referred to the RCS as an orphanage, irrespective of the family status of the children (Johnson & Vindrola-Padros, 2014, p. 223).

Table 4. Terminology used in papers

Residential Care Setting terminology	Child and young person terminology
Residential care (Carpenter, 2015)	Orphan (Freidus, 2010)
Institutional care (Khoo, Macinas & Skoog, 2015)	War orphan, non-war orphan (Fernando & Ferrari, 2011)
Residential care home of institution (Dziro et al., 2013)	AIDS orphan (Pienaar et al., 2011)
Institutionalised care (Freidus, 2010)	Single, double and social orphan (Singh & Jha, 2017)
Orphanage (Emond, 2010)	Paternal and maternal orphan (Yendork & Somhlaba, 2015)
Group home (Fournier et al., 2014)	Orphanage children (Murray et al., 2012)
Residential care facility (Pienaar et al., 2011)	Orphans and vulnerable children (Nestadt et al., 2013)
Family-style group home (Hong et al, 2015)	Orphaned children (Rukundo & Daniel, 2016)
Youth care centre, children's home (Malatji & Dube, 2017)	
Residential facility (Morantz & Heyman, 2010)	
Shelter (Nestadt et al., 2013)	
Pseudo-family center (Nourian et al., 2016)	
Orphanage care, family-based orphanage, and family-style orphanage (Rukundo & Daniel, 2016)	

3.2. Reasons for residential care settings

The studies cite a complex combination of structural and individual risk factors and experiences that push children into RCSs. Reflecting the reality of difficult lives within low social protection communities, children and young people in the majority of the studies cite a combination of factors, with parental loss a leading explanation (Morantz & Heyman, 2012; Nestadt et al., 2013; Pienaar, Swanepoel, van Rensburg & Heunis, 2011). Findings reveal a range of familial risk factors in addition to parental death including: neglect; abuse; parental

health issues; abandonment; illness (Morantz & Heyman, 2010; Freidus, 2010; Hermanau et al., 2011); a lack of parental capacity and resources (Fernando & Ferrari, 2011); poverty (Ruiz-Casares & Phommavong, 2016; Pienaar, Swanepoel, van Rensburg & Heunis, 2011); and social isolation (Fernando & Ferrari, 2011). The impact of poor health on families is a major theme across findings that leads to parental death or incapacity to care for children, most commonly involving HIV/AIDS (Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013; Fournier, et al., 2014; Hong, et al., 2015; Rukundo & Daniel, 2016; Malatji & Dube, 2017; Morantz & Heyman, 2010, p. 10). This is exacerbated by low levels of social protection (Mhongera & Lombard, 2017, p. 20). Several studies highlight the impact of conflict on the use of RCSs, with children orphaned, displaced or traumatised through exposure to violence (Singh & Jha, 2017; Fernando & Ferrari, 2011), while Qian (2014) cites the impact of the 2008 Sichuan Earthquake as a major reason for orphaned and abandoned children.

A number of the studies note that parental loss or child maltreatment is not the only reason for care, with children citing other reasons for living in RCSs such as access to education (Emond, 2010; Morantz & Heyman, 2010; Ruiz-Casares & Phommavong, 2016), or a lack of financial resources in the family (Murray et al., 2012). This highlights the expectations that RCSs can compensate for life obstacles of poverty and inequality. For example, a child in Singh and Jha's (2017, p. 65) study in India explained; "My mother was incapable of looking after me and my sister. So, we were sent here. I know she is helpless. We have no source of income. The only place where we got refuge was this orphanage. I will be indebted to them always."

Additional explanations are suggested by Carpenter (2015, p. 87), who explain RCSs are motivated to rescue "children from a corrupting urban environment", while Qian (2014)

explains the abandonment of children to RCSs can be traced to the limited social value of children who are considered abnormal or “useless” (Qian, 2014, p. 261). Johnson and Vindrola-Pasos (2014, p. 223) cite that RCSs are utilised by families to ensure the “best possible future” for their children. In Laos, a strong culture of informal care provided by extended family, and traditions of religious boarding schools influences the utility of RCSs in communities (Ruiz-Casares & Phommavong, 2016, p. 125).

3.3. The objectives of residential care settings

The studies that present the role and objectives of the RCSs highlight the provision of essential needs for children in RCSs, indicating the impact of structural factors of poverty and economic inequality. In Fernando and Ferrari’s (2011) research, the focus of RCSs involve meeting basic necessities of children, and providing consistent caregiving and social and religious opportunities. Similarly, Johnson and Vindrola-Padros (2014, p. 223) highlight the mission of the RCSs to provide education, medical care, nutritious food and shelter, for children to “reach their full potential”. Other studies emphasise material resources, health care and education (Freidus, 2010), and providing care and safety (Malatji & Dube, 2017). Children and young people participating in studies reviewed describe education and training as a key component of the RCS experience. This is encapsulated by a male young person in Uganda in Rukundo and Daniel’s (2016, p. 9) research: “Relatives were not able to provide most things, going to school was different, you wake up, first do chores and then go to school, even on coming back home, you have work to do. But here we are provided with almost everything. Schools are within. You just wake up and go to school. No school fees and it makes schooling easy and interesting.” Johnson’s (2011) study emphasises the importance of daily routine, and household duties including gardening, cooking and washing clothes. Similarly, other RCSs focus on life skills, independent living, and income generation

(Malatji & Dube, 2017). Additionally, other RCSs attempt to provide a home environment that can foster a sense of belonging among children (Yendork & Somhlaba, 2015).

While out-of-home care in the global North is closely intertwined with child protection systems, countries in the global South frequently have limited structures and capacities to implement systems to protect children (Connolly et al., 2014; Roche & Flores-Pasos, in press), leaving connections between RCSs and formal child protection approaches informal. Among the articles reviewed, the child protection function of RCSs is apparent in Flores, et al.'s (2016) study, emphasising the relationship between the RCS and children who have been removed from their homes by the Children's Court in South Africa. This is similar to Khoo, Macinas and Skoog's (2015) study in Mexico, which states that RCSs are used as an out-of-home care placement to protect children from harm. In all the other studies, however, the presence or role of child protection systems is unclear.

3.4. Models of residential care

The models and design of RCSs can impact on children's experiences of these settings, and are important to understand from policy and practice perspectives. The articles gave varying detail on the design of the RCSs children live in. RCSs are a mix of state-run and non-government organisations, some faith-based. Studies cite a 'dormitory style' of RCSs (Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013; Fournier, et al., 2014; Mhongera & Lombard, 2017; Johnson, 2011; Morantz & Heyman, 2010), indicating shared room and bunk-bed living arrangements. Other studies cite 'family-type' living scenarios (Mhongera & Lombard, 2017), or family-style group homes (Hong, et al., 2015), involving homes with 9 to 12 children (Hermanau et al., 2011), 5 to 8 (Hong et al., 2015), or 11-15 children (Morantz & Heyman, 2010), with paid carers. RCSs also offer additional facilities for children, and in some circumstances surrounding communities, including churches, schools, health clinics

and social services (Johnson, 2011; Johnson & Vindrola-Padros, 2014; Khoo, Macinas & Skoog, 2015; Rukundo & Daniel, 2016). A number of studies note the caregiver (nannies, housemothers, or carers) arrangements of RCSs, with caregiver ratios including one per 20 children (Carpenter, 2015), one per 12 children (Nestadt et al., 2013), one to 13-17 (Nestadt et al., 2013), one to 14 (Williams-Peters, 2014), one to 10 (Williams-Peters, 2014) and two per 5-8 children (Hong et al., 2015).

The articles detail the total numbers of children and their ages residing in RCSs, drawing attention to their significant scale. The largest RCSs among the studies include: a RCS with 110 children, aged from 4 to 23 residing in Cambodia (Emond, 2010); a RCS in Mexico which houses 130 children in units of 25 persons separated by gender (Khoo, Macinas & Skoog, 2015); two RCSs in Malawi that house 140 children and 144 children respectively (Freidus, 2010); as well as a RCS in Ghana that cares for between 140 and 150 children (Yendork & Somhlaba, 2015). Another large organisation cares for 232 children living in homes of 11 to 15 children (Morantz & Heyman, 2010). Other studies note smaller RCSs including for example: 30 children (Fournier et al, 2014); 26 children (Johnson & Vindrola-Padros, 2014); and 50 children (Qian, 2014).

The age of children in care was recorded in some of the studies. Several note RCSs that catered for children from zero years to adulthood (Fernando & Ferrari, 2011; Yendork & Somhlaba, 2015), while the age range of residents at other RCSs included: five to 12, seven to 22, five to 24 (Yendork & Somhlaba, 2015); six to 18 (Fournier et al., 2014); and four to 18 (Flores, van Niekerk & le Roux, 2016). The average age of children at a Cambodian RCS was 7 years and 11 months (Carpenter, 2015). Significantly, few studies investigate RCSs

that care for infants or young children, most likely due to their use of qualitative methods. In many instances children remain in RCSs well into adulthood.

3.5. Everyday life and routine

Children view education as central to their everyday lives in RCSs, attending school (Freidus, 2010; Khoo, Macinas, & Skoog, 2015) and completing regular study sessions and homework (Malatji & Dube, 2017). This is often in contrast to children's lives prior to living in care, where they were previously unable to consistently attend school (Freidus, 2010). Everyday life also involves chores and labour for many children in RCSs, considered a compulsory expectation, but also an important life skill (Emond, 2010; Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013). Chores include gardening, sewing, cleaning, sweeping and taking out the rubbish (Carpenter, 2015; Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013; Emond, 2010). Recreation is typical for children including sports, games, and general playing (Carpenter, 2015). A young person participating in Singh and Jha's (2017, p. 65) research in India described their approach to recreation: "I engage myself in active competition, in studies, sports, debates, and other institutional activities which keep me pre-occupied. It also enhances my skills, gives me self-confidence and a spirit to fight back." In addition, religious activities are often routinised (Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013), and for children with HIV/AIDS, health practices involve specific diets and medicines (Johnson & Vindrola-Padros, 2014). Children in Khoo, Macinas, and Skoog's, (2015) study draw attention to the rigid and controlled routines and activities of everyday life in a Mexican RCS.

3.5.1. Children's agency and decision-making

Children across some of the studies raise questions about the level of participation, decision-making and agency afforded to them while living in RCSs, and the level of agency afforded to them as ‘children’. In Singh and Jha’s (2017) study, participants request greater consideration of the issues they raise, while others hope for greater involvement in decision making (Ruiz-Casares & Phommavong, 2016). Children in Singh and Jha’s (2017) study explain that most children are not consulted about being moved into the orphanage, with Singh and Jha (2017) concluding that children have limited authority over their lives, and are largely subjected to adult interests and concerns. This dynamic is presented in other studies. Mhongera and Lombard (2017) identify that children rarely have the issues they raise responded to by staff, with one participant advising that “We have fewer supervisors and rarely get feedback and follow-up on issues raised in our files” (Mhongera & Lombard, 2017, p. 30). In addition, Ruiz-Casares and Phommavong (2016) participants detail a lack of ongoing assessment of placements, and a variation in care standards, also demonstrating that children can be constructed as passive recipients of adult actions, rather than active social agents (Roche & Noble-Carr, 2017).

3.6. Relationships and connections

3.6.1. Peer relationships

Peer relationships and large social networks permeate all aspects of daily life, characterise the experience of RCSs, and constitute a version of ‘childhoods’ in RCS in the global South. Children have large, mixed age, peer groups (Carpenter, 2015), comprising the majority of children’s social capital (Mhongera & Lombard, 2017). Children endorse the caring and supportive characteristics of peer relationships (Emond, 2010; Khoo, Macinas, & Skoog’s,

2015; Fournier et al., 2014), and the deep friendships they create (Hong, 2015; Mhongera & Lombard, 2017).

A key characteristic of peer relationships are their mutually beneficial and supportive interactions. Emond (2010) observes the role of older children in attending to the physical and emotional needs of younger children, while Johnson (2011) describes how children support and mentor newly arrived younger children. Children describe loving their peers (Fournier et al., 2014), equating peers to siblings (Emond, 2010; Johnson, 2011), and associating happiness as socialising with friends (Khoo, Macinas, & Skoog, 2015). Peers discuss their worries, share positive emotions such as success and accomplishments (Emond, 2010), and problem solve together (Fournier et al., 2014). Practically, children, without adult intervention, help each other to complete chores, as well as sharing food, belongings such as clothes, or money (Emond, 2010), or help each other with homework (Rukundo & Daniel, 2016). A 17 year old research participant living in an Cambodian orphanage explains; “If I have a chore to do sometimes other kids will help me get it done ... Sat Tearith [peer] helped me yesterday because I had all the rice to wash and I wanted to go to the English class. We did it together and so nanny said I could go” (Emond, 2010, p. 69).

Some of the research links relationships and support of peers to resilience and wellbeing among children. In Yendork and Somhlaba’s (2015) study, children link happiness and positive experiences of RCSs to loving relationships with peers and a sense of belonging that these relationships engender. In another study, children recognise the protective role of peer relationships that RCSs engender (Fournier et al., 2014, p. 59), a child living in a Ugandan group home remarking that; “If you don't have friends, you feel lonely and you cannot be happy at all ... you walk as if you are not walking. But if you have someone, you feel strong

and in case you have any problem, that friend can help you”. However, peer relationships are not always beneficial. Participants in Morantz and Heymann’s (2010) study recount fighting and poor treatment from peers as a major issue.

3.6.2. Family relationships

Across the studies, children conceptualise ‘childhoods’ in relation to family, despite living in a RCS. Family relationships for children living in RCSs are characterised by broad conceptualisations of family and irregular contact with biological family members. Many children have identifiable extended family often including parents and siblings (Morantz & Heymann, 2010), while others have histories of parental loss (Pienaar, Swanepoel, van Rensburg, & Heunis, 2011), or no recollection of family at all (Rukundo & Daniel, 2016).

Children conceptualise family in various ways, given the multiple carers and contexts of care and relationships experienced across their lifetime. In some cases children regard caregivers as mothers, and peers as siblings (Fernando & Ferrari, 2011; Johnson, 2011), and conceptualise family broadly, including full extended biological family as well as godparents (Khoo, Macinas & Skoog, 2015). Abandoned children or those without parents in some cases consider themselves as children of their RCS “mothers” (Morantz & Heymann, 2010), or describe themselves as belonging to an “institutional family” (Khoo, Macinas & Skoog, 2015, 7). Khoo, Macinas and Skoog (2015) identifies that family is important to children, even when they have no contact with them. Children can long for their family, and associate more love between family members than at a RCS (Khoo, Macinas & Skoog, 2015), and wish to live with their parents (Yendork & Somhlaba, 2015). These desires are challenging to navigate given children are encouraged to create supportive and “familial” relationships with staff, carers and peers in RCSs (Johnson & Vindrola-Padroz, 2014). In limited cases, children

and young people continue relationships with biological family members despite living in RCSs. In a Kenyan RCS, family could visit children often, and children visit family, to participate in celebrations and religious ceremonies (Johnson & Vindrola-Padros, 2014) or to assist family with farming during seeding or harvesting (Hong, 2015). In Mhongera and Lombard's (2017) study, family provide a role with children throughout their care including providing moral and financial support.

These circumstances are atypical across the research. Children's relationships with biological family are more often constrained and difficult. Contact with family, both in person and over the telephone, can be unpredictable, limited and outside the control of children (Khoo, Macinas, & Skoog, 2015; Ruiz-Casares & Phommavong, 2016), with visits hampered by conflict zones (Fernando & Ferrari, 2011), limited visiting rules (Mornatz & Heymann, 2010), as well as long distances and limited resources (Ruiz-Casares & Phommavong, 2016). These restrictions may ultimately reduce the utility of family relationships, placing strain on these connections (Mhongera & Lombard, 2017).

These dynamics are challenging for children. Participants describe missing their biological family (Khoo, Macinas, & Skoog, 2015; Murray, et al., 2012), feeling disconnected (Freidus, 2010), or feeling concern and sadness about their absent parents (Fernando and Ferrari, 2011). Children cite not seeing their relatives enough as a difficulty (Morantz & Heymann, 2010), and feel ambivalent about family relationships, with some ranking peers or RCS staff higher than their parents (Khoo, Macinas, & Skoog, 2015). This is summarised by a young person living in a Mexican RCS who states: "I prefer to be with my family more...For me, if I'm with my family the difference is that...like here we all live together, and there you're

living with your family, and I don't know...I feel like there is more love [with the family] and you are loved.” (Khoo, Macinas, & Skoog, 2015, p. 4).

3.6.3. Caregivers and staff

Children constitute themselves as reliant on caregivers in RCSs. They articulate their extensive interactions and relationships with caregivers and staff at RCSs, who are a constant fixture of social life in RCSs. Caregivers’ roles include: acting as primary carers (Morantz & Heymann, 2010); facilitating the participation of children in the RCS (Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013); expressing authority (Emond, 2010); disciplining and monitoring children (Fernando & Ferrari, 2011); building a parent-child like relationship (Hong, 2015); as well as managing day to day life including ensuring chores are completed (Freidus, 2010), and assisting with homework (Malatji & Dube, 2017).

Children across the studies held generally positive views towards their houseparents and other staff. Children articulate that they love their caregivers (Johnson, 2011), and also that they feel loved by them (Khoo, Macinas, & Skoog, 2015). In Khoo, Macinas, and Skoog’s (2015) study, children viewed similarities between RCS staff and their own parents, while in Malatji and Dube’s (2017) research children highlight receiving love and care from staff. Participants in Yendork and Somhlaba’s (2015) study highlight the caring, teaching and supportive characteristics of staff, such as the following 16 year old Ghanaian who remarked that “I am happy to be living here . . . [because] they [caregivers] teach us everything our mothers [would have] taught us. In here, it feels like home because the mothers [caregivers] play the same role as our [biological] mothers (Yendork & Somhlaba, 2015, p. 35).

Six of the articles identify some clear issues with caregivers and staff. In Carpenter's (2015) study, adults rarely engaged with children or supervised play, while Freidus (2010) identifies that housemothers have no training for their role (Freidus, 2010). Research participants identify issues with staff including differential treatment and favouritism between staff and children (Malatji & Dube, 2017), a lack of quality time with caregivers (Mhongera & Lombard, 2017). Risks to children's physical and emotional safety include shouting, conflict and insults directed at children (Nesdadt et al., 2013), and experiences of corporal punishment by caregivers (Morantz & Heymann, 2010).

3.6.4. Communities and institutions

Children also understand their lives through their relationships with communities. The literature under review gives examples of children's integration into the communities and institutions in which RCSs are embedded. Children participate in community performances and activities (Carpenter, 2015; Mhongera & Lombard, 2017), receive spiritual guidance and emotional support from church (Mhongera & Lombard, 2017), and receive moral development from school (Pienaar et al., 2011). Children identify professionals in the community, such as teachers and nurses, as a support external to their RCS (Pienaar, et al., 2011), and receive gifts from church members (Mhongera & Lombard, 2017). In addition, Carpenter (2015) identifies the utility of RCSs for community members, including use of its library, and supervision of children for community members. In some circumstances, however, children desire additional interactions with community, as children connect their cultural identity to community interactions (Malatji & Dube, 2017), and want to experience more family and community life (Mhongera & Lombard, 2017). A participant in Zimbabwe stated that "We would appreciate more if families from churches would invite us to their homes, adopt or become our foster parents for us to experience more of family and community life" (Mhongera & Lombard, 2017, p. 29).

In contrast to these findings, Dziro, Mtetwa, Mukamuri, and Chikwaiwa's (2013) research identifies that RCSs can be cut off from the benefit of informal interactions with the wider community. This is a concern for some children, particularly for those closer to transitioning from care (Morantz & Heymann, 2010; Singh & Jha, 2017). Additionally, a major theme across the studies are children's experiences of labelling and stigma within the communities they are embedded, including discrimination and hostility (Freidus, 2010). Children in the community can resent the education, food and clothing provided to children in the RCS (Freidus, 2010), and make children feel uncomfortable about their orphan status (Freidus, 2010) or abandonment (Khoo, Macinas, & Skoog, 2015). Children with HIV/AIDS can be marginalised by communities (Fournier et al., 2014; Pienaar, Swanepoel, van Rensburg, & Heunis, 2011), as can children with disabilities (Qian, 2014).

3.7. Children's views of residential care settings

3.7.1. Material needs

A major focus of children's assessments of RCSs is the material needs that they address. Children are conscious of the limited care that their biological family can offer, and rationalise this care arrangement by focussing on the life opportunities available at RCSs (Singh & Jha, 2017). Children understand that their economic vulnerabilities around housing, clothing and access to food are addressed by RCSs (Morantz & Heymann, 2010), and express gratitude for the provision of everyday life's necessities (Khoo, Macinas, & Skoog, 2015). The participants in Morantz and Heymann's (2010) study, many of whom have previous experiences of poverty, emphasise the basic necessities of regular food, clothing and a bed to sleep in. However, in other studies children note unsatisfactory living conditions in

dormitories and poor quality food (Mhongera & Lombard, 2017), or going without food for several days (Johnson, 2011).

3.7.2. Education

A major theme in children's insights into living in RCSs are the opportunity that they provide to further their education and support their wellbeing. Many children cite being pleased to live in a RCS so they can study (Carpenter, 2015), catch up on their learning (Emond, 2010), have higher expectations around their education and goals (Fournier et al., 2014), and gain qualifications to have a better life (Emond, 2010). This is demonstrated in the following exchange between researcher and participant in Cambodia; "I felt very happy to come live here", he said. 'Why?' I asked. 'Because I would be able to study' (Carpenter, 2015, p. 89). A counter example is given in Mhongera and Lombard's (2017) research, where a participant notes the lack of funding to support post-primary school education.

3.7.3. Wellbeing

Children recognise that RCSs are often superior to previous care arrangements, noting that they are away from abusive situations (Freidus, 2010), in a safe environment (Fournier, et al, 2014), and treated like a "real child" (Rukundo & Daniel, 2016, 9). Participants across the studies emphasise how RCSs support their wellbeing through providing 'peace of mind' (Johnson, 2011) as well as love and care (Malatji & Dube, 2017), and security from the outside world (Khoo, Macinas, & Skoog, 2015).

3.7.4. Identity and belonging

The research identifies children's strong desire to feel they belong, which is important given the isolating reality of RCSs for some children (Yendork & Somhlaba, 2015). However,

despite some studies reporting on the strong relationships, embeddedness in community, and material benefits of RCSs, this is not the case for RCSs discussed in this literature. Some children lack a sense of belonging and identity, and feel both ambivalent towards their caregivers and disconnected from their family and community (Morantz & Heymann, 2010), despite children's embeddedness in RCSs and the community around them. A participant in Yendork and Somhlaba's (2015) study expressed a desire to feel like a 'daughter', while another participant sought the feeling of love within a family (Khoo, Macinas, & Skoog, 2015). Another challenge is the perception of social stigma and guilt that comes with navigating the status of orphanhood (Yendork & Somhlaba, 2015). Children describe feelings of being different, while refusing to identify with an orphan identity (Khoo, Macinas, & Skoog, 2015), indicating the complexity of social relations for children both within RCSs and their communities, particularly when first moving into a RCS (Singh & Jha, 2017; Morantz & Heymann, 2010).

4. Discussion

Children's interpretations and accounts of their lives is critical to furthering understandings of practices, policies and outcomes, particularly in under-researched and globally marginalised contexts such as RCSs, that have long, problematic histories of doing harm to children. The accounts of children across the studies in this review reveal that children understand their experiences of RCSs in a range of important and distinct ways. Principally, children are highly relational, consistently focussing on the utility and value of relationships and interactions with family, peers, caregivers and the community, with these central to wellbeing, identity and feelings of belonging. The impact of poor or absent relationships for children involves a confused and disrupted sense of identity and belonging, culminating in cultural and linguistic difficulties, loneliness and disconnection from family and community.

As such, supporting positive relationships between children and their caregivers and peers is crucial in RCSs, as well as improving children's often constrained and unpredictable relationships with biological family to support family relational opportunities and reduce social exclusion.

Uniquely, the participants across these studies view the education and material support that RCSs provide an integral part of their lives, largely unavailable to them in their biological family. Education is an aspiration and a major element in children's interpretations of their lives in care, and is used in reconciling their life circumstances. It also operates as a broader justification for the presence of RCSs as noted earlier in this article. To reduce the relevance of RCSs to children and their families, similar opportunities for children in family-based care in mainstream communities need to be offered (Save the Children UK, 2009). Stronger social protection and family support may allow families to support the basic needs and educational aspirations of children and their families, and be supported by community focussed children protection and community development practices. 'Bottom-up' approaches to family welfare that utilise community actors and their strengths (Wessels, 2015), and match the physical, social and economic contexts in which children live (Myers & Bourdillon, 2012), can assist in reducing reliance on RCSs. Introducing large scale family-based care into the contexts explored in this review, may also assist in providing the care environments and opportunities that children and young people desire.

The insights of the children in these studies also assist in a greater understanding of the broader policy dynamics of RCSs as a welfare phenomenon, and some of the factors that drive their occurrence in the global South. RCSs provide distinct forms of welfare within low social protection environments, however their broader objectives and justifications are

problematic, given rights-based views of the importance of parental care, and clear evidence of the developmental and safety risks of RCSs for children presented in this article's background section. While parental loss is a leading explanation for the use of RCSs, the studies included in this review highlight numerous broader justifications for RCSs such as education and training, meeting the basic needs of children, and child protection functions, while conflating support for children without parental care with broader welfare support for children. This is important to consider, given children living in RCSs articulate a strong desire to maintain relationships with biological family and their home communities, and have these circumstances traded for the education and material benefits that RCSs typically provide. Consequently, RCSs should maintain and support children's relationships with their biological family and communities, support family based care, and continuously explore opportunities for transferring care back to families.

While a dominant discourse of research and media on RCSs is the strong potential for harm and developmental issues for children living in RCSs, the research in this review, that directly engages children themselves, provides a generally more positive view of children's lives in RCSs. Despite this, there are a range of recommendations for practice embedded within their accounts of RCSs. Children in some studies report feeling uninformed, and at times lack choice and agency, which relates to the lack of choice around their care circumstances, the large size of many of the RCSs, as well as adult interpretations of children's capacities and vulnerabilities. In addition, the size and care-giver to child ratios of some RCSs indicate that children may not be getting the individual attention they need and desire (McCall, 2013). Through facilitating children's participation in decision-making, reducing the size of RCSs, and improving caregiver to child ratios, agency and choice for children, peer relationships and child to adult relationships may be improved.

4.1. Research gaps

The studies subject to review in this article highlight the geographical landscape of research on RCSs in the global South, and reveal a range of important areas for future research, including a more detailed understanding of children's educational and developmental outcomes while in care, exploring the barriers to maintaining relationships with biological family members, and better understanding the dynamics of low levels of social protection and their relationship with RCSs. The relationship between prior experiences of child maltreatment and child protection processes prior to moving to RCSs, and children's experiences of these, is another major gap in the research, particularly given the high numbers of children with biological family members. Further research that highlights geographical and cultural variation in RCSs can assist the generation of more specific and context-based policy and practice.

Another research gap is the lack of detail about the research participants, their characteristics, life histories and primary reasons for entering residential care. There are significant deficits in the research on how children's age, gender, disability, religiosity, ethnicity and culture intersect with experiences of RCSs, which is striking in light of current understandings that children in RCSs are typically disadvantaged, specific vulnerabilities, and often experience ethnic or religious difference and socio-economic disadvantage (Skinner et al., 2006). An important area for future research also includes how governance, regulation and funding structures (including foreign donations) impact on children's experiences and wellbeing in RCSs, as well as how both formal and informal child protection activities relate to RCSs.

The limited insights into the ethical arrangements of these studies is noteworthy. Most indicate ethics approval, and are likely to be ethically robust, but most fail to detail the ethical considerations and practices involved, such as recruitment, confidentiality, participation and consent, children's choices and agency, as well as safeguarding and risk mitigation, nor acknowledge the complexity and risks involved in research with children across diverse welfare settings. Without this detail, it is more difficult to claim with certainty the validity of findings, particularly given the risks for children's subjective accounts to mirror adult authority in research (Balzan & Gale, 2011). More broadly, this review highlights the significant detail missing in research on RCSs in the global South, particularly in comparison to research in similar settings in the global North, despite its significance as a welfare phenomenon.

4.2. Limitations

This review has mapped the evidence base of qualitative research with children on RCSs in the global South. The limitations of this review are mostly methodological. Evidence from grey literature and book chapters are not part of this scoping review, and it does not include possible research conducted in a language other than English. The findings of this review can be viewed as areas for future research, as well as areas for policy and practice enhancement.

5. Conclusion

This review reveals experiences and contexts of RCSs for children distinct to the global South, including the reasons for young people entering care, including material deprivation and the educational opportunities of RCS, the extent and importance of peer relationships, and the limited role of child protection systems in relation to RCSs. It also draws attention to the diversity of RCSs in the global South, and the valuable perspectives of children who

experience them. Children understand their experiences in RCSs as highly relational, emphasising supportive relationships, while confronting challenges of identity and belonging, stigma, and constraints on their relationships with their biological family and caregivers. Children also highlight the material benefits of RCSs that support their wellbeing and learning. The findings outline that future practice approaches in RCSs in the global South should focus on maintaining and improving supportive relationships and networks, preserving cultural ties to family and community, while introducing social protection policies and family-based care to reduce the need and impact of RCSs on children and young people.

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Declaration of Competing Interest

The author has no conflicts to declare.

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Chapter Four: Methodology

This thesis now presents its methodological arrangements. This chapter provides important detail and justifications for its overall conceptual arrangements and methods that underpin the findings presented across Chapters Five, Six and Seven. This chapter includes sections on the study's overall conceptual underpinnings, study design, ethical arrangements, participant recruitment, data collection, participant overview, data analysis, as well as its strengths and limitations.

4.1 Research context and conceptual underpinnings

This doctoral study provides an in-depth exploration of residential care and child protection in the Philippines. It examines how these phenomena are experienced and perceived, while investigating the social contexts and circumstances in which these occur. It specifically investigates the welfare phenomena of child protection and residential care through the perceptions of those who experience it, as well as those who work within related programs and sectors. Given this focus, and the limited prior research on this topic, this research takes an 'exploratory' stance, aiming to generate initial insights into the complex welfare intervention of 'residential care' in the Philippines and its relationship to child protection efforts. Its exploratory approach shapes its design and objectives, seeking to give a voice to those who are under-represented in research, whilst in pursuit of new explanations and understandings of these approaches and their interactions (Creswell 2014; Flynn & McDermott 2016; Reiter 2017). Generating insights into a largely invisible topic, and exploring the lived experiences of residential care and child protection in the Philippines, lends itself to a pluralist, qualitative research approach. This draws on a range of participants

and qualitative methods to achieve its objectives, and is supported by firm conceptual underpinnings that shape its approach and research practices.

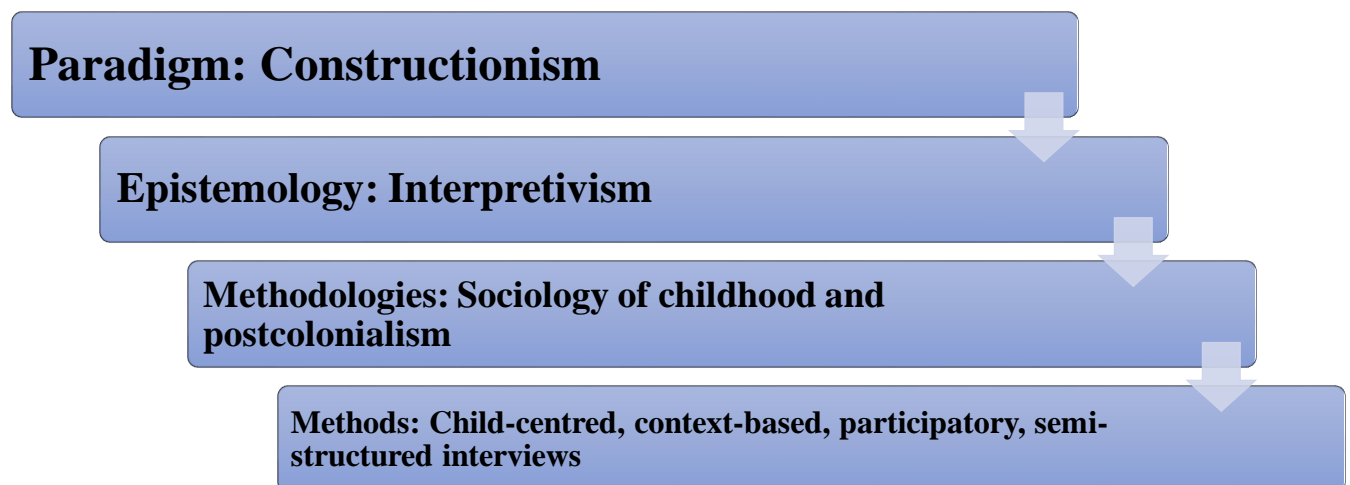
This chapter first provides an overview of its conceptual and theoretical underpinnings, followed by a description of the study's design, including its research questions and its qualitative, exploratory approach. It then details its guiding ethical principles and how these inform its ethical arrangements. It later outlines the recruitment and data collection activities, participant details, and approaches to enhance the overall study's trustworthiness including triangulation and reflexive techniques. Finally, it comments on its methodological limitations and strengths of the overall research.

Social constructionist underpinnings of the study

This research is grounded in social constructionism, understanding that knowledge is produced through the subjective and meaning-making experiences of members of society (Crotty 1998; Flynn & McDermott, 2016). As such, all knowledge, and thus social reality, arises in a social context, through social life and interaction between human beings and the world around them (Crotty 1998). The core interest of social constructionist research then is understanding how humans construct and ascribe meaning to the world they encounter, and make sense of this, within the social and historical contexts in which these subjects are bound (Crotty 1998). Within this paradigm, this research takes an epistemological stance of 'interpretivism', focusing on how social actors engage in the interpretation of themselves and the world around them (Berger & Luckman 1966; Flynn & McDermott 2016; Bryman 2016). As Schutz (1972) posits, interpretive data focuses on the meanings that participants ascribe to their social world, and investigates their acts, interpretations and experiences. These

conceptual positions provide the foundations for this study's theoretical treatment of methodology, and govern its choices around its research questions, data sources, methods, ethical arrangements, and approach to data analysis, all provided in detail throughout this chapter. This relationship is outlined in Figure 1 below, highlighting the connections between the epistemological, theoretical and methodological underpinnings of this study.

Figure 1: The study's conceptual design



Sociology of childhood and postcolonialism

This study understands methodology as the theoretical tools used to shape subsequent research methods (Crotty 1998). It draws on Sociology of Childhood (Corsaro 2011; Mayall 2002) and postcolonial theorising (Go 2013) in guiding its methodological choices, including methods and analysis. Primarily, it takes the methodological position that children can be studied in their own right, as active and agentic social beings, who are engaged in the lives and society around them (Wall 2019). Children are seen as competent and active social actors

with important perspectives and experiences, and who are engaged in their social worlds (Aries 1962; Corsaro 2011; Mayall 2002; Qvortrup 1994). They are active in the social processes and structures in which they are embedded, and are both participants in, and interpreters of, the social phenomena around them (Buhler-Niederberger & Schwittek 2014; Qvortrup et al. 2011; Wall 2019). Childhoods can be viewed as a form of ‘being’, or located in discourse, involving socially constructed definitions and experiences of being a child (Wall 2019; Liebel 2019). This theoretical position means that children’s lived experiences can assist in critiquing broader social norms and actions that impact their lives (Wall 2019), and that through a focus on children and young people, new, critical insights into child-adult relations and social practices around childhoods and associated practices, such as child protection, can be developed. In this research, children’s voices are central, particularly in Chapter Three, a scoping review that draws on qualitative research with children and young people that explores their experiences in residential care, as well as in the findings in Chapter Five, in which children’s articulation of their life histories inform its analysis and findings.

The theoretical contributions of postcolonialism, and their implications for cross-cultural research, introduced in the Chapter One, also shape the research methods utilised in this study. In this research, a postcolonial theoretical lens informs the study’s methodological approach to Philippine residential care and child protection policy and practice. A postcolonial theoretical lens is increasingly used in social work and social welfare research for its capacity to provide more relevant, contextualised and detailed insights in research that engages with settings in the global South (Sewpaul 2006; Ranta-Tyrkko 2011). Postcolonial theorising emphasises culture, knowledge and representation, aiming to critique dominant social, political and economic structures by emphasising their postcolonial cultural and ideological dimensions (Go 2013). It seeks alternative representations of knowledge and

ways of understanding the world that move beyond dominant Western frameworks (Go 2013). This draws attention to some important epistemological and methodological acknowledgements that need to be made regarding international research projects in the global South. Epistemologies of colonial legacies underwrite contemporary research engagement with people in many international contexts. There are differences between modern Western science systems and many knowledge systems in contexts in the global South, culminating in methods of research that are laden with Western moralities, belief systems and epistemologies (Holcombe 2009) which can, in effect, minimise, obscure or misrepresent knowledge created in contexts outside of Western societies. Social work's knowledge base, and approaches to research, are also dominated by values, perspectives and epistemologies from the global North, and are based within a system of Northern paradigms that define and validate social work knowledge (Mathebane & Sekudu 2017).

In response, a postcolonial approach to methodology seeks to facilitate authentic representations of the local contexts in which participants are embedded, and be helpful in generating contextual and authentic research findings (Larson 2017; Thomas 2018).

Performing decolonised, cross-cultural qualitative research requires culturally sensitive and empathetic approaches which take into consideration the issues for those being researched (Liamputtong 2010). This involves careful ethical guidance and planning, risk mitigation, culturally safe practices, providing full opportunities for participation, developing shared understandings of aims and methods of the research, as well as fully sharing the results of the research (Denzin & Lincoln 2008; Tuhiwai Smith 2013). In addition, it is important to incorporate principles suggested by Denzin and Lincoln (2008) and Rigney (1999) that research should be transformative, decolonising, empowering and participatory to encourage cultural autonomy. These approaches are embedded in the methodology of this study and are

explained in further depth throughout this chapter. The following table summarises the conceptual underpinnings of this research, and how these guide its methodological approaches. Table 1 offers conceptual coherence around the frameworks informing this study, and the ways in which they interrelate. Overall, these conceptual underpinnings articulate a research approach that seeks detailed and contextualised data which centralises the perspectives of children and young people, and in ways that seeks to be empowering and participatory, while offering relevant and new knowledge to inform policy and practice.

Table 1: Summary of conceptual underpinnings

Concept	Interpretivism	Sociology of Childhood	Postcolonialism
Definition	A sociological approach focusing on how social actors engage in the interpretation of themselves and the world around them (Berger & Luckman 1966; Flynn & McDermott 2016).	The study of children as participating agents in social relations, and as a social group involved in social relational processes (Mayall 2002).	‘Postcolonialism’ focuses on the ways in which colonial histories shape former colonies in contemporary times (Steinmetz 2014).
View of knowledge	Forms of knowledge are socially produced and organised via meanings, concepts, ideas and language (Fairclough 1995).	Children and young people hold different and important conceptualisations and experiences of the world to adults (Corsaro 2011) which add value to knowledge.	Forms of knowledge are created through cultures, practices and knowledge within spaces of colonisation (Sewpaul 2006; Bhabha 1994).

Research objective	To explore social phenomena, such as institutions, actions, and customs via the interpretations of participant actors (Sheikh & Porter 2010; Martin 1993).	To utilise children's views, to develop knowledge about the social world they encounter (Corsaro 2011; Moore, McArthur & Noble-Carr 2008).	To seek knowledge of the world that moves beyond dominant Western understandings (Go 2013).
Result	Nuanced and detailed understandings of social phenomena and their meanings.	Research findings, including around policy and practice, are shaped by children and young people (Jernbro, Eriksson & Janson 2010).	Findings that focus on, and provide authentic representations of, the contextual realities of the global South (Mathebane & Sekudu 2017).
Impact on this study's methodology and methods	Provides a deep and contextualised understanding of residential care and child protection.	Children and young people inform policy and practice relating to institutional care via child-centred, participatory, context-based, semi-structured interviews.	Research practices and methods investigating child protection and residential care are decolonising, empowering, participatory, and encourage cultural autonomy.

4.2 Study design

Research questions

The research questions respond to the key aims of this research, to investigate the social and cultural contexts of residential care and its relationship to child protection, and to specifically

engage the perspectives and insights of children and young people, the welfare system in which they are embedded, and the policy actors that shape their experiences of residential care. They are also shaped by the conceptual approaches discussed above, seeking detailed, contextualised, and nuanced knowledge, particularly from children and young people. Given these objectives, qualitative methods were considered most appropriate, for their explanatory power, and capacity to meet the objectives of the research (Hood, 2016). Further, qualitative methods are critical when exploring the subjective experience and situational meanings of participants (Liamputtong 2010), and the contexts in which these perspectives and experiences are situated (O'Brien et al. 2014). This study is designed to answer the following research questions.

<i>Overarching research question:</i>	<ul style="list-style-type: none"> • ‘What is the role of residential care within approaches to children’s welfare and their protection in the Philippines?’
<i>Subsidiary research questions:</i>	<ul style="list-style-type: none"> • ‘How do children and young people understand their life histories and entry into residential care in the Philippines?’ • Who comprise children’s supportive relationships in residential care and how do they support their wellbeing? • ‘How are children protected in a regional Local Government Unit in the Philippines?’

Study sites and locations

The research was undertaken across two locations in the Philippines, one in a small city in a regional area in the Central Visayas of the Philippines, with a population of around 130,000,

(main study site) and the other in a highly populated metropolis (secondary study site). The exact location and context of sites is not provided to protect the anonymity of all participants. In each location, the study had a large, reputable, non-government organisation (NGO) formally participate, while the research also included ‘program and policy actors’ and ‘child protection actors’ from the wider sectors and social welfare networks in which these organisations are embedded. The main study site was approached to participate given the researcher’s pre-existing links to the participating NGO and the broader community sector in that location. The secondary study site was chosen out of convenience, and also to supplement and contrast the findings in the primary study site, with the key NGO responding to an invitation to participate. Both of the participating NGOs have a mix of international and domestic administrative and funding arrangements, and are considered to be large and highly reputable organisations in the communities they serve. For both NGOs, residential care programs are just one aspect of the array of welfare services they provide, also providing health and welfare services, as well as advocating for children’s rights and welfare reform. The extent to which these residential care programs are representative of wider residential care settings across the Philippines is unclear, given the limited literature on this topic. However, it is clear that these participating NGOs are widely held to be important and legitimate welfare services within their respective communities.

Both participating NGOs predominantly focus on children’s welfare, providing a range of programs that support children and families, including residential care for children and young people. They receive international funding through grants, donors and sponsorship from Philippine sources as well as their own small enterprises, and are managed by a combination of Filipino and international management. The organisations are strongly embedded in their communities and are an important point of welfare provision. The main study site offers

drop-in health services for clients, disability support for children, education for out of school children, pastoral care, child sponsorship, livelihood training for parents, as well as referrals to additional services across the community. The secondary site provides a drop-in space, vocational training and education programs among others. While acknowledging the need for detailed description when using qualitative methodology, the details provided of these organisations is limited in some areas throughout this thesis in order to respect and protect the anonymity of participants. Other participants, including the ‘policy and program actors’ and ‘child protection actors’ were recruited from a range of organisations, institutions and groups who comprise positions that respond to and act to prevent child maltreatment, work in residential care programs, or act in child protection policy or advocacy roles. These participants are discussed in additional detail in the participant overview section later in this chapter.

Exploratory qualitative approach

This research took an exploratory qualitative approach with children and young people currently and previously living in residential care, as well as ‘policy and program actors’ and ‘child protection actors’ engaged across residential care and child protection settings. Qualitative interviews, discussed in detail in the forthcoming methods section, were used to reveal children and young people’s life histories and to explore their views and understandings of their lives and the role of residential care, while emphasising their subjective and meaning-making experiences across their lives (Berger & Luckman 1966; Flynn & McDermott 2016). This approach engaged the perspectives and insights of children and young people with experience of residential care, investigating their life histories and the social and cultural experiences that shape their experiences of child protection and residential

care. In addition, an exploratory qualitative approach was used with ‘policy and program actors’ and ‘child protection actors’, seeking their “localised understandings” and interpretations of residential care practices and child protection functions and the relationship between these welfare mechanisms (Cooper & White 2012, p. 18). Here the objective was to emphasise participants’ understandings of their professional experiences, practices and expert interpretations of the practice and policy contexts in which they are embedded. Next, the ethical arrangements of this research are discussed, highlighting how fundamental concepts of participation, empowerment and safety are embedded within this aspect of the study design.

4.3 Research ethics

The following sections present the ethical frameworks, justifications and arrangements put in place in this research. In implementing this research, the researcher was required to make a range of important ethical decisions, given its focus on potentially vulnerable children and young people, and its location in an international, post-colonial environment. The study's approach to children's participation and consent is also considered, given the importance of empowering children to participate, and sociological views of children as active agents who are able to make choices around their research involvement, but also responsibilities around protection and minimising any potential for harm. Mitigating risks, ensuring benefits for participants, and the use of appropriate and contextual consent practices were some of the important ethical considerations taken by this study, and were informed by in-country child protection experts, with ethical arrangements incorporating local practices, in line with postcolonial theorising that highlights the importance of cultural autonomy and safety throughout research projects. Ethical arrangements were also guided by the National Statement on Ethical Conduct in Human Research, published by the Australian National Health and Medical Research Council (NHMRC 2018), as well as the Monash University Human Research Ethics Committee (Project ID: 12677) who granted approval for this in July, 2018 (see Appendix 1 for approval letter).

Benefits of participatory research for children and young people

A primary agenda of this PhD study was to engage children and young people. Research into children's participation in research finds that there are recognised benefits for children participating in social research. Powell et al. (2018) and Davis (2009) argue that children and young people can learn about research processes and the research topic from the experience of being involved in research, and that it can be an opportunity for children to influence

social policy that impacts on them, as well as improve the design of services that affect them. Holding different conceptualisations and experiences of the world to adults, children's alternate views can help develop knowledge about the social problems they encounter while shaping theories of childhood (Corsaro 2011; Moore, McArthur & Noble-Carr 2008). There is a strong view among Sociology of Childhood scholars that in order to develop appropriate policy and practices for children and young people, their perspectives and descriptions are required (Jernbro, Eriksson & Janson 2010). Research with children validates them as individuals and places value on their views and experiences, provides opportunity for them to raise issues important to them, and allows them to influence change (Moore et al. 2016). In addition, allowing participants to articulate difficult experiences within a supportive and empowering environment has the potential to provide participants some conceptual coherence to their lives, and enhance self-efficacy and self-worth (Wiles et al. 2007).

Overall, this project has provided direct and indirect benefits to children and young people who participate, as well as participating organisations and their staff. These include conducting a training session with staff on organisational child protection policy and responses to child maltreatment at one participating organisation, as well as conducting a review of that organisation's current child protection policy. Upon full completion of this study, this research and its publications will be shared directly with all organisations and individuals who participated, with contact details provided to receive findings.

Cross-cultural research and power dynamics

This research is cognisant of the pre-existing power relationships involved in recruitment and data collection, particularly in relation to the cross-cultural characteristics of this research. Generally, there are power-related risks to the social relations of research production when researchers are ‘outsiders’ and have knowledge, skills and status that the researched do not, which can risk the disempowerment of participants (Flynn & McDermott 2016; Oliver 1992). This is a particularly important focus, given the objective of this research to promote agency and choice for children and young people both participating in the research, but also at a broader conceptual level. This is particularly the case for an international research project in which it is possible that participants ascribe higher status to research than is appropriate.

This research also incorporates important cross-cultural actions and considerations, including principles that research should be empowering and participatory to encourage cultural autonomy among participants, and that research should benefit participants and their communities (Rigney 1999; Liamputtong 2010). The researcher is a white, male student from a well-resourced university in the global North, and is embedded in Northern systems of thought and knowledge production. As such, minimising the impact of these forms of influence and power over the research process is integral to valid, sensitive and successful research. Steps were taken to mitigate these power dynamics, including utilising local project advisors, an interpreter, establishing rapport with participants prior to their participation (for example sessions of playing basketball), as well as methodological approaches focussing on flexible participation and participatory methods, and reflexive practices, discussed in later sections of this chapter. To meet the cultural needs of participants, and to decolonise methodologies, research should be accepting of local standpoints and processes while incorporating participant agency (Liamputtong 2010).

Project advisors

Unequal power and the cultural needs of participants were addressed through consultation and support from both research participants and relevant experts prior to and during the data collection period. A young person and staff member from each of the participating organisations where young people were recruited provided individual feedback on the interview topics and approaches. They provided advice on the scheduling of interviews, themes of the interviews, as well as the language and expression in the interview protocols. Social workers at the research sites were also regularly consulted about the progress and activities of the research across the data collection period.

In addition to prior permission and approval from participating organisations, I presented to all staff at one participating organisation prior to commencing data collection, while the other organisation received tailored documentation and the opportunity to provide feedback. This research also consulted a number of experts, in addition to this project's supervisors, Dr Catherine Flynn and Associate Prof Philip Mendes. Advice on child protection processes in the Philippines was provided by an in-country child protection expert (Wilma Banaga, Save the Children Philippines), while advice in relating to cross-cultural research and fieldwork was provided by an experienced anthropologist (Dr Justin Barker). A researcher with expertise on participatory research with children on sensitive issues was also consulted (Dr Debbie Noble-Carr) during the data collection phase. Throughout data collection, a number of participants were asked about the interview and any suggestions that they had to improve the experience, and what interview themes were best to focus on for future interviews, including explaining in greater detail the researcher's professional and research background,

and how the data that they provide could potentially improve residential care practices, which were incorporated into the research as it proceeded.

Pre-existing relationships and networks

For this project, pre-existing relationships with a participating organisation were crucial to successful data collection. I was previously a volunteer at one of the participating organisations, in a social work role, placed there for one year (mid-2012 to mid-2013) through the Australian Government's Australian Volunteers for International Development (AVID) scheme, as a part of its international aid program. This previous working relationship allowed for trust between me and the study site to be quickly reaffirmed, the motivations for the research clearly understood, and broad organisational assistance and effort to support the project. The strong previous relationship, and subsequent organisational support for the project, assisted me to connect with other relevant policy and program actor participants in the community.

My familiarity with the organisation, its practices, language, and its key staff members likely assisted participants to feel more comfortable in participating. In addition, at the main research site, at the suggestion of social workers, I spent time with young people prior to their participation accompanied by residential care program staff, playing basketball, billiards, and other sports, as well as having a meal together. This assisted young people to develop rapport and a positive relationship with me prior to their participation (Kendrick et al. 2008), and allowed them to make a more informed decision about participating. However, this prior relationship had potential to affect the independence of the research, and perceptions of its objectives. This risk was reduced through clearly defining the research objectives and my

role via discussions and meetings with participating organisations' management, with staff members, including an all-staff meeting at the largest study site, social workers, as well as through clear information provided both verbally and in information sheets to prospective children and young people.

Interpreter

A female interpreter was present and available for interviews with all children and young people under the age of 18, and where requested, with adult participants, in a verbatim translation role. In around one-half of the interviews with children and young people, the interpreter was used intermittently, as the researcher either understood responses in Visayan (dialect) or the participant understood questions in English, and was able to respond in English. Before undertaking the role, the interpreter was familiarised by the researcher with the project, their position and responsibilities and the aims of the interviews. Additionally, the key terms and concepts used in the interviews were explained. Following best practice use of interpreters, the researcher held ongoing and regular discussions about the interpretation process with the interpreter during the fieldwork including debriefing after interviews (Larkin, de Casterle & Schotsmans 2007).

Informed by the study's conceptual foundations of postcolonialism and the Sociology of Childhood, the role of the interpreter went beyond verbatim language translation. As negotiated in the project's Monash University Human Research Ethics Committee research application, the female interpreter was also used for risk mitigation purposes, present for all interviews with children and young people under the age 18, to support the emotional and physical safety of the participant, and protect the researcher from any potential accusations of

unsafe practices. The interpreter became a ‘key informant’ (Edwards 1995) to navigate the social rules and cultural nuances of interacting with young people in the Philippines, and this allowed the research process to be shaped by the local context, and reduce the white, male and Northern influence of the researcher, and thus be responsive to postcolonial theorising to be empowering, participatory, and encouraging of cultural autonomy.

The interpreter provided crucial assistance that supported data collection in addition to language interpretation. The interpreter had a key role in managing ongoing consent, drawing on her capacities to interpret body language and participant responses and behaviours during interviews, and also contribute her understanding of localised meanings, colloquial language as well as locations and contexts to the research (Baily 2018). On occasion, the interpreter offered comfort and encouragement to participants, which appeared to assist participants to feel more confident and safe, and in turn more expansive and able to speak more openly in interviews. Throughout the data collection period, the interpreter was also able to offer their own insights and opinions on which interview themes and questions were relevant and effective, and how to ask them in the most culturally appropriate and understandable way. This was done through reflective discussions and debriefing sessions between the researcher and interpreter throughout the data collection, as well as participating in a formal research interview.

4.4 Reducing risk and supporting the wellbeing of participants

Risk mitigation

There were a range of potential risks that this research sought to minimise. This included potential short-term emotional or psychological risks for participants in their discussion of

their experiences in residential care or their life history. In response to these risks, this research utilised a “Risk Mitigation Strategy” (see Appendix 2). This document details potential risks for participants, and the strategies taken to minimise and respond to these risks, including: participant distress; participants disclosing past or current experiences of abuse or neglect that has not previously been disclosed and/or acted upon; previous exposure to maltreatment; participants coerced into participating. This strategy was followed closely and utilised throughout the data collection period.

Consent processes

For this study, parental consent was not required of participants. Given that the children and young people who participated were in the care of a welfare organisation, consent was obtained from young people themselves, as well as the social worker with direct responsibility for their care. This was because in most cases young people are not in contact with their parents, their parents live a long distance away, or are deceased. Furthermore, it can be problematic to ask their parents or guardians for consent if their relationship is strained.

The capacity for young people to consent themselves to participate in research is reflected in ethical guidance. The National Health and Medical Research Council’s ‘National Statement on Ethical Conduct in Human Research’ (2007), for example, states that “researchers must respect the developing capacity of children and young people to be involved in decisions about participation in research” (p.50) and differentiates the expectations that it has in relation to young people of different developmental stages. Although it is hesitant to ascribe fixed ages to the different categories of children and young people, it does distinguish “young

people who are mature enough to understand and consent, and are not vulnerable through immaturity” (p.51) as a group who may consent independently of their parents.

Within social methods research, scholars have argued that young people who are aged 15 years and above generally fit within this category (Flicker & Guta 2008; Bruzzese & Fisher 2003). Researchers argue that children and young people have the ability to participate in decision-making in relation to their lives and matters of their own welfare (Kearns 2014), which strongly supports Sociology of Childhood perspectives that encourage the agency and participation of children across all facets of social life.

Studies that have tested young people’s capacity to consent in research have found that participants of this age are able to understand what research projects are about, what is required of them in the research context, and the risks and benefits associated with their participation (Flicker & Guta 2008). Bruzzese and Fisher (2003) tested young people’s capacity and found that the comprehension of and ability to recognise rights violations within research for fifteen year olds is comparable to adults. Consent processes were also informed by consultations with relevant experts in the Philippines prior to and during the data collection period, in respect of the postcolonial research principles highlighted earlier in this chapter. It was imperative that young people, where their capacity is not limited by immaturity or cognitive impairment, be offered the opportunity to participate in this research. At the main case study site for this research, all young people within the participant criteria were given the opportunity to participate in the project.

Informed consent and assent

Informed consent refers to informing and allowing children and young people choice and the ability to give their consent (Kendrick et al. 2008). This principle requires information to be as clear and as accessible as possible, and the level of information and language to be understandable by participants (Kendrick et al. 2008). In this study, informed consent processes included child-friendly information and materials, which was also translated into the requisite dialect, including an explanatory statement (see Appendix 3 for translated version and Appendix 4 for English version, and Appendix 5 for adult participant explanatory statement). Assent (agreement to participate) (Kendrick et al. 2008) was also requested of young people who participated, who responded to a question asking if they were agreeable to participation. Below is a section of a child-friendly information sheet utilised in the project. Both information sheets and consent forms were translated into Visayan and Tagalog, the languages spoken, in addition to English, at the study sites (see Appendix 6 for all versions of consent forms). The images below show examples of the information sheet and consent form. For the consent form, the participant was required to tick each box on the right to indicate that they understood each piece of information.

Image 1: Sample of information sheet translated into Visayan



Gusto ka mu-apil sa research?

Hello! Kumusta?

Ako si Steven. Isa ko ka researcher (PhD student) gikan sa Monash University sa Melbourne, Australia.

Ang lead researcher (chief investigator) ani nga project kay si Dr Catherine Flynn. Isa siya ka Senior Lecturer sa Department of Social Work sa Monash University.

Ga-imbitahon ka namo para mu-apil sa research namo matod sa residential care (ex: orphanage, dorm) sa Pilipinas. Ang titulo sa research project kay: **"Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences"** (Project ID 12677).

Palihug basaha ang impormasyon ug hunahunaa kung gusto ba ka mu-apil.
Please read the information below and think about if you would like to be involved!

Matod sa unsa ang research project?

Ang research kay matod sa residential care para sa mga kabatan-on sa Pilipinas.

Gusto namo mahibal-an kung unsa ang kinabuhi sa mga bata nga gapuyo sa residential care, unsa ilang pagtan-aw sa residential care, ug unsa ilang mga masulti para mahimong mas maayo ang residential care.



Kinsa si Steven?

Si Steven kay isa ka PhD student. Gasulat sya ug thesis matod sa residential care sa Pilipinas.

Isa siya ka social worker. Kadaghan na siya nag-research matod sa klaseng-Klaseng mga kabatan-on.



Image 2: Sample of consent form presented in English and Visayan

<ul style="list-style-type: none"> I don't have to answer questions that I don't like or don't want to answer. <i>Dili ko kinahanglan mutubag sa mga pangutana nga dili nako ganahan tubagon.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> It is okay for me to stop being part of the project whenever I want. <i>Pwede ko muhunong ug apil sa research kung kanus-a nako gusto.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> If anything we talk about makes me feel upset, I can choose to stop the project. The researchers can tell my carers if I want them to. <i>Kung musakit akong buot sa among gina-sturyahan, pwede ko muundang ug apil sa project.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> What I say during the project is special and belongs to me. Steve won't tell anyone else that I took part. <i>Dili isaba ni Steve sa uban nga ni-apil ko sa research ug kung unsa man akong ignon sa interview.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> What I say to Steve will be used to write articles and reports, but Steve will make sure that nobody will be able to tell who I am. <i>Wala'y makahibalo nga ako mismo ang nag-ingon sa mga ginapangsulat ni Steve.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> The only time Steve would have to tell someone else is if they were worried: <i>Kung mahitabo ang sumusunod, kinahanglan isaba ni Steve sa uban:</i> <i>Ginakulata ka sa uban</i> <i>Ginapasakitan nimo imong kaugalingon</i> <i>Naa ka'y plano nga pasakitan ug seryoso ang isa ka tao</i> <ul style="list-style-type: none"> - that I might be badly hurt by someone - that I am not being cared for properly - that I might hurt myself - that I might hurt someone else. <p>In this case Steve will discuss with you who he needs to tell, and will arrange support for you. <i>Kung mahitabo ni, sulti-an ka ni Steve kung kinsa iyang kinahanglan ignan, ug pangitaan ka ug suporta.</i></p>	<input type="checkbox"/>
<ul style="list-style-type: none"> It is okay for me to ask questions if I don't understand anything. <i>Pwede ko mangutana kung naa koy dili masabtan.</i> 	<input type="checkbox"/>

Consent as an ongoing process

In this study consent was considered an ongoing process, with the researcher making micro-ethical choices as concerns arose in data collection. This process is framed by Guillemin and Gillam (2004) who suggest ‘reflexivity’ to navigate such decisions. They suggest this is done by incorporating critical reflections and scrutiny of the ongoing autonomy, dignity and privacy of participants; considering these in responding to ethically important moments as they occur. Kendrick et al. (2008) suggest the importance of focusing on subtleties in research with children and young people in residential care, to take note of study site routines, expressions of discomfort, and the researcher’s own intuition. Practically, this involved attentiveness to the demeanour, emotional state and body language of participants, and regularly ‘checking in’ with participants to ensure they were happy to continue participating. Checking in occurred regularly in interviews. Responding to non-verbal communication occurred a number of times throughout, which included finishing interviews early where a participant’s demeanour changed, and avoiding topics that participants indicated were uncomfortable via inattentive or closed body language. Ensuring participants, and associated adults, had a clear understanding of participant consent, its ongoing nature, and the ability to disengage the research at any time without penalty, was a crucial part of the consent process. How these participants were recruited is now discussed.

4.5 Recruitment

Young people in residential care

Getting access to young people for research purposes is acknowledged in the literature on residential care as a complex process (Kendrick et al. 2008). Multiple levels of permission

need to be sought, and key ethical issues discussed with and communicated to all stakeholders (Kendrick et al. 2008). It was important that this research was as inclusive as possible, and took the approach that it is important that young people, where their capacity is not limited by immaturity or cognitive impairment, be offered the opportunity to participate in research. Qualified social workers based in the participating organisations assisted in recruitment, and had the role of giving permission for young people to participate, and to advise if there are any reasons that, in their opinion, a young person should not participate. For example, these might have been participants experiencing crisis, or participation considered to potentially jeopardise their wellbeing.

In the recruitment of young people, social workers, who have primary care responsibility, were chiefly responsible for recruitment. They possess a strong authority over young people, which had the potential to unduly influence young people's participation. The high level of participation among the cohort at the case study site suggests that it is possible that young people may have felt compelled to participate. However, this influence was minimised through the consent and assent process that young people undertook prior to participating. Young people received information (in their dialect) about the research project prior to participating in the research, and also engaged in informal discussions with the researcher. Further, young people demonstrated agency and dissent in aspects of their participation. For example, young people changed scheduled times to participate, one declined their interview to be audio recorded, many declined to answer particular questions, and some chose not to participate.

Adults previously in residential care

Participating organisations also invited young people who had previously lived in residential care to participate in the study. Social workers, via direct communication or the Facebook Messenger application, invited prospective participants, and shared the project information with them. The researcher was included in the Facebook Messenger group to answer any questions and to arrange interviews. The researcher did not have access to any private information of prospective participants during this process, beyond their Facebook names.

'Policy and program actors' and 'child protection actors'

'Child protection actors' and 'policy and program actors' were recruited using a snowballing technique (Bryman 2016). This started with participants in the researcher's professional network, followed by participants suggesting further relevant participants, who were either contacted directly by the researcher, or introduced to the researcher, drawing on participants' expertise and knowledge of welfare programs and their child protection networks. Potential participants were provided with an explanatory statement, containing core information about the study and participation expectations, upon contact. This chapter now describes the study's data collection.

4.6 Data collection

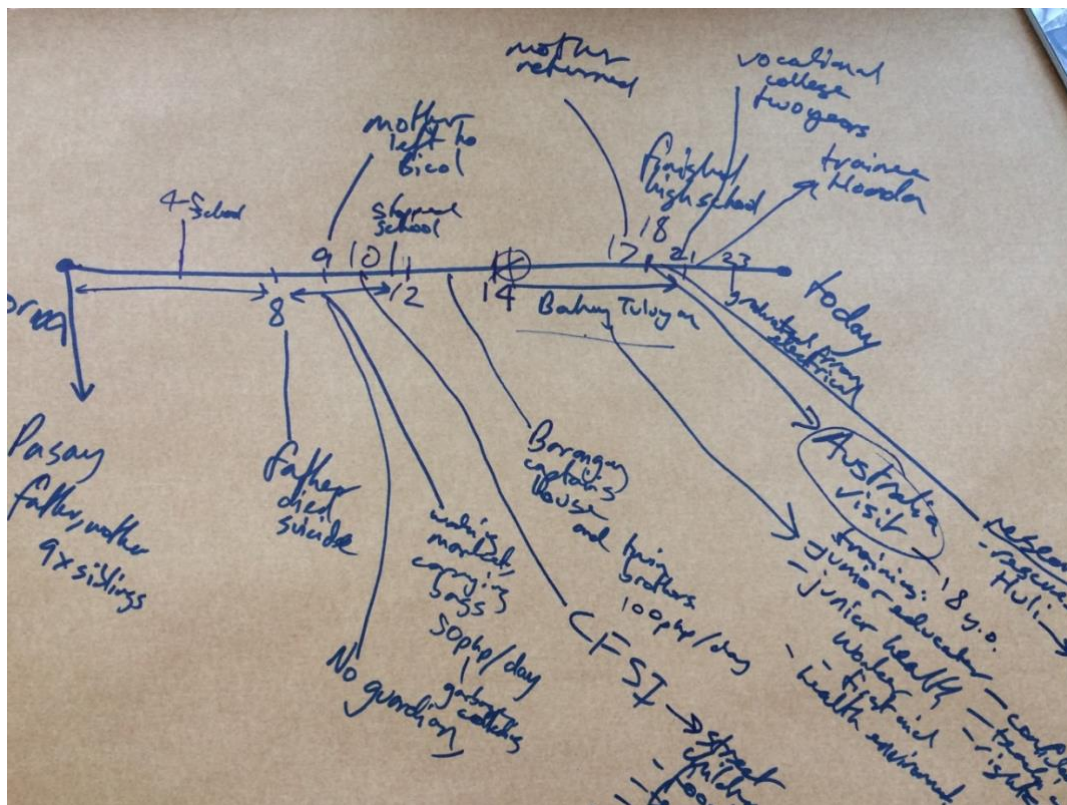
Interviews with children and young people in care, and adults previously in care

The foremost intention of the interviews was to focus on the life histories of participants, but also including their experiences of residential care, important relationships and their suggestions for improving residential care. The interviews were semi-structured, utilising a pre-determined interview protocol (see Appendix 7 for all versions of interview protocols). The advantage of using a semi-structured interview is the capacity to invite the interviewee's experiences and encourage broader dialogue, while remaining confined to the focus of the research (Brinkman 2014). The interviews sought insights into participants' experiences, thoughts and feelings (Jentoft & Olsen 2019). To achieve this, guided by the principles of a Sociology of Childhood framework, interviews utilised participatory techniques to engage participants to maximise participation, as well as reduce anxiety for children and young people, particularly those who are less skilled at communication (Kendrick et al. 2008). These included using paper and markers to create a life timeline, draw relationship and network maps, as well as an hypothetical residential care setting. A combination of traditional adult methods with child-centred methods with children and young people is ideal, so participants do not feel patronised by solely using child-friendly techniques (Clark & Statham 2005). The methods used also served as a visual aid to assist both the interviewer and participants to focus on the central topics. The objective of these approaches was to give participants more control over the data collection process, and the information they provide, and contribute in a way potentially more comfortable (Kearns 2014). Participation was as flexible as possible. Participants were offered choices about where and when they participated, the use of an interpreter, and having a support person accompany them during the interview, while the interviews fitted within young people's schedules to avoid interrupting regular activities or events. Interviews with children and young people lasted between 20 and 90 minutes.

Life history interviews

The life history component of interviews began at each participant's birth, and traced their family background and relationships, care locations and histories, education history, and support from NGOs and others, in addition to other life events and experiences deemed significant by the participant. Participants were asked about the major events or 'critical moments' in their lives in order to explore the relationship between participants and their social contexts and social structures (Kearns 2014). The advantage of a life history interview is its capacity to provide historical depth, and invite reflections on life events and how they connect with contemporary experiences, views and perspectives (Lewis 2008; Galam 2018). The life timelines were written down during the interview with the participant on a large piece of paper, and used as a prompt throughout the discussions. A non-identifiable example is provided below in image 3.

Image 3: Life history timeline example



Relationship and network mapping

Another major component of interviews involved relationship and network mapping.

Participants were asked “Who are the most important people in your life, and how do they support you?”, and requested to write down the important people in their lives in a diagram, with the most important people positioned towards the middle. A discussion then ensued about each person, how they were important, and what support they provide. At times this discussion would refer back to the information given in the life timeline activity. An example is provided below in image four.

Image 4: Relationship and network map example



Interviews with ‘policy and program actors’ and ‘child protection actors’

Semi-structured interviews with policy and program actors primarily focussed on their professional background, history and expertise, their current work, their understandings of child protection and maltreatment, evaluations of residential care if applicable, as well as broader views on social policy and social protections for children and families. The interviews with ‘child protection actors’ took a similar approach, but also involved discussion on current circumstances of child protection practices, including processes, decision-making, responses and prevention, and linkages between other child protection actors. Their views of child maltreatment issues and challenges, and ways to improve child protection were also discussed. Interviews with these participants lasted between 30 and 90 minutes.

Field notes and observation

Throughout the data collection, field notes including observations were recorded on a regular basis. Field notes and observation can be a powerful tool in qualitative research, providing an additional source of information on the phenomenon under investigation (Ben-Ari & Enosh 2010; Padgett 2017). In essence, this involves efforts to record descriptions and reflections to add to a researcher's interpretation of the social phenomenon at the centre of the research (Ben-Ari & Enosh 2010). This approach to data collection allows for a thicker, more detailed description of the phenomenon, and in-turn, a fuller, contextualised understanding (Ben-Ari & Enosh 2010).

In this study, these additional approaches aimed to elicit a deeper understanding of the dynamics of residential care and child protection, by providing information not captured in interview data, such as the environment, conditions, and physical spaces, as well as actors, activities, interactions, behaviours, relationships and visible emotions and dispositions (Padgett 2017).

Observations included general activities at research sites, including day-to-day practices and activities, largely between staff and children and young people, and between staff.

Observations were largely unobtrusive with limited interactions with participants.

Observations of children and young people without a staff member present were not undertaken. Field notes and observations were also recorded in relation to interviews, highlighting non-verbal communication, both pre- and post-interview, as well as researcher impressions relating to their own reactions and reflections concerning interviews. These

provided insights and information about the interviews that may not be reflected in interview transcripts. This process assisted to refine interview approaches, questions and topics as the research progressed. Field notes were undertaken soon after interviews and observations, typically at the end of a day of data collection. Field notes and observations were subsequently used in assisting interpretation of the data and to provide important contextual information in the development of findings.

4.7 Participant overview

A total of 79 interviews were conducted with a range of participants relevant to the aims of the study. The table below details participant categories and the size of the sample.

Table 2: Participants

Participant category	Number (gender)
Children and young people living in residential care	37 (15 male, 22 female)
Participants previously living in residential care	13 (9 male, 4 female)
Child protection actors in Local Government Unit	13
Residential care ‘housemothers’	4
National policy and program actors	11
Interpreter	1
Total	79

The sample includes 50 participants currently or previously living in residential care. These are divided across three participant groups: boys residing in residential care (n=15), females residing in residential care (n=22), and participants previously living in a RCS (n=13, 9 male and 4 female). In total, 41 participants had experiences of residential care at the study site in the main study site, while nine participants had experiences of residential care at the secondary study site. The remaining 29 participants include a range of residential care program staff (including managers, social workers and housemothers), as well as policy and program actors relating to residential care and child protection, drawn from both non-government organisations and local government. The interpreter was also interviewed to gain their insights into the data collection processes, its strengths and weaknesses, and any other relevant cultural and ethical insights.

Participants represent a range of organisations, institutions and groups who comprise positions that respond to and act to prevent child maltreatment, or provide residential care programs. The non-government programs represented include two residential care settings, the Child Protection Unit (CPU), and a family violence advocacy organisation, while the government-based participants represent residential programs, police, the local Department of Social Welfare and Development (DSWD) and the chair of the Local Council for the Protection of Children (LCPC). To provide comparative and external views, the study also included policy actors to provide a national policy perspective on residential care and child protection. In Chapter's Five and Six of this thesis, participants are referred to by pseudonyms, and in Chapter Seven, referred to by participant codes to match the conventions of the journal to which this work is submitted. The figure below details the actors and organisations that make up the case study and who provide views and perspectives on residential care in the Philippines.

Figure 2: Overview of entities represented by participants



4.8 Data analysis

The data underwent analysis using separate logics of enquiry in each findings' publication, depending on the aims and scope of each article, which are provided in detail below. It is, however, worth noting some important theoretical foundations to the overall approach to the analysis. Data analysis took an essentially inductive approach, engaged in interpreting, and

making meaning from participants' own accounts of their lives and experiences (Staller 2015; Levitt et al. 2018), and generating theory through participants' own theorising of their lives and experiences (Flynn & McDermott 2016). In both the approaches taken, meaning was generated through an intensive, iterative process of identifying and relating patterns, relationships and meanings to develop conceptual representations of participants' accounts (Ben-Ari & Enosh 2010; Bryman 2016). It is important to acknowledge that the qualitative data analysis process involves a researcher's interpretation of the data, a fundamental principle of this research approach, as Denzin (1998, p. 313) explains:

“In the social sciences there is only interpretation. Nothing speaks for itself. Confronted within a mountain of impressions, documents, and field notes, the qualitative researcher faces the difficult and challenging task of making sense of what has been learned. I call making sense of what has been learned the art of interpretation.”

An influence over the analysis process worth noting is the order in which the interviews were undertaken and the potential impact of this on the interpretation and analysis of the interview data. The interviews with children and young people and program and policy actors were interspersed with one another, without any conscious strategy taken in their order of occurrence. This approach was most suitable given the need to be responsive to the realities of participant's day-to-day lives, who all had competing commitments, roles and responsibilities that their participation in this research needed to be managed around. As interviews progressed, an understanding of the key experiences and issues for all participants developed and was inductively refined. For example, the approaches used in interviews with children and young people, such as the life history interviews, were refined

early in the fieldwork to best engage participants, such as incorporating larger posters and taking a stronger chronological process. This may have impacted the exploratory breadth of interviews undertaken later in the field work, as many of the recurring experiences and issues for participants were often known prior to interviews commencing.

Thematic data, life history analysis and content analysis – (Chapters Five and Six)

In these chapters, data analysis first involved completing a data extraction table to record key participant data including age, gender, care history, education history, incidents of child maltreatment and major life events. Interviews were transcribed verbatim and uploaded into NVivo software, along with observational and reflective field notes, and each participant's life history posters, relationship and network maps, and hypothetical residential care diagrams, forming the corpus of data that underwent analysis. Data were analysed for coding and thematic analysis by drawing on Braun and Clarke's (2006) thematic analysis process. This first involved familiarisation with the data, involving verbatim transcription, reading through transcripts, observational notes, and participants posters, as well as listening back to segments of interviews. Initial codes were generated to encapsulate important concepts and participant experiences in the data (Flynn & McDermott 2016), followed by a broader search for themes and relationships. This process was essentially inductive, with the objective of keeping analysis proximate to participants' accounts and the experiences important to them (Boyatzis 1998). Recognising the subjectivity involved in this process of analysis, I took notes during the analysis process, and engaged in reflective discussions on emerging themes with supervisors, while emergent themes were triangulated with participants' posters. Participant posters, including life history timelines and relationship mapping exercises and information, were included in the analysis described above. In addition, the 'relationships and

network mapping' exercise, detailed earlier in this chapter, underwent a content analysis (Flynn & McDermott 2016) focussing on occurrences of text and terminology used by participants (Graneheim, Lindgren & Lundman 2017).

Interpretive case study analysis (Chapter Seven, publication four).

An interpretive case study design was deployed for the other major findings component of this study, corresponding to Publication Four (Chapter Seven). It understands a case study as “an intensive, holistic description and analysis of a single entity, phenomenon, or social unit” (Merriam 1998, p. 34). In interpretive case study design, social phenomena focusses on achieving a holistic explanation, for the purpose of arriving at comprehensive understanding of the group or institution under investigation (Becker 1968; Merriam 1998; Sheikh & Porter 2010). In this case the phenomenon is child protection and residential care, and the boundary is a Local Government Unit (LGU) in a regional area in the Central Visayas of the Philippines, focusing on the child protection processes and functions within the geographical and governance boundaries of this area. The objective of this analysis was to reveal child protection practices and characteristic within the case study boundaries, while describing the context in which these practices are exercised, and identifying areas to improve child protection. This approach to analysis hopes to provide policy makers with insights into the local level impacts of policy decisions, and contribute to the broader development of children's welfare policy and practice in the Philippines.

This process first involved the verbatim transcription of audio files which were then uploaded into NVivo software for analysis. Interviews were read through and the researcher identified emerging patterns, themes and consistent categories across relevant passages of text. The

analysis focused on participants' accounts and interpretations of child protection actors, processes and perspectives on improving child protection in the community, confined to information within the boundaries of the case study.

Enhancing trustworthiness

Qualitative research can enhance its trustworthiness through a range of efforts that support overall confidence in the accuracy of the data, and the credibility of the researcher's interpretations of the data they collected (Levitt et al. 2018; O'Brien et al. 2014). These are critical to promote the validity of the data and its interpretation (Polit & Beck 2014), and ensure that findings accurately represent the meanings presented by research participants (Lietz, Langer & Furman 2006). In this research, the key strategies utilised to enhance the study's trustworthiness involved triangulation and reflexivity, while an overall transparency of how the research was conducted was assisted by the detail provided throughout this chapter. In addition, the researcher's prolonged engagement in the field, and post-data collection reflective discussions with supervisors and colleagues contributed to developing the trustworthiness of this research.

Triangulation

Triangulation, in its various iterations, can be used as a strategy to enhance study trustworthiness, and provide richer insights into complex social phenomena (Jentoft & Olsen 2019; Hood, 2016). Triangulation occurs where the research utilises multiple data sources and perspectives (Jentoft & Olsen 2019; Lietz, Langer & Furman, 2006), but also when a study utilises more than one method in its data collection (Bryman 2016). The result is a

more in-depth understanding and nuanced view of the phenomenon studied, which helps to provide additional confidence in the findings (Hood, 2016; Lietz, Langer & Furman, 2006).

In this research, triangulation occurred in two ways, through drawing on multiple data sources as well as utilising multiple qualitative methods. Participants were drawn from multiple participant groups and study sites relating to the intersection of residential care and child protection in the Philippines. Participants included young people living in residential care, as well as young people and adults previously in care, while a range of policy and program staff and child protection actors, including national policy experts were engaged in the research. Additionally, the interpreter was formally interviewed after the data collection period to discuss aspects of the research process, in particular the linguistic and cultural patterns and characteristics of the research interviews. Multiple qualitative data sources were drawn upon in analysis, including interview transcripts, as well as field notes and observations, and participant's life history posters.

Reflexivity

Reflexivity is a strategy in qualitative research that involves locating, understanding and mitigating the influences of the researcher on the research process, its data and findings (Fook 2016). A qualitative researcher's tacit knowledge, unconscious bias, personal experiences, and their subjectivities can all influence their thinking and actions in research (Fook 2016). Additionally, researchers are part of the social reality they seek to analyse (Reiter 2017), and can impact the knowledge they create through their interactions with participants, and their dual positionality, both within and outside the research phenomenon under investigation (Ben-Ari & Enosh 2010; Fook 2016; Crotty 1998).

Acts of reflexivity assist to legitimate knowledge claims in research through articulating, acknowledging and examining the impact of the researcher on the study at hand (D'Cruz, Gillingham & Melendez 2007), and in turn creating an awareness of how power relations in research impact knowledge development (D'Cruz, Gillingham & Melendez 2007).

Acknowledging and offering transparency about a researcher's positionality can inform the impact of the researcher on the research, its power dynamics and biases (Reiter 2017).

In this case, the researcher is a PhD student, from a well-resourced university in the global North, who is supported by a scholarship, and a supportive, professional university environment, and is embedded in Northern systems of thought and knowledge production. The researcher is a 32 year old white male, holding formal qualifications from some of the world's most well-resourced universities. He holds existing relevant research and social work practice skills and experience, prior to engaging in this research, having previously worked on all facets of research projects with children and young people living in residential care in Australia, children living in out-of-home care, young people experiencing homelessness, and with parents and staff, as well as practitioners across welfare settings. Prior to undertaking this PhD study, he developed important insights and expertise into social welfare practices in the Philippines, having volunteered there for a year, and developing Visayan (dialect) language skills and insights into local cultural practices.

The researcher's approach to research is a product of the Northern industrial research complex and contemporary university requirements and is likely to have been perceived at times by some participants as formal, bureaucratic and individualist. He may also have been perceived by many participants as powerful, well resourced, influential, and holding

significant expertise. Given the researchers difference, and outsider status, a range of information was potentially out of reach to him throughout the data collection phase of the research (Reiter 2017).

The researcher's values, personal beliefs and feelings towards the research project are also relevant (Bryman 2016), and are likely cultivated from his qualifications, as well as personal and professional experiences. His approach to research is one that is committed to social justice for marginalised individuals and communities, and improving the personal and social wellbeing of children and young people in particular. The researcher believes that research should also aim to be transformative, and strive for social and systemic change where possible, while improving policies and practices that impact people's lives.

These positions have been shaped through the researcher's previous social work practice roles, and a previous professional research position that was committed to research with children and young people in welfare settings, and representing their experiences, voice and perspectives. He takes the view that via research, the voices and experiences of individuals can be elevated to a global level, and through the formal scientific process and academic publishing, be permanently recorded and legitimised. Lastly, an overarching objective of this research is to contribute to the enhancement of the lives of the marginalised groups to which the children and young people belong, those living in residential care, as well as those subjected to child maltreatment and protection interventions.

Reflexive practices were undertaken during this research through reflective field notes and observations throughout data collection, regular supervision discussions, and a contemplative approach to the research more broadly. 'Relational reflexivity' occurred during interviews,

whereby the knowledge constructed by myself and participants was discussed openly within interviews (D'Cruz, Gillingham & Melendez, 2007). The knowledge being created, for example during the 'timeline' and 'ideal residential care' activities, was explained to participants as key knowledge contributing to the findings of the research. Regular debriefing discussions with the interpreter, including asking for feedback around the research approach, as well as a formal interview, helped to highlight the impact of the researcher's own subjectivities and bias in the research process.

4.9 Methodological limitations and strengths

This study has a range of methodological limitations. Like all qualitative research, the findings are the researcher's interpretation of participants' interpretations of their lives and experiences, and are unable to provide an 'objectively' true version of social realities given the social constructionist basis to this research (Hood, 2016). Given this, its findings and conclusions are provisional (Reiter 2017), bound to their contexts (Levitt et al. 2018), and are not exclusive claims about the realities of residential care and child protection practices in the Philippines.

Sample

While this was a qualitative study with a purposive sample, and participants were drawn from two study sites, it makes no assertions about the overall representativeness of the participants. This study does not represent all experiences of residential care in the Philippines, likely a far more diverse population. It is important to highlight that the findings are restricted to the contexts encountered at the study sites, and that the participants are not representative of all

experiences of residential care and child protection. The children and young people were drawn from differing NGOs based in distinctive contexts, and as such, limit the overall representativeness and generalisability of this work to the wider population of residential care settings in the Philippines. In addition, the findings are limited to the child protection structures and practices in the study sites, and cannot necessarily be generalised to other local government units in the Philippines.

Interpreter

Another limitation was the use of the interpreter, and the potential for possible differences in the meaning of words or concepts across languages. This may have created ambiguous or misunderstood interpretations of interview questions or responses. The use of an interpreter also adds potential for an additional layer of interpretation present in some parts of the data.

Participant bias

It is possible that children and young people participating in interviews may have wanted to express support and overly positive responses in discussions pertaining to their caregivers or the organisation that provides their care. A number of steps were taken to mitigate this, including principles of informed consent to ensure participants fully understood the research process and the principles around their participation such as practices of confidentiality and the provision of clear and detailed information to inform their decision making within their participation. The direct critique that participants offered in interviews suggests that participant bias was mitigated. For example, children and young people offered criticisms of their existing caregivers and caring arrangements in interviews, citing concerns about access

to family and to caregivers who could be too busy or otherwise engaged to provide the full support they need.

Data analysis

Additionally, there are some limitations to the data analysis, largely based on the absence of some approaches to the analysis. The differences between the urban and rural study sites is not a focus of the analysis, nor how age, gender and class intersect with children's lives. Data analysis was also unable to incorporate the involvement of participants themselves in this process.

Strengths of the study

Despite these limitations, the distinct strengths of this study should also be noted. Overall, the study is highly transparent and meets the qualitative research reporting standards suggested by Levitt et al. (2018) and O'Brien et al. (2014), while the findings add significant knowledge of child protection residential care practices that have emerged in the policy and welfare conditions of the Philippines. The study's large, diverse sample allows for a multiplicity of experiences and perspectives that contribute to a deeper and more robust understanding of the phenomena under investigation, as well as more in-depth, and in turn, valid findings. Both the methods utilised, and the diversity of its participants, including both young people and adults, allows for a rigorous, close-up view of child protection and residential care not previously known. In addition, the hard to reach characteristics of the participants highlight the value of this research, and the difficulty of knowledge development

on this topic. The large sample size has also generated a large corpus of data, increasing the reliability of the study's findings, and the quality of its findings.

In summary, this chapter has detailed this study's methodological arrangements as well as its data collection processes and outcomes. The next chapter is Chapter Five, the first of three findings chapters, and is a published peer reviewed journal article titled 'Conceptualising children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding'. It primarily explores children and young people's life histories prior to living in residential care, and the way their social contexts and experiences impact on their entry into residential care.

5.0 Preamble to Chapter Five

The previous chapter provided an overview of the methods undertaken for this doctoral study, including its conceptual arrangements and the outcomes of the study's fieldwork.

Chapter Five now presents the first publication based on this fieldwork. It incorporates a peer reviewed journal article titled 'Conceptualising children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding', that was published in the journal *Children and Youth Services Review*.

This publication focuses closely on the life histories of children and young people who participated in this research, presenting an analysis of their reasons and interpretations for entering into residential care. These findings respond to one of this doctoral study's subsidiary research questions: *How do children and young people understand their life histories and entry into residential care in the Philippines?* In answering this question, the article highlights the children and young people's focus on the difficulties and social instabilities and threats to their wellbeing they experienced prior to living in residential care, and draw attention to their needs in relation to safeguarding and overall welfare. In providing these insights, the study provides broader insights into the child protection role of residential care programs in the Philippines.

This article was published in the peer reviewed journal *Children and Youth Services Review* in early 2020. This journal is published by Elsevier (ISSN: 0190-7409) and was selected for this publication as it is a leading international multidisciplinary journal regarding service programs for children and youth. It is ranked in the first quartile of journals in the field Social Work (Scimago, 2020). This article is reproduced in this thesis by publication in accordance with Elsevier's copyright guidance (Elsevier, 2020).

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Chapter Five (Publication Three): Conceptualising children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding

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Steven Roche

Department of Social Work, Monash University, Building C, Caulfield Campus, 900 Dandenong Road, Caulfield East, Victoria 3145, Australia.

Abstract

The residential care of children and young people is a major welfare practice in the Philippines. However, understandings of children and young people's life histories and circumstances for living in these arrangements is unknown, as is knowledge of residential care as a welfare phenomenon in the Philippines. Focusing on the life histories of children and young people living in residential care, this study explores the circumstances of their entry into residential care and their interpretations of these experiences. Drawing on semi-structured interviews with 50 children and young people over the age of 15, either currently or previously living in residential care, across one regional and one urban study site, participants reveal life histories made up of diverse experiences of poverty and hardship, punctuated by unstable care arrangements, family breakdown and significant child

maltreatment. Children and young people interpret their life histories via the social disadvantage and constraints in their childhoods, and the vulnerabilities that these engender, highlighting their social relations and contexts prior to living in residential care, detailing their need for care and safeguarding, and their perceptions that residential care settings offer opportunities to exercise agency and control over their futures. The findings highlight the welfare and child protection role of residential care settings in the Philippines, as well as the support and community safety needs of families.

Keywords: Residential care; orphanage; institutional care; Philippines, children & young people, child protection.

1. Introduction

The institutional care of children and young people in the Philippines, similar to many low and middle-income countries, forms its largest component of alternative care, and is a core approach to children's welfare and protection (Roche, 2019a; Roche & Flores-Pasos, in press). The reason for the widespread use of children's homes, orphanages and institutions in the Philippines, referred to as Residential Care Settings (RCSs) in this paper, has undergone limited investigation, although high incidences of poverty and neglect (Yu, 2013a), low levels of social protection (Asian Development Bank, 2013), international and religious charity models of care (Cheney & Ucembe, 2019), and a lack of alternate care options (Roche, 2019b), can be considered major factors. To date, there is a paucity of research on the residential care of children in the Philippines both as a social and policy phenomenon. Crucially, the number, characteristics and backgrounds of children and young people residing in these institutions is unknown, as are the determinants for their placement in care. Further, the experiences and understandings of children and young people who live in residential care is unknown, as are the reasons and circumstances for them living in these arrangements.

A range of factors and circumstances influence children's entry into RCSs across low and middle-income countries, mostly comprising countries across Sub-Saharan Africa, and South-East and Southern Asia (Whetten et al., 2009). RCSs are typically utilised for children where one or both parents have died (defined as orphans) (Shang & Fisher, 2013); where extended family is unavailable to act as caregivers; or in response to social, and economic circumstances such as poverty, discrimination or conflict (McCall, 2013; Rotabi et al., 2017; UNICEF, 2009). Commonly, children and young people entry into residential care settings are influenced by a range of factors, including situations where parents are unable to provide a primary caring role, including safety, food and shelter, or where children and young people

are at risk of maltreatment (Whetten et al., 2009; World Health Organisation, 2007; Shang & Fisher, 2013). An additional factor influencing practices of residential care is the 'orphan industrial complex' phenomenon, involving the commodification of RCSs and demand for engagement with orphans (Cheney & Ucembe, 2019; Cheney & Rotabi, 2016). This is driven by the economic ascendancy and cultural interests of sponsors and donors, institutions and organisations based in the global North, comprising religious and secular charity, voluntourism, donations and inter-country adoption (Cheney & Ucembe, 2019; Cheney & Rotabi, 2016). To date, these social contexts, relations and structures have not been investigated, located or discussed in relation to children living in residential care settings in the Philippines.

This paper addresses an important topic, given clear understandings of the negative impact of institutional care on children's development and wellbeing in the research (Browne et al., 2006). Institutional care, especially for younger children, can affect development and attachments (McCall, 2013), while risks of maltreatment and victimisation in residential care are high (Rus et al., 2017). Research specific to low and middle-income countries identifies trauma, cognitive and emotional underdevelopment, and an increased risks of exposure to child labour, sexual exploitation and trafficking for children and young people in residential care settings (Atwine et al., 2005; Crampin et al., 2003; Lyneham & Facchini, 2019; van Doore, 2016). The characteristics of RCSs can create higher risks for staff malpractice and neglect, facilitated by climates of low accountability, resources and regulation (Rus et al., 2017), as well as low child-to-caregiver ratios and non-individualised care (Huynh, 2014). However, some research notes that RCSs can be safer and more supportive than family or community settings and can provide better outcomes for children, particularly if subjected to abuse or neglect (Gray et al., 2017; Whetten et al., 2009; Huynh, 2014). When the complex

needs of children are prioritised, and their best interests promoted, there is potential for RCSs to provide positive outcomes (Kendrick, 2015).

RCSs in the Philippines, including orphanages and children's homes and institutions, are unexplored in the literature. A recent scoping review of peer-reviewed research on children's experiences of residential care found no research conducted in the Philippines (Roche, 2019b), while a systematic review on child maltreatment and policy responses in the Philippines found that residential care remains unexamined (Roche, 2017). To date, there is a paucity of research investigating the conditions, characteristics, practices and first-hand experiences of RCSs in the Philippines, and consequently a lack of reliable data on which to base policy and practice reforms. Recognising the limited research on this topic, this study provides an exploratory, qualitative investigation of the life histories and determinants of living in RCSs through children and young people's interpretations of their life histories and entry into residential care.

1.1 Residential care settings in the Philippines

In the Philippines, the most prominent government and non-government programmatic response for victims of child abuse, neglect and abandonment is residential care. The national Department of Social Welfare and Development (DSWD) (2007, p. 2) understands residential care as "...a service delivery mode that provides 24 hour group care living as an alternative family care arrangement to residents whose needs cannot be adequately met by their families". Residential care programs are funded and administered by both government and private organisations of varying scale and purpose. Public information provided by DSWD reveals that residential care settings for children and young people are widespread. Recent national directories of private social welfare agencies detail a total of 604 residential care

programs for children and young people across the Philippines, listing 310 residential care settings with valid accreditation (DSWD, 2019a) and a further 185 operating with expired registrations (DSWD, 2019b). Of the total, the DSWD itself operates 46 residential facilities, while Local Government Units (LGUs) operate 63 nationwide (DSWD, 2019c). However, others state that there are far more, unlicensed or unregistered, estimating approximately 4000 residential care settings for children, the majority of non-government programs operated by missionaries and donors from the global North (Graff, 2018).

The historical origins of child welfare practice in the Philippines can be identified within Spanish colonial practices, which saw the development of church-based charities, institutions and orphanages from around the year 1620 (Blanco & Panao, 2019). The institutionalisation of children continued under United States' governance of the Philippines between 1898 and 1946 (Francia, 2010), fostering partnerships between NGOs and government, involving churches, missionaries and international welfare agencies (Blanco & Panao, 2019). Post-independence, government has provided low levels of residential care since the 1950s (DSWD, 2019a), while private RCSs have thrived within the expansive civil society of the Philippines (Curato, 2015), many in the child and family welfare sector. The DSWD states that the majority of funding is from international funding agencies and the private sector, and is not subsidised by government (DSWD, 2019a).

1.2. Reasons for children entering residential care in the Philippines

While a topic previously unaddressed in the literature, there are a number of likely key drivers of RCSs, and risk factors that push children into these settings unique to the Philippines. Research has identified significant levels and impact of child maltreatment in the Philippines (Ramiro, Madrid & Brown, 2010; Roche, 2017), while according to the DSWD,

the majority of residential care settings cater to abandoned, neglected and abused children (DSWD, 2019a). Emotional and psychological abuse is widespread in the Philippines (Ramiro et al., 2010), largely related to high levels of exposure to family violence (Jeyaseelan et al., 2004; Hassan et al., 2004; Ramiro et al., 2010), thought to be a culturally entrenched practice (Mandal & Hindin, 2013). In a study on the impact of interparental violence in the Philippines, 44 per cent of female participants and 47 per cent of male participants had witnessed physical violence between their parents as a child (Mandal & Hindin, 2013). Research has identified that punishment and discipline practices involving physical violence are also high in the Philippines (Sanapo & Nakamura, 2011; Runyan et al., 2010; Sarmiento, Denice & Rudolf, 2017). Corporal punishment is a highly tolerated practice, in both the family home and in institutions such as schools (DOJ, 2012; Save the Children Sweden, 2008). There is a major gap in research into the extent and characteristics of child sexual abuse in the Philippines, however one study identified that 17.1 per cent of children aged between 13 and 18 were victims of sexual violence (CWC & UNICEF, 2016), but is likely to be greater, given underreporting and inconsistencies typical to child sexual abuse research and reporting in low and middle-income countries (Veenema, Thornton & Corley, 2015). There are a range of significant and additional safety risks for children to navigate such as child labour, commercial sexual exploitation, armed conflict and extra-judicial killings (Daly et al., 2015; Mapp & Gabel, 2017). These are important considerations given that childhood exposure to Adverse Childhood Experiences, including physical, psychological and sexual abuse, as well as household dysfunction, are strongly and cumulatively linked to multiple health risk factors throughout the lifespan, including leading causes for early death (Felitti, et al. 1998).

Another factor most likely pushing children into residential care settings is the limited effectiveness of the Philippines child protection system, which lacks coherence and resources, and is often unable to provide interventions where needed (Roche & Flores-Pasos, in press). Alternative care practices undertaken by families are widespread, yet largely informal and unsupported, while scenarios of foster care remain low, hindered by limited capacities and budgets of local government, and rigorous criteria for foster families (Blanco & Pano, 2019), creating a reliance on RCSs. Further, since the 1960s, the Philippines has placed limited emphasis on social protection policies and programmes (Ramesh, 2014), despite consistently high levels of poverty and deprivation (PSA & UNICEF, 2015). Malnutrition among children under the age of five is 21 percent, while the poverty rate is relatively unchanged since the mid 1990s (Ramesh, 2014). This impacts children's school attendance, with an estimated 2.85 million children aged between 5 and 15 out of school (UNICEF, 2018). Filipino families are large, with teen birth rates increasing (UNICEF, 2016), however 54 per cent of pregnancies are unintended (Chiu, 2013), with access to contraception and family planning programs low, and abortion illegal. Community demand for RCSs is also strong, given the low levels of social assistance available to children and their families (Asian Development Bank, 2013), and the scale of children in need, with the Philippines' Department of Justice approximating that 250,000 children live or work on the streets, while between four and six million children are without, or at risk of losing, parental care (DOJ, 2012).

Exploring these factors, and others, in the life histories of children and young people with experiences of residential care in the Philippines is an important first step to gaining an understanding of this welfare phenomenon. This study represents the first empirical work to engage children and young people living in residential care in the Philippines. It provides

insights into the histories, experiences and backgrounds of children who enter residential care, to enable a better understanding of the factors that lead children into residential care, and in doing so provide important insights into the arrangements and practices of RCSs in the Philippines, and approaches to children's care and protection more broadly.

2. Methodology

2.1. Research design overview

This research is an exploratory study with the objective of engaging the perspectives and insights of young people with experience of residential care, and to investigate their life histories and the social and cultural experiences that shape their entry into residential care. This study takes the position that children and young people's engagement in research is critical, given their views can assist knowledge development about the social worlds and problems they encounter (Corsaro, 2011; Jernbro et al., 2010). Given their distinct experiences and knowledge, children and young people should be given opportunities to influence policy and practice (Jernbro et al., 2010), particularly those that impact them directly. Given these objectives, qualitative methods, utilising participatory, semi-structured interviews were considered most appropriate, given the pursuit of the subjective experiences and situational meanings of participants (Liamputtong, 2010).

Taking an interpretivist position, these methods were used to reveal participants' subjective life experiences, and reveal experiences, views and understandings of their lives and the role of residential care, while emphasising the subjective and meaning-making experiences of participants (Berger & Luckman, 1966; Flynn & McDermott, 2016). The research presents participant's constructions and understandings of their own lives, life events, and their subjectivities in relation to their care histories across two sites in the Philippines to answer

the research question: How do children and young people understand their life histories and entry into residential care in the Philippines?

2.2. Study participants

Young people living in residential care are a challenging population group to engage in research (Kendrick, Steckley & Lerpiniere, 2008). In the Philippines, there is a distinct lack of data, official statistics or research on children and young people living in residential care or other out-of-home care circumstances, additionally there is minimal information on how child protection approaches connect to the residential care of children (Roche, 2019a). The participants were drawn from five residential care programs, across two non-government organisations. The researcher approached the organisations to participate in the research. The researcher has prior professional experience in the Philippines with one of the participating NGOs which enabled this research relationship. The second study site was identified through the researcher's professional networks. Participant criteria was 15 years or over, with a minimum of six months living in a residential care program in the Philippines. This was to ensure participants were mature enough to understand the research and consent independently, and that they had adequate experiences of residential care to inform their perspectives.

This study includes 50 participants, who were available and willing to participate, across three participant groups; boys residing in residential care (n=15), females residing in residential care (n=22), and participants previously living in a RCS (n=13, 9 male and 4 female). The participants currently living in a RCS were aged between 15 and 22 years old; the males with an average age of 16.3 years, and the females 17.4 years. The average age of the 13 participants who had previously lived in a residential care setting was 24.1, their ages

ranging from 17 to 30 years old. In total, nine participants had experiences of residential care at the urban study site, while 41 at the study site in the regional city. The residential care programs that participants were drawn from provide 24 hour care from housemothers, and have a dedicated fulltime social worker. These programs are divided by gender and age, with children under 16 years of age generally housed together, and receiving higher levels of supervision. The number of care arrangements were recorded in interviews, referring to the number of differing care situations young people had experienced, such as a residential care setting, or primary care setting such as with a parent or carer. On average males had 3.1 care scenarios, while the females had had 3.3 at the time of interview, while the participants previously in residential care average 3.8.

Table 1 - Participant overview

Participant category	Average age of participants (years)	Average age of first entry into RCS	Average years in RCS
Males in RCSs (n =)	16.3	8.5	7.3
Females in RCSs (n =)	17.4	12.5	5.5
Previously in RCSs (n =)	24.7	12.4	7

2.3. Data collection

Data was collected from October to December in 2018. Participants were recruited from two study sites in the Philippines, one in a small regional city, the other in a highly populated metropolis. Both study sites were large, reputable, non-government organisations (NGOs), that focus on child welfare, providing a range of programs that support children and families,

including residential care for children and young people. Both receive international funding through grants, donors and sponsorship, from Philippine sources as well as their own small enterprises, and are managed by a combination of Filipino and international management. The organisations are strongly embedded in their communities and are an important point of welfare provision; the regional site offering health, education, pastoral care, child sponsorship and livelihood training, while the urban site offering a drop-in space, vocational training and education programs among others.

Social workers from each organisation, with primary care responsibility for children and young people, were chiefly responsible for recruitment. They provided prospective participants with information about the study including information sheets and flyers in Visayan, Tagalog and English, and invited children and young people who met the participant criteria to participate. For participants with previous experience living in residential care as a child (under the age of 18), social workers provided previous clients with information about the study, and those interested contacted either the researcher or the social worker to arrange participation.

The foremost intention of interviews was to focus on the life histories of participants, including their experiences of residential care. To achieve this, the interviews were semi-structured, utilising a pre-determined interview schedule. The advantage of semi-structured interviews are their capacity to invite the interviewee's experiences and encourage broader dialogue, while remaining confined to the focus of the research (Brinkman, 2014). The life history component of interviews began at the participant's birth, and traced their family background and relationships, care locations and histories, education history, and support from NGOs and others, in addition to other life events and experiences identified as

significant by the participant. The advantage of a life history interview is its capacity to provide historical depth, while inviting reflections on life events and how they connect with contemporary experiences, views and perspectives (Lewis, 2008; Galam, 2018).

Participants' life timelines were written down or drawn by both the researcher and the participant during the interview on a large piece of paper, and used as a prompt throughout the discussion. This utilised participatory techniques to engage participants, as well as reduce anxiety for young people, particularly those who were less skilled at verbal communication (Kendrick, Steckley, & Lerpiniere, 2008). This approach also served as a visual aid to assist both the interviewer and participant to focus on important life history events and experiences. At times participants led the discussion, reflecting an eagerness to share perspectives, and take control of the interview. Interviews lasted between 20 and 90 minutes, were audio recorded, and elicited rich and relevant data. One participant declined to be recorded and hand written notes were taken. The researcher completed regular reflexive field notes based on observations as well as reflections of emerging themes and patterns in the interviews.

A female interpreter was used with all participants under the age of 18, and where requested for adult participants. The interpreter also acted as a 'key informant' (Edwards, 1995) by assisting to navigate the cultural nuances of interacting with young people in the Philippines, as well as localised meanings, colloquial language, and locations (Baily, 2018), both during and in preparation for interviews. Interviews were typically conducted in a mix of English and either Visayan or Tagalog dialects, depending on the preference of participants, and were translated verbatim. After each session of data collection, the interpreter and researcher held a debriefing to reflect on the themes and patterns emerging from interviews. Interviews were

held in private rooms at participating organisations, and participants received a small gift of university branded stationary to thank them for their time.

2.4. Ethics

The study was approved by the Monash University Human Research Ethics Committee, and reviewed by participating organisations. Informed consent was obtained from children and young people prior to their participation (Kendrick, Steckley, & Lerpiniere, 2008), with written information about the study provided in English and either Visayan or Tagalog. Additionally, assent (agreement to participate) (Kendrick, Steckley, & Lerpiniere, 2008) was attained from participants prior to their participation with the researcher and interpreter. Children and young people who volunteered were also given choice around participation, including: the time and place of interview, interview topics, audio recording, the use and role of interpreter, as well as the option of having a support person in the interview. Participants were clearly informed of the non-compulsory nature of the research, and that they could withdraw from participating at any time. Participating organisations also consented for children and young people to participate in the research. The potential for coercion was minimised through clear information provision to participants, including the non-compulsory nature of the research and the possibility to cease participation at any time. In addition, detailed, independent consent and assent processes were conducted with children and young people.

The research took a ‘reflexive’ approach (Guillemin & Gillam, 2004) throughout data collection, making micro-ethical decisions based on critical reflections of participants’ ongoing autonomy, dignity and privacy, and was responsive to their demeanour, emotional state and body language, including regularly ‘checking in’ with participants. Administrators,

social workers and young people from participating organisations provided advice on the data collection process, research themes and the language and expression in the interview schedules to ensure they were culturally appropriate and accepting of local processes (Liamputtong, 2010), while participants gave feedback on the interview experience and themes through direct feedback to the researcher.

2.5. Data analysis

Data analysis first involved completing a data extraction table to record key participant data including age, gender, care history, education history, incidents of child maltreatment and major life events. Interviews were transcribed verbatim and uploaded into NVivo software, along with observational and reflective field notes, and participants life history posters, forming the corpus of data that underwent analysis in this study. Data was analysed for coding and thematic analysis by drawing on Braun and Clarke's (2006) thematic analysis process. This first involved familiarisation with the data, involving verbatim transcription, reading through transcripts, observational notes, and life history posters, as well as listening back to segments of interviews. Initial codes were generated to encapsulate important concepts and participant experiences in the data (Flynn & McDermott, 2016), followed by a broader search for themes and relationships. This process was essentially inductive, with the goal of keeping analysis close to participants' accounts and the experiences significant to them (Boyatzis, 1998). Recognising the subjectivity involved in this process of analysis, the researcher took notes during the analysis process, and engaged in reflective discussions on emerging themes with supervisors, while emergent themes were triangulated with participants' posters.

2.6. Methodological limitations

As this was a qualitative study with a purposive sample, and participants were drawn from two study sites, it makes no assertions about the representativeness of the participants. Further, the population of children and young people in RCSs in the Philippines is most likely diverse, particularly across different locations, and as such, this study is unlikely to represent all experiences of entering RCS. Additionally, data analysis was unable to incorporate the involvement of participants themselves in this process, due to logistical and resource constraints.

3. Findings

The findings of this study focus on participant's discussions of their life histories and reasons for entering residential care. It incorporates interview data from all participants with experience living in residential care, both current and previous. Pseudonyms replace participant names throughout the findings.

3.1. Family circumstances prior to entering residential care

3.1.1. Life histories of poverty and deprivation

Participants viewed their lives prior to residential care as largely defined by diverse experiences of poverty, deprivation and hardships, and discussed as an important explanation for their entry into a RCSs. Asked about their lives prior to living in residential care, participants gave narratives of poverty and hardship, where families were unable to provide them their essential needs, including food and shelter. A 22 year old woman, who previously lived in residential care for four years, gave an example of life living with her family:

“We have financial problems... I remember one day my mother has no money so she had 20 pesos only so we don’t know what to do, we don’t know what we’re going to eat... and when my father came back he cried...” (Eunique).

A core element of poverty and deprivation described by participants, is the limited and irregular income earned by parents or caregivers, placing pressure on families to provide essentials for their children. For example, subsistence farming is common for children living with families outside commercial centres. Isabela explained that “Our family has coconut trees and at the times the coconut tree can bear fruit we just sell it. That’s where my mom can get an income... we got [income] from our plants, we plant some vegetables and corn”. Participants recalled their past lives with their families or carers, and the income sources for their families. Young people gave examples of their parent or carers occupations including self-employed fishermen, vendors of small food goods, at markets or on buses, selling seafood or barbeque sticks or as housemaids. Others highlighted parental unemployment or marginalised and informal labour: “My mom used to collect garbage and then... sell it. That’s the main income that we have” (Danica). Other participants recounted scavenging or collecting bottles with their parents for an income. One participant explained how “... my mother [was] scavenging and go[ing] over the basura [rubbish]. ...it’s very hard. Sometimes we don’t have [anything] to eat” (Tammy), with another stating that for income “We go together to trash bins and dig some trash” (Matthew). Another participant describes:

“It’s a part of life.. we’re going around here in [location] to get a bottle of water, scavenging in the streets. That’s our bonding with my family - scavenging in the streets, so happy to find a bottle in the garbage. Yeah, to support my family too.” (Eunique).

3.1.2. Homelessness and housing issues

Inadequate housing or experiences of homelessness were common across participant accounts of life prior to living in residential care. Four participants cited homelessness or living on the streets with their families or other children as significant moments in their childhood. One participant, who lived on the streets for four years between the ages of 12 and 16, reflected on these difficulties:

“I'm not studying when I was in the street so I just [was] begging, playing in the street... I feel so depressed that time because I didn't want to be separated from my father and also my mother of course... It's like a hell. There's a lot of bad people but good people also. I think living in the street is one of the most challenging things in my whole life... You live in the street and if there's a storm you just... get wet and no sleep... I experienced that I can't sleep the whole night and I'm wet... and so angry, yeah” (Frances).

Another participant who lived on the streets from birth to the age of 11, and later at age 15, highlighted her vulnerability and the safety fears that accompanied the experience.

“It's hard of course. When I look back, it's actually, it's not nice. Whenever I look back, whenever I try to remember my past, it's really hard because it makes me remember those hard times that I had. Of course, living in the street we're really prone to some experiences that others may not have experienced so it's really hard... I feel unprotected and I'm a girl so it makes living on the street harder for me especially when I turned 11. That's when puberty starts to strike right so of course sexual

predators are always roaming, you know. They are always ready to prowl... especially on the weak ones” (Danica).

Other participants cited housing issues including inadequate amenities, overcrowding or a lack of tenure, leaving their lives more challenging and uncertain. For example, one participant described their family home burning down in a neighbourhood fire (Maria), while another detailed the difficulties of overcrowding, at times living in a house with three families, a total of 30 people: “Uhm, at the time we have, I mean all the families at one... Yes, 30 or more because we have lots of friends who sleep there, [and] go on [in] the morning” (Jethro). In describing their families, participants revealed large family sizes, which could exacerbate housing and income issues. For example, prior to living in a RCS, Japeth was living with a total of 13 family members, Rara living with eight siblings and parents, Rosette was living with nine siblings and parents, Pedro with eight siblings and parents, and John was living with ten people.

3.1.2. Family breakdown, parental separation and absence

Analysis revealed that family breakdown, involving parental separation or death, or parental absence or mobility, was a strong theme emerging from the interview data. Children and young people recalled an array of situations where a parent, or both, had moved to another location, either for employment or a relationship breakdown. These scenarios created instability for participants, precipitating alternate, often informal care arrangements and broader uncertainty, often precipitating entry into a RCS.

3.1.3. Adoption at birth

Eight participants had not known or been cared for by their biological parents from birth, either left with extended family, or abandoned at a hospital within the first few months of their lives, precipitating early institutionalisation or alternate care. While some participants were unsure about these circumstance, others understood these circumstances as abandonment, relationship breakdown between their parents, or parental incapacity to care for them. This process was explained by 17 year old CJ, adopted from a hospital at birth:

“They [parents] left me in the hospital... My mother cannot accept that she and my father will separate and that she was taking some drugs and she was in prison.

Because of her situation... when she delivered me in the hospital, she left me with the Priest” (CJ).

3.1.4. Parental death

Around one-third of participants identified the death of a parent as a significant moment in their childhoods, and one that affected the stability of their care. Eleven had one parent die prior to living in a RCS, while five participants had one or both parents pass away while living in residential care; many participants were, however, not in contact with both their parents. Parents died in various, often tragic, circumstances. Examples of mother’s passing away included murder (Chris when aged 7), drowning in a river (Trixie when aged 7), and hit by a car (Kelli when aged 6). Danica’s father died during an assault when she was aged six and living on the streets, while Sylvia’s father died of a drinking accident when she was 10 years old. In other circumstance parents died of illnesses or disease such as cancer.

3.1.5. Parental mobility and absence

Also discussed by participants was the mobility or absence of their parents prior to moving into care, living in other locations, either for work, or due to starting new relationships and families. In these cases, parents would often become single parents, or leave their children with alternate carers, typically extended family, creating various instability for their care. For some, economic circumstances meant that parents had to leave their families behind for employment opportunities in alternate locations. For example, Sylvia's mother travelled to Manila for work as a maid or a nanny on multiple occasions for between 5 and 12 months, since she was four years old, while Arlene's father moved to Manila for work when she was six years old, as did Monica's parents when she was 10 years old, leaving her to be cared by her older sister and her family. Matthew's father travelled to Manila to look for better work stating that:

Matthew: "When my father leave me to go to Manila, I was fourteen years old."

Researcher: "Why did he go to Manila?"

Matthew: "To find a job because it's very hard here - my father was gathering the plastic bottles".

Growing up, Christian's father moved to Cebu City and his mother to Manila to work as a nanny, leaving him to be cared for by his Aunt and Uncle, who then transferred him into a RCS when he was eight years old. While, for Jethro, his mother worked locally, but in a 'live-in' scenario, leaving him and his brother for six days at a time, impacting their behaviours and schooling:

"Before, when I go back to the home, our mother basically only go to us once a week because that's her day off. Once a week she will go home at Saturday afternoon and

she will go back Sunday afternoon to her work. Me and my brother was taking care of ourselves. So that was the time when I really go to different vices and we did not go to school properly”.

Participants cited parental absence as a significant part of their childhood experience prior to living in a RCS. Of the participants, at some point, 31 had lived with, or were cared for a primary caregiver other than their parents, prior to living in residential care, highlighting the extent of inconsistent and irregular primary carers and settings experienced by participants. It could also be unclear why parents had moved away and left them behind in the care of others.

Researcher: “So you lived with your mother for how long?”

Aiumi: “Maybe just until I was 1 year old because when I grow up she’s already run away.”

Researcher: “Where did your mother go?”

Aiumi: “Manila... no idea what she’s doing... They just left me with my neighbour.”

3.1.6. Parental separation

Fifteen participants discussed their parent’s separation and noted this as a significant moment in their lives prior to entering residential care, impacting on the stability of their care as well as income sources for their family. Parental separation also meant that families could be split, with siblings shared between parents and new families, or primary care being provided by extended family. One participant explained:

“After that we live in [location] and then after our family broke, got separated. I think I was 5 years old when they got separated... they [parents] leave us, so we had to live in my father's side and my grandmother and with my uncle” (Frances).

For Tammy, whose parents separated when she was seven years of age, and placed in a RCS 18 months later, her parents separation was a difficult experience at the time:

Researcher: “Thinking about your life, what’s been the biggest challenge for you?”

Tammy: “When my parents separated and I was away from my family.... I feel like I’m just being by myself. And I feel alone and I’m independent by myself.”

Many participants were not sure of the reasons around their parents separating, however, for Acee, whose mother left her with her grandparents when she was 7 years old, understood family conflict as a primary reason:

“She [mother] has a new husband who lived away, then she got pregnant... the last time I saw my mom was at my grandfather’s burial then she left and I’ve never seen her... she was pregnant that time and the family is angry at her.”

3.2. Child maltreatment

Child maltreatment, in its various forms, was a childhood experience significant to many participants, which, for some, precipitated their entry into a RCS. For purposes of analysis, this study utilises the World Health Organisation’s (WHO) definition of child maltreatment:

“...all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (WHO 2006, p. 9).

In recounting their lives prior to living in residential care, children and young people cited various incidents of maltreatment fitting into the WHO’s definition. Child maltreatment was discussed by participants across four domains; corporal punishment and physical abuse; exposure to family violence; sexual assault and child labour. Just over one half of participants had experienced child maltreatment, with seven participants exposed to multiple forms of maltreatment, and was articulated as a key reason or justification for their entry into a RCSs.

3.2.1. Corporal punishment

Thirteen participants disclosed corporal punishment or physical abuse in their childhood, experienced either in the family home, or in a previous residential care setting. Participants framed corporal punishment and physical abuse as a distressing and difficult experience, and expressed relief they were no longer exposed to it. Participants recounted beatings, hitting, pinching and being hit with metal, wood or bamboo implements, by parents, siblings, grandparents, step-parents, uncle and aunts, step-siblings as well as RCS carers. Reasons were largely for discipline or punishment, but could also be for no perceived reason at all. For some, experiences of corporal punishment strongly influenced their entry into a residential care setting, and was also used to justify living in a RCS. For example, Chris ran away from home at seven years of age, explaining:

“Because I have a stepmother and she always punished me... strong pinch and hitting... emotionally I feel that no one loves me because my father is also out that’s why she can hit me... When my father is away working, I am left with the step-mother. That’s when my step-mother hits me... I do the same as my brother, he escaped, that’s why I escaped.”

Another participant explained the dynamics of the physical abuse she endured with her mother, highlighting how it co-occurred with emotional abuse:

“My mum used to hurt me before. Actually, when I was growing up, she used to hurt me, and tell me bad things and she don't believe that I can finish studies but she is still pursuing that I finish it. She don't believe it. She [would] always tell me that I'm just gonna get pregnant like my other siblings, and she... hits me with metal, or with anything that she can” (Danica).

The emotional impact of corporal punishment could be enduring. A participant felt that this experience with his family was an important and long-lasting part of his life history. Asked why he was subjected to corporal punishment, he explained:

“Because of, maybe misunderstanding, because when you are still a child, you play. But they don't like me to play, they want me to do all the house chores.... so they hit me... it's part of the history of my life. I can still remember that” (Ariel).

Some participants previously living at other orphanages discussed some of the corporal punishment they were subjected to, revealing it as an institutional practice. Dixie explained

having to hide from getting hit or having wastewater poured on her, while reflecting on the discipline regime at his previous orphanage, CJ explained an incident of corporal punishment:

“It was my slipper [shoe] that I lost and I was hit on the feet. One of the house mother’s hit me using a bamboo stick on my head because she caught me playing a local game... When I said bad words or do cursing, which we are not supposed to do, I am hit.”

3.2.2. Family violence

Nine participants recounted exposure to family violence which often came hand in hand with the corporal punishment and physical abuse discussed above. Violence was typically perpetrated by a male, and directed towards participant’s mothers. Speaking about her father, Rosette described a scenario also typical to other participants: “So, he’s a jealous kind of person to the extent that he beat my mother... He hit her...She cried... My eldest brother wants to defend my mother... [and] my father will also hit him.” Participants also recounted exposure to incidents of violence, including a violent confrontation with neighbours (Monica), their father’s stabbing murder (Danica), or disciplinary practices with siblings, such as Chris’ brother being tied to a chain by his mother for disciplinary purposes.

3.2.3. Sexual abuse and assault

Five participants, all female, disclosed experiences of significant sexual abuse or assaults prior to entering residential care. For two participants, the perpetrator was an uncle, while the others were abused by a grandfather, step-father, a neighbour or strangers. Now 20 years old, Alana revealed that was sexually abused by her uncle at the age of 6, while Frances was

sexually assaulted by her uncle at age 16, while staying in his house, after living on the streets for four years prior. Camilla was sexually abused by her grandfather, while another participant was sexually abused by her 60 year old neighbour, culminating in her giving birth at age 13, with the baby adopted at birth. She explained:

“The guy threatened me not to say anything, so the guy continued doing things with me until I got pregnant... my aunt noticed and brought me to the police... The social worker and my aunt decided to put me at [RCS]” (Sylvia).

Additionally, Danica discussed the sexual assault and harassment she experienced while living on the streets, which included touching, stalking and catcalling, by both local men and foreigners: “...sexual predators they're everywhere and I always have those experience like whenever I'm sleeping sometimes I just wake up and there's this man lying beside me.” The same participant described the circumstances around her sexual abuse perpetrated by her step-father, and the grooming process that preceded the abuse, noting that moving into a RCS is what ended it.

“I was 8 when it started, when those experiences started, the sexual things. I have a step-father and he live with us. He started with giving me money and at first, I thought it's just a sign of you know, kindness because he's my father, my step-father. I thought he was being kind but - he will always give me money like 500 (php) [approximately \$10US]. It's too much for a kid.... So he started to touch my body. You know those looks, those looks that sexual predators give. It's creepy and all and I started to have this weird feeling inside me that he's up to no good or something like that... When I told my mum about it, she don't believe me. She said that's not

happening because he's nice. I was 11 when it stopped because I went to a RCS...”
(Danica).

3.2.4. Child labour

Six participants discussed experiences of child labour during their childhoods, typically undertaken to supplement the family income. Living with his grandparents after his mother died, Raymond did not attend school and worked in a sugarcane plantation from ages 6 to 10 to supplement his family’s income, until later being placed in a RCS. Similarly, Monica worked in the sugarcane plantations at the age of 9 for five months, instead of attending school, to help provide for her family. At 13, Matthew was put to work farming, while Jethro worked in a market packing rice and selling juice with his family, prior to moving into a RCS at age 9. Miguel worked in markets, carrying bags and taking out rubbish, while Terrence worked as a ‘parking boy’ and rubbish picker. His mother leaving the family precipitated Jethro and his brother to work. He explained “So that's why we go to market and carrying bags for the money, and garbage, for the money... So I stopped [going to] elementary school.”

3.3. Reasons for entering residential care

Major themes emerged in children and young people’s life histories and accounts of entering residential care. While participants communicated the difficulties that underpinned their lives prior to living in residential care, they also discussed the events, processes and motivations influencing their entry into residential care. Children and young people’s interpretations of these circumstances focussed on their need for safeguarding from maltreatment and education opportunities, as well as various ways they came into contact with RCS.

3.3.1. Child protection and safeguarding

Participants explained how RCSs are utilised as safeguarding mechanisms, within informal, community-based, child protection networks. In cases of significant child maltreatment, participants discussed how they were placed into residential care settings for safeguarding purposes by adult actors, including family and community members, social workers, RCSs or police. For participants with serious sexual abuse cases, participants were placed into RCSs to prevent further potential maltreatment, concluding that the prior living situation is unsafe, given abuse occurred.

In other circumstances, participants viewed the role of their RCS to safeguard them against potential risks of maltreatment, unsafe practices, or the moral dangers of living with their family, carers or community. Safeguarding was an explanation used mostly by female participants, who had held a strong sense of safety in their RCS, as well as clear views of the risks to their safety in their prior care arrangements and communities. They viewed their RCS as a safe environment, despite the risks noted by research in these contexts (Rus et al., 2017). Some children and young people understood their entry into an RCS, or their ongoing stay, as a way to prevent the potential of future safety risks at home or in their community. Concerns of sexual assault or gender based violence were strong. Jackie explained that “My grandmother allows me to come here [to the RCS] because we never know what will happen. I have my siblings, they are all male there, I don’t know. It might not be safe for me.” Additionally, another participant described the safety risks of living at home in a house with 16 family members;

“Since we are living in my grandparents’ house all of us are mixed with my cousins who are also male. [RCS] visited the place and found out it is not safe for us, especially because there is no room for all of us” (Arlene).

While, Alana discussed the violence in her home community, comparing it to the sense of safety she feels in her RCS:

“Here we are focused in our study, we are safe, and we are financially supported... I compare the [RCS] to where I lived in [community], it’s like every day there’s fighting there, here it is very peaceful... In that place there are people who get drunk, they will bring some knives and stuff... it’s not safe”.

3.3.2. Education opportunities and aspirations

In recounting their lives prior to living in residential care, participants cited problematic school attendance or not attending school at all, and explained that their entry into a RCS was justified based on their increasing educational deficits or the financial barriers of attending school. Given the socio-economic circumstances of their families, attending school regularly was often a challenge, the costs of school uniforms, stationery, compulsory project materials and transportation to and from school, amounting to an experience of exclusion. Reflecting on his reasons for entry into residential care at 8 years of age, and missing school for three years prior, Roger explained that his family could not afford to send him to school, whereas residential care could support his education. Gerry cited family financial problems affecting school attendance prior to living in residential care, while Jesabel cited the financial

difficulties for her family to send both her and her siblings to school, stating that she moved into residential care to continue her education. Paul explained that:

“My aunt said ‘I can no longer send you to school because I also have struggles in life’. A very difficult life. One neighbour asked her [aunt] to bring me to [RCS] so that I could be able to go to school... She cannot send me to school.”

Arlene discussed how for four years she struggled to attend school regularly due to the limited income of her grandparent carers, until she moved into a RCS at the age of 13: “I was always at school and then stop, attend, stop, attend... I didn’t have proper schooling back [from] when I was nine years old.” Participants acutely understood the value of education and its relationship to their future economic and life prospects. Children and young people highlighted the education opportunities that a RCS could offer, in comparison to their lives with their family or carers. Moving into residential care at the age of 13, Monica described how she felt at this time, and her motivations to further her education:

Monica: “I felt so hopeless... I felt like I will be like my sisters who don’t have education, who didn’t finish [school].”

Researcher: “What did you feel most hopeless about?”

Monica: “My dreams in life. I was thinking about working so I can help with the family... that’s why I grabbed that opportunity to continue studying...”

3.3.3. Residential care setting contact or recruitment

Children and young people discussed prior contact or knowledge of their RCS or another welfare programs as an important part of their pathway into care. In some circumstances

children received sponsorship from international donors, and then later transferred into residential care at the same organisation. For others, moving into an RCSs involved already being part of a welfare or education program offered by an NGO, or knowledge of the RCS via peer networks. In some of these circumstances, participants noted a recruitment type entry into a RCS. Monica and Terrence discussed attending an education program for children out of school at their RCS, prior to moving into their residential facilities. Another participant described how engaging with a RCS's street based welfare program led to his entry into the RCS.

“The RCS have activity in the street, it's a mobile unit. The mobile unit is giving food and then teaching rights and then teaching how to carry yourself. And then one time my cousin, is going to activity and he said, come with me... And then yeah, [we 're] always going if [RCS] is going to the street. And then one show us other work, talk to my parent and asked if I want to go to RCS and then they said yes” (Victor).

Frances met a social worker at a street children's feeding program, who later transferred her into a RCS. Several participants discussed how a foreigner, who was supporting a RCS and tutoring children who were out of school, invited them to live at a RCS.

“Before I lived in [RCS], [he] always tutor us at the seaside... Because he know that I, during our tutorial, answered immediately when it was mathematics... he think that I have the capacity and ability to study. So he approached me, that if I like... he will put me in the [RCS]” (Ariel).

Other participants had prior involvement with their RCS through a sponsorship program, whereby foreign sponsors would send money to the NGO to support the child while living family. In some circumstances, children would enter into RCS if circumstances warranted, such as struggling in school, difficult family life, or not fulfilling the requirements of the sponsorship, involving regularly attending events at the NGO. Occasionally, the input of international sponsors would be requested in decisions around care arrangements. The entries into RCS highlighted by contact with RCS and NGOs represent the interaction between experiences of chronic disadvantage, and the pull of material assistance and welfare.

4. Discussion

The findings reveal that children and young people's interpretations of their life histories largely focus on diverse experiences of poverty and hardships, and the instability these engender, demonstrating an acute awareness of the social contexts of their lives and the vulnerabilities that these create for them and their families, offering a theorising of the social relations and contexts of their lives prior to living in residential care. This aligns with theoretical views of childhood that highlight the significance of social relations and contexts in shaping the lives, opportunities and choices of children and the level of agency they can exercise within the social structures they experience (Mason & Bessell, 2017). This is highlighted in participants accounts that illustrate the deprivation, unstable care arrangements and poor relationships, and community issues that constrain their lives, threaten their safety, as well as their future aspirations around education and employment.

The findings provide new insights into children's entry into RCSs in the Philippines. We now know that children and young people frame the reasons for entering into RCSs around the social and economic constraints experienced across their lives, and their need for care and

safeguarding. They perceive RCSs as an opportunity to fulfil their own aspirations around education, often facilitated earlier by NGOs and RCS via their outreach or education programs for community members. Children also highlighted their vulnerabilities, including histories of maltreatment and harm, and the potential for harm in their home communities, when reflecting on the role of RCSs in their lives.

Despite difficult life experiences, children emphasise their adaption to the adversity they have experienced, and embrace their entry into RCSs. Further, within their reflections, participants focus on their perceptions of how RCSs could provide them with opportunities to exercise agency and control over their lives, constructing themselves as aspirational and newly agentic, on pathways to choice and control over education, employment and adult independence, within the social contexts and relations of their lives.

4.1. Implications for policy and practice

Understanding children's life histories and their reasons for entering RCSs in the Philippines provides important macro policy implications, particularly given that for policy development to be contextualised, relevant and sustainable, children and young people's experiences must be engaged with (Woodhead, 1999). Participant's accounts show the effect of unstable care, high unemployment, weak labour markets, child maltreatment and limited social protections and policy, on their need for RCSs and the protections and opportunities they provide. Life histories and entries into RCS are very much related to the stability of families and their economic capacities. Previous research in the Philippines has highlighted the need for poverty reduction to reduce child maltreatment (Ramiro et al., 2010). Policies that support the livelihoods of families, such as the Philippines' national conditional cash transfer program

(Kim & Yoo, 2015), are crucial in maintaining family units, and preserving school participation. Income support also relates to children's exclusion from school, where prohibitive participatory costs impact attendance. These barriers could be reduced with education subsidies for poor families, or reducing or eliminating the costs of school participation. Income support also has the potential to mitigate the impact of parental death or separation, maintaining incomes for families to navigate changes in income levels, and the impact of these on children's lives.

The findings highlight the central role of RCS in welfare provision, within the high need and low social protection welfare environment of the Philippines. This study has found that, in the circumstances of the lives of its participants, residential care forms a significant child protection response to child maltreatment, in lieu of other alternative care responses, or support from other child protection actors. This suggests the need for the expansion of community-based child protection approaches, including prevention, suggested in previous research (Roche, 2019a), and which fits within broader understandings of the importance of protective capacities of communities in low-income countries (Myers & Bourdillon 2012; Lachman et al., 2002). Additionally, participant accounts provide insights into the broader purpose of RCSs beyond child protection, with children and young people noting their educative focus and recruitment practices as key factors for entering RCSs. This raises questions about the extent in which RCSs are working to assist families to remain in-tact, and given understandings of the potential harms to children living institutions, family-preservation work is a practice that should be considered a core to the work of welfare organisations.

5. Conclusion

This study provides initial insights into the use and role of RCSs in the Philippines, however there are limitations to this study. The differences between the urban and rural study sites is not a focus of the analysis, nor how age, gender and class intersect and impact on children's lives in relation to RCS, which are important areas for future research. Research that is able to utilise a representative sample would be able to further elucidate the core experiences around children entering RCSs in the Philippines. Further, experiences such as sexual abuse are likely to be under-reported in the data, given that participants may not have felt comfortable discussing it, as well as the agency given to participants to discuss topics and life experiences of their choice.

The findings of this study show that participants interpret their life histories through the social disadvantages they experience, and the vulnerabilities that these engender, highlighting their need for safeguarding and education opportunities. More broadly, participant's accounts provide insights into the role of RCSs in the lives of children and the fabric of welfare provision in the Philippines. RCSs in the Philippines can now be understood as a response to poverty, low levels of social protection, and the maltreatment and instability that occur within these contexts. Major research gaps on this this topic remain, in particular children's experiences of residential care itself, and crucially, the mechanisms and processes of RCSs within child protection approaches.

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Declaration of Competing Interest

The authors declared that there is no conflict of interest.

Chapter Six: Children's supportive relationships in residential care

The previous chapter presented an in-depth exploration of children's life histories and reasons for entering into residential care. This chapter now extends analysis to children and young people's experiences living in residential care, specifically focusing on children and young people's relationships and associated wellbeing while living in care. It draws on the interviews with children and young people currently or previously living in residential care, including a relationship and network mapping exercise during interviews that elicited participant's interpretations of their most important relationships and how these support their wellbeing (see Chapter Four). The chapter first details the data from a content analysis of the relationship and network mapping exercise, summarising participant's perceptions of their most important relationships. Drawing on this analysis, as well as interviews, it then explores participants' interpretations of these relationships, discussing how these impact children's wellbeing. This chapter answers a subsidiary research question: *Who comprise children's supportive relationships in residential care and how do these support their wellbeing?*

Important relationships and social networks

The scoping review in Chapter Three (publication two) found that for children living in RCSs in the global South, contact with nuclear and extended family is typically irregular, while extensive interactions with large, mixed age, peer groups are common. The studies reviewed revealed that poor relationships, fighting, bullying and poor treatment from caregivers are a threat to children's wellbeing in residential care, while strong, ongoing, supportive relationships with family, peers and caregivers are protective and essential to children and young people's welfare and wellbeing.

This chapter presents findings relating to the characteristics of children and young people's relationships while living in residential care, and their views of how these impact their wellbeing. In interviews, participants were asked: 'Who are the most important people to you in your life right now?', and were then requested to write these into a hand drawn diagram consisting of categories distinguishing the people of most importance (for example see Chapter Four - Methodology). The diagram was then used as a tool to focus discussion, and elicit further information and a rationale for choices.

There were no constraints placed on participant responses in the diagram, and participants chose to approach this task in different ways. Some expressed multiple responses across each category in the diagram, while others extended the diagram to a fourth category. Some participants did not utilise all categories, instead for example, recording their most important people in the first category, and articulating that they are all equally important. Most participants discussed specific individuals, while others utilised categories of people (for example 'family'), a spiritual entity (for example God or Jesus), or organisations, such as their current residential care organisation.

Table 3 incorporates all responses recorded in participant's diagrams. All responses are presented in the left column, and then reports the number of times each response in the diagrams, and in what category of importance. The highest recorded responses are bolded, while the totals column records the total number of persons/entities recorded, irrespective of their perceived importance.

Table 3: Persons/entities identified by participants as their most important relationship by level of importance.

Person/entity	Most important	Second important	Third important	Fourth important	Totals
Friends	2	5	10	1	18
God	15	2	1		18
Family	8	8			16
Current residential care program	1	8	6		15
Social worker	8	3	2	2	15
Mother	8		1		9
Sponsor	1	4	4		9
Housemother	1	2	3		6
Aunt	2	2	1		5
Cousin		2	1		3
Father	2		1		3
Peers (residential care)	1		2		3
Priest	1	1	1		3
Relatives	1	1	1		3
Residential care administrator	1	2			3
Residential care staff		3			3
Grandmother	1	1			2
Grandparents	2				2
Nephew(s)	1	1			2

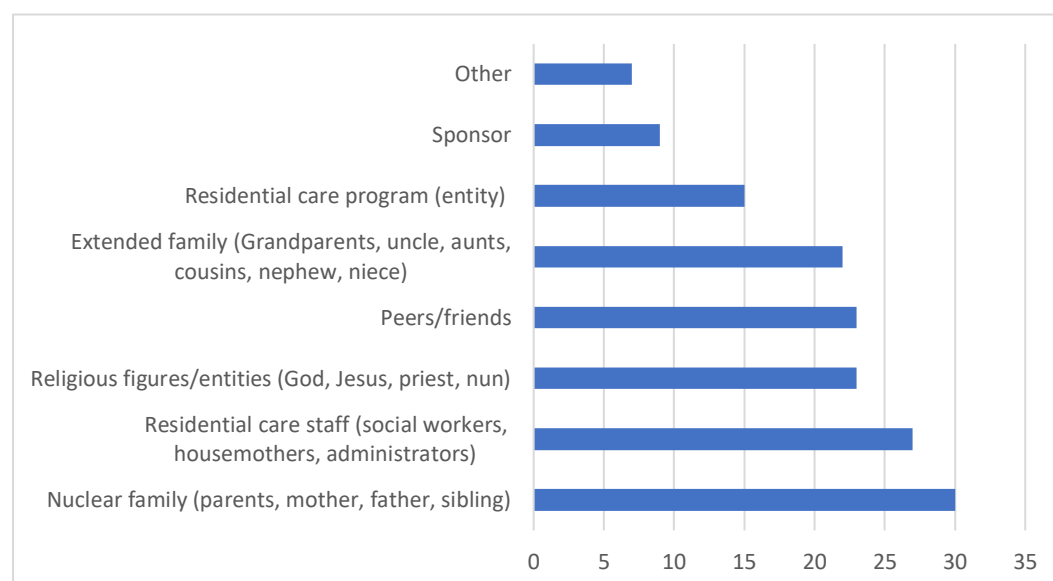
Previous residential				
care 'family'	2			2
Siblings		2		2
Sister		2		2
Teachers			2	2
Uncle	1	1		2
Community			1	1
Current residential care				
'family'	1			1
Grandfather			1	1
Jesus	1			1
Niece(s)		1		1
Nun			1	1
Peers (previous				
residential care)		1		1
School mates			1	1
'People who love me'			1	1

For participants, the most important people in their lives are diverse, with a broad range of people or entities captured by this question. Their responses to this task highlight the diversity of important people identified by participants, and lack of uniformity across children's most important people in their lives. Table 3 outlines that 'God' is considered to be the most important relationship in participants' lives, well ahead of family, or participants' mothers or social workers. Participants highlight the importance of their current residential

care program in the second tier of importance, while ‘friends’ are also emphasised in the ‘third important’ category. Taking the total reported responses, regardless of their rank of importance, reveals that ‘friends’, ‘God’, ‘family’ as well as their current residential care program and social worker are the most important figures in participants lives. There are also important findings about participant’s perceptions of important people in their lives, with some people either ‘most important’ or not important at all, such as God or mothers.

Figure 3 reconstitutes the responses recorded in Table 3 into eight broader categories, for example, placing all responses pertaining to nuclear family into one category (for example, mother, father, sister). This allows for a summarised view of the most important people in participants lives. This view of the data highlights the extent to which, for example, participants’ nuclear family remains a key set of relationships, despite not being in their care. This figure also details the importance of all residential care staff in children’s lives, as well as religious figures, entities and their peers. This is now discussed in further detail, incorporating quotes from the discussions held with participants in interviews during and after they completed this task.

Figure 3: Important people categorised



Relationship with God

Participants consistently identified God as the most important person in their lives. This is not surprising given the Philippines is a highly Christian society, and the faith-based orientations of many institutions and welfare organisations (Yu 2006; Yu 2013b). That God is conceptualised as a ‘person’ in children and young people’s lives indicates the centrality of religion and spirituality in their day-to-day lives, the depth of their faith, and how this connects to their overall wellbeing. It also reveals that participants likely conceptualised the question as asking not just about people or individuals, but more generally about the relationships that are central in their day-to-day lives. The confidence in which participants discussed God as a tangible, helpful and supportive person in their lives was also accepted as a response given the broad, exploratory focus of the research.

In interviews, children and young people gave insights into their understanding of themselves and God, and how God is conceptualised as having tangible value in navigating everyday life. Their responses, and discussion of God in their lives highlighted the meaning, order and purpose that their relationship with God provides, and how their fate is interwoven with their faith and personal relationship with God. For example:

“If God is not in the centre of our lives, we are nothing. We will not go to heaven because of our religion, but with our faith living in God. I believe that [with] our fate, our struggles, and everything that is happening, I know God has a purpose, so I put God in my centre” (Acee).

Participant accounts of their relationship with God highlight the insecurity that they have experienced across their lives, particularly in relation to their care and welfare. For participants, God represents a consistent relationship throughout lives that are marked by uncertainties. Faith is articulated as fundamental to wellbeing, and presented by participants as core to their understandings of their own welfare and life outcomes.

Well, since the very beginning, I feel that God is with me because when I don't know what is happening, [I think] maybe He has a purpose for me, and there are things I would like to ask but it will not be answered by Him, but maybe in the right time, He will answer it for me. [...] There are times that the situation is quite heavy for me but when I think about God, it makes me feel lighter [...] (Dixie).

Concepts of family

References to 'family' and 'mother' were both recorded as the most important people in participant's lives in Table 3, while Figure 3 details that references to nuclear family members were the most commonly occurring overall. This indicates that despite children and young people being unable to reside at home, and in many cases experiencing abuse and neglect, they either maintain, conceptualise or desire strong connections to family, and that their family remains a major part of children and young people's understanding of themselves and their lives. Many participants expressed the view that family is central to people's lives, with one interviewee stating that family is important "...because family is the basic foundation of society" (Acee).

Participants described varying relationships and contact with their families. Some were able to see their family regularly, especially those whose parents or relatives lived nearby and had resources to visit. In contrast, others had minimal contact with family given recent problematic histories of abuse and neglect described in the previous chapter, lived too far away for face-to-face contact to be possible, or had not seen family members for many years and had largely lost contact. A 16 year old girl, living in residential care for the last five years, described how her connections to her family remain strong despite living away from them.

I have a family. It's very hard that you are separated from your family. Even if we are not together, they are there with me by my side, and they are always telling me that 'Inday [girl], wherever you go, we are still here as your family' (Jackie).

This is distinct, given that children and young people are residing in residential care, with most having family that has little to no capacity to act as primary carers for them. For many, family continue to provide some level of support, despite, in most cases, an inability to provide primary care for them. Some participants describe this support as emotional in nature; "Even if I'm very far from them, I can still feel their love for me" (Angel), or as financial or material support. The following participant describes the financially supportive role of their sister:

I think she is important because in some ways she supports my studies. If my mother doesn't have money and I ask for financial assistance, my sister will still give it to me. (Isabela).

Participants described how family plays an important role in their wellbeing that residential care cannot necessarily provide, citing the closeness that they felt with their parents. A 17 year old, living in residential care for the last two years stated that: “I feel safe when my father and mother is there” (Jasmine), while another described the comfort they perceive comes with unwavering family support, despite this not being available to them at this point of their life.

Understanding. Family are the ones that understand and will take care of you regardless of challenging times and difficulties. They will protect you from any harm and will teach you what’s good and bad. (Tammy).

Some participants identified their family members as key motivators for them to finish school. Asked why her mother is important to her, the following participant said: “Because she gives me life...She is my inspiration, and she is my determination in studying” (Monica). Similarly, another participant explained how repaying their mother for her sacrifices was a motivating factor for her to finish school, evidencing a commitment and loyalty to her family.

My mother right now is my strength. I need to finish school, so that I would be able to pay her back in the things that she do for me. (Isabela).

However, given many participants had difficult histories of abandonment and abuse while previously living with their family, some held complicated views of family members and their relationships with them. Reflecting on her ongoing relationship with her mother, who left her living on the streets at age five, the following participant articulated a confused, somewhat unsettled view of her mother and her role in her life, articulating both the negative

impact of her mother's actions, but also how she is nevertheless an important source of support to her.

She makes me cry. She makes me weak. She is my strength. She is my everything.
(Maria).

Family can be a difficult, confusing or unfamiliar concept for children living in residential care, particularly those who have been there for a long time, or entered into care in circumstances of abuse or neglect. The following participant, who was adopted at birth, and living in residential care programs since birth, conveyed their uncertainty around the concept of 'family'.

Sometimes my classmate would ask me about my family and I don't know what a family is, and I think about it. If I see some people, kids who have parents, it makes me sad but they will ask me also, and I will answer them, "I don't know what a family is" (Dixie).

Contact with family

The findings in Chapter Three (publication two) highlight that irregular contact with family members is typical for RCSs in the global South, but nevertheless, family members remain important to children and young people, even when relationships are constrained or simply not possible. For participants in this study, contact with family was often minimal, despite their descriptions of the benefits of family to their wellbeing, and a desire to maintain strong connections to their family members.

P: Sometimes I would like to go back home and visit but I can't. [...] I want to see my family... but sometimes we're too busy with the activities here.

R: So you would like to see your family more?

P: Yeah. (Tammy).

Another participant described emotional difficulties around missing the day-to-day life of their family, and desiring greater contact with them, not even able to speak to them on the phone.

R: What is the hardest thing about living in [residential care]?

P: The hardest thing for me is living here far from my family.

R: What makes it hard?

P: [I think] yes this is my family and [residential care] is my second family, but if you are here one year or longer, you miss everything in your house. You don't know about what they [family] eat, their safety, or if they have good health. We are not allowed to have telephones here. (Acee).

Contact with family, including extended family, when possible, was described by participants as beneficial. The following participant described the happiness she felt after recently spending time with her nephews.

Hmm. For example on semester break. I feel very happy with my nephews, especially this last week break. We were able to go back home and I really play with them a lot.

It makes me really happy because it reminds me of my childhood and they make me happy. (Isabela).

An 'institutional' family

A major theme to emerge in participants' accounts of their relationships and peer networks was the concept of 'family' as embodied in their residential care program. Participants conceptualised the entity of their residential care program as an important 'person' in their lives, identifying the collective relationships they have with staff and peers, and the opportunities and support that residential care offers, as constituting an important familial relationship. For example, the following 16 year old participant, who was adopted into an orphanage at birth, conceptualises their residential care program as a family, highlighting the life-long companions and support it has provided to him.

R: So who is in the [residential care] family?

P: The staff, and the children.

R: And why are they important to you?

I: Since I was a child, they were my companions, they are the one who help me.

(Rosa).

Others, in articulating residential care as like a family, believed that in addition to the strong relationships with staff and peers at residential care programs that they had developed, that residential care programs provided a sense of security and stability that was similar to what a family could provide.

So important. It's like how a toy is important to a child. It gives them like happiness, makes them feel secure, that someone is there and it's like... it's just so helpful. It's like a food. They're like a food, it's a necessity. They became a necessity because really help me a lot, so much. (Danica).

The following participant described how, given their lack of strong family relationships, that their residential program became a 'second family' to them, explaining how it offered so many of the feelings and opportunities that a family would ordinarily provide.

P: I think the best thing living in a shelter, I guess like you communicating or building relationships with others. In my case I don't have like, uhm, a good family orientation, because I was from a broken family. The [residential care program] became my second family.

R: How was [residential care program] like a second family to you? [...].

P: Because they give us a chance to dream again, to feel love. To learn practical skills for when you go outside later.

R: How did you feel loved at [residential care program]?

P: Because they give you freedom, like you do whatever you want to. Like they, we have like every two months...two times a month, we have a family day where we go camping, cooking, picnic.

R: And you said they allowed you to dream, that's like a family for you?

P: Dream yeah. Because I never imagine I could study again. When I was in [city location], the life there is really hard and I could never imagine I will be back in school. That's why my dream, I gradually accomplish it. (Sam).

Peers

According to the research reviewed in Chapter Three (Publication Two), children living in RCSs in the global South typically have large, mixed age peer groups, forming caring and mutually beneficial relationships, and filling the majority of their social interactions in everyday life. This is also the case among the participants in this study, who provided significant insights into the key relationships and peer networks in participants lives. Table 3 details that friends and peers make up the most important people in their lives, and include friends also living in residential care, as well as from their school and the community. In interviews, they described the role of peers in their lives who provide mutual material and emotional support and encouragement to each other.

They are my true, closest best friends ever. [...]They always give me advice then if I don't have any allowance for school, they then treat me. We share a lot of things like we're sisters, yeah. Then in our school, we always study hard because it is our goal to become top students, the three of us [...]. If I'm feeling down then they always cheer me up, [say] that it's okay, [and that] in every problem there is a solution. (Monica).

In this study, participants described how they share many similar experiences and life histories with their peers in residential care. As such, peers provide significant emotional support and encouragement.

R: How are your friends important to you?

P: They make me laugh. When I'm feeling down they advise me to be strong. Uhm. [They also say] never give up and that you have to face all the struggles in life. (Maria).

Caregivers, social workers and residential care staff

Participants form a range of relationships with adult caregivers and professional staff while living in residential care. The majority of these are with social workers, housemothers and other program staff such as managers and administrators, who perform primary caring roles, and provide practical and emotional support, guidance, discipline as well as exerting parental authority in their lives. In interviews, children and young people identified these staff, in particular their social workers, as highly important in their lives, and central to their wellbeing and safety, forming strong bonds and in some cases familial-like relationships. These relationships could be in stark contrast to current or previous relationships with family. The following participant described her feelings towards her caregivers in residential care, comparing the love, safety and wellbeing they offered, to the limited love and care her mother was able to provide.

P: [...] I just feel that they are not gonna hurt me or anything. They just make me feel so important and they always told me that... I'm not kind of a no-one, and that no-one deserves to be hurt, no-one deserves to be abused or anything. They just told me that and they made me feel that I'm still whole even if I feel that I'm not.

R: In what ways do they make you feel important?

P: Oh that's really hard but... They make me feel important by showing me kindness, caring for me, loving me in a way that my - some people were not able to do. Like my mum, she was not... she loved me, I know that, I feel it but I don't, you know.

Growing up, I don't feel that she loved me wholeheartedly. So that's what they make me feel. They love me and they love me in a way my mother was not able to.

(Danica).

In discussing the importance of social workers and other caregivers, participants highlighted the roles of their social workers in meeting their everyday needs such as food, school supplies and toiletries, as well as other roles including discipline, education (such as teaching children to read), and supervision. Many also discussed the wellbeing and support dimensions to their relationships with social workers. A 17 year old participant, in residential care for the last four years, described her relationship with her social worker, citing its motivational characteristics.

She is the one who motivates me to be focused on my studies. [...]. She encourages and guides me... She always remind us how hard and challenging life is that's why she remind us to always focus on our studies. (Arlene).

Others viewed their social workers as proxy parents, viewing their social workers as mothers, given the caregiving, advocacy, and encouragement they provide to them. A 17 year old boy, adopted at birth, explained:

My [social worker] said to me, "Don't be like the others who do not want to study. Because you are the eldest, you are supposed to finish college and later on you can help them." ... I feel like she's a mother to me. (CJ).

Similarly, an 18 year old girl, in residential care for the last five years, described the actions of her social worker as akin to a parent, highlighting their advocacy and encouragement.

In case we need them, she stands up for us and she's like our parents. If we need something, she's there for us. [...] If we're feeling down, she always encourage us not to give up... (Monica).

Another participant interprets their social worker as taking on multiple roles in their life, including a mother, preacher and a friend, also highlighting the material and emotional support they provide.

P: Our social worker. She is not just a mother but is a friend and preacher who gives advice and lot of quotes about God's work.

R: How is she like a mother to you?

P: For example, [...] she does overtime because of us, and if there are expenses, she gets money from her own salary. [...] If we have a secret or friend problems, we talk to her. (Acee).

The following participant explained how a caregiver at her residential care program fulfilled a mothering role for her, providing love, care and support throughout the challenges she experienced.

Yeah. I feel like she's so thoughtful and caring so, like a mother. Like I said, I always looked for a mother; and then, whenever I have problems, especially during when I got pregnant, she's there with me. When I need a job, she's there with me. When I have problems in school, she's there with me. (Ivory).

Participants also revealed concerns that their social workers and caregivers can be too busy and at times unresponsive to their needs; understandable given the significant, multidimensional role they play in their day-to-day lives. One participant remarked that “The [social worker] has many things to do. She’s busy and she’s tired” (IRCF2), while another explained the “Sometimes [...] [social worker] is too busy. But we understand... We just find ways” (Trixie).

Implications for policy and practice

The findings presented in this chapter provide important and original findings around who the most important people are in the lives of children and young people living in residential care in the Philippines and how they support participant’s wellbeing. Participants identify an array of significant people in their lives, including nuclear and extended family, friends in the community and in residential care, residential care staff and caregivers, while also recognising their faith and relationship with God as central to their understandings of supportive relationships in their lives. The relationships and roles of important people in their lives consist of individuals and organisations offering material and emotional support that work to protect and enhance children’s welfare and overall wellbeing.

Children recognise the essential role of family in their lives and the Philippines more broadly, particularly in the limited welfare state and economic precarity that they have experienced firsthand, described in Chapter Five. Despite living in care, for those with nuclear and/or extended family, family relationships remain highly relevant, identifying a sense of wellbeing that these provide via feelings of belonging, material support, and mutual commitment. This

is striking, given children are living in residential care settings without parents and other family acting as primary care givers, and in many cases have been directly mistreated by family members. This suggests that children hold onto ideas of family, despite when, for most, the concept of ‘family’ has been problematic, unachievable, or highly irregular throughout their lives. This is not altogether surprising, given previous research has identified that children living in residential care see their biological family as contributing to their sense of identity, despite not acting as primary carers (Schofield, Larsson & Ward, 2017). This also relates to residential care settings in other low and middle income contexts, as highlighted in Chapter Three, in which children living in residential care articulate the importance of family, despite having no contact with them (Khoo, et al., 2015). That said, for some young people in this study, particularly those with no contact with family members, family is a confusing and unfamiliar concept.

Participants identify supportive, familial relationships in those around them. Peers act as key emotional and problem solving supports, while social workers and other caregivers take on primary care roles that, for the most part, fulfil children and young people’s essential needs for care and support, creating significant, deep and ongoing connections. Children and young people also see important people embodied in the structures around them. Residential care programs are conceptualised as familial relationship, taking on the meanings of family, encompassing support structure in their lives, the entity acting as a ‘second family’, offering love, support and the fulfilment of dreams and ambition. The same can be said of the role of God in the lives of participants, who is embodied in those who support and care for them, but also in the outcomes of their lives.

7.0 Preamble to Chapter Seven

Chapter Six provided key insights into a central element of children and young people's experiences in residential care, identifying the most important people in children's lives, and focusing on their key relationships and the ways in which these support their wellbeing. This chapter now moves to examine the broader child protection functions, including residential care programs, within the Local Government Unit (LGU) of the main study site in which the fieldwork for this study was undertaken. This is an important focus given the serious child maltreatment issues that children and young experience outlined in Chapter Five. It includes the fourth publication incorporated into this thesis including published works. It is a journal manuscript titled 'Local child protection in the Philippines: a case study of actors, processes and key risks for children' and is, at the time of writing, under review in the journal *Asia and the Pacific Policy Studies*.

This manuscript explores child protection actors, processes and child maltreatment issues in one LGU, revealing the roles of community based actors in child protection efforts, as well as the functions of formalised actors such as the police and the community's Child Protection Unit. It responds to the third subsidiary question of this thesis by publication:

How are children protected in a regional Local Government Unit in the Philippines? Its findings highlight the expansive role of community actors, including family, neighbours and NGOs in responding to child maltreatment, including residential care programs, and the subsequent need to expand early intervention efforts, develop the capacity of community based actors, and enhance their relationship with formalised services.

This article was co-authored with Dr Catherine Flynn from the Department of Social Work at Monash University. *Asia and the Pacific Policy Studies* is ranked in the second quartile of

journals in the subject area of sociology and political science (Scimago 2020), and is published by John Wiley and Sons Australia, Ltd and the Crawford School of Public Policy at The Australian National University (ISSN: 2050-2680). This journal was chosen for this manuscript due to its multidisciplinary focus on policy research in the Asia and Pacific region, its agenda to generate policy impact in the region, and its open access format that allows for broader readership and the potential for higher impact of research findings. This manuscript is included in this thesis including published works in accordance with the permission guidelines of this journal (APPS, 2020). In this Chapter, participants are referred to by participant codes, rather than pseudonyms, to match the style of this journal.

Full citation: Roche, S. & Flynn, C. (under review). Local child protection in the Philippines: a case study of actors, processes and key risks for children. *Asia and the Pacific Policy Studies*.

Chapter Seven (Publication Four): Local child protection in the Philippines: A case study of actors, processes and key risks for children

This is a manuscript under review in the journal *Asia and the Pacific Policy Studies*.

Steven Roche

Department of Social Work, Monash University

Dr Catherine Flynn

Department of Social Work, Monash University

Abstract

This article explores the child protection actors, processes and child maltreatment issues in a regional Local Government Unit in the Philippines. Utilising a qualitative case study design, it engages with key child protection actors (n=13) and young people with histories of child maltreatment (n=14), exploring their views and experiences of child protection actions, processes and outcomes. The findings highlight informal community-based actors, including neighbours, family, friends and non-government organisations in initial responses to child maltreatment, compared to formal child protection actors, who respond to severe maltreatment utilising a legal framework. Actors are constrained by limited government

capacity and community reach, revealing misalignment between formal child protection activities and breadth of risks for children. Non-government organisations assist child protection efforts through the provision of residential care. Policy recommendations include strengthening relationships between formal actors and communities, expanding early intervention activities, and developing the capacity of community-based child protection actors.

Key words: Philippines, child protection, child maltreatment, residential care, case study.

1. Introduction

This study investigates local level actors, functions and processes that work to protect children, and respond to child maltreatment in the Philippines. The need for localised and contextual analysis of child protection in the Philippines is strong, given a recent analysis of national child protection policies and systems identified an absence of information, research and analysis of child protection (Roche, 2019a). Additionally, approaches to improving child protection systems often focus on formal structures and government managed services, which can ignore the informal, community-based child protection efforts of communities and families (Wessells 2015), and disregard the low utilisation rates of child protection systems in the global South (Wessells et al. 2012).

In response, this study explores child protection practices in one Local Government Unit (LGU) in the Central Visayas of the Philippines via a case study design, highlighting child protection actors and their functions. It focusses on child protection from local perspectives, aiming to better understand the role, interactions and influence of NGOs, including residential care, as components of wider child protection approaches. This is important given that the overreliance on the institutional care of children, in residential care, orphanages, groups homes and other settings, is a major component of approaches to children's welfare and protection in the Philippines. Despite this, its connection to child protection practices formal or otherwise, is yet to be explored.

The focus of this study is significant given major risks to children's wellbeing in the Philippines. Emotional and psychological abuse is extensive, including corporal punishment and family violence (Sanapo & Nakamura 2011) with children's exposure to violence

widespread (Hassan et al. 2004). Child sexual abuse remains under-investigated despite evidence that 17.1 per cent of children over the age of 13 have experienced such violence (CWC & UNICEF 2016). Children also navigate major safety risks including commercial sexual exploitation, child labour, extra-judicial killings and armed conflict (Daly et al. 2015; Mapp & Gabel 2017). The frequency and severity of child maltreatment is impacted by major structural disadvantage and the risks these engender (Pells 2012). This is relevant to the Philippines given an estimated 31.4 per cent of children in the Philippines live in poverty (PSA 2017); 13.4 million children are considered income poor, while 5.9 million live below the 'food poverty line' (PSA & UNICEF 2015).

1.1 Child protection in the global South

UNICEF understands child protection as preventing and responding to violence, exploitation and abuse (UNICEF 2008), an approach largely utilised within system-based frameworks in global South policy contexts (Connolly et al. 2014). Child protection systems aim to provide a coherent structure, including a combination of policy, programs and efforts, to prevent, respond and resolve child maltreatment (Pells 2012; Wessells et al. 2012). As such, they seek to integrate fragmented programs and actors across community, national and international levels (Wulczyn et al. 2010). Community-based child protection has emerged in circumstances of ineffective or absent child protection systems and diverse populations, often comprising local level groups, actors or processes that prevent or respond to child maltreatment in the absence of effective formal structures to protect children (Wessells 2015; Wessells et al. 2012; Connolly et al. 2014). These approaches utilise community strengths and actors, may incorporate community-government collaborations (Wessells 2015), and

require trust across micro- and macro-levels with numerous and diverse actors and groups (O’Leary, Hutchinson & Squire 2015). The primary advantage of such approaches is that child protection actors are closer to the lives of children and their families and the contexts in which maltreatment occurs.

1.2 Child protection in the Philippines

The Philippines’ current child protection system is described as ‘top-down’, with clear legislation and national policy, which is poorly implemented, to the point that its ‘systemic’ characteristics are questioned (UNICEF 2016; Roche & Flores-Pasos, in press). Child protection coverage varies significantly in resources and approaches, while social welfare infrastructure lacks capacity and technical expertise (Kim & Yoo 2015; UNICEF 2016; Ramesh 2014). The “Special Protection of Children Against Abuse, Exploitation and Discrimination Act” (RA 7610) provides a legal basis to protect children from abuse including “...neglect, cruelty, exploitation and discrimination and other conditions, prejudicial to their development” (The LawPhil Project 2018a, article 1, section 2), and also states that it is the “...policy of the State to provide special protection to children from all forms of abuse...” and “...carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination” (The LawPhil Project 2018a, article 1, section 2), detailing a legislative and programmatic commitment to protecting children.

Child protection, and broader welfare approaches, reflect wider governance structures in the Philippines. The state provides minimal social assistance, with the family unit taking onus for its own welfare, under the ‘productivist’ conditions of the Philippine welfare state, whereby

economic growth is prioritised over social policies (Yu 2013a; Choi 2012). National policy highlights the role of local government as a central component of welfare interventions for children (CWC 2010), while emphasising parents and families' own responsibilities for protecting children (Roche, 2019a). LGUs struggle to provide services and can leave communities without basic services and facilities (Yilmaz & Venugopal, 2013). Further, weak national institutions struggle to hold local governments to account (Yilmaz & Venugopal, 2013), creating situations whereby child protection efforts have become discretionary, impacting welfare services for children and families. Emerging from these governance conditions are an array of non-government welfare organisations, including residential care settings. The Philippines' Department of Social Welfare and Development (DSWD) lists over 900 private social welfare agencies with residential care programs (DSWD 2019a; DSWD 2019b), however there are generally thought to be many more (Graff 2018), due to limited regulation and the international commodification of children's welfare and demand for engagement with orphans (Cheney & Ucembe, 2019). How these factors contribute to local child protection arrangements, child protection actors and their roles and functions, including the role of residential care, is the focus of this study. Its research question is: 'How are children protected in a regional Local Government Unit in the Philippines'?

2. Methodology

2.1. Research design overview

This study utilises an exploratory, interpretive case study design, considered “an intensive, holistic description and analysis of a single entity, phenomenon, or social unit” (Merriam

1998, p. 34). In interpretive case study design, social phenomena, in this case child protection, is understood through the interpretations of participant actors (Sheikh & Porter 2010; Martin 1993), focussing on “localised understanding”, and exploring experiences, practices and lived realities (Cooper & White 2012, p. 18). This requires investigating a phenomenon that occurs in a bounded context, providing a comprehensive understanding of the phenomenon under investigation (Merriam 1998). In this case the phenomenon is child protection, and the boundary is a LGU in a regional area in the Central Visayas of the Philippines, with a population of around 130,000, focusing on the child protection processes and functions within its boundaries. It takes an exploratory objective, aiming to provide an overview of child protection, revealing its practices and characteristics, while describing the context in which they are exercised, and identifying areas to improve child protection. It is hoped that this research design can offer policy makers insights into the local level impacts of policy decisions, and contribute to the development of children’s welfare policy and practice in the Philippines.

2.2. Study participants

The case study investigates child protection from the perspectives of 27 participants. Summarised in Table 1, they include a range of child protection actors. These include: program managers, government officials and employees, social workers, as well as children and young people, residing or previously residing in a residential care setting, who have experienced maltreatment, and as a result, child protection practices.

Table 2: Participant details

Participant category	Context	Detail	Total (n=27)
<i>Children and young people with experience of maltreatment</i>	Current or previous experience of living in a residential care setting in the LGU.	Living in residential care (n=10). Age range 15 to 22 years old, average age 16.4). Previously living in residential care (n=4). Age range 22 to 29 years old, average age 24.2).	Total = 14
<i>Child protection actors (NGOs)</i>	Residential care programs (n=5) Child Protection Unit (n=1) Violence against women and children advocacy organisation (n=1)	Program managers (n=3) Social workers (n=3) Advocate (n=1)	Total = 7
<i>Child protection actors (Government officials and program staff)</i>	Department of Social Welfare and Development (n=1) Residential care program (n=3) Government official (n=1) Philippine National Police (n=1)	Welfare program manager (n=1) Residential care program manager (n=2) Residential care social worker (n=1) Mayor and Chair of the Local Council for the Protection of Children (n=1) Police Investigator (Women and children's desk) (n=1)	Total = 6

Thirteen participants represent a range of government and non-government organisations and groups, comprising positions that respond to and act to prevent child maltreatment in the LGU. The non-government programs represented include two residential care settings, the Child Protection Unit (CPU), and a family violence advocacy organisation, while the government-based participants represent residential programs, police, the local Department of Social Welfare and Development (DSWD) and the chair of the Local Council for the Protection of Children (LCPC).

Data from interviews with 14 young people are included in this paper. All young people had experiences of child maltreatment, and were recruited from four residential care programs based at one large NGO. To participate children and young people had to be 15 years of age or over, have resided in residential care for a minimum of six months, or previously lived in residential care for a minimum of six months. Of the participants, six were female and eight were male, and at the time of interview, 10 lived in residential care, while four had previously lived in residential care.

2.3. Ethics

This study gained clearance from the Monash University Human Research Ethics Committee. Written, informed consent was obtained from all participants. Children and young people also underwent an assent process, whereby a verbal agreement to participate was ascertained (Kendrick, Steckley & Lerpiniere 2008), and the principles of research participation, including non-compulsory participation, confidentiality, the ability to withdraw participation at any time, and understand how information would be used, were discussed. Verbal permission from children and young people's carers was provided. Consent processes with

children and young people were conducted independently of carers to minimise potential for coercion. Written and verbal information about the study was provided to children and young people in both English and Visayan. A female interpreter was present for all interviews; English was spoken for the majority of some interviews. All interviews with child protection actors were conducted in English without an interpreter. Risks for children were mitigated by the choices they were afforded around their participation, including the time and place of interview, audio recording, and the option of having a support person in the interview. Children were clearly informed and reminded of the non-compulsory dimension of the interview, their choice and control around discussion topics, and that they could withdraw at any time. Support persons were made available to participants if they wanted. The identities of participants were protected in this study through the use of participant identifiers rather than names in interview notes and records.

2.4. Data collection

Data collection was undertaken between October and December, 2018. Child protection actors were recruited using a snowballing technique (Bryman 2016), starting with participants in the researchers' professional network. Those participants subsequently suggested further potential respondents, drawing on their expertise and knowledge of child protection networks in the LGU; these people were either contacted directly, or introduced to the researcher. Children and young people were recruited through a purposive sampling strategy (Bryman 2016). The researcher utilised a prior professional relationship with the NGO from which children and young people were recruited. Social workers at the NGO disseminated information to prospective participants, who then informed either the social worker or the researcher of their interest in participating.

Qualitative methods were chosen for their potential to provide detailed insights and interpretation (Merriam 1998). Semi-structured interviews were conducted with all participants with interviews lasting between 20 and 90 minutes. The researcher also recorded field notes, focussing on their impressions, reactions and reflections to interviews. The interviews with child protection actors focussed on their primary role and responsibilities, their work background, history and expertise, as well as current circumstances of child protection practices, including processes, decision-making, responses and prevention, and linkages between other child protection actors. Their views of child maltreatment issues and challenges, and ways to improve child protection in the LGU were also discussed. The interviews with children and young people explored their life histories, transitions into residential care and their views of residential care, as part of a broader study on residential care in the Philippines. A more detailed analysis of their life histories is published elsewhere (Roche, 2020). In recounting their life histories, 14 participants detailed experiences of maltreatment, and the child protection responses that occurred. Discussions about maltreatment arose out of children's accounts of their lives, with children given the opportunity to direct and control the conversation, including the level of detail they provided. This approach, within the broader ethical arrangements of the study, ensured that no participants became distressed in interviews.

2.5. Data analysis

Despite diversity in definitions of abuse and neglect, particularly in circumstances where structural inequalities and poverty impact on children's welfare (Walker-Simpson 2017; Roche, 2020), for purposes of analysis, this study utilises the World Health Organisation's definition of child maltreatment (WHO 2006, p. 9). Audio files were transcribed verbatim

and subsequently uploaded into NVivo software for analysis. The interviews were read through and the researcher identified emerging patterns, themes and consistent categories across relevant passages of text. The analysis focused on participant accounts and interpretations of child protection actors, processes and perspectives on improving child protection in the community; it was confined to information within the boundaries of the case study. The validity of the analysis is supported by discussions with national child protection experts in the Philippines after data collection in the case study site, reflective discussions with colleagues, and the researcher's prolonged engagement in the field. While the findings of this case study are limited to the child protection structures and practices in the study site, and cannot necessarily be generalised to other LGUs in the Philippines, the findings can add to the broader knowledge of child protection practices that have emerged in the policy and welfare conditions of the Philippines more broadly.

3. Findings

3.1. Views of harms and safety risks for children

Participants identified three key areas of harm to children: physical abuse and corporal punishment, neglect and abandonment, and child sexual abuse. Children and young people provided insights into prior experiences of maltreatment, highlighting physical abuse, including family violence and corporal punishment as common forms of maltreatment. Participants often distinguished between physical abuse, typically involving hitting or beatings perpetrated by a parent or guardian, and corporal punishment, involving being hit

with an implement (wood, bamboo stick, or rubber hose), beatings or pinching. A 22 year-old explained his previous experiences of family violence.

“We have financial problems so my parents end up fighting each other... Sometimes physical, sometimes verbal... They hit me... (and) sometimes my father would also hit my mother and the (other) children... [We were hit] with hands sometimes or a bamboo stick...” (PIRCM5)

A child living in residential care gave their perspective on the corporal punishment they had encountered prior to moving into residential care.

“I have a stepmother and she always punished me... strong pinch and hitting... emotionally I feel that no one loves me because my father is also out, that’s why she can hit me... I do the same as my brother, he escaped, that’s why I escaped.”
(IRCM8)

Child protection actors concurred there was high variation in child maltreatment. For example, one social worker summarised the circumstances of children in their non-government residential care program, highlighting the breadth of maltreatment issues they manage; *“...we have abused, sexually abused by fathers, then street children, neglected and abandoned...”* (PPS9). A strong theme to emerge across both children’s and child protection actors’ accounts were the complicated, co-occurring child welfare and neglect issues that impacted children’s safety and wellbeing, their exposure to potential maltreatment and safety risks, and that these issues were typically based on family situations and behaviours. Child protection actors emphasised that physical abuse was a primary issue for children and young

people, occurring across an intersection of maltreatment domains, primarily of neglect, abandonment, and child sexual abuse. A DSWD manager described typical family scenarios:

“We have dysfunctional families wherein... economic status is very unstable. It is either the mother who doesn’t have work or the father who doesn’t have work. So the children that are involved, they cannot go to school, they cannot supply the needs of the children, even the very basic needs, the food.” (PPS5)

Child sexual abuse was another major concern among child protection actors. A government run residential care program noted that; *“At the present, we have more or less 10 children, that is in [program], wherein it involves rape by their family members or by neighbours”* (PPS10). Concerns were also reflected in accounts from the CPU and Police. The CPU explained its focus on working with victims of child sexual abuse.

“We cater for physical abuse, but sexual abuse is more serious...The most vulnerable children are eight to 12 [years old] and mostly the perpetrators are coming from the family, it's an incest case... Father, grandfather, uncle, cousins and sometimes there are non-family members like neighbours, boyfriend...” (PPS8)

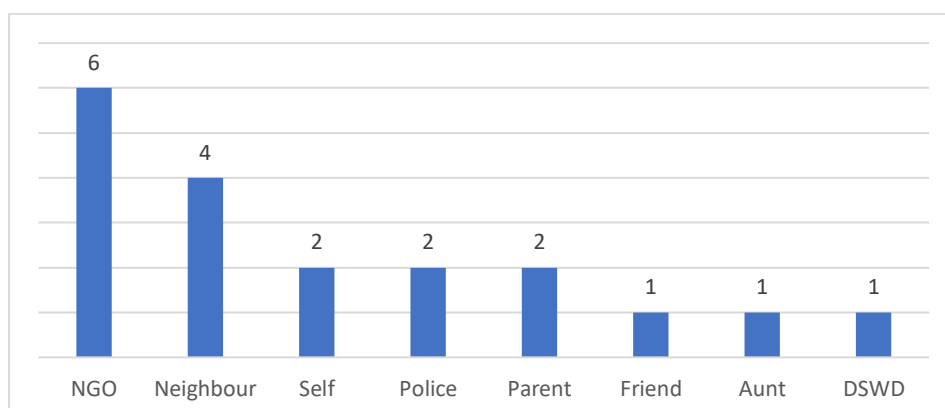
There was overall agreement among children’s and child protection actors’ accounts about what constituted harm or maltreatment and the major risks to children. While forms of child exploitation such as child labour were apparent, this was not a major concern, given the subsistence farming involved in many families’ lives, and the desperate need for income.

3.2. Child protection actors

3.2.1. Community-based child protection actors

Participants identified a range of community-based actors undertaking informal child protection activities. These included community members and family without an organised child protection role, function or expertise, who intervened in scenarios of child maltreatment, as well as welfare organisations that sit outside formal child protection arrangements. Young people identified initial primary actors (in some case multiple) assisting them when harmed. Their accounts detail the first actors to intervene in circumstances of abuse and neglect, shown in Figure 1. In these circumstances, intervening actors often included neighbours, parents, friends or in one case an aunt. Figure 1 does not include scenarios in which no initial assistance was rendered.

Figure 1: Child protection actors for children and young people living in residential care



These accounts show that neighbours, family and friends, given their proximity to children, often provide initial protective interventions, and link these children to NGOs or statutory services. A 17 year-old girl explained how her aunt identified the sexual abuse she was experiencing, and subsequently engaged the police, to arrest the perpetrator and get assistance for her, precipitating an assessment of her family as unsafe, and subsequent placement into residential care.

“The guy threatened me not to say anything, so the guy continued doing things with me until I got pregnant... my aunt noticed and brought me to the police... The social worker and my aunt decided to put me at [a residential care program].” (IRCF10)

Similarly, for one 18 year-old participant (IRCF16), a relative reported the family violence she experienced to the DSWD, who then transferred her into a government residential care setting, while a 15 year-old (IRCF5), who was sexually abused at the age of 12 by her grandfather, also explained how her abuse was initially responded to by a family friend. A 15 year-old boy’s (IRCM10) neighbour assisted him when left alone with his brother for long periods, explaining:

“There is a concerned citizen which happens to be in the community where I lived, our neighbour, who apparently went to [NGO residential care] because she saw our mother always leave us. She reported it to [the NGO residential care program].” (IRCM10)

Another young person, who was experiencing physical abuse in his family home, also described the intervention of a neighbour:

“My neighbour brought me here because he said [NGO residential care] is a good place to live. They didn't accept me right away, it's the following day when we go back that I was accepted.” (IRCM6)

The informal actors identified by participants highlight individualised and informal responses to child maltreatment, identifying children at risk, and then intervening. NGOs play a similar role in responding to child maltreatment. Families could be known to welfare NGOs which offer assistance to children in an outreach type capacity. For example, when a participant (PIRCM5) experienced family violence in his home, his brother was already living at an NGO residential care program the participant was also moved by the NGO into that program. In some circumstances, NGOs took an outreach type approach and brought children into their program. For a man previously living in residential care (PIRCM1), who had run away from home as a child due to violence, and another man previously in residential care (PIRCM6) who experienced corporal punishment in the home, a representative of a non-government residential care program offered to care for them. NGOs were also known to children, with a participant (IRCM8) describing running away from home to an NGO due to corporal punishment. These examples demonstrate non-government residential care providers as established community-based actors, an important child protection mechanism, despite no formal child protection role. The wishes of children in these scenarios are unclear, and may risk circumstances whereby children are placed in residential care against their wishes, rather than support families to provide a safe environment.

3.2.2. Formal child protection actors

Child protection actors explained the objectives of formal child protection efforts in the LGU, including actors for whom child protection activities are a formal or expected part of their professional role. These actors assist children in varying forms and at different points of time following experiences of maltreatment, rendering assistance within a legal framework. The Women and Children's Desk at the Philippine National Police, typically respond to incidents of child sexual abuse and family violence, and act as a central receiving point for community members, explaining:

"In our [child protection] settings, we prefer to go to the police station first because they [children] can feel safe and secure there." (PPS8)

The recently established CPU, funded by an international foundation, and utilising government office space, is the foremost actor for child sexual abuse. In response to cases of sexual abuse, the CPU convenes a multi-disciplinary team, comprised of a social worker, doctor and the police, and undertake a forensic interview of the child; the victim is then placed in a government residential care program, unless it is safe to return home. The CPU is a strong example of the private sector, along with community experts, responding to child protection issues, with minimal assistance from the local government.

"The CPU started with nothing because it's all donated by the [private foundation], not by the government...The idea [for the CPU] came from the private sector and the [foundation] is going over to the CPU to make it functional, but I don't know why the government did not think to have a program like this..." (PPS8)

Child protection actors identify residential care programs run by the local government as a critical part of formalised child protection structures, caring for children for whom it is unsafe or not possible to return to their family. A program manager explained the relevance of residential care to the community:

“And as much as possible we want to be community based and within the context of a family, intervene there. But you know, when the situation requires it, residential care is important and you can say what you want about the negatives of residential care, but it’s sometimes just necessary.” (PPS16).

In scenarios of child maltreatment, the DSWD, with social workers working across a number of communities in the LGU, undertake family risk assessments, refer clients to police, and provide material assistance to families where possible. While none of the young people who participated discussed the role of *barangay* officials (voluntary members of the lowest administrative level of governance in the Philippines), in responding to their maltreatment, child protection actors described that their role can involve reporting family violence or other harms to the DSWD or police via a Barangay Protection Order.

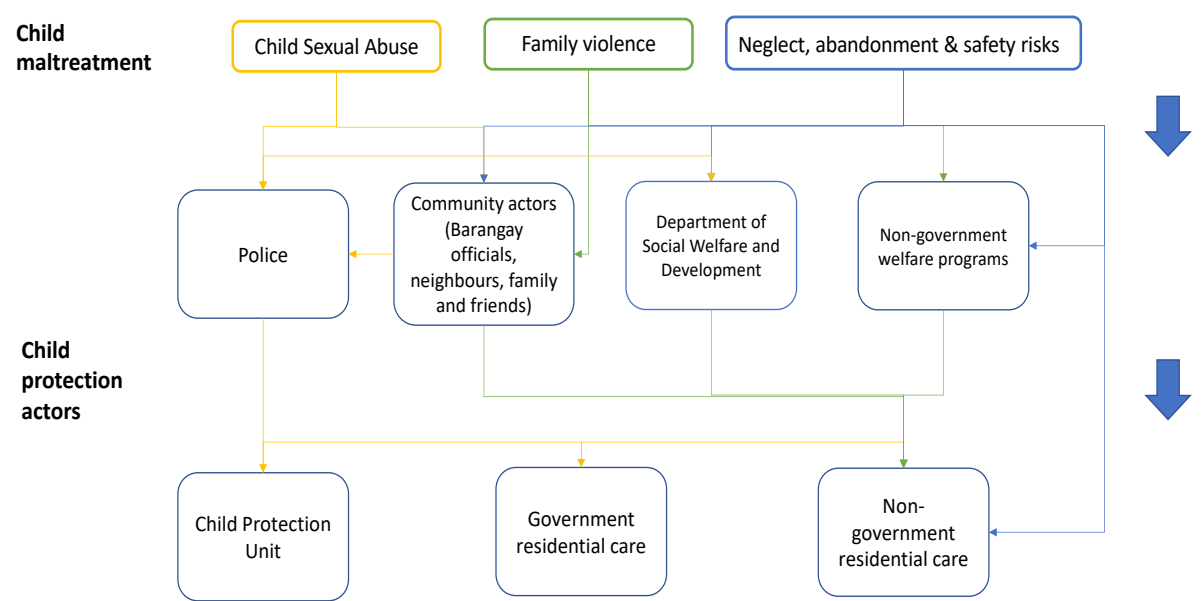
3.3. Child protection processes in the LGU

Child protection actors provided their interpretations of the key actors and processes in the LGU. Figure 2 details the actors, their relationship to child maltreatment incidents, and the processes in which actors are typically engaged in circumstances of child maltreatment. The

colours show the actors that are engaged for types of child maltreatment, and the direction in which they proceed through actors.

Child protection actors’ accounts of child protection processes highlight that cases of child sexual abuse and significant family violence are far more likely to engage formal child protection actors, than harms relating to physical abuse and neglect. The formal actors rely on non-government actors, who take on significant components of the overall child protection effort in the LGU.

Figure 2: Child protection actors and processes



3.3.1. Child sexual abuse

For incidents of child sexual abuse, community actors and the police are initial actors, before the CPU takes on responsibility. A police representative articulated the reporting process in a recent, typical case of child sexual abuse:

“The victim was the middle child and the older sister told the neighbour and the neighbour told the barangay official, then the barangay official reported it to the social worker [DSWD], and they reported it to us.” (PPS14)

This process highlights the community-level actors and decision making involved in serious maltreatment issues, the connections between formal and informal actors, and the reliance on multiple actors. The CPU takes on child sexual abuse cases once they are reported, the CPU social worker explaining:

“...if we have a child sexual abuse case in [LGU], I have to convene the multidisciplinary team, the doctor and the police officer to conduct a forensic interview and forensic examination of the child sexual abuse case... after interviewing the child, we will examine the child in that room... And after examining, we will conduct planning for the family. If the perpetrator is within the family, we directly remove the child from the family.” (PPS8).

Typically, in cases where children are removed from their family, government run residential care is utilised, before a child is placed into non-government residential care. In most cases it is deemed a risk for the child to be placed back with their family, given the abuse occurred in

that environment, and that foster care is largely unpractised in the LGU. The current practice is to keep a child in residential care until their criminal case is resolved, which in some cases can take years. A manager of a government residential care program argued;

“...if the child is below 15 and it’s not possible to be reunited with their family, as there is no supportive family, she will be at risk if she goes back to the family.”

(PPS10).

3.3.2. Family violence

In circumstances of family violence, victimised children and their families are initially supported by community actors, DSWD social workers or non-government welfare programs, and may subsequently seek assistance from the police. In circumstances where family or social workers assess that it is unsafe for children to live at home, and no other care arrangements are possible, a child then moves into non-government residential care. Where police are engaged, they file a legal case and refer the child and family to the DSWD or an NGO for support, or place the child into alternative care arrangements. However, police explain the high threshold for it to enter the legal system:

Participant: *“We do the work in filing the case, we do everything. If we look at this case as severe, and it is no longer beneficial to allow the wife to go home, and we have legally arrested the husband, we call the prosecutor’s office and ask for guidance from an Attorney...”*

Researcher: *“How do you judge if it is severe enough to go ahead?”*

Participant: *If it is repetitive, like three, four times.”* (PPS14).

The crucial role of police as primary child protection actors means that there is a high threshold for reporting maltreatment, a reporting process that may be inaccessible for some, potentially resulting in the underreporting of less serious maltreatment issues.

3.3.3. Neglect, abandonment and safety risks

In scenarios of neglect, abandonment and safety risks, non-government welfare and residential care programs are responsive and act to support children through case management and advocacy, material support, sponsorship programs or residential care. NGOs are the actors most likely to respond to neglect and safety issues given formal child protection actors largely address circumstances of child sexual abuse and family violence. A DSWD representative gave an example of how a non-government residential care program can assist in circumstances of neglect and abandonment.

“Actually they [residential care programs] are of great help to us, especially in times of emergency. Like for example, we had a boy who was physically abused by his mother, and left alone in the city. The mother refused to take him back...So the child should be placed in a safe place, we go directly to [NGO residential care] for help.”
(PPS5)

As shown in Figure 2, non-government residential care plays an essential role in the child protection processes of the LGU in supporting children after navigating formal processes. The child protection process highlights the role of residential care as the final child protection actors, providing services at the end of child protection processes. The DSWD representative

describes how non-government residential care fills a post-child protection intervention gap when children cannot be safely placed back into the care of their family.

“So places like [NGO residential care] and [NGO residential care], [NGO residential care], they help when there is overflow. They meet the needs that the DSWD cannot provide... [NGO residential care] are a partner, they will never say no to a child. If there’s a will, there’s a way.” (PPS5)

Non-government residential care is more flexible in taking on children, particularly when children experience harms that are not responded to by formal child protection actors. A social worker at an NGO explained that her organisation is willing to take in children that may not meet thresholds for formal child protection actors.

“If I will found (sic) out that she is not safe, I will accept. I will strongly recommend to our council that... [we] accept this girl.” (PPS12)

Another core reason for the role of non-government residential care is that they provide essential welfare programming for children, not provided by the local government. A non-government program manager argued that:

“Shelters are one of the biggest contributions, especially for children that have nowhere to go... We try to fill in the gap of what the government cannot do, although [children’s welfare] is supposed to be their biggest priority, but that is something we have no control over... If government will not fill the need, what else can we do with these children? Where are they going to go?” (PPS15)

4. Discussion

The findings show that formal child protection actors are limited to responding to severe child maltreatment, assisting primarily within a legal framework, despite national legislation outlining requirements for government-led child protection programming. Police and the local DSWD are important formal child protection actors, and are responsive to severe forms of abuse, but provide mostly a secondary role in broader child protection activities such as identification or early intervention. These findings show the limitations of formal child protection efforts, which have given rise to a local hybrid government, non-government and localised community-based child protection system. Community-based child protection actors, including community members and family, provide informal and individualised responses to child maltreatment and risks, identifying children at risk and assisting them to safety, while these efforts are supported by NGOs. The utility of these community-level actors is likely due to their proximity to incidents of maltreatment and established community-based caring systems.

The findings reveal misalignment between formal child protection activities and local views of major harms to children. Formal actors are responsive to severe maltreatment, but are unlikely to intervene around lesser harms pertaining to neglect or family violence, common to the community. These findings raise concerns about gaps in child protection efforts in the LGU, and the broader functionality of the Philippines' child protection system. Formal, government funded child protection actors lack community reach, as well as the resources and diversity needed to respond to and prevent the range of child maltreatment present in the LGU. Accordingly, residential care plays a crucial role in local child protection activities, serving as the only alternative care option for children. This is problematic given the potential

harms of institutional care for children (McCall 2013), and reveals an overreliance on residential care as a child protection model similar to other global South settings (Chege & Ucembe 2020). This indicates potential issues around the choices provided to children, the possibility of children placed in residential care instead of supporting families to provide a safe environment, and a problematic degree of adult decision-making. Facilitating the needs, wishes and participation of children in child protection scenarios is essential (Woodman, et al., 2018). Support for further community-driven child protection approaches, linking formal and informal actors is an important next step to align child protection mechanisms, and improve coverage and responsiveness. Additionally, national policy and legislation, articulating government responsibility for child protection issues, do not reflect child protection actors and efforts at the local level. Local actors expect more resources and action from government for child protection, a view departing from the long-standing welfare architecture of the Philippines.

Participants stressed the multiple and intersecting experiences of child maltreatment in its various forms, with formal child protection actors unable to respond to all of these concerns. In circumstances such as the Philippines, risks to children's wellbeing take on broader threats than abuse and neglect, particularly social harms relating to poverty (Walker-Simpson 2017). Child protection should focus on the key sources of risks to children (Pells 2012), and thus, in the circumstances of this LGU, respond to the chief concerns of family violence, sexual abuse and neglect and abandonment, and work to negate the influence of poverty and inequality on the lives of children, described by Lachman et al. (2002) as 'extra-familial structural abuse', which can impact efforts to reduce child maltreatment.

The endogenous elements of child protection in this LGU, such as the privately funded CPU, may not be operating in other LGUs, who may respond differently to child protection issues, with differing actors and levels of resources. However, it can be presumed that other LGUs in the Philippines face a number of similar child maltreatment issues, and primarily draw on criminal justices approaches and local government resources, given the similar governance arrangements and welfare structures across LGUs.

Future research on child protection in the Philippines requires comprehensive investigation into *barangay* officials and their role and functionality, given the lack of detail from participants in this study and the literature, and their potential to provide a responsive role in community-based interventions. There is a paucity of research on child protection activities or outcomes, the effectiveness of interventions, and outcomes for children and young people who navigate child protection programming in the Philippines. This study also draws attention to the need for analysis of broader social policy issues and governance in the Philippines, including funding models and budget accountability among LGUs and how these impact service delivery and programming. Additionally, the findings pertaining to child protection processes in this article focus on the evaluations provided by child protection actors, and would benefit from the inclusion of children's perspectives, which is an important area for future research.

5. Conclusion

This study presents important, initial understandings of local level child protection in the Philippines, identifying the role, functions and processes of child protection actors and key harms to children in a specific LGU. Participant accounts of child maltreatment highlight

diverse maltreatment issues and the need for flexible and responsive child protection actors and processes. The findings outline the importance of informal, community-based child protection actors, and the limitations of formal, government-funded child protection efforts, detailing the LGUs own, endogenous, NGO supported response to child maltreatment within the resource and governance constraints of the decentralised governance arrangements of the Philippines. The research suggests strengthening child protection efforts should involve formal child protection actors increasing community connections and early intervention efforts and the expanding of alternative care beyond residential care programs, while enhancing the capacity of community-based child protection actors.

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Data availability statement

The data are not publicly available due to privacy and ethical restrictions.

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Chapter Eight: Integrated discussion and conclusion

8.1 Study overview

This chapter provides a discussion of the key findings of this research, implications for policy, practice and research, and incorporates a conclusion to the overall study. The objective of this thesis including published works has been threefold: to explore the characteristics, backgrounds and experiences of children and young people residing in residential care in the Philippines from their perspectives; to examine how residential care relates to child protection mechanisms; and to engage with the expertise of local policy and program actors that participate in and enact residential care and child protection efforts. To achieve this, a total of 79 interviews were conducted with a range of participants relevant to the aims of the study, including 50 children and young people currently or previously living in residential care, as well as child protection, and other relevant policy and program actors. The contributions of these participants have been utilised to address the overarching research question of this study: *What is the role of residential care within approaches to children's welfare and their protection in the Philippines?* The findings of this research also address the study's three subsidiary questions, which include:

1. How do children and young people understand their life histories and entry into residential care in the Philippines?
2. Who comprise children's supportive relationships in residential care and how do they support their wellbeing?
3. How are children protected in a regional Local Government Unit in the Philippines?

The empirical findings that respond to these questions, and which are drawn on in this discussion chapter, appear across the three previous findings chapters, including Chapter Five (Publication Three) “Conceptualising children’s life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding”, Chapter Six “Children’s supportive relationships in residential care” and Chapter Seven (Publication Four) “Local child protection in the Philippines: a case study of actors, processes and key risks for children”. The study focus and therefore the findings are grounded in an analysis of relevant background materials, including policy and practice, presented in Chapter Two (Publication One) “Protecting children in the Philippines: A system focused overview of policy and practice” and empirical research presented in Chapter Three (Publication Two) “A scoping review of children’s experiences of residential care settings in the global South”. This discussion chapter begins with an exploration of the role of residential care within approaches to children’s welfare and protection, closely responding to the overall research question of this study. It draws attention to the central role of residential care in children’s welfare and protection, and outlines some key reasons for this, including: a limited child protection system; the widespread use of residential care as a child protection model in the global South; a significant unmet need for welfare support; and the strong integration of residential care programs as a welfare instrument in communities. Next, this chapter draws out the overall implications of this study. It highlights the need to address the structural drivers of residential care and discusses the overreliance on residential care as a child protection model, and provides suggestions around enhancing community-based child protection capacities. It also provides suggestions for improving practice, emphasising the needs of children and young people in residential care, and the role of supportive relationships in their lives. Reflecting on the study’s methodology, recommendations for conducting research are also incorporated into this chapter which offer insights into

conducting successful international, cross-cultural research, including with young people, in the context of a doctoral study. This chapter then concludes with a brief summary of the research contribution of this study, while identifying areas for future research.

8.2 The role of residential care within approaches to children's welfare and protection

The research conducted for this PhD finds that residential care plays a central role in child protection efforts in the Philippines. It finds that a key driver of residential care as a child protection mechanism is the inconsistent and limited child protection system of the Philippines, which is compounded by a strong need for welfare and child protection services amidst the Philippines' high levels of child maltreatment, poverty and inequality. The fieldwork undertaken in this thesis highlights the important role of residential care, through examining children's life histories and reasons for entry into residential care, which identify a need for protection and safeguarding, as well as the beliefs of child protection actors that residential care is an essential element of current approaches to child protection.

An inconsistent and limited child protection system in the Philippines

This thesis identifies the role of residential care as a key child protection mechanism that responds to child maltreatment and meets the welfare needs of communities. This is largely in response to a range of limitations to the Philippine child protection system. The literature review and analysis undertaken in Chapter Two of this thesis provide a system-based analysis of the Philippines' child protection system, and details the ad-hoc, underfunded and uneven child protection system of the Philippines. The child protection system receives limited funding and lacks the necessary coherence to support the needs of children, families and communities and respond to maltreatment in the way it intends. It faces challenges to provide

interventions to prevent and respond to child maltreatment, it suffers from a lack of collaboration across welfare sectors, and as a result, is poorly equipped to respond to the realities of child abuse and neglect at a local level (Yangco 2010; UNICEF 2016). Formal, systematised child protection measures and interventions are not prioritised by the national government (Madrid, et al. 2013), and rely on local government funding and guidance. These differ notably in resources and capabilities across the country (UNICEF 2016), and lack sufficient technical competency while operating in circumstances of an unresponsive judicial system (DOJ 2012). These circumstances, in many cases, leave child protection efforts in the hands of other institutions and actors, including residential care programs, to meet the needs of children, families and communities.

The findings in this thesis indicate a range of uncertainties around the trajectory of the Philippines child protection system and how it can be further developed. The governance, ideological and political conditions relating to social policy in the Philippines indicate a seemingly intractable situation in improving child protection arrangements. The findings of this study, particularly the case study analysis of child protection in one LGU in Chapter Seven, highlight the distance between local child protection efforts, and attempts to expand and improve the Philippines child protection system, such as those developed using international aid from both government and INGOs, such as the WHO INSPIRE framework, which has provided funding and technical guidance to a range of civil society actors (End Violence Against Children – The Global Partnership, 2018). For example, despite initiatives such as this that have supported legislative change, corporal punishment legislation was vetoed by the President in 2019 (UNICEF, 2019), while the low-resource and technically underdeveloped policy and program conditions continue.

The findings of this doctoral study, particularly those presented in Chapter Seven that explore child protection functions in a regional LGU, suggest that system-based conceptual approaches to child protection in the global South, which are currently a widely accepted development strategy in low and middle-income countries, may not be effective moving forward in the Philippines. This then indicates that community-based child protection efforts, such as those described by Wessells (2015), remain the most pragmatic approach to children's welfare for the time being, until the efforts of civil society gain traction and widespread governmental support and resources and the under resourced and poorly administered reality of both government and non-government organisations are addressed.

Residential care as a child protection mechanism in the global South

The circumstances of the Philippines' child protection system are not unusual across the global South, as identified in Chapter Three's scoping review. In these scenarios, residential care can be characterised by circumstances where there are low levels of social protection, combined with negligible or informal relationships with weak child protection systems. This review identifies some of the key reasons for the presence of residential care settings across global South contexts, highlighting their objectives in responding to child abuse and neglect, as well as to the consequences of parental loss, abandonment or insufficient parental care. This literature review also highlights that, beyond responding to acute child abuse and neglect issues, residential care settings, in some circumstances, offer material benefits that families are unable to provide themselves, contributing essential needs including food, shelter, healthcare, clothes and access to education.

A significant and unmet demand for child protection and welfare

The weak child protection system of the Philippines, as well as the broader absence of robust social policies, results in a significant need for responses to child maltreatment, and to provide welfare to prevent circumstances of child maltreatment. This thesis identifies child maltreatment as a major issue in the Philippines that child protection efforts, including residential care programs, aim to respond to. Chapter Two's review of policy and practice highlights the significant threats to children's safety and wellbeing. While there are major gaps in this knowledge, particularly around the prevalence and circumstances of child sexual abuse, existing research shows high rates of physical violence, clear indications of widespread emotional and physical abuse (Ramiro, et al. 2010), exposure to violence (Jeyaseelan, et al. 2004) and high levels of neglect (Ramiro et al. 2010; Lansford et al. 2015). These issues are compounded by circumstances of poverty and deprivation (PSA & UNICEF, 2015), and entrenched levels of inequality (The World Bank 2015; PSA & UNICEF 2015). In addition, the Philippines ranks poorly against similar countries in measures including material wellbeing, health, risk and safety (Lau & Bradshaw 2010). In these circumstances children and families have less resources to respond to and reduce risks (Pells 2012; Myers & Bourdillon 2012a), and leaving children susceptible to exploitation and maltreatment (Gabel, 2012).

In addition, there are some particular issues, distinct to the Philippines, that drive the need for children's welfare and highlight an unmet demand for child protection efforts. The high numbers of children living on the streets in the Philippines, estimated to be around 1.5 million, is a result of poverty, urbanisation, exploitation and family breakdown, which risks significant physical and psychological harm to children (Njord et al. 2010). For participants in this study, especially those participants from the secondary, urban study site, a number of

participants utilised a residential care service after long periods living on the streets, either by themselves or with family, prior to moving into residential care, indicating the primary welfare role of residential care in responding to this social problem. Another issue of particular relevance to the Philippines is the impact of the international sex industry, and the online sexual exploitation of children, in which Philippines has been identified as a global hotspot (International Justice Mission, 2020). There are estimates that tens of thousands of children are victims of online child sexual exploitation in the Philippines, often in the form of webcam child sex tourism, which are thought to be increasing rapidly (International Justice Mission, 2020). While this was not identified as a strong theme across participant's accounts, potentially due to the regional location of the main study site or the use of specific services for child sexual exploitation, this is an issue that has drawn the focus of INGOs and law enforcement (International Justice Mission, 2020), and is likely to be an issue that many residential care programs, and other child protection actors, respond to regularly.

The circumstances outlined in Chapter Two are supported by the fieldwork conducted for this study, and highlights experiences of child maltreatment and risks to welfare that emerged during interviews with children. Chapter Five outlines the life histories of children living in residential care, and the severe maltreatment that occurs, expanding on previous literature with detailed, qualitative insights from children and young people themselves. Children's accounts of their lives prior to residential care detail diverse experiences of poverty and hardship, unstable care and various forms child maltreatment that precipitate their transitions into residential care programs. The majority of children and young people explained their need for safeguarding, and explained the welfare and protection role that residential care played in their lives. Children's lives prior to living in residential care in many cases included a lack of essential needs such as food and adequate shelter, or experiences of homelessness.

Family circumstances prior to living in residential care involved family breakdown, parental separation or parental death for many participants, and a range of uncertain care arrangements, while one-third of participants cited a death of a parent as a significant moment in their childhoods.

Children and young people also gave diverse accounts of maltreatment ranging in severity and impact. Just over one-half of participants had experiences of maltreatment, seven of those having been exposed to multiple types. Corporal punishment and physical abuse, mostly in the family home and perpetrated by family members was framed as a difficult and distressing experience, and in many cases was articulated as a key reason for entering into residential care. Exposure to family violence, and the feelings of insecurity that these engendered, were also highlighted by children, as were the cases of significant sexual abuse experienced by some participants. These accounts reflect the role of child protection systems and actors in the lives of children in the Philippines, and affirm that child protection is a key function of residential care programs.

Residential care plays a key role in child protection at the community level

The life histories of children residing in residential care detailed in Chapter Five, as well as the interviews with child protection actors presented in Chapter Seven, highlight the key role that residential care programs play in responding to and preventing child maltreatment.

Children's accounts draw attention to the use of residential care as a safeguarding mechanism, placed into residential care in response to serious child maltreatment, or as a way to safeguard them from potential harms in unsafe living scenarios. Children revealed that residential care programs often support them soon after experiences of child maltreatment,

and also framed their understandings of the reasons for entering into residential care around their need for care and safeguarding against potential risks of maltreatment or unsafe family and community life, citing safety risks and violence.

The case study of child protection processes presented in Chapter Seven details how residential care programs, along with non-government organisations, provide crucial assistance to formal child protection efforts in the community. The child protection actors interviewed explain the informal, community based role of residential care in safeguarding children, as well as responding to scenarios of child maltreatment, with a strong presence in communities, acting as a resource for community members, social workers and police. Chapter Seven's findings show that formal child protection actors, including government funded services, lack the community reach and presence that NGOs and associated residential care programs can offer. Participating child protection actors identify residential care programs, both government and non-government, as a critical part of the child protection structures they work within, both identifying children at risk, as well as caring for children with experiences of abuse and neglect. These participants identify that residential care is an established and important child protection mechanism.

Before considering the key implications and recommendations of this research, it is worth contemplating the limitations of this study, presented in depth in the methodology of this research (Chapter Four), which can assist in informing a realistic appraisal of its contributions. The findings of this research, like most qualitative research, are not offering an 'objective' version of the social realities of participants' lives and experiences. The findings and implications of this research should be understood within the limitations of social constructionist research, which acknowledges that research is infused with the subjective

interpretations of participants and researchers. In addition, the findings are bound to the contexts in which the findings were developed, and cannot be treated as an objective, exclusive reality of residential care and child protection across the Philippines. This is also the case due to the sample utilised by the study which is unlikely to represent the full diversity of experiences and circumstances across residential care and child protection in the Philippines. The implications should be interpreted with these limitations in mind.

Applying a post-colonial interpretation of childhoods to residential care in the Philippines

While this thesis is not a theoretically driven study of residential care in the Philippines, and its use of Sociology of Childhood and post-colonial perspectives are largely confined to its methodological arrangements, these positions remain pertinent to understanding the role of residential care within approaches to children's welfare and protection, and as such, some insights are offered in this discussion. The institutionalisation of children across the world can be considered an intractable, complex and 'wicked' policy problem, that balances the potential harms for children living in care and efforts to deinstitutionalise welfare policy settings, with the need to provide adequate and supportive alternative care to children in some circumstances (Rogers & Karunan, 2020).

In response to this social policy problem, what can children and young people's understandings and interpretations of their lives and residential care in the Philippines tell us about its role moving forward? This doctoral study is well placed to respond to this. As Nieuwenhuys (2013) explains, post-colonial interpretations of childhoods is an emerging paradigm in the field of childhood studies. This doctoral study contributes to this field of

research, due to its methodological approach which has provided detailed and authentic representations of children and young people's lives that meet the objectives of post-colonial research. Its methods have allowed children to represent their own visions of themselves and their subjectivities and to identify multiple and contemporary versions of their own childhoods (Niewenhuys, 2013; Liamputtong, 2010). As such, children and young people in this study provide important insights into the role of residential care in the Philippines moving forward. In this study, children and young people highlight the capacity of residential care to keep them safe, create stability in their lives, and provide them with agency and resources to pursue their education ambitions. They describe residential care as a useful, welcome and necessary intervention in their lives, contrasting this with the major previous challenges they have endured in family relationships, or experiences of abuse and neglect or poverty in their families and communities. This is striking given children and young people's views differ from major discourses around de-institutionalisation, largely emanating from policy actors in the global North (Rogers & Karunan, 2020). Taking into account children and young people's views of residential care in relation to this 'wicked problem' (Rogers & Karunan, 2020) suggests adopting a more nuanced view of residential care in both the Philippines and other similar low and middle income countries, and acknowledging that, in certain circumstances, residential care provides an important alternative to living on the streets, or enduring abuse, neglect or poverty, and can advance children's safety and wellbeing. Participant's accounts also highlight that every context of child protection is distinct and requires in-depth examination, such as that provided in this thesis, to ensure that any evaluation of child protection efforts and residential care programs take into account the contexts in which they occur, over applying universalising views of welfare phenomena and their consequences.

8.3 Implications for policy and practice

The findings of this study have a range of policy and practice implications. This section firstly presents policy implications, suggesting a need to mitigate the structural drivers of residential care, reduce reliance on residential care programs, and better meet the needs of children through enhancing community-based child protection. This section's practice recommendations concentrate on the extent to which residential care meets the needs of children in relation to their important relationships while living in residential care, and the ways that these can support their wellbeing.

Addressing the key structural drivers of residential care

The findings of the literature reviews presented in Chapters Two and Three highlight child maltreatment, and the ramifications of poverty and inequality, in driving the need for residential care in the Philippines and the global South respectively. In addition, the accounts of children and young people in Chapter Five, and the professional experiences of child protection actors offered in Chapter Seven, emphasise the difficult socio-economic contexts of children and their families that are linked to the use of residential care services and their need for child protection mechanisms.

In this study, the life histories offered by children and young people highlight the relevance of unstable care, high unemployment, and limited social protections as their reasons for entering into residential care, and a need for the protection and welfare that residential care offers. Children and young people described how their transitions into residential care frequently corresponded with family instability and economic marginalisation. Examples of

this included poverty, homelessness and housing insecurity, parental mobility for work, as well as a limited capacity for families to meet the essential needs of children. The observations of child protection actors, presented in Chapter Seven, also connected these vulnerabilities to risks of child maltreatment. Their accounts detail how the socio-economic circumstances of families, including unemployment, poverty and the difficulties in providing for the essential needs of children engender major risks to children's wellbeing.

These findings point to 'extra-familial structural abuse' (Lachman et al. 2002) as a key driver of both child maltreatment and the use of residential care in the Philippines. In response, the influence of poverty, inequality and socio-economic marginalisation, and the vulnerabilities these create, should be addressed, because, as Gabel (2012) argues, reducing these issues is a crucial part of reducing the occurrence of child maltreatment. To do this, social protection initiatives, involving public and private policies and programs with the objective of reducing economic and social vulnerabilities to poverty (Connolly et al. 2014), are essential. This could include the expansion of the Philippines' current national conditional cash transfer program (Kim & Yoo 2015), potential reforms around wage subsidies, health insurance and unemployment assistance, as well as governance reforms, whereby local government is incentivised to expand its welfare programming and become more responsive to local needs (Yilmaz & Venugopal 2013). In addition, community-based programs that aim to reduce the multidimensional impact of child poverty in the Philippines, such as the initiative described by Frederico et al. (2015), can assist to reduce the impact of social problems, child abuse and neglect, high risk behaviours and unmet developmental needs of children.

The findings also highlight the need for dominant welfare ideologies to evolve in the Philippines if the structural drivers of poverty are to be reduced. Leading conceptions of

welfare view inequality and disadvantage as a fixture of society, with the family unit obliged to take responsibility for its own welfare, and the government offering a minimalist welfare role, choosing to prioritise economic growth over social policy initiatives (Choi 2012; Yu 2006, 2013). To address the structural drivers of poverty and inequality, and the ramifications of these on child protection and residential care, leading welfare ideologies will need to evolve to incorporate a broader understanding of social disadvantage and a stronger level of state intervention.

An overreliance on residential care as a child protection model

The findings suggest that residential care is overly relied upon in child protection efforts in the Philippines. Chapter Three's scoping review of literature identifies that residential care is often used as a child protection mechanism across the global South, and this, according to the fieldwork undertaken across two locations for this PhD, is the same in the Philippines. Residential care as a child protection model is likely to be broadly replicated across the country given the significant overall need for child protection interventions, limited capacity of local governments, and high numbers of faith-based non-government organisations. In the contexts investigated in this study, residential care is entrenched as a child protection tool and a welfare apparatus, shown in Chapters Five and Seven, while its appropriateness as a welfare entity is rarely questioned. This is an important consideration given the strong justifications for deinstitutionalisation across the world, which focus on the major risks and harms for children living in residential care across domains of development (Browne et al. 2006), wellbeing (McCall 2013) and safety (Rus et al. 2017). The harms of residential care have not been investigated or established to date in the Philippines, and is a crucial area for

future research, however it is likely to mirror those of similar contexts explored in Chapter Three's scoping review.

The findings of this doctoral study point to a lack of alternative care options beyond residential care for children unable to live at home, and a need for stronger family support and the provision of family-based care where possible. Chapter Seven's case study of child protection in a regional local government unit identifies that family-based care is not prioritised within current child protection arrangements, while in addition, the reintegration of children back into family care is not a primary approach taken by welfare organisations. Concentrating welfare provision on family-based care arrangements, both formal and informal, may reduce the reliance on residential care and lessen the potential for associated harms, as well as assist in providing the basic care needs for children in a family-based context. Family strengthening and monitoring, as well as planning around children's care, including maintaining and supporting the interests of children (Goldman, van Ijzendoorn, & Sonuga-Barke, 2020), are some of the ways that the needs of families could be met to maintain the care of their children, and at the same time reduce the ongoing use of residential care. These approaches would, however, require the widespread reform of NGOs and their practices to focus more closely on family strengthening over the use of residential care programs, and to ensure programs fall outside the 'orphan industrial complex' and are genuinely responsive to the needs of children and their communities over all others.

Enhancing community-based child protection capacity and resources

The findings of this thesis suggest a need to support and enhance existing community-based child protection actors and strategies, including family, community members and NGOs. The

role of community-level and informal actors is essential to current child protection efforts in the communities examined in this thesis, while noting that other parts of the Philippines may encounter different issues, and respond in different ways, largely due to uneven levels of resources across both local government and non-government sectors. The analysis conducted in Chapter Two's review of the Philippines' child protection system, along with the findings from Chapter Seven's case study of child protection in one local government area of the Philippines, both detail the important role of community-based child protection actors in responding to and preventing child maltreatment, drawing attention to the role of NGOs, family, neighbours and community members in assisting children to access welfare and protection.

The findings in Chapter Seven show that formal child protection efforts are limited and constrained, and in response, a localised, informal, and hybrid government, non-government and community-based child protection system has emerged. Community-based child protection actors offer informal and individualised support in scenarios of child maltreatment or children at risk. These entities regularly provide support above formalised child protection actors and mechanisms, such as police or the Child Protection Unit, who provide a narrow response to child maltreatment issues. That response occurs mostly in response to child sexual abuse, and principally offers a secondary role in broader child protection efforts, such as identification or early intervention.

These findings indicate that community-based actors currently have a high level of utility in the welfare landscape of the Philippines. These actors, as established in Chapter Seven, are more responsive and often have greater capacity than formalised child protection actors, with greater resources and flexibility, and seem to be better aligned with established community-

based caring systems. This, along with Chapter Two's analysis of policy and practice, suggests that for child protection to become more effective and responsive, community driven, bottom-up child protection responses and actors need to be further supported and enhanced, and stronger links between community-based and formal child protection actors fostered.

Ensuring residential care aligns with children's needs

The introduction of children and young people's perspectives on the topic of child protection and residential care in the Philippines is a new contribution to the academic literature. These perspectives offer important insights into the future development of residential care programs, models and practice, and the opportunity for residential care to become more relevant to the needs of children and young people. In recounting circumstances around their entry into residential care, children participating in this research offered insights into their core needs in relation to residential care and potential areas for family strengthening, which in turn provide important implications for enhancing residential care programs in the Philippines.

Children and young people explained that, from their perspective, the primary role of residential care is to keep them safe from the threats to their wellbeing to which they had previously been exposed. In making this point, children highlighted their prior vulnerabilities, including maltreatment, as well as their diverse experiences of poverty and hardship. In addition, they articulated that another important role of residential care is to provide them with their essential needs, as well as educational and personal development opportunities.

Children's desire for educational opportunities stem from their acute awareness of the social contexts of their lives, the challenges and instability these engender, and the negative impact these could have on their future wellbeing. As such, children living in residential care view residential care as an opportunity to attain an education, and exert agency and control over their futures, which for many, was previously unavailable. Consequently, participants desire their residential care program to facilitate their education, and thus assist them to attain later employment and adult independence, and as such, should be an integral element of residential care practice.

Improving children's relationships and wellbeing while living in residential care

This thesis also offers some important practice recommendations for residential care in the Philippines based on children and young people's accounts of their important and supportive relationships, as well as the scoping review of qualitative research with children living in residential care settings in the global South, offered in Chapter Three. The scoping review identified that children perceive the quality of their relationships and social networks as a major influence on their resilience and wellbeing, highlighting the importance of mutually beneficial and supportive interactions with peers, caregivers, family and community members. The fieldwork undertaken in this study supports these findings, as well as extending these by adding specific, contextualised knowledge of children's relationships in residential care in the Philippines, and highlighting the significance of spirituality and family for these children. Interviews focused on children's perceptions of their most important relationships, which is presented in Chapter Six, and their insights hold major lessons for practice approaches in residential care programs in the Philippines. Participants highlight the relevance of family, peers and caregivers to their wellbeing, which are instructive for

residential care programs to support and maintain these relationships for children within residential care. There are major risks to children's wellbeing if key relationships that support wellbeing, such as those with family, are not fostered or prioritised in residential care practices. Participants allude to disappointments around limited contact and access to family members, underlining the need to facilitate beneficial links with family when they continue to be highly important to them in their lives. There are also risks to children's wellbeing if caregivers, who form crucial wellbeing and protective roles, are not available to the extent that children need them.

It is significant to note that children's perceptions of important relationships with family do not always reflect the reality of these relationships, given connections with family are often strained or unavailable. In addition, the important relationships with God stated by participants are of a spiritual, rather than physical nature, and represent a materially different kind of relationship to those with caregivers or peers. In some respects, supportive relationships with family and God may represent idealised ideas of important relationships, based on the significance of family and Christianity in Filipino culture (Asis, Huang & Yeoh 2004; Medina 2008), and should be recognised as such in practice approaches. Social work practice incorporating spirituality is well established, and a 'critical spirituality' practice approach, that incorporates a holistic view of individuals, and recognises spiritual and religious experiences (Gardner 2017), would be of value in the context of this research.

Given the extent to which children's most important relationships are located within residential care programs, a major practice consideration should be the continuation and fostering of post-care relationships when the 'institutional family' is withdrawn, and access to social workers and other carers cease. While children's transitions out of residential care

were not a key focus of this study, there are clear risks if major social and emotional supports formed with staff and an ‘institutional’ family for children are withdrawn after children leave care, at any age (Rafaeli 2020). Consequently, establishing and fostering life-long relationships for children throughout their care and into adulthood should be a key practice principle for residential care programs.

8.4 Implications for conducting international, cross-cultural research

The methodology utilised in this research offers some important recommendations for future international research with children and young people, especially in cross-cultural and sensitive welfare contexts. The following three brief sections offer insights into this project’s methodology and arrangements that contributed most to its successful completion. These offer insights for similar future research. The three components include: contextual experience, methodological pluralism, and the use of robust ethical frameworks.

Contextual experience

Upon reflection, the success of this research, and in particular its fieldwork component, relied upon the researcher’s past experiences, professional networks and detailed contextual knowledge of the study context. Their previous professional experiences in the Philippines provided some cultural, linguistic, and logistical expertise and familiarity with the Philippines, including its welfare settings, and data collection locations. Without this prior, contextual experience, this project would be highly challenging, and potentially problematic.

A crucial aspect of the success of this research was leveraging pre-existing professional relationships with some of the participating organisations, which allowed for the research

objectives to be relevant to the local context and not just the needs of the researcher, levels of trust to be high from the outset, and a broad level of support for the research. This provided access to relevant policy and program actors and potential participants, as well as important gatekeepers. Prior experience allowed for the practices of participating organisations and individual participants to be understood more rapidly, including language, cultural norms, rituals and practices, for example an organisation's practices of daily prayer, or the added cultural importance of building rapport and engaging with participants over a period of time. While the potential for problematic power dynamics impacting the research is discussed in Chapter Four, these examples highlight the importance of contextual experience and knowledge in undertaking a project such as this, and the need to factor this into multiple aspects of the overall research design.

Methodological pluralism

The objectives of this study necessitated the use of two methodological approaches to achieve its objectives in undertaking international research with children in cross-cultural and sensitive welfare contexts. Drawing on Sociology of Childhood and postcolonial theorising allowed for their use as theoretical tools to inform methodological choices across this study's ethical arrangements, methods and analysis. The Sociology of Childhood directs methodologies to engage with children's experiences and interpretations, considering the social processes and structures in which they are embedded, as crucial insights into the social phenomena they encounter (Wall 2019; Qvortrup et al. 2011). This guides methods with children and young people to be participatory, to offer high levels of choice, and to highlight lived experiences, in achieving research objectives. Postcolonial theorising has some similar instructions for participant engagement and participation, in allowing for authentic

participation and representation of participants to take primacy (Liamputtong 2010), and ensuring that the contexts in which participants are embedded are taken into account throughout the research process. This demands culturally sensitive and empathic approaches, as well as offering full opportunities, choice and empowerment around participation (Denzin & Lincoln 2008). The methodologies utilised also take the view that solutions to research problems lie within the contributions of participants who are experts in their own lives and the communities in which they are embedded.

Without drawing on and allowing multiple methodological standpoints to cross over, research such as this would not be possible. Sociology of Childhood and postcolonial methodologies are complementary, with both aiming to address longstanding unequal research relationships. Both methodologies aim to reduce unequal levels of power, by including children marginalised in an adult world, or by incorporating communities marginalised by colonial histories and dominant Western views of knowledge and representations, in ways that suit them. Sociology of Childhood and postcolonial methodologies aim to result in findings that are authentic, accurate and shaped by children, and are authentic representations of their lives and contextual realities that take into account their lives, and without their use, risk irrelevant, misconstrued and harmful research.

Robust ethical frameworks

This study relied on robust ethical frameworks and practices which proved essential to its success, utilised at both a theoretical and practical level. Navigating the ethical interests of a range of stakeholders, including academic supervisors, the university's human research ethics committee, academic progress review panels, as well as participating organisations and

individual participants formed one of the largest and unremitting activities of this entire research project. These challenges are immense for a PhD student, and are demands which can be either intensely bureaucratic, such as human research ethics committee requirements, or immediate and reflexive, such as the micro-ethical decision making that occurs during experiences of data collection.

The core details of the ethical frameworks utilised, as well as acknowledging and responding to the complexity and risk involved with researching children in welfare settings in an international context, are highly important to present in research reporting. These are of added importance in relation to the topic of this thesis, given that the scoping review of qualitative research with children in residential care in the global South undertaken in Chapter Three found that the majority of studies lacked crucial details of the ethical arrangements of their research. In particular, they lacked information regarding recruitment, confidentiality, consent, participatory mechanisms, as well as safeguarding and risk mitigation. Beyond potentially impacting the safety of participants, poor or limited ethical frameworks can also lead to questioning the validity and trustworthiness of research findings.

This study highlights that bringing together formal Western procedural ethics processes and risk mitigation strategies, along with localised perspectives and inputs, it is possible to undertake considered, safe and ethically robust research with children and young people who may be vulnerable within a PhD research program. A major part of this planning is to introduce approaches that minimise the disempowering characteristics of research studies, and the negative influence that power imbalances can have on participants and data collection. As detailed in Chapter Four, this research utilised strategies to achieve these objectives. It used project advisors, built rapport and familiarity, employed an interpreter,

provided acts of reciprocity, and allowed for flexible participation and participatory methods. These strategies combined to incorporate local standpoints, processes and participant agency that reduced risks, enhanced outcomes, and improved the validity of the research findings.

8.5 Conclusion

The exploratory agenda of this project is important to emphasise when considering the overall impact of its knowledge contribution to its field of research. Prior to this study, residential care in the Philippines was entirely unexplored in the academic literature. Chapter Three's scoping review of peer-reviewed research on children's experiences of residential care located no research undertaken in the Philippines, up until 2018; no further research has been identified since. Similarly, a systematic review of child protection and child maltreatment in the Philippines (Roche 2017), undertaken prior to this doctoral study, found major knowledge gaps in understandings of child protection, and no scrutiny of residential care programs or practices. This paucity of research has meant that there has been a long lasting lack of reliable data to guide policy and practice reforms.

In response, this study has been able to generate some important findings that detail the role of residential care as a child protection mechanism, amid the significant need for welfare and safeguarding in the community. In reaching these findings, the study draws on a large, diverse sample that contribute a multiplicity of perspectives, including the perspectives of children and young people who have firsthand experience of these welfare phenomena. Utilising the voice of these children and young people is a key strength of this thesis, and provides rich insights into how their lives intersect with residential care and the functions of child protection efforts in the Philippines.

The life histories of children, and the critical moments these comprise, detail the complex interplay between children's lives and the social contexts in which they are embedded. Their insights into their child protection and care arrangements can be utilised for developing policy and practice, as well as contribute to broader systemic critiques of the welfare conditions of the Philippines. However, these findings are bound by the limitations of this study's fieldwork and research approach. The findings are restricted to the contexts encountered at the study sites, while the participants are not representative of all experiences of residential care and child protection, and as such limit the overall representativeness and generalisability of this work. As such, there remain vast opportunities for future research on this topic.

This study reveals significant gaps in knowledge around child protection, residential care and its alternatives, family welfare, as well as broader social protection in the Philippines. Research that highlights geographical, cultural and governance-based variation in the use of residential care can assist the generation of more specific and context-based policy and practice. This can be supported by greater understandings of specific residential care models, practices, and the needs of children in day-to-day life. Greater understanding of residential care models in the Philippines and their effectiveness, and establishing details of outcomes for young people when leaving care, is also needed to shape future reforms of residential care. Research is needed to investigate the broader out-of-home care sector, and whether there are opportunities for greater regulation as well as the expansion of family-based care and family strengthening work. Crucially, the harms of residential care have not been established to date in the Philippines, and is a critical area for future research, however it is likely to mirror those of similar contexts explored in Chapter Three's scoping review. The impact of current governance conditions on children's welfare requires a comprehensive

investigation of local governance arrangements and functionality, and the role local government can play in community-based early intervention and responses. In addition, the short and long-term outcomes for children who navigate child protection programming is essential to assessing its effectiveness.

Overall, this study assists researchers, policy makers and welfare sectors to gain a more comprehensive overview of residential care and child protection policy and practice in the Philippines. It offers important detail about how the welfare phenomena of residential care and child protection are experienced, perceived and enacted, and presents the social contexts and circumstances in which they transpire. The presentation of children's life histories highlights the social contexts that shape their needs for safeguarding, and how the role of residential care in their lives takes on a child protection function in the landscape of welfare provision in the Philippines. This research also contributes to conversations about the role, function and processes of child protection in the Philippines and how it can better address the needs of children. It highlights the importance of informal, community-based child protection actors, while at the same time documents the limitations of formal, government-funded child protection efforts, and the challenging, decentralised governance structures and limited social protections in which they operate. These findings draw attention to extensive issues in approaches to children's welfare in the Philippines, and above all contribute ideas and future policy pathways that can improve the lives of children and families.

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Appendices

Appendix 1: Monash university human research ethics approval letter



Monash University Human Research Ethics Committee

Approval Certificate

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

Project ID: 12677
Project Title: Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences.
Chief Investigator: Dr Catherine Flynn
Approval Date: 20/07/2018
Expiry Date: 20/07/2023

Terms of approval - failure to comply with the terms below is in breach of your approval and the Australian Code for the Responsible Conduct of Research.

1. The Chief Investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organisation.
2. Approval is only valid whilst you hold a position at Monash University.
3. It is responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash letterhead and the Monash University complaints clause must include your project number.
6. Amendments to approved projects including changes to personnel must not commence without written approval from MUHREC.
7. Annual Report - continued approval of this project is dependent on the submission of an Annual Report.
8. Final Report - should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected completion date.
9. Monitoring - project may be subject to an audit or any other form of monitoring by MUHREC at any time.
10. Retention and storage of data - The Chief Investigator is responsible for the storage and retention of the original data pertaining to the project for a minimum period of five years.

Kind Regards,

Professor Nip Thomson

Chair, MUHREC

CC: Assoc Professor Philip Mendes, Mr Steven Roche

List of approved documents:

Document Type	File Name	Date	Version
Explanatory Statement	Explanatory statement policy-makers and program staff	18/07/2018	1
Explanatory Statement	Explanatory statement family members	18/07/2018	1
Explanatory Statement	Explanatory statement young people previously in residential care	18/07/2018	1
Explanatory Statement	Explanatory statement young people in residential care	18/07/2018	1
Consent Form	consent form young people living in residential care	18/07/2018	1
Consent Form	consent form policy-makers and program staff	18/07/2018	1
Consent Form	consent form family members	18/07/2018	1
Consent Form	consent form young people previously living in residential care	18/07/2018	1
Supporting Documentation	Comments on local human research ethics committees	18/07/2018	1
Supporting Documentation	Risk mitigation plan	18/07/2018	1
Supporting Documentation	Letter of Permission 2 Jul 2018	18/07/2018	1
Supporting Documentation	permission letter LCP	18/07/2018	1
Supporting Documentation	Interview protocol young people previously in residential care	18/07/2018	1

Appendix 2: Risk mitigation strategy

“Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences” (Project ID 12677).

Steven Roche, PhD Candidate, Department of Social Work, Monash University.

Potential risk	Factors relating to the risk	Mitigation strategy
Participant distress	<p>Previous life experiences may render individuals more vulnerable if they choose to discuss previously stressful life events.</p> <p>However, the interview protocol does not ask questions that would be considered particularly sensitive or distressing, and will not seek out information about stressful life events.</p>	<p>The NHMRC (2007) distinguishes between “discomfort” and “distress”. It is foreseeable that participants may experience discomfort but this research believes that the likelihood of participants experiencing distress is minimal.</p> <p>Nonetheless, it is important that this research adopts a number of strategies to mitigate impacts on participants. These risks will be addressed through the following measures.</p> <p>Prior to participation</p> <ul style="list-style-type: none"> <i>Exclusion criteria and process.</i> This research seeks to be as inclusionary as possible, and it is important that young people, where their capacity is not limited by immaturity or cognitive impairment, be offered the opportunity to participate in this research. However, it is recognised that for some individuals, it may not be appropriate for them to participate in an interview. <p>Participants will be vetted by each participating organisation's social workers who will be asked to consider whether there might be any reasons why a young person might reasonably be excluded from the study.</p> <p>Social workers assisting in recruitment, who also have the role of consenting for young people to participate, will advise if there are any reasons that, in their opinion, a young person should not participate. Potential participants who are experiencing crisis, or their participation may jeopardise their wellbeing, will be recommended by social worker's not to participate.</p> <ul style="list-style-type: none"> <i>Young people deciding themselves to participate.</i> Young people themselves will also be asked if they believe there is any reason that they should not participate. Young people will be asked questions such as ‘Is there any reason you can think of that means you should not participate in an interview today?’ and ‘How are you feeling today?’. If young people advise they do not feel emotionally or physically capable of participating, they

		<p>will be given an opportunity to participate at a later time.</p> <ul style="list-style-type: none"> • <i>Core principles of the research</i> will be discussed with participants prior to participating in the interview. This will include confidentiality, the option not to answer any question or discuss a particular topic, and the option to disengage from the research at any time. <p>During participation</p> <ul style="list-style-type: none"> • <i>Protective interrupting</i> will be used in the interviews to ensure the participants responses are pertinent to the questions being asked, and do not detail content that is likely to be distressing for participants. • <i>Checking in</i> throughout interview will be used with participants throughout interviews to ensure participants are feeling ok, are happy to continue, and to help identify any concerns. • <i>A support person</i> can be used by participants if they choose to sit in on the interview with them. • <i>A Research Interview Distress Protocol</i> will be used in the event that a participant indicates distress. This will include the following: <p>-Stop the interview.</p> <p>-Discuss how the young person is feeling and articulate the importance of their wellbeing.</p> <p>-Act on the young person's needs and wishes.</p> <p>-Refer young person to pre-arranged social worker/support person.</p> <p>-Follow-up with young person and social worker/support person.</p> <ul style="list-style-type: none"> • Participants are able to exclude themselves from the research at any time. The non-compulsory arrangements of the research will be emphasised to participants prior, as well as during the interview if required. • The student researcher is an experienced social work practitioner and social researcher with children and young people who will draw on these skills and
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		<p>experience in engaging and responding to young people throughout the interview.</p> <p>After participation</p> <ul style="list-style-type: none"> • The participant will be reminded of the supports available to them, such as their social worker. • After the interview, the researcher will remain available to discuss any concerns the participant may have, and provide support or referral if needed.
<p>Participants disclosing past or current experiences of abuse or neglect that has not previously been disclosed and / or acted upon</p>	<p>If the research project does not appropriately or adequately respond to a disclosure, it is failing to meet its duty of care.</p>	<p>A process for preventing and responding to disclosures in research has been developed. This has been used effectively in previous research and has been modified for use in this project. Participants will be informed of this protocol and the researchers obligation to respond when they are concerned about children and young people's safety or wellbeing.</p> <ul style="list-style-type: none"> - Prepare: participants by briefing them on the nature, scope and focus of the interviews, the need to act on disclosures of abuse or harm, and the process for doing this. - Provide: multiple opportunities for the participant to be reminded about their choices about what they do and do not discuss (and therefore disclose). - Allow: participants to talk about their experiences in a safe way by demonstrating respect and openness, reducing power imbalances and communicating warmth. - Negotiate: the way that the researcher will act on the disclosure within the boundaries already established and the responsibilities researchers have to the participant. This might relate to who and how reports are made and actions are taken. - Ensure: that the participant can identify a trusted worker, service, or support who can provide ongoing assistance to them and who they should "check in" with after the interview. - Assess: participant's immediate needs and level of distress. Identify and, where necessary, link participant to support, and support their safety if required.

		<ul style="list-style-type: none"> - Act: on the disclosure. This will be determined by the participant's wishes, their vulnerability, and whether they have disclosed to others previously. - With new, previously unreported disclosures, the disclosure will be reported by following the Philippines Department of Justice's 'Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation' (https://www.doj.gov.ph/files/transparency_seal/2016-Jan/CPN-CSPC%20Protocol%2026Nov2014.pdf). This will be the child protection officer at the Department of Social Welfare and Development. This will be assisted by the support person already arranged by the research project from the Department of Social Welfare and Development. - This procedure will be supported by the key contact at the organisation, as well as key reference group members. - A report will also be made to the University's Human Research Ethics Committee informing them that a disclosure has been made, in such a way that the participant's anonymity is maintained.
In the past, children and young people in residential care may have been exposed to maltreatment.		<p>The methods have been designed in a way in which participants will not be directly asked about any experiences of abuse or neglect.</p> <p>However, it is possible (although unlikely) that some participants have experienced abuse in residential care and that they may choose to disclose, regardless of what protocols we put in place to reduce the likelihood of this occurring.</p> <p>Researchers will be required to report their concerns related to abuse via the process detailed above. This process will be supported by each organisations key support person as well as the key organisations contact. It will also be supported by key experts based in the Philippines if required. These will be:</p> <ul style="list-style-type: none"> -Assistant Professor, Florence (Yen) Pasos from the Department of Social Work, College of Social Work and Community Development, University of the Philippines. Yen has two decades of experience working in a non-government organisations in the Philippines, predominantly focussing on children's welfare and rights. -Wilma Banaga, Child Protection Advisor, Save the Children.
Participants are pressured or coerced	Children and young people may feel that they do not have the choice to participate in the study	All research materials make it clear that participation is voluntary.

<p>into participating.</p>	<p>because their organisation has asked them to be involved.</p>	<p>Organisation staff will be reminded to make it clear to prospective participants that they are under no obligation to participate.</p> <p>The student researcher will offer individuals the choice not to participate.</p> <p>The researcher will have an alternate activity available if they would like to stay in the research room so that service staff are unaware that they did not participate in an interview.</p>
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Appendix 3: Explanatory statement children and young people (Visayan)

Gusto ka mu-apil sa research?

Hello! Kumusta?

Ako si Steven. Isa ko ka researcher (PhD student) gikan sa Monash University sa Melbourne, Australia.

Ang lead researcher (chief investigator) ani nga project kay si Dr Catherine Flynn. Isa siya ka Senior Lecturer sa Department of Social Work sa Monash University.

Ga-imbitahon ka namo para mu-apil sa research namo matod sa residential care (ex: orphanage, dorm) sa Pilipinas. Ang titulo sa research project kay: **“Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences”** (Project ID 12677).

Palihug basaha ang impormasyon ug hunahunaa kung gusto ba ka mu-apil.
Please read the information below and think about if you would like to be involved!

Matod sa unsa ang research project?

Ang research kay matod sa residential care para sa mga kabatan-on sa Pilipinas.

Gusto namo mahibal-an kung unsa ang kinabuhi sa mga bata nga gapuyo sa residential care, unsa ilang pagtan-aw sa residential care, ug unsa ilang mga masulti para mahimong mas maayo ang residential care.



Kinsa si Steven?

Si Steven kay isa ka PhD student. Gasulat sya ug thesis matod sa residential care sa Pilipinas.

Isa siya ka social worker. Kadaghan na siya nag-research matod sa klaseng-Klaseng mga kabatan-on.

Steven has lived in the Philippines before, volunteering at a child and family welfare organisation in Dumaguete City, Negros Oriental.

Some of Steven’s hobbies include playing and watching sport, reading and spending time with friends.





Unsa ang residential care?

For this study, residential care is fulltime care provided to children and young people in a non-family group setting.

This may include, orphanages, shelters, or dormitories provided in a welfare or child protection context.

Nganong matod sa residential care sa Pilipinas ang research?

There are many children and young people living in residential care in the Philippines.

There are over 200 residential care programs in the Philippines, however not much is known about what they are like, how they work, and what children and young people think about them.

There are also lots of people who want to make it better for children and young people.

Unsa ang gusto namo mahibal-an sa research?

It wants to find out ways to make residential care better for children and young people.

In the interview, you will also be asked what living in residential care is like, your relationships with peers and staff, how you are supported, and your future.

The interview will focus on your opinions, experiences and perspectives on residential care.



Unsa ang mga maayong makuha nimo sa pag-apil sa research?

You will have the chance to give your views, ideas, and opinions on which can help to improve the design of residential care.

You can learn from the experience of being involved in research.

Your ideas will contribute to making life better for children living in residential care in the Philippines.



Kinsa ang pwede mu-apil?

Young people aged 15 years and over who are living in residential care.

Anyone who does not want to participate does not have to, and they can decide not to participate at any time.

Unsa ang among ginahangyo sa mga mu-apil?

You will be asked to participate in an interview with Steven no longer than an hour, and let him hang around to see what life is like at your residential care program.



Nganong gi-imbitahan ka mu-apil??

You have been invited to participate because your organisation has agreed to participate in this research, and because you are aged over 15 and living in residential care.

Unsa ang pag-tugot (consent) ug nganong kinahanglan siya?

To participate, you will need to provide written consent, showing that you agree to participate.

You will be consenting to participating in the interview, and the research using what you say in there research.

Participation is completely voluntary and there is no problem if you do not wish to participate.

Unsa akong buhaton kung magbag-o akong hunahuna?

You can stop participating at any time and you don't have to give a reason.

Just tell Steve or a staff member at your organisation.

Participants can ask the researchers to withdraw their data at any time during or after interview.

Unsa'y dapat bantayan kung mu-apil ko?

We do not envisage that there will be any major risks for you participating.

However, during the interview you will be asked questions about your life, your relationships and your family, and it is possible that this may be upsetting for you.

You do not have to talk about these topics, or answer any questions that you don't want to.



Naa ba'y makahibalo sa akong ipang-sulti?

Besides the researchers, no-one else will get to know what you say in the interviews.

However, if the researchers are worried about your safety, or the safety of others, they will have to tell someone so that you can be supported.

Any identifying information about you will be removed from interview transcripts, and a pseudonym (a different name) will be used in the reporting of data.



Unsa'y mahitabo kung kailangan nako ug suporta?

We will organise two people who can support you after the interview if you need. One will be a social worker at your organisation, and another will be a social worker from another welfare organisation, or the Department of Social Welfare and Development.

You can also bring a support person with you to your interview. This could be an adult you trust, such as someone from the organisation that takes care of you.

Unsa'y mahitabo sa data (interview transcript) ug pwede ba nako makita ang resulta?

The data will be used to write a PhD thesis, peer-reviewed articles and in conference presentations.

The data will be stored on a password protected software program, on a password protected computer.

We will provide findings to your organisation who will share them with you.



Unsaon pag-contact sa researchers?

You can contact the researchers any time you like. Here are their details.

Dr Catherine Flynn

Senior Lecturer

Department of Social Work

Phone: +61 3 9903 2731

email: catherine.flynn@monash.edu

Steven Roche

PhD Candidate

Department of Social Work

Phone: +61 481 570 609

email: steven.roche@monash.edu

Unsa akong buhaton kung naa koy reklamo?

If you have any complaints or concerns about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC), or the in-country complaints contact, Associate Professor Florence Flores-Pasos from the University of the Philippines.

Executive Officer

Monash University Human Research Ethics Committee (MUHREC)

Room 111, Chancellery Building D,

26 Sports Walk, Clayton Campus

Research Office

Monash University VIC 3800

Tel: +61 3 9905 2052 Email: muhrec@monash.edu Fax: +61 3 9905 3831

Florence Flores-Pasos

Assistant Professor

Department of Social Work

College of Social Work and Community Development

University of the Philippines

Diliman, Quezon City.

Phone: 09278237212 Email: florence_pasos@yahoo.com

Thank you,



Dr Catherine Flynn.



Appendix 4: Explanatory statement children and young people

Invitation to participate in research

Hello! Kumusta?

My name is Steven, and I'm a PhD student from Monash University in Melbourne, Australia.

The chief investigator for this project is Dr Catherine Flynn, a Senior Lecturer in the Department of Social Work at Monash University.

We are inviting you to participate in some research that we're doing about residential care in the Philippines. The title of the project is: **"Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences"** (Project ID 12677).

Please read the information below and think about if you would like to be involved!

What's the research project about?

The project is about residential care for children and young people in the Philippines.

This research wants to find out what residential care is like for young people, what they think about residential care, and find out their ideas of how it could be improved.



Who is Steven?

Steven is a PhD student and is writing a thesis about residential care in the Philippines.

Steven is a social worker, and has also done lots of research with many different young people.

Steven has lived in the Philippines before, volunteering at a child and family welfare organisation in Dumaguete City, Negros.

Some of Steven's hobbies include playing and watching sport, reading and spending time with friends.





What is residential care?

For this study, residential care is fulltime care provided to children and young people in a non-family group setting.

This may include, orphanages, shelters, or dormitories provided in a welfare or child protection context.

Why is the project about residential care in the Philippines?

There are many children and young people living in residential care in the Philippines.

There are over 200 residential care programs in the Philippines, however not much is known about what they are like, how they work, and what children and young people think about them.

There are also lots of people who want to make it better for children and young people.

What is the research hoping to find out?

It wants to find out ways to make residential care better for children and young people.

In the interview, you will also be asked what living in residential care is like, your relationships with peers and staff, how you are supported, and your future.

The interview will focus on your opinions, experiences and perspectives on residential care.



What are some benefits of participating?

You will have the chance to give your views, ideas, and opinions on which can help to improve the design of residential care.

You can learn from the experience of being involved in research.

Your ideas will contribute to making life better for children living in residential care in the Philippines.



Who can participate?

Young people aged 15 years and over who are living in residential care.

Anyone who does not want to participate does not have to, and they can decide not to participate at any time.

What will young people be asked to do?

You will be asked to participate in an interview with Steven no longer than an hour, and let him hang around to see what life is like at your residential care program.



Why were you invited to participate?

You have been invited to participate because your organisation has agreed to participate in this research, and because you are aged over 15 and living in residential care.

What is consent and why is it important?

To participate, you will need to provide written consent, showing that you agree to participate.

You will be consenting to participating in the interview, and the research using what you say in there research.

Participation is completely voluntary and there is no problem if you do not wish to participate.

Can I change my mind?

You can stop participating at any time and you don't have to give a reason.

Just tell Steve or a staff member at your organisation.

Participants can ask the researchers to withdraw their data at any time during or after interview.

Are there any risks with participating?

We do not envisage that there will be any major risks for you participating.

However, during the interview you will be asked questions about your life, your relationships and your family, and it is possible that this may be upsetting for you.

You do not have to talk about these topics, or answer any questions that you don't want to.



Is what I say in the interview confidential?

Besides the researchers, no-one else will get to know what you say in the interviews.

However, if the researchers are worried about your safety, or the safety of others, they will have to tell someone so that you can be supported.

Any identifying information about you will be removed from interview transcripts, and a pseudonym (a different name) will be used in the reporting of data.



How will I be supported?

We will organise two people who can support you after the interview if you need. One will be a social worker at your organisation, and another will be a social worker from another welfare organisation, or the Department of Social Welfare and Development.

You can also bring a support person with you to your interview. This could be an adult you trust, such as someone from the organisation that takes care of you.

What will happen to the data and can I see the results?

The data will be used to write a PhD thesis, peer-reviewed articles and in conference presentations.

The data will be stored on a password protected software program, on a password protected computer.

We will provide findings to your organisation who will share them with you.



How can I contact the researchers?

You can contact the researchers any time you like. Here are their details.

Dr Catherine Flynn

Senior Lecturer

Department of Social Work

Phone: +61 3 9903 2731

email: catherine.flynn@monash.edu

Steven Roche

PhD Candidate

Department of Social Work

Phone: +61 481 570 609

email: steven.roche@monash.edu

How can complaints be made?

If you have any complaints or concerns about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC), or the in-country complaints contact, Associate Professor Florence Flores-Pasos from the University of the Philippines.

Executive Officer

Monash University Human Research Ethics Committee (MUHREC)

Room 111, Chancellery Building D,

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Research Office

Monash University VIC 3800

Tel: +61 3 9905 2052 Email: muhrec@monash.edu Fax: +61 3 9905 3831

Florence Flores-Pasos

Assistant Professor

Department of Social Work

College of Social Work and Community Development

University of the Philippines

Diliman, Quezon City.

Phone:



Thank you,



Dr Catherine Flynn.



Appendix 5: Explanatory statement adult policy and program participants

EXPLANATORY STATEMENT

(Policy makers and/or program staff)

Title: Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences (Project ID 12677).

Dr Catherine Flynn

Senior Lecturer

Department of Social Work

Phone: +61 3 9903 2731

email: catherine.flynn@monash.edu

Steven Roche

PhD Candidate

Department of Social Work

Phone: +61 481 570 609

email: steven.roche@monash.edu

Dear participant,

You are invited to take part in this study. Please read this Explanatory Statement in full before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the phone numbers or email addresses listed above.

What does the research involve?

The residential care of children and young people forms a major part of welfare and child protection approaches in the Philippines. Despite the widespread nature of residential care in the Philippines, the number of children residing in these facilities is unknown, as are their practices, and the characteristics and experiences of the young people and staff involved. Furthermore, how residential care is conceptualised, understood, and governed is poorly understood, as is its position and role in broader approaches to child protection.

The aim of this study is to further understandings of residential care in the Philippines, and inform future policy and practice approaches to children's welfare and protection.

A key objective is to provide findings that improve organisations approaches to providing care for children and young people, and assist young people's transitions out of care.

This project aims to answer the following overarching research question:

- How do children, young people and families, as well as program and policy actors, conceptualise, experience and enact the residential care of children in the Philippines?

What will you be asked to do?

All participants will be asked to participate in an interview up to one hour in length.

For residential care program staff, the research will also conduct observations of young people and staff in residential care group settings, such as during activities or meal time.

***Why were you chosen for this research?***

You have been invited to participate in this research because you are connected to a partner organisation of this project, or have been identified as an expert in the field of residential care or child protection in the Philippines.

What are the consent and participation arrangements?

Participation in this study is completely voluntary. Participants can withdraw from the interview at any time without adverse consequences and without giving a reason. All they need to do is indicate to the researcher or staff member that they no longer want to participate and the researcher will enable this to occur.

Participants can ask the researchers to withdraw their data at any time during or after interview.

All participants will be asked to provide written consent prior to their participation in this study.

What are the potential benefits of the research?

This research will offer participants the opportunity to voice their views, ideas, experiences and opinions on residential care in the Philippines, and will contribute to building important knowledge that can better support children and young people in care. The benefits of this research include:

- Providing a deeper understanding the ways in which children and young people experience residential care.
- Improving policies and practices to improve young people's wellbeing and better meet their needs.
- Enhancing outcomes for young people transitioning out of residential care.
- Establishing new practice-based guidelines for organisations providing care.

Are there any risks associated with participating in this project?

We do not envisage that there will be any major risks for participants, however it is possible participants may experience some discomfort if they choose to discuss any sensitive issues relating to the research topic.

Interviews have been designed to be sensitive and responsive to the needs of participants and a 'risk mitigation strategy' will be utilised.

How will confidentiality be maintained?

Besides the researchers, no-one will know what participants say in the interview, except if researchers are worried about the participant's safety or the safety of someone else. In these cases



the researcher will talk to the participant about their concerns and decide, together, what might need to happen.

Any identifying information relating to participants will be removed from interview transcripts, and pseudonyms will be used in the reporting of data.

The data will be used in a PhD thesis, peer-reviewed articles and conference presentations.

How will data be stored?

As per Monash University guidelines, the data will be stored using password protected software program 'lab archives', on a password protected computer, and will be kept for five years.

How can results be accessed?

All results and publications will be provided to participants at their request.

How can complaints be made?

Should participants have any concerns or complaints about the conduct of the project, they are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC), or the in-country complaints contact, Associate Professor Florence Flores-Pasos from the University of the Philippines.

Executive Officer

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Room 111, Chancellery Building D,

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Monash University VIC 3800

Tel: +61 3 9905 2052 Email: muhrec@monash.edu Fax: +61 3 9905 3831

Florence Flores-Pasos

Assistant Professor

Department of Social Work

College of Social Work and Community Development

University of the Philippines

Diliman, Quezon City.

Phone: [REDACTED] Email: florence_pasos@yahoo.com

Thank you,

[REDACTED]

Dr Catherine Flynn.



Appendix 6: Consent forms

CONSENT FORM

(Young people living in residential care)

Title: Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences (Project ID 12677).

Chief Investigator

Dr Catherine Flynn

Senior Lecturer

Department of Social Work

Phone: +61 3 9903 2731

email: catherine.flynn@monash.edu

PhD Candidate

Steven Roche

PhD Candidate

Department of Social Work

Phone: +61 481 570 609

email: steven.roche@monash.edu

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I understand that:

Please Tick

• Steven will come and talk to me about what it is like living in residential care, and we will also talk about how residential care could be improved.

Mag-sturya kami ni Steven matod sa kinabuhi sa residential care ug unsa'y buhaton para mas maayo kini.

Mag-sturya kami taman sa isa ka oras.

We will talk for up to one hour.

Steven will spend up to a total of five hours, an hour at a time, observing you with your peers and staff at your residential care program during group activities. I understand that that is optional.



Obserbahan ko ni Steven kauban ang ubang mga kabatan-on ug trabahante sa residential care. Pwede ko dili mutugot ani.

- I don't have to answer questions that I don't like or don't want to answer.

Dili ko kinahanglan mutubag sa mga pangutana nga dili nako ganahan tubagon.

- It is okay for me to stop being part of the project whenever I want.

Pwede ko muhunong ug apil sa research kung kanus-a nako gusto.

- If anything we talk about makes me feel upset, I can choose to stop the project. The researchers can tell my carers if I want them to.

Kung musakit akong buot sa among gina-sturyahan, pwede ko muundang ug apil sa project.

- What I say during the project is special and belongs to me. Steve won't tell anyone else that I took part.

Dili isaba ni Steve sa uban nga ni-apil ko sa research ug kung unsa man akong ignon sa interview.

- What I say to Steve will be used to write articles and reports, but Steve will make sure that nobody will be able to tell who I am.

Wala'y makahibalo nga ako mismo ang nag-ingon sa mga ginapangsulat ni Steve.

- The only time Steve would have to tell someone else is if they were worried: *Kung mahitabo ang sumusunod, kinahanglan isaba ni Steve sa uban:*

- *Ginakulata ka sa uban*
- *Ginapasakitan nimo imong kaugalingon*
- *Naa ka'y plano nga pasakitan ug seryoso ang isa ka tao*
 - that I might be badly hurt by someone
 - that I am not being cared for properly
 - that I might hurt myself
 - that I might hurt someone else.

In this case Steve will discuss with you who he needs to tell, and will arrange support for you.

Kung mahitabo ni, sulti-an ka ni Steve kung kinsa iyang kinahanglan ignan, ug pangitaan ka ug suporta.

- It is okay for me to ask questions if I don't understand anything.

- *Pwede ko mangutana kung naa koy dili masabtan.*



- It is okay for me to complain if I'm not happy about the way I've been treated or anything else.
- *Pwede ko mag-reklamo matod ani nga research.*

I consent to the following:	Yes	No
Participating in an interview	<input type="checkbox"/>	<input type="checkbox"/>
Audio recording of the interview	<input type="checkbox"/>	<input type="checkbox"/>
Observation of me during group activities with other young people and staff	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Participant Signature _____ Date _____



CONSENT FORM

(Policy makers and program staff)

Title: Examining the institutional care of children in the Philippines: an interpretive investigation of their experiences (Project ID 12677).

Chief Investigator

Dr Catherine Flynn

Senior Lecturer

Department of Social Work

Phone: +61 3 9903 2731

email: catherine.flynn@monash.edu

PhD Candidate

Steven Roche

PhD Candidate

Department of Social Work

Phone: +61 481 570 609

email: steven.roche@monash.edu

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
An interview lasting up to one hour	<input type="checkbox"/>	<input type="checkbox"/>
Audio recording of the interview	<input type="checkbox"/>	<input type="checkbox"/>
Observation of me during interactions with young people (program staff only)	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Participant Signature _____ Date _____



Appendix 7: Interview protocols

Interview protocol

Young people living in residential care

Participant identification code _____

- Introduce self to participant
- Introduce interpreter to participant
- Explain research project to participant and read through information letter
- Ask if participant has any questions
- Go through consent form, and explain each section
- Check that participant understands, is happy to proceed, and answer any of their questions or concerns

Interview questions and topics

Demographic details

M/F:

Age:

How long have you lived at in residential care (LCP)?

Where did you live before living in residential care/LCP?

When did you first live in residential care and at what age?

What is your school level?

Life history and timeline and narratives



Suggested questions:

- Would you like to draw your life timeline?
- What was life like before living in residential care?
- What was it like first moving into residential care?
- How did you feel when you first moved into residential care (LCP)?
- What have been the biggest changes in your life?
- What have been the major events in your life so far?

Family

How do you define family?

Who is in your family?

Who is in your biological family?

Parents/guardians, siblings, anyone else (aunty/uncle or grandparents).

-Where do they live? How far is that? How often do you get to see them?

If they have parents? What is their occupation?

-What does your family (biological parents) think about living here?

-How often do you see your family?

-Where does your family live? How far is that from here? How easy is it get there?

-Where did you live before here? How far is that?

Life in residential care

Suggested questions:



- What does an ordinary day in residential care look like?
- What time do you wake up? Then what do you do?
- What is your weekly routine? E.g. Chores? How do you help out here?
- What does an ordinary week look like for you? What are the things you do every week? E.g. school, church, recreation.
- What do you do in your leisure time? Could include, sports, time with friends/family outside of resi/LCP,

Relationships

- Who are the most important people in your life?
- Who are the people that look after you and support you every-day?
- Who inspires you in your daily life?
- In what ways do these people look after you?
- Use the network map on final page.
- How have your relationships changed since living in residential care?
- What are your relationships like with people outside of residential care?
- What are your relationships like with people who you live with in residential care?
- How do you build a good relationship with your peers (other young people in residential care)?

Experiences

Suggested questions:

- What's the best thing that has happened to you in residential care?
- What's the hardest thing that has happened to you in residential care?



Adults and staff

Suggested questions:

- What is your relationship with the adults and staff here?
- How do staff and other adults help you in day to day life?
- How could staff help you more in day to day life?

Perceptions/evaluations

Suggested questions:

- Why does residential care exist?
- What is the purpose of residential care?
- Tell me what you think about residential care?
- Who supports you living in residential care?
- How does residential care help people?
- If there was no residential care, what would people do? Where would children live? What would happen if it wasn't here?
- What is good about residential care?
- What is not so good about residential care?
- How could residential care be improved?
- What do people outside of residential care think about you living here? (Do you tell your friends that you live there? Why/why not?)
- Why are other young people/your friends living here?
- If you were the boss of residential care, how would you change it? How would you make it better?



-Sponsorship? What do you think of being sponsored? Why do they sponsor you and others? Who is your sponsor?

Representation of problem?

What has the participant identified as the problem(s) that residential care addresses?

Explore this problem with participant.

What is the problem that residential care is trying to address?

Transitions

Suggested questions:

- When will you leave residential care and why?
- What will moving out of residential care be like?
- What will your life be like when you move out of residential care?
- How are you being prepared to transition out of residential care?
- Where will you go and what will you do (job, education, location)?

Health and education

Suggested questions:

- What is your school history and are you currently attending school?
- How has living in residential care impacted on your education/schooling?
- How has living in residential care impacted on your physical and mental health?

Recreation and community

Suggested questions:



-What do you do for fun?

-What activities/sports do you do at residential care? What about outside of residential care?

-What activities do you do in the community?



Interview protocol

Policy-makers/program staff involved in residential care

Participant identification code _____

- Introduce self to participant
- Introduce interpreter to participant (if present)
- Explain research project to participant and read through information letter
- Ask if participant has any questions
- Ask participant to sign consent form
- Check that participant understands, is happy to proceed, and answer any of their questions or concerns

Interview questions and topics

Section one: Demographic and occupation information

M/F

Age:

What is your current position and can you please outline your day to day roles?

What does a normal work day look like for you?

How long have you worked in this position?

How long have you worked in child protection/residential policy or programs and what have been your previous positions?

How much contact with children and young people do you have in your current position?

How many children are you responsible for in your role?



In what ways do you support children/young people in residential care?

What are your qualifications?

Connection to residential care and/or child protection

How does your role relate to with children and young people in residential care?

How does your role relate to child protection in the Philippines?

Section two: Understanding of residential care

Understanding of residential care

Why does the Philippines have residential care?

What need does residential care in the Philippines fulfil?

Who supports residential care? Who pays for it?

Does the Philippines need residential care?

What would happen if residential care disappeared?

Circumstances of children moving into residential care

Why do children live in residential care?

What are the circumstances leading up to children moving into residential care?

What are the main considerations when decisions are made about whether a child should be moved into residential care or not?

Child protection and residential care

How does child protection relate to/intersect with residential care?

How does residential care act as a tool of child protection?

How does residential care protect children?



Does residential care harm children?

Section three: the representation of the problem

Representation of problem?

What has the participant identified as the problem(s) that residential care addresses?

Explore this problem with participant.

What is the problem that residential care is trying to address?

Section four: Circumstances of residential care.

Supporting children in residential care

How are children supported in residential care?

How can they be better supported in residential care?

What are the main challenges for children living in residential care?

Current circumstances

How does living in residential care help children?

How far away do families live from the residential care facility?

How often do parents see their children?

How much contact do you have with parents and family of children?

Do you give updates to parents/family about their child?

Children transitioning out of residential care

When do children leave residential care and why?

How are children supported when transitioning out of residential care?



What do children do after leaving residential care?

How are children/young people prepared for transitioning out of residential care?

What are the main challenges for young people when they leave residential care?

Impact of residential care

How does residential care impact on the wellbeing of children?

How does residential care impact on the development of children?

How does residential care impact on the safety of children?

Governance of residential care

Who regulates residential care?

How is residential care regulated?

Is this regulation effective?

Who creates the rules of residential care programs?

Evaluation of residential care arrangements

What are the benefits for children living in residential care? What is good about it?

What are the benefits for children's families when they live in residential care?

What are the concerns that children and families have before moving into residential care?

What is difficult for children when living in residential care?

How much say do children have about moving into residential care?

What do you think about the residential care facility/program? How could it be better?

What do you think about the residential care staff? What could they do better?



What do children say about how it could be improved?

Alternatives to residential care

If residential care did not exist, where would the child live?

What would be an alternative to residential care? Living at home with support? Living with another family?

Appendix 8: Candidate's further publications

The following research output in the area of child protection in the Philippines were also published by the candidate during the candidature period:

Roche, S. (2019). Childhoods in Policy: A Critical Analysis of National Child Protection Policy in the Philippines. *Children & Society*, 33(2), 95-110.

