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Evaluation of the Effectiveness of Services Offered in Filipino Child in Preparing Residents f

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Student ID 201186193

University of Leeds

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Contents

Abstract

Leaving home is a major milestone in every young adult's life, often a time of excitement and some apprehension. For people who grow up in residential care there is no transition, care-leavers are thrust into what the literature describes as 'instant adulthood'. The majority of the literature that exists on the experience of care-leavers comes from high-income countries, where residential homes are not the primary response to children being without family setting in which to live. Many developing countries on the other hand depend on these types of homes to care for high numbers of orphaned or abandoned children. Little is known therefore about the services that are offered in these homes, especially from the perspective of the residents themselves. This study aimed to explore and evaluate the psychosocial support and services offered at a children's care home in the Philippines for preparing residents for life after care in an effort to identify areas of improvement. A qualitative research method was used to investigate the experience and opinions of past residents and staff members of a children's home run by a faith-based organization in the area of Subic in the Philippines. Participants overall felt that the services and support they were offered effectively prepared them for life after care, despite having faced many challenges following leaving care. These challenges included economic instability, lack of belonging, and culture shock upon entering the so called 'outside world'. Several recommendations were suggested by the participants to better support future children living in the home including professional counselling services and extended stays to allow for the completion of mandatory schooling. More research is needed to strengthen the evidence base in order to champion policy and regulatory change.

Introduction

Leaving home is a major milestone in every person's life; however, it is also a time of significant change and stress. For most young adults, this process is usually a slow transition towards full autonomy, where parents and family are relied upon for guidance and support (Schiff, 2006). This, unfortunately, is not the case for individuals who grow up in residential care homes as a result of being orphaned, abandoned, or neglected and not having extended family able or willing to assume care. The literature indicates that care-leavers experience higher levels of unemployment, poverty, homelessness, and poor health (Schwartz-Tayri and Spiro, 2017). The needs of care-leavers have been of increasing international concern and in 2009 the UN released *The Guidelines for the Alternative Care of Children,* which was developed to enforce the UN Convention on the Rights of the Child (Quinn et al., 2017). This policy has spawned a global recognition and commitment to address this problem, with developed countries investing more into research and services for this population. However, little is known about the plight of care-leavers in low and middle income countries and due to the significant social, cultural, and economic differences between these types of nations, more research is needed to assess the needs within these contexts (Dutta, 2016).

In the Philippines, residential care is the primary response for children who are abandoned, neglected, or orphaned when kinship placements are not possible and with 1 in 5 Filipinos living below the poverty line, extended families and even single parents, are frequently incapable of caring for additional children (World Bank, 2016). These homes are run either by the government or by private organizations mainly in the form of faith-based institutions (Roche, 2017). The number of children living in care is unknown, the latest data from the Department of Social Welfare and Development (DSWD), the department that runs the 46 government homes, is from 2015. It indicates that at the time 5,819 children were in their care, however, this data does not include the children living in the 197 homes operated by privately registered social welfare organizations, making it difficult to assess the scale of need for this population(Roche, 2017).

Psychosocial support refers to the services offered to respond to the psychological and physical needs of people, emphasizing the connection between an individual and their connection to a bigger social/cultural entity (UNICEF, 2011). Services that develop life skills, build resiliency, and support community integration are endorsed by the international community as best practice for promoting wellbeing, as well as better outcomes for care leavers (Quinn et al., 2017; UNICEF, 2011). These services have shown in the literature to improve wellbeing and school performance in orphans in developing countries and are often used in care settings to better prepare residents for life after care (Chitiyo et al., 2008). Due to the limited information regarding service standards for care homes in the Philippines, services and support vary widely and are often not evaluated to assess their effectiveness (Save the Children, 2011).

Little is known about how residents themselves feel about the services they were offered and if they feel they were prepared enough, mentally and physically, for life after care. Of the studies that do exist, the perceived challenges and needs of care leavers differs between the residents themselves and their carers(Sulimani-Aidan and Melkman, 2018). It is therefore a beneficial practice to obtain the perspectives of both in order to gain a deeper understanding of the services and their effectiveness. Also, the carers can provide a more detailed overview of the services and since they are the ones delivering the care it is imperative to include them in the discussion.

The aim of this research is therefore to explore and evaluate the psychosocial support and services offered at a children's care home in the Philippines for preparing residents for life after care in an effort to identify areas of improvement. This will be achieved through 4 objectives:

1. Assess and understand the psychosocial services and support currently offered at the children's care home
2. Explore the perceived effectiveness of the psychosocial supports among the young adults (18 to 25) who are/did live at the children's care home, as well as staff working there, in preparing residents for life after care

3. Identify participants views on any ways to improve current service model to better prepare residents for life after care
4. Make feasible recommendations to improve psychosocial support in the children's care home

Methods

A qualitative research design was used to explore the perceived effectiveness of the psychosocial supports offered to looked-after children in preparing them for life after care and identify key challenges this population continues to face in an effort to improve services. Due to the limited literature available, not only with Filipino looked-after children, but on this population world-wide, a qualitative design was appropriate as little is known on the subject and exploratory methods were needed (Willis and Jost, 2007). The aim was to explore individual perceptions and gain a deeper understanding of the challenges individuals face, a semi-structured interview technique was used to allow for unanticipated directions the responses may lead (Peters, 2010). This type of approach is common amongst exploratory studies and the importance of service-user involvement is being recognized in the academic community as a crucial component for the validity of research (Liabo, 2018).

Location and Recruitment

Research was conducted in June 2018 in the area of Subic Bay, Philippines. Potential participants were identified through gatekeepers who work for/with a local children's home that cares for children without families, especially children of prisoners. Originally the inclusion criteria of the study intended to only look at children of prisoners, who are the majority occupiers of this children's home, however due to issues discussed below, a few of the past-resident participants did not meet this criteria, two of them came from broken families where a parent could no longer care for them. As the aim of the study did not depend on participants having a parent in prison, only that they were

raised in the residential care home, the inclusion criteria was opened up in order gain more perspectives.

The name of the home where the participants were recruited from will be kept anonymous in order to maintain the confidentially of the participants. For this study, there were two sampling pools, one for past residents and one for current staff. With the support of one of the gatekeepers, participants were approached and given an information sheet (appendix A) which was translated into the local language of Tagalog. Willing participants either contacted the researcher directly, or responded to the gatekeeper who arranged an interview time on behalf of the researcher. In total 10 interviews were conducted, 3 staff and 7 past residents. Due to time restraints discussed later on, all of the past-residents who participated are currently living in the half-way houses which are provided by the same organization that runs the children's homes. Due to the gender imbalance in the sample size, 3 males, 7 females, this characteristic will not be used when displaying quotes to maintain anonymity. As it is a qualitative study, where depth and quality of the sample is emphasized over quantity, this sample size was deemed acceptable based on resources and timing.

Data Collection

Ethical approval was earned from the University of Leeds prior to research commencing. Two semi-structured interview guides (appendix B) were used, one for staff and one for past residents, to direct the conversation with open-ended questions designed to allow participants and the researcher to follow the flow of the discussion without the requirement of a regimented set of questions.

Participants were asked to read, and if they agreed, complete a consent form (appendix C), which was translated into their native language of Tagalog, prior to the interview. All participants self-identified as willing and able to provide written consent. Interviews were carried out in several locations, all of which were private and convenient to the participant, ensuring they felt comfortable and at ease in the space. A translator was required for 1 of the interviews, arranged and supplied by

the researcher's host. The translator had been trained by the host in confidentiality and agreed to abide by the code of practice set out by the host.

Data Analysis

Each interview was transcribed verbatim by the researcher which allowed her to develop a strong knowledge of each interview and begin to generate themes as she went. All identifying information was removed from the transcripts during transcription. Data was analysed using a thematic framework method using the program NVIVO. Codes were generated as the researcher went through each transcript, generating a framework matrix of emerging themes. Subsequent interviews were then indexed using the existing codes, summarizing the main points into the matrix.

Limitations

As a "hot culture climate", a term used to describe a culture which is heavily influenced and focused on relationships and avoiding conflicts within their society, Filipinos are extremely eager to please and do not want to let people down. This became a limitation in this research as there was miscommunication between the host and the children's home at the start of the study which resulted in the people who worked for the children's home who had agreed to assist the researcher in approaching participants would not respond to the researcher for the first two weeks of the 3 week project. As a result, once the issue had been resolved the time restraints on the research caused participant selection to become much more a matter of convenience then originally intended. Potential participants who met the criteria and could have been strong voices for this research could have been missed due to the inability to arrange an interview in the time remaining. This sampling strategy therefore could have resulted in selection bias.

In addition, as all of the care-leavers live in the half-way house and they are still involved, with many of them working in some capacity for the care home. Their ties to the home could have potentially resulted in more positive responses being heard as they would not have wanted to criticize their

employer. Due to their culture as well, participants may have responded in ways they thought the researcher wanted them to respond.

Another limitation was the language barrier. Only two interviews required a translator, however this need was determined by the host and participant. The researcher found several instances where participants struggled with getting their thoughts and ideas across, as well not fully understanding some of the questions. Again, due to the time limitations, follow up interviews with a translator could not be arranged.

Findings

The objectives are discussed below according to the themes identified through analysis of the interviews.

Current Services

In order to gain a broad understanding of the different psychosocial services offered by the children's home, both current staff and past residents were first asked to describe the activities available. In general, the staff had a greater ability to describe in detail the services that were offered in the home, whereas the past residents required many more prompts to think of examples. The kinds of activities discussed were wide ranging, from health check-ups to arts and crafts to team-building activities, all of which are outlined in Table 1.

Spiritual Health

- *Bible Study*
- *Prison ministry*
- *Church groups (music)*
- *Daily devotion*

Social Health

- *Team building activities*
- *Responsibility and Skills training*
- *Community activities*
- *Group meetings/discussions*
- *Recreation activities (Arts and crafts, trips to pool, beach, playing outside)*

Physical Health

- *Shelter*
- *Food*
- *Health check ups*

Emotional Health

- *Counselling with house parents, pastors, and social workers*
- *Health care*
- *Mentoring*
- *Group meetings/discussions*
- *Parental visits*

Table 1: Services and Activities

Several key themes emerged as a result;

- Importance of religious services
- Views of counselling
- Responsibility and skills training

Religious Services

The most discussed activity from all participants was their religious and spiritual support which includes bible study, church participation, and daily devotion. As the children's home is run by a Christian organization, this religious emphasis could be expected. Routines within the homes seem to centre on faith and as they also run the school and church, a strong, faith based community has been formed.

"We are really focused on their spiritual [health] um more on spiritual side so we do spiritual activities"

Counselling

Counselling as a service came up several times with different participants [6] as a beneficial activity, however it was often in the context of receiving counselling following 'bad' or 'wrong' behaviour.

"Interviewee: I also have counselling with the social workers.

Researcher: Okay how often is that? Or was it?

Interviewee: Just when I make mistakes."

Responsibility and Skills Training

One of the most beneficial supports in preparing residents for life after care were the basic life skills taught while growing up. At age 13, children are given responsibilities such as cleaning, cooking, looking after younger kids, and budgeting allowance. Past residents viewed these responsibilities as positive because it helped them mature and become ready for living on their own. A new service 3 of the staff members discussed was a skills course that began shortly before the interviews took place. It was described as a series of modules covering subjects such as self-awareness and confidence that was being trialled with 8 current residents.

Experience Leaving Care

To further explore the effectiveness of the psychosocial services offered by the home, past residents were asked about their overall experience leaving care and what they found to be the most

enjoyable and challenging aspects of moving away. Staff were also asked their perspective on the best and most challenging things the young adults face when leaving care.

Past residents described the transition to the half-way houses as "*really different*" and "*emotional*", often discussing the difficulties prior to being asked about the challenges of leaving. These difficulties included economic insecurity, lack of belonging, and increased responsibility. A challenge only two past residents brought up, but all of the staff mentioned, was that of shock when entering the 'outside' world.

Economic Insecurities

Financial difficulties were described in a variety of ways; some past residents discussed their challenges budgeting, with one saying *"sometimes I don't eat because I'm no to lazy to no time, and sometimes I spend my money not in the food, sometimes so many expenses in school."* Others described the need to provide for family in addition to their own needs, such as siblings and parents, which added stress upon their financial resources. Staff mirrored these points, expressing that past residents often say they wish they could come back to living in the children's home.

Belonging

Another challenge raised by the past residents was the idea of belonging and how leaving the children's home left them isolated, not knowing where they fit in. Even though the half-way houses are located very close to the children's homes and many of the past-residents still maintain close connections, ie work there, go to the same church, etc. some still describe feeling sad because they feel they've lost the guidance and support offered by the homes. One of the participants expressed the difficulty of living in a place where "*nobody loves you*", while someone else felt jealous of people in their class who had families that could come on parent-teacher days when they did not.

Increased Responsibility

An idea in the literature is that children leaving care are often thrown into "instant adulthood" compared to their peers who often have the ability to ease into their adult roles and responsibilities'

(Schwartz-Tayri and Spiro, 2017). All past residents expressed having difficulties fending for themselves, going from having everything provided for them to struggling with balancing their work, studies, budget, cooking, etc. One described the struggle of having to provide for themselves while still in full time school and having a few years left to go.

Staff members framed this increase in responsibility quite differently then the past residents. They described the increased responsibility as "facing reality" and "entering the real world".

Shock

All of the staff members discussed how the children's home and organization that runs it has created a bit of a sheltered community for the kids living there. "*They are living in [the children's home] so they live with the other kids, the houseparents, then they go to school under [the organization] so everyone who is with them in the house is with them in the school, and they go to a church under [the organization]…so everyone who they see in the church is … with them in the homes, in the school, so its like one world that they have*" one staffer said explained. As a result, once residents leave the home they experience a sort of culture shock as they are exposed to people who do not share the same beliefs and values as they do. One of the past residents described being shocked by people who used bad words, partied, and drank alcohol because in their community those things are looked down upon. Another staff member expressed their concern for those transitioning out of care because they had experienced people "*being swayed*" to participate in those kinds of activities and even "*going wild*" once they no longer had rules to follow.

Independence

When asked what they liked best about living on their own participants enjoyed the freedom and not having to follow so many rules. One participant saw the independence as a chance to grow and learn to stand on their own. Another saying "*I want to live here (half-way house) because I want freedom, I can go where ever I want … now I'm happy because I can do what I want*".

Staff members also thought that the independence and freedom was what children most looked forward to and enjoyed. One explained that children may feel like the want to be free because they feel like the rules of house are not imposed by their 'real' parents or family and therefore they find them to be restrictive and unfair.

Coping Skills

Following the discussion of challenges faced when leaving care participants were asked how they coped with those difficulties. Five past residents said they pray or ask the lord for help when they are dealing with an issue, others said they speak to their pastor or siblings or staff at the care home. One mentioned trying to stay positive even if things are hard.

The staff all spoke about the benefits of the new schooling system in this regard. In 2012 the Filipino government began rolling out a new curriculum that included 2 more mandatory years of high school. With the addition of grades 11 and 12 school now terminated at age 18 unless students pursed higher education. As a result, the residents of the children's home now have to complete these last two years in a public school because the organization's school can not accommodate the new grades. This means that residents are exposed to portions of the 'outside world' while still living in care, which allows them to be supported through the process. One staff member explained it "*I believe it helps them to like cope up with the life, slowly. Being aware of 'oh this is what a public school is', in our school [in the organization] we're like only 12 in a class room, but here its like 70 in a class room with different behaviours, not all of them are Christians, some say bad words …they have the chance to share with their houseparents' or their leaders here because they still live in the [home].*"

Effectiveness

Both past residents and staff were asked whether they felt the support they received or provided was effective in preparing them for life after care. Resoundingly the response was yes from the past residents, they were prepared with the exception of two past residents, one who felt that since they

were still a full time student they were not ready, and one who felt they were 50% ready. Reasons for feeling prepared centred around the preparation they received while in care, being taught how to be independent, responsible, and one person mentioned by having the foundation of faith and knowledge of God helped them for the outside world.

Staff members saw the effectiveness as conditional to the individual, but overall thought they were effective in their practices. One staff member said that it depended on the child's background and experiences, saying "those who've experienced living with their own families, when they come to [the home] at like 10 years old, 10, 12 years old they actually know what it's like so its not as difficult for them, they appreciate more the things that you do for them. As opposed to those who come at the age of 4 or 5 they feel like they're… enclosed in this community … yeah I think it's that and I think it also depends on what their background is really." The same participant also associated a resident's relationship to their family and God as indicators of how they coped after they left care.

Participant Suggestions

All participants were asked at the end of the interview if they had any recommendations for additional services or ways to strengthen current supports within the children's home that would help prepare future residents for life after care. Several ideas were shared, however 5 participants did not have any suggestions, some of them recognizing that there are always ways to improve but could not think of anything at the time. However, for one of them they thought everything was enough stating that "*for me, it's enough...you live outside the [children's home] you will experience the reality of life more*."

One recommendation was to lengthen the stay in the children's home until the residents completed school, as it was difficult to sustain yourself when still a full-time student. One person suggested increasing the availability of health check-ups as many children do not receive adequate health care. One of the staff members wished to get the children bank accounts to help them learn about budgeting and money.

Two participants spoke about the need for more counselling and physiological services. One of the past residents spoke about the importance of access to counselling services from professionals because of difficulty some people have in expressing their feelings and the judgement they fear from houseparents', "*If we have a problem we don't talk to the houseparent because … I know the attitudes of everyone because I lived there so many years so in the girls unit if they have a problem they will keep it, even if it hurts a lot…I think that is my suggestion, counselling, they need that to know express their feelings not all of us likes to express our feelings*." A staff member also said they would like access to professional physiological advice, especially when dealing with children who have come from difficult backgrounds and to know the best ways to handle difficult behaviour. "*I don't really know if I'm doing the right thing … we don't know if …there's certain behaviour or if there's something wrong, things in the past that have gone wrong, like social workers they have things that they study in regards to this, but even with them they find it really hard*."

Discussion

This study was initiated in order to better understand how care-leavers cope with life after care in an effort to make feasible recommendations for the home to better equip these children in the transition out of care. As this research specifically focused on one care home within the Philippines it limits the ability to generalize this data and to transfer the recommendations beyond this home, however, we can discuss and compare how this research broadly fits into the existing literature. The discussion will address the main findings of this project, followed by 4 recommendations for the future.

Current Services

The services offered in this children's home align with the specifications outlined by the DSWD, which require care homes to provide social services, in the form of case management by social workers, homelife services, which include the provision of basic needs, educational services, health services, recreation and cultural services, and religious development (Save the Children, 2011). Although these are the enforceable standards, there is little data on how exactly the DSWD regulates, monitors, and upholds these policies, making it difficult to compare how this home measures up to others in the Philippines. However, the provision of "'life-skills' courses, mentoring strategies and 'transitional living' projects" (Quinn et al. 2017, pg 145) are measures that have been rolled out extensively across the UK and USA, countries that are amongst the leaders in child protection. Such services are currently being used or trialled in our care home which could be considered in line with the best practices in the field, albeit in-depth evaluations of these programs and their effectiveness are lacking.

Experience Leaving Care

The experiences and challenges faced by the care-leavers from this home match those identified by other researchers in similar contexts (Sulimani-Aidan and Melkman, 2018; Frimpong-Manso, 2018; Schwartz-Tayri and Spiro, 2017). A few differences did emerge, markedly the lack of discussion on

employment in this study. A common theme in the international literature is the issue of employment, either in the form of unemployment or opportunities to pursue meaningful work. It could come down to the homogenous sample used in this study, having a large portion of the participants still in close contact with the home, many of them working in some capacity for the home, therefore not having experienced the struggle of searching for employment outside of the community.

Many of the challenges faced by the care-leavers are arguably experienced by other young adults during this stage in life, however as stated previously care-leavers are often left with these burdens with no support or guidance once they turn 18 (Gwenzi, 2018). This can has been shown in the literature to negatively affect their health, specially their mental health (Mohammadzadeh et al., 2017). This study identified that some participants struggled with feelings of isolation and stress which corresponds with other studies carried out in other parts of world (Parry and Weatherhead, 2014). This study found that implementing professional counselling care was potential improvement for the home, as it could help negate the negative perception residents have about counselling in addition to being a suggestion by two participants.

Effectiveness

Although the sentiment from the majority of the participants was that the services and activities offered by the home were effective in preparing them for life after care, from the responses to the question asking for recommendations it is evident that there is always room to improve. Again, due to the sample used in this study, this overwhelmingly positive depiction of the homes services could not be completely accurate. That is not to say that the work and support provided by the home is not of a high standard or that this result is wrong, it is just to say that further research would be beneficial to increase the confidence in the result.

Recommendations

1. Ongoing monitoring and evaluation should be undertaken by the home to examine the effects of the new life-skills module program, putting in place a formal process of evaluating the progress of the participants and their transition out of care.
2. The home should critically review the suggestions given by the participants described above, specifically the employment of a professional psychiatrist, and consider how they could incorporate those services within the next year in an effort to better meet the needs of the residents.
3. More research should be conducted in the Philippines on the effectiveness of services offered by institutional care homes which could be used to better address the needs of care-leavers.
4. The DSWD should complete a situation analysis, gathering up to date information from care homes on the number of children in their care and the services being offered, in order to create a baseline understanding of what is currently going on and use that information to update policy and procedures in a way that is enforceable.

Reflection

When I first heard about the research project aspect of this course I was terrified. I had no experience in any form of research, let alone designing, coordinating, and implementing a project in another country. I was initially going to do a secondary analysis, thinking that I would not be capable of doing a primary research project. However, as I gained more skill and confidence in my studies I realized that not only would it be a missed opportunity, but that I would really enjoy doing it.

Although the process wasn't without its challenges, overall the experience has been very eye-opening and encouraging. Having such a supportive and involved host really helped alleviate some of the stress that comes with research. I did experience quite a challenge while I was in the

Philippines as there was a miscommunication between my host and the children's home which caused significant delays in the start of my study. Having over a week without any response from the people who were supposed to help me and then another few days of participants failing to respond or not showing up to scheduled interviews was very stressful. I was very anxious; as I was cognisant of the limited time I had there. At times I felt like a nuisance and a burden as I tried to reach out to the home and my host. It was also hard to be in home full of other researchers who were finished or successfully conducting their projects. Looking back I'm grateful for the experience because for one, once it came time to do the interviews I was no longer nervous, just eager to get them done! As well, it has taught me how to think on my feet, be adaptable in the face of changing plans, and that no matter how well you prepare, things will change and I now know that I can handle those situations.

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Appendix A

Integritas
values driven healthcare

UNIVERSITY OF LEEDS

Faculty of Medicine and Health, School of Medicine,
Leeds Institute for Health Sciences

Information sheet (residents)

My name is Josephine Gaupholm and I am a Masters Student at the University of Leeds studying International Health. I am carrying out some research into the support and services offered to children of prisoners in care as part of my university studies and I am inviting you to participate in this research. This information sheet will tell you more about the project, and what you will be asked to do if you take part. Please read this sheet in full and take some time to consider whether you would like to be involved. Thank you.

Background

With the prison population in the Philippines rising, the number of their children sent into care is also increasing. However, little is known about the needs of this population, especially in regards to how well they cope after care. In order to better support these needs and understand if the services currently offered are adequately preparing residents for life after care, this study will aim to evaluate the current practices based on the lived experiences and opinions of current and past residents.

Why have you been chosen?

This research aims to explore the effectiveness of services offered at POC in preparing young adults, such as yourself, for life after care. You have been identified as a potential participant.

Do you have to take part in the study?

There is absolutely no requirement to take part in the study, it is completely optional. If you choose not to take part no questions will be asked.

If you choose to take part in the study you are free to withdraw your participation at any point, up until the time of transcription and anonymization, which means the point at which I remove all identifiable information from the data. This is because after this point it will be difficult to isolate your information from the rest of my data.

What will you be asked to do in the study?

If you choose to take part in this research, you will be asked to contact the lead researcher to organize a convenient time for you to participate in an interview. This interview will last between 40 and 60 minutes where you will be asked various questions about the support and services you were offered at POC and how you feel they prepared you for life after care.

You are free to stop the interview at any time or skip any question you do not wish to answer. No questions will be asked regarding why, just tell the researcher you would like to pass or end the interview.

An amount of ___ will be provided to participants who require transport to and from Integritas House will be covered by the researcher.

Who will be present during the interview?

The researcher, an interpreter, and yourself will be present at the interview.

*The interpreter is a member of staff at POC. They have received training and have signed POC's code of practice acknowledging they understand and will uphold confidentiality at all times. However, you should think seriously about whether you are comfortable with this before agreeing to participate in this research.

Will the interview be recorded?

If you agree, the interview will be recorded. This recording will only be listened to by the researcher and deleted following transcription. It will be stored until then on a secure drive. If not then notes will be taken by me to help transcribe the information.

What are the risks of being involved in the study?

There are no evident physical risks for taking part in this study, however, some people may find it difficult to discuss their past experience or time at POC. This should be carefully considered when considering participating in this research. Resources you can access following the interview will be made aware to you, should you need any further support. You are also free to stop the interview at any time or skip questions you do not want to answer.

What are the benefits of taking part in the study?

Although there may not be any immediate benefits to you, the results of this study will hopefully be used to strengthen the support and services offered at POC in preparing residents for life aftercare and creating a positive wellbeing environment. This research could also shed a light on the gap in knowledge that exists in understanding the needs of looked-after children in the Philippines.

What will happen to the research results?

At the time the researcher begins transcribing the interview in electronic format, all identifiable factors will be removed such as name, age, occupation, etc. Until then field notes and recordings will be kept in a secure location or on an encrypted hard drive.

The results from the interviews will be taken back to the UK and analysed in order to create a final report that will be submitted to my school. This final report will also be submitted to POC in electronic and printed versions where you can read it if you wish.

Will your information be kept confidential?

All information will be kept confidential, with all identifiable information such as name, age, occupation, etc. removed from all transcripts at the time of transcription. The translator who is present will be trained in confidentiality and will not discuss any information shared in the interview.

Direct quotes you make may be used in the final report, however any identifying information will be removed.

What should you do next if you want to be involved in the study?

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If you have read through this document carefully and wish to be involved please contact the researcher, details below, within 2 days (48 hours). You will be asked to sign a consent form and set up an interview time. If you are unable to sign a consent form you can provide your consent verbally, which will be recorded.

Contact information

If you would like to contact the researcher with any questions at all, please send an email or give them a call on the number below.

Email address: jgaupprojectb@outlook.com

Phone number

Thank you for taking the time to read this information sheet.

Faculty of Medicine and Health, School of Medicine,

Leeds Institute for Health Sciences

Information sheet (staff)

My name is Josephine Gaupholm and I am a Masters Student at the University of Leeds studying International Health. I am carrying out some research into the support and services offered to children of prisoners in care as part of my university studies and I am inviting you to participate in this research. This information sheet will tell you more about the project, and what you will be asked

to do if you take part. Please read this sheet in full and take some time to consider whether you would like to be involved. Thank you.

Background

With the prison population in the Philippines rising, the number of their children sent into care is also increasing. However, little is known about the needs of this population, especially in regards to their wellbeing. In order to better support these needs and understand if the services currently offered are adequately preparing residents for life after care, this study will aim to evaluate the current practices based on the lived experiences and opinions of current and past residents, as well as staff at POC. This is not an assessment of the work of individuals but a way to inform current practice.

Why have you been chosen?

This research aims to explore the effectiveness of services offered at POC in preparing young adults for life after care. You have been identified as a potential participant by Rachael Pickering as you have worked extensively with this population and run services and activities related to well-being.

Do you have to take part in the study?

There is absolutely no requirement to take part in the study, it is completely optional. If you choose not to take part no questions will be asked and it will not impact your employment. No one will be informed whether or not you participate.

If you choose to take part in the study you are free to withdraw your participation at any point, up until the time of transcription and anonymization, which means the point at which all identifiable information will be removed from the data. This is because after this point it will be difficult to isolate your information from the rest of my data.

What will you be asked to do in the study?

If you choose to take part in this research, you will be asked to contact the lead researcher to organize a convenient time for you to participate in an interview. This interview will last between 40 and 60 minutes where you will be asked various questions about the support and services offered at POC and how you feel they prepare residents for life after care. This is not an assessment of your work or performance and will not affect your employment at POC.

You are free to stop the interview at any time or skip any question you do not wish to answer. No questions will be asked regarding why, just tell the researcher you would like to pass or end the interview.

Who will be present during the interview?

The researcher, an interpreter, and yourself will be present at the interview.

*The interpreter is a member of staff at POC. They have received training and have signed POC's code of practice acknowledging they understand and will uphold confidentiality at all times. However, you should think seriously about whether you are comfortable with this before agreeing to participate in this research.

Will the interview be recorded?

If you agree, the interview will be recorded. This recording will only be listened to by the researcher and deleted following transcription. It will be stored until then on a secure drive. If not then notes will be taken by me to help transcribe the information.

What are the risks of being involved in the study?

There are no evident risks involved in this study.

What are the benefits of taking part in the study?

Although there may not be any direct benefits to you, the results of this study will hopefully be used to strengthen the support and services offered at POC in preparing residents for life aftercare and creating a positive wellbeing environment. This research could also shed a light on the gap in knowledge that exists in understanding the needs of looked-after children in the Philippines.

What will happen to the research results?

At the time the researcher begins transcribing the interview in electronic format, all identifiable factors will be removed such as name, age, occupation, etc. Until then field notes and recordings will be kept in a secure location or on an encrypted hard drive.

The results from the interviews will be taken back to the UK and analysed in order to create a final report that will be submitted to my school. This final report will also be submitted to POC in electronic and printed versions where you can read it if you wish.

Will your information be kept confidential?

All information will be kept confidential, with all identifiable information such as name, number of years at POC, occupation, etc. removed from all transcripts at the time of transcription. The translator who is present will be trained in confidentiality and will not discuss any information shared in the interview.

Direct quotes you make may be used in the final report, however any identifying information will be removed.

What should you do next if you want to be involved in the study?

If you have read through this document carefully and wish to be involved, please contact the researcher within 2 days (48 hours). You will be asked to sign a consent form and set up an interview time. If you are unable to sign a consent form you can provide your consent verbally, which will be recorded.

Contact information

If you would like to contact the researcher with any questions at all, please send an email or give them a call on the number below.

Email address: jgaupprojectb@outlook.com

Phone number

Thank you for taking the time to read this information sheet.

Appendix B

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Question matrix

Young adults

1. How old are you?

2. How old were you when you entered under-18s care?

3. How long were you in under-18s care?

4. Were one or both of your parents in prison during your time in under-18s care?
    a. If yes, where were your parents at the time you left under-18s care (or moved to the half-way house)?

5. What level of schooling have you completed?

6. What are you doing now? For example, are you a college student, working or unemployed?

7. After leaving under-18s care, did you spend time at the half-way house?
    a. If yes:-
        i. are you still living there?
        ii. how long did you live/have you been living there?

8. Which activities/services did you do/use whilst you were in under-18s care? Examples of these activities/services include Bible studies, church, counselling, health check-ups, hobbies, mentoring, peer support, psychology, sport, visits to parents, youth clubs etc.

9. Did any of these activities/services impact your beliefs, emotions and health in a way you found particularly positive?
    a. If yes:-
        i. which activities/services were these?
        ii. what was particularly positive about them?

10. Did any of these activities/services impact your beliefs, emotions and health in a way you found less helpful?
    a. If yes:-
        i. which activities/services were these?
        ii. what was less helpful about them?

11. What was your experience of leaving under-18s care (or moving to the half-way house)?

12. Was there any aspect of leaving under-18s care (or moving to the half-way house) that you found particularly good?
    a. If yes:-
        i. which aspect was particularly good?

ii. why was it particularly good?

13. Was there any aspect of leaving under-18s care (or moving to the half-way house) that you found particularly difficult or challenging?
    a. If yes:-
        i. which aspect was particularly difficulty or challenging?
        ii. why was it particularly difficult or challenging?
        iii. how have you coped with this difficulty or challenge?

14. Overall, do you think that you were sufficiently prepared for leaving under-18s care (or moving to the half-way house)?
    a. If yes, why do you say this?
    b. If no, why do you say this?

15. Looking back at your experience, are there any additional activities/services that you think might positively impact future looked-after children's well-being as they prepare to leave under-18s care (or move to the half-way house)?
    a. If yes, which activities/services would you suggest?

Staff

1. What is your age?

2. What is your role?

3. Were you a looked-after child here before you took up this role?

1. Which activities or services are offered to support the looked-after children's emotional, physical, social and spiritual health? Examples of these activities/services include Bible studies, church, counselling, health check-ups, hobbies, mentoring, peer support, psychology, sport, visits to parents, youth clubs etc.
    a. Which of these activities/services are aimed at preparing the children for life after under-18s care?
    b. Which, if any, of these activities/services teach the children how to deal with stressful situations?

2. Do you think these services are effective in preparing children for leaving under-18s care?
    a. If yes, what is it that makes them effective?

3. In your opinion, what is the best thing that young adults experience when leaving under-18s care?
    a. Why do you think this is?

4. In your opinion, what is the most difficult or challenging thing that young adults experience when leaving under-18s care?
    a. Why do you think this is?

5. Given your experience, are there any additional activities/services that you think might positively impact looked-after children as they prepare to leave under-18s care (or move to the half-way house)?
    a. If yes, which activities/services would you suggest?

Appendix C

Integritas
values driven healthcare

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Faculty of Medicine and Health, School of Medicine,
Leeds Institute for Health Sciences

Participant Consent Form

Understanding and Evaluating the Services and Supports for Wellbeing Offered at the Philippines Outreach Centre's Children's Home

	Add your initials next to the statement if you agree
I confirm that I have read and understand the information sheet/ letter dated _____ explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time up until the point of interview transcription and anonymization, without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. To withdraw please contact (insert contact number) or email hs17jg@leeds.ac.uk. In the event of withdrawal, my information will not be used and all records destroyed.	
I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. I understand that my responses will be kept strictly confidential.	
I agree for the data collected from me to be stored and used in relevant future research in an anonymised form	
I understand that other researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change during the project and, if necessary, afterwards.	

Name of participant	
Participant's signature	
Date	
Name of lead researcher	
Signature	
Date	