

Philippine Child Caring Agencies Amidst COVID-19 Pandemic: Operational Challenges, Responses, and Reflections

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Abstract

In the history of child welfare, past pandemics paved the way for the establishment of orphanages or Child Caring Agencies (CCAs) as they are called today. With the advent of the COVID-19 pandemic, these social institutions' capacity to protect children-in-care is again tested. The study presents the experiences of 15 private CCAs in the Philippines located in different parts of the country with high numbers of COVID-19 cases. The results provide a glimpse of how CCAs cope amidst the COVID-19 pandemic, their challenges, responses, and reflections developed by the CCAs' key leaders and personnel. The study shows that CCAs are affected by external, organizational, and personal challenges. Their responses imply an adequate level of capacity to adapt to the challenges such as the pandemic. It also highlights the CCAs' organizational reflective processes, responses, and innovations which, if used critically, could lead toward transformative practice in an organization. The study results can aid child protection social workers and other development workers in Residential Care Facilities for Children (RCFC) to examine the present condition of our CCAs and take a critical stance to advocate for change, an essential skill in transformative social work practice. The results can also be used to review and advocate for the revision and creation of new guidelines and policies that will address long-term problems that affect the implementation of CCAs' programs and services. Lastly, they could spark the development of possible social work models or approaches in working with children-in-care during disasters and emergencies.

Keywords: children-in-care, child caring agencies, pandemic, child welfare

Introduction

As the world battle the COVID-19 pandemic, children were among society's most affected sectors. The pandemic affected children's well-being negatively in a multitude of ways imaginable. The risks for children-in-care were even more significant as they are away from their families and depend only on other people's help. At the forefront of this battle were hundreds of Child Caring Agencies (CCAs), a type of residential care facility (RCF) that caters to children in the Philippines. CCAs may differ in nature and in terms of the kind of children that they serve. Commonly, CCAs cater to Children in Need of Special Protection (CNSP), including those who are victims of physical and sexual abuse, neglected and abandoned children, children in commercial sexual exploitation, street children, etc. Long before the pandemic, CCAs had already been experiencing challenges in their operations, budget, personnel, partnerships, and case management (U.S. Department of Health and Human Services, Administration for Children and Families, 2010; Nhep & Doore, 2021). With the worldwide onslaught of COVID-19 that

stayed on for nearly three years, new challenges or even more serious issues are expected to confront the field of child welfare.

Since a pandemic is not a regular occurrence, there are no readily available systems/protocols for CCAs to guide their personnel in alleviating the psychological effects of such a catastrophe on children and the staff. While authorities scrambled for measures to mitigate the impact of COVID-19, these institutions, licensed and accredited by the Department of Social Welfare and Development (DSWD), were expected to protect children-in-care (DSWD Administrative Order No. 17, Series of 2008). The bulk of this task rests on the shoulders of social workers who manage the cases of the children. Other support staff like house parents, teachers, psychologists, medical practitioners, administrative staff, and others also have vital roles to play. In reality, however, they may be overwhelmed by the degree of responsibility in ensuring that children receive appropriate care. Some may be emotionally torn between their clients' welfare and that of their own families, affecting their work performance. In any social work setting, the workers' emotional stability is crucial, especially in residential care facilities for children, as clients are psychologically and emotionally dependent on them. As licensed institutions, CCAs may implement drastic measures to ensure the children's safety under their care, especially during the height of a public health emergency, such as the pandemic. On the other hand, the COVID-19 pandemic brought an array of obstacles to the already challenging world of case management for children-in-care.

Nevertheless, while this disaster might have created chaos in the child welfare system, particularly among CCAs, its consequences also brought out the best in these institutions as they emerged with creative ways to innovate, strategize, stay afloat, and eventually adapt to the new normal. The earliest CCAs, which have been existing for centuries and have battled various emergencies including pandemics, have already proven this. Unfortunately, past pandemics have given us only a glimpse (or almost none) of how these institutions survived such dreadful experiences due to the scarcity of records, documents, and reading materials that would vividly describe their experiences and the kind of culture they developed during those times. Therefore, it is high time that the experiences of child caring institutions during the recent pandemic be documented as references for the next generation of residential care workers.

It is critical to know and describe the kind of innovations and strategies these institutions employed to successfully deliver their programs and services and the factors that impeded their operations during the COVID-19 pandemic. It is likewise crucial to document these CCA experiences and responses that could then serve as an essential future reference for child welfare and social work practice.

Research Objectives and Methodology

This study aims to document the experiences of CCAs in cope during the COVID-19 pandemic while protecting children in care. Specifically, it attempts to answer the following questions:

1. What challenges did the CCAs encounter in implementing their programs and services during the COVID-19 pandemic?
2. What were the CCAs' responses to mitigate the effects of the COVID-19 pandemic?
3. What were the CCAs' reflections that contributed to their COVID-19 pandemic responses?

This study is descriptive and exploratory. It employed a purposive sampling method that selected 15 private CCA respondents from the areas with the highest COVID-19 cases in Luzon, Visayas, Mindanao, and the National Capital Region (NCR). One consideration of choosing private CCAs or those managed by Non-Government Organizations (NGOs) is that these small agencies were at a higher risk of closure during the pandemic because they largely depend on donations for funding. The length of service, excellent records in working with CNSPs, willingness, and openness to participate in the study were likewise part of the respondents' selection criteria. Formal letters were sent to these CCAs through email. Due to the strict COVID-19 pandemic protocols and the risk of contracting the virus, in-depth interviews were done using different virtual platforms accessible to the agencies, such as Zoom and Google Meet. Responses were then grouped and organized into themes for data analysis.

Conceptual Framework

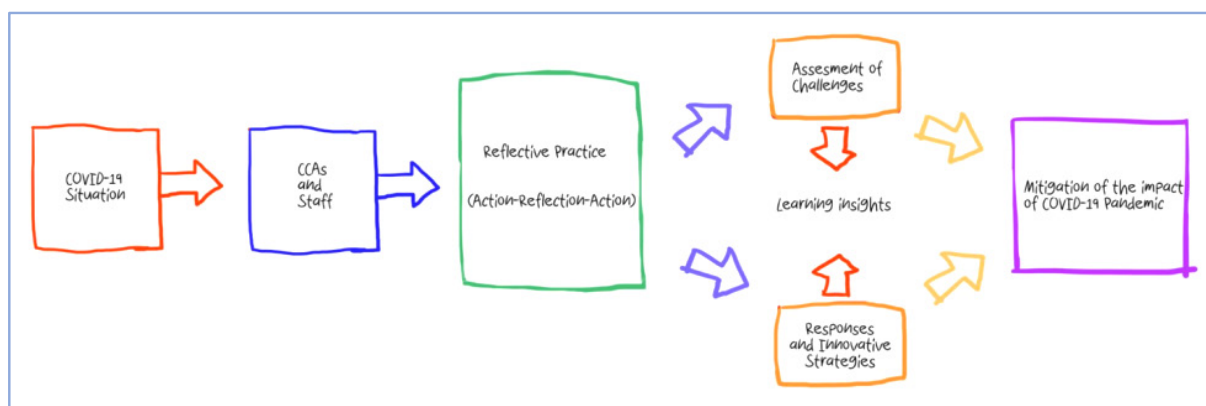


Figure 1. Conceptual Framework

Figure 1 shows how the impact of the COVID-19 pandemic on CCAs was primarily determined by three main factors: a) the type of challenges that emerged in the course of the pandemic, b) the reflective skills level of the agency and its staff, and c) the level of strength or capacity of the agency and its staff to respond to the challenges through innovative strategies.

Challenges arise in any organization. The Collin dictionary (n.d.) defines a challenge as “something new and difficult which requires great effort and determination.” Challenges in the organization's context are categorized into three types: Environmental or External Challenges, Organizational Challenges, and Personal Challenges. Environmental or external challenges are factors imposed by the external environment that affect the organization's survival which is beyond the organization's control, while organizational challenges are factors within the organization that are consequences of environmental challenges. The organization can manage this type of challenge. Personal challenges pertain to the organizational challenges and structures that affect the staff. These test their skills in performing under pressure and affect their motivation level, which may negatively impact their job performance (Daniels, 2022; Aravindan, n.d).

On the other hand, responsiveness is the organization's ability to identify organizational changes, intervene and adapt to the situation by internally introducing changes in organizational structures and policies through individual action and learning levels and introducing interventions that increase organizational flexibility. Responsiveness also boosts organizational

reflective practice in planning or developing strategies (Pata, 2010). Reflective practice was first conceptualized by Schon and is considered a core concept in helping professions, including social work. Using reflective practice enables practitioners to engage in “action-reflection-action” by processing their experience and what they do while they are doing it, which is called “reflection-in-action,” or processing the understanding and using this to generate knowledge from practice which is called “reflection-on-action” (Schon, 1983, as cited in Pata, 2010). According to Jude and Regan (2010), in reflective practice, professionals are expected to develop a certain level of expertise or skills when regularly practicing, which becomes a habit or talent.

Reflective practice can be used at an organizational level when practitioners use their skills and competence in a shared and collective manner that invites collaborative, transformative, and reflective practice. In times of disasters and emergencies when things are chaotic due to the absence of rules, guidelines, and protocols, reflective practice is crucial as it can assist professionals and organizations in what course of action or response they will undertake to ensure the quality of service delivery. The framework shows that by using reflective practice, the CCA and its staff can effectively assess and identify the challenges brought about by the COVID-19 pandemic that affect the implementation of its programs and services. Reflective practice, especially if done in a collective manner or at an organizational level, will also help the CCA to revise and to create innovative strategies to respond to their clients’ needs to mitigate the impact of the ongoing disaster or emergency in the implementation of its programs and services, as shown in Figure 1. It is deemed that the impact will greatly depend on the CCA’s capacity as an organization to withstand and respond to the challenges brought about by the situation. These may include the CCA’s and its staff’s ability and level of skills, strengths, motivations, and other factors in reflective practice.

Review of Related Literature

The World Health Organization (WHO) declared the COVID-19 outbreak as a public health emergency of international concern on January 30, 2020, during the 2nd meeting of their Emergency Committee, and subsequently declared it a pandemic on March 11, 2020. A pandemic, as defined by the dictionary, is “an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population” (Merriam-Webster, 2022).

As the COVID-19 pandemic continued, so did its impact on children’s lives, and more severely so on children living in impoverished countries and children in care who face a different level of vulnerability (UNICEF, 2020; World Vision Philippines, n.d). During the pandemic, some children may have lost one or both parents and ended up in residential care facilities for children or orphanages (The Human Rights Watch, 2020). A Child Caring Agency is a private, non-profit or government agency duly accredited by the DSWD that provides 24-hour residential care services for abandoned, orphaned, neglected, or voluntarily committed children. (DSWD, 2018, p. 4; Official Gazette, Republic of the Philippines, 2009). In the Philippines, DSWD has licensed 177 agencies that operate 197 Residential Care Facilities for Children (RCFC), while DSWD operates 46 nationwide. On average, these agencies have a 50-bed capacity except for Elsie Gaches Village, which has 400-490 beds, and another two that cater to abandoned and sexually abused children have a 125-bed capacity. Admissions, before the pandemic, usually exceeded the capacity of these centers. During the pandemic, although some froze their admissions, these agencies still had to cater to the needs of their residents or clients,

and some had to continue accepting clients, especially government agencies or residential care facilities (DSWD, n.d.).

In a study done by World Vision Philippines (n.d.), 2% of the study respondents were willing to send their children to their relatives or to institutions if worse comes to worst. The problem with these facilities, however, was that these were hotbeds for the rapid spread of infectious diseases, such as COVID-19, due to the often-limited space, poor conditions, and the proximity of the staff and children in care with each other (Human Rights Watch, 2020; Lumos, 2020). In the Philippines, for instance, 80 children from the Reception and Study Center for Children (RSCC) in Quezon City were submitted for swab tests after some staff at the Center were reported to have contracted COVID-19 (Ornedo, 2020). On August 24, 2021, Hospicio de San Jose, one of the oldest orphanages in the Philippines, called for donations as 81 of its residents contracted COVID-19, including a three-year-old client (Depasupil, 2021).

Earlier literature predicted that, due to the high possibility of COVID-19 contamination in orphanages, governments and institutions around the world might impose laws that would immediately take the children away from the child-caring facility in a bid to mitigate the spread of the virus. However, removing children without proper emotional preparation, assessment, support, and monitoring would only put them in an even more harmful situation (Lumos, 2020). Likewise, the imposition of lockdowns, curfews, and movement restrictions led to the abrupt closure of some residential institutions thereby jeopardizing the continued care for CNSPs in times of disaster (Human Rights Watch, 2020).

An interview consultation organized by Save the Children Philippines among the children staying in some Bahay Pag-asa facilities within Metro Manila revealed that: 1) the children are worried about being infected by COVID-19, 2) they are terrified for their family's safety and for their parents who are out of work, 3) they also deal with sadness because their families are not allowed to visit them, and 4) while other children have communication access to their families, others have no idea how their families are doing (Abad, 2020). Furthermore, less than half of these children do not know the government's COVID-19 response, reflecting that children have limited access to such information.

The COVID-19 pandemic also affected the case management of the children, which has implications for their stay in residential care facilities. For example, court hearings and issuance of release orders were suspended due to the implementation of the Enhanced Community Quarantine (ECQ) (Abad, 2020). At the same time, during the ECQ implementation, there were no existing policies, guidelines, protocols, programs, services, etc. regarding the management of all residential care facilities for children in the Philippines except to follow the national protocols. Each facility devised its own strategies to cope with the pandemic's effects while waiting for the government guidelines for center-based or residential care facilities for children, which were eventually released two months after the lockdown implementation. On May 15, 2020, DSWD released its guidelines for "Compliance to Regulatory Standards of Social Welfare and Development Agencies (SWDAs), Private Organizations Intending to Operate as SWADAs and Service Providers." The guidelines covered three critical areas: 1) Submission of the accomplishment report for the fiscal year 2019, 2) SWDAs applying for registration/license to operate and accreditation, and 3) Service providers applying for accreditation. The Department released another guideline on May 27 for "All Social Welfare and Development Agencies (SWDAs) Operating Center-Based (Residential) Facility." The advisory was issued as guidance for the daily management of these residential facilities.

Summary of Findings:

Respondents profile

The study involved 15 private Child Caring Agencies, each servicing 10 to 130 CNSPs in the areas with the highest number of COVID-19 cases in the Philippines. These included three (3) from the National Capital Region, six (6) from Luzon, three (3) from the Visayas, and three (3) from Mindanao. Fourteen agencies have been serving CNSPs between 16 to 42 years, while only one was newly established, having been created eight years ago. Seven (7) of these are small- to medium-sized agencies maintaining an average number of staff between 10 to 30, and serving fewer than 50 clients. Six (6) have regular staff numbering from 50 to 107 and serve more than 50 clients. These agencies serve diverse clients who are victims of physical and sexual abuse, neglect, abandonment, etc. The number of clients served during the pandemic ranged from 12 to 79, aged 8 months to 17 years old. Except for the four faith-based agencies, the rest are considered secular NGOs. During this study, there were five CCAs whose personnel contracted the COVID-19 virus. The vaccination rate of the staff of these agencies ranged from 75 to 100%.

All except one respondent are female, aged 23 to 80. Ten (10) are married, three (3) are single, and one (1) is a nun. All respondents finished a bachelor's degree, and half had master's degrees. Eight (8) of the respondents are graduates of Bachelor of Science in Social Work (BSSW), two have Master of Social Work (MSW) degrees, and the rest are graduates of other helping professions such as sociology and education. Five (5) respondents occupy the position of a residential social worker who is mainly responsible for managing children's cases. Other respondents include six (6) Executive Directors and four (4) program heads. Thirteen have been working in their agency for 7 to 28 years, while the other two had only joined their agency for a year at the time of the study.

The 15 agencies have different programs and services focused on children in care and their families. Table 1 below shows that the programs and services of these agencies are varied, and their nature could sometimes overlap. It is important to note that, due to the pandemic, one medium-sized agency in NCR had to close a coffee shop that it had been operating as a project of their independent program for their youth.

Table 1
Programs and Services of Respondent CCAs

Programs	No. of agencies	Services	No. of agencies
Residential Care/Shelter/ Alternative Home	15	Case management	15
Community-based Program			
	5	Medical/Dental	7
After Care Program	3	Educational (academic, sports, life skills)	6
Educational Program (scholarship)	3	Spiritual/moral	6

Advocacy program	2	Home life	5
Healing and Recovery Program	1	Psychosocial services/psych	2
Volunteer Program	1	Mentoring/coaching	2
Adoption Program	1	Legal services	2
Rehabilitation Program	1	Aftercare services	1
Independent Living Program	1	Placement services	1
Apprenticeship Program	1	Liaison services	1
Outreach Program	1	Recreational/ cultural services	1

The following presentation shows the findings of the study presented in three parts: 1) Challenges, 2) Strategies Employed, and 3) Learning Insights in the residential care program of the agencies and the top six areas of services identified by the respondents.

The challenges are categorized into two areas in the course of a CCA's operation: 1) case management process, and 2) programs or services such as psychosocial, medical, educational, and homelife.

1. Case Management Process

All the respondents shared that one of the most challenging tasks for them to do during the height of the COVID-19 pandemic was to ensure that case management of children in care was properly implemented. The respondents identified five areas of the CCAs case management process that were very challenging. These were: 1) processing and monitoring of cases, 2) processing of documents and 3) communication and coordination, 3) scheduling of activities, and 4) case conferences/meetings.

1.1. Processing and monitoring of cases - All respondents agreed that, aside from the fear of the workers contracting the virus, the strict protocols—such as submitting a Reverse Transcription Polymerase Chain Reaction (RT-PCR) test, processing the Safe, Swift, and Smart Passage (S-PASS), and the length of the quarantine period—affected the timeline of their case management. These restrictive protocols made monitoring cases challenging for the workers who needed to process, update, and monitor their clients' case progress. For instance, one small agency from the Visayas mentioned that their social workers were challenged to procure the necessary travel documents needed to move from one place to another during the height of the pandemic to conduct special home visitations on cases of concern. Another shared that, since they are located in Mindoro island, they had difficulty monitoring their clients' cases and processing their documents due to the pandemic restrictions.

1.2 Processing of documents - Difficulties were also experienced while processing the children's documents. Six (6) small agencies from Luzon shared that it took a minimum of one month to process and acquire children's legal records from government offices and other partner agencies, which caused further delays in processing children's cases. Examples of these legal records are late registration of birth, foundling certificate, court documents, adoption documents, especially the Certificate Declaring a Child Legally Available for Adoption

(CDCLAA), etc. These documents could easily be acquired during the pre-pandemic period—except for the CDCLAA, which sometimes took time but was made worse by the pandemic.

1.3 Communication and coordination - Five (5) small agencies (two each from Luzon and Visayas and one from Mindanao) shared that coordination with the local social welfare office and other partner agencies became arduous due to the intermittent telco-connection, difficulty of reaching partner agencies, location of clients in far-flung areas or in government-declared COVID-19 high-risk areas. It was said that coordination was complicated with the children's families, who had no access or capability to acquire communication gadgets. Coordinating with LGU social workers was also a challenge. As described by one respondent, "Requesting for a Parental Capability Assessment Report (PCAR) of the LGU now is very difficult as it took so long for the LGU to respond to such a request due to travel restrictions and LGU's other tasks." Some respondents also shared this sentiment and agreed that one of the main reasons for the delay in LGU's response was their additional task of implementing the Social Amelioration Program (SAP). The difficulty in coordination also included not only the LGU agencies but also other government institutions. As one respondent explained: "I had been coordinating with a DSWD regional institution for women for their referred clients, but to no avail. I later learned that they have limited the number of personnel on duty."

1.4 Scheduling of activities - Admission of cases was canceled or delayed, especially during the ECQ. Eight (8) CAAs canceled client admission during the height of the pandemic. At the same time, seven (7) agencies said that they still facilitated the admission of clients in their agencies but implemented strict adherence to COVID-19 protocols, such as a 14-day quarantine period and required medical examinations for incoming clients. Another canceled activity during the ECQ was the "trial period" for the Prospective Adoptive Parents (PAP) to meet their adoptive child three times before placement of the child in their home.

1.5 Case conferences/meeting - In addition, activities such as case conferences (admission conferences, family conferences, matching conferences), court hearings, etc. were canceled or rescheduled. Unavoidable face-to-face meetings or conferences in the facility added to the burden of the agency to identify space within their facility where they could implement IATF protocols for COVID-19 to ensure everyone's safety. This was incredibly challenging for all seven small agencies which had limited space for big group activities.

2. Programs and Services

2.1 Psychosocial Services – The CCAs' psychosocial services met two significant challenges during the pandemic: 1) scheduling of psychosocial interventions and 2) children's behavioral manifestations. Children's activities were canceled, such as going to school, holding sponsored parties inside or outside the facilities, attending field trips, and other therapeutic activities (e.g., therapy sessions, drama, dancing, themed activities, etc.). On top of this, some psychological interventions such as individual and group therapy sessions were put on hold as well.

With regard to children's behavioral manifestations, according to the respondents, older children in the agencies manifested anxious behaviors at the onset of the pandemic. They were worried about contracting the virus and afraid for their families, whom they could not see physically during the lockdown. At the same time, small children were observed to be scared upon witnessing the staff/workers wearing the required face masks for the first time. As the

pandemic persisted, the cancellation of psychosocial interventions aggravated the psychological and behavioral state of some children already suffering from psychological trauma. Although some were not professionally diagnosed, the agency observed many unfamiliar behavioral manifestations by the children, especially during the early stages when homeschooling was implemented instead of the traditional face-to-face school setup. Behavioral manifestations included in-house teen romantic relationships with other children-in-care and other kids in the neighborhood where the agency is located. For example, one respondent described that their female clients tried to establish communications with some of the boys residing in the informal settlers' area adjacent to where their agency was situated. To attract attention, the girl clients would wave their hands whenever boys from the neighborhood would pass by their area and eventually secretly exchanged love notes with these boys through their laundry area fence. This behavior of their female clients was never observed during the pre-pandemic time. It is also important to note that half of the CCAs have no in-house psychologist and depend only on outsourced psychological services. This situation was made worse by the pandemic, as one respondent said, "It is difficult for the outsourced psychologist to visit the agency due to the pandemic restrictions."

2.2 Educational Services – The shift from the traditional face-to-face learning mode to either virtual or modular modalities resulted in three major concerns. These were: 1) the need for gadgets (computer and internet connection), 2) the need for physical space dedicated to online classes, and 3) the need for additional staff to help the children's academic transition. All the agencies were not prepared for this kind of situation. For example, most agencies have slow internet connections used exclusively by their administrative staff. They also do not have available computer laptops or tablets to be used by the children because these were not part of their annual budget. With regard to physical space dedicated to online classes, all the respondent agencies—except for one with an in-house school within their premises—had to adjust to the new form of children's schooling as they had always sent their children to a mainstream school near their area before the pandemic. On the need for additional staff to help address the academic transition, children's academic activities became one of the most important undertakings in the facility. Assisting children to fulfill tasks related to their remote learning arrangement became one of the time consuming and tedious tasks for most agencies' staff. Unfortunately, not all agencies had hired regular teachers to do teaching jobs for children. Some of the agencies did have teachers on their payroll, however, their numbers were insufficient to help all the children with their academic requirements, as per the survey.

2.3 Medical Services - One of the services that became extremely challenging due to health-related concerns during the pandemic was Medical Services to meet a range of mild to severe to life-threatening conditions. The risks faced by the CCAs included putting their regular medical checkups for the children on hold or rescheduling them to later dates since hospitals were prioritizing COVID-19 cases, especially during the ECQ period. There was also that fear on the part of the CCA personnel of contracting the virus themselves when visiting medical clinics or hospitals. Another concern was the rising case of dental problems such as toothaches, needed tooth extractions, etc. which had to be delayed, thus contributing to the increase of dental issues for these growing children. Only emergency cases were allowed to undergo dental procedures if needed, and agencies had to sign a medical waiver. One respondent said, "*Nakakatakot mag decide kasi baka magka-COVIDd ang bata*" (It was scary to make a decision because a child might contract the COVID-19 virus).

Moreover, the respondents shared that the waiting period for securing a medical consultation schedule took an average of more than two months. Waiting time was longer whenever there was a surge of COVID-19 cases. In addition, accessing vital medical supplies such as oxygen tanks and other medicines during the COVID-19 surge was difficult as it posed a risk for the staff to be infected with the virus in acquiring these supplies from the stores. Such delays in medicine acquisition could put the children's health at risk, especially those with comorbidities. This happened to two children with comorbidity from two different CCAs in Luzon who died because the CCAs' clinics were not medically equipped to handle serious cases and the children could not be brought to the hospital for the much-needed medical interventions.

Two CCAs observed further that some toddlers seemed to have suffered delays in language development because the houseparents were wearing face masks during the pandemic. These toddlers could not observe the facial expressions and lip movements of their houseparent, and the staff surmised that this resulted in delayed language and speech development for these toddlers.

2.4 Homelife Services - The main challenge for all the CCAs' homelife staff was managing the children's daily routines, such as online classes or modular learning during weekdays, psychosocial activities during weekends, disciplining and teaching children life skills, and emotionally comforting those children who were exhibiting anxiety and depression, or other behavioral manifestations. Another concern was how to augment the children's activities or schedules which had previously been facilitated by volunteers during the pre-pandemic period. This proved challenging because the staff's schedules sometimes had to be a two-week straight duty and two weeks work-from-home.

Responses

These are the responses or innovative strategies employed by the CCAs in response to the challenges discussed above.

1. Case Management - To ensure effective and efficient implementation of the case management process, all CCAs implemented COVID-19 protocols in all their undertakings. In compliance with the COVID-19 IATF (Inter-Agency Task Force) and DSWD (Department of Social Welfare and Development) guidelines, agencies set up their quarantine facilities and implemented protocols such as: no visitors were allowed in the children's dorm; all donations should be dropped off in designated areas; volunteers were not allowed to come physically to the agency, wearing of facemasks inside the premises and observing of social distancing were strictly required, disinfectants such as alcohol were provided for staff and clients, designated quarantine areas were set up, staff were required to undergo a RT-PCR test prior to reporting to the agency after being sick, and clients and staff were required to have an antigen test after attending outside activities (e.g., court hearing, medical checkup, etc.). All the agencies encouraged their staff to get the recommended COVID-19 vaccinations, and some even established a "bubble community" where their staff was allowed to stay at the agency for an extended period and provided free transportation for their staff to and from the agency. For example, a small agency in Quezon City rented an apartment to house all its staff and, to ensure less exposure to the virus, provided a free shuttle service for the staff to bring them to and from the agency on their scheduled times of duty. One agency in NCR strictly implemented a two-

week rotational lockdown and got a ready-made bahay kubo to be used as an isolation facility.

CCAs also shifted from face-to-face to virtual meetings to connect or monitor and follow up with their clients or other partner agencies. These included online case conferences, online psychological therapy, family meetings, staff training, children's training, virtual selection of prospective adoptive parents (PAP), child matching conferences, virtual orientation, and admission of a new child. Phone calls were employed to communicate with children's families who lacked internet access and resided in high-risk COVID-19 areas.

All the CCAs' respondents conducted limited home visitations and face-to-face community meetings with clients and other partner agencies assessed to be in low-risk areas after the ECQ period. They also adopted modified face-to-face meetings for activities that could not be done remotely, such as case conferences, family visitations, children's reintegration with their families, and children's transfer to another CCA. Attendance in these special meetings was also limited; only those individuals whose presence was essential were allowed to attend. After the ECQ period, most CCAs allowed parents and families into their centers but they could only stay in designated areas. One CCA also limited the number of visitors to 10 individuals at a time.

Most of the respondent CCAs adopted a modified work schedule. The staff alternately adapted to working from home and reporting to the office for at least two weeks for each type of arrangement. Only one CCA in NCR allowed their staff to go home from work every day. When working from home, most coordination and communication were done online by the staff using different platforms such as Zoom, Facebook Messenger, Google Meet, etc.

2. Programs and Services

2.1. Psychosocial Services - As a response to the psychological needs of the children in care, all the CCA respondents reported that they conducted COVID-19 orientation for the children, except for one agency in Mindanao whose children in care are still too young to understand as most of them are babies and toddlers. The orientation aimed to put the children at ease while also making them aware of the COVID-19 risks. Each CCA came up with its own orientation activities, which mainly included film viewing and discussions. The children were made aware of the safety protocols such as wearing masks, social distancing, and the need to be inside the homes.

The CCAs were also actively monitoring the children's behaviors. Systems were set up to keep track of the children's emotional states, such as identifying those with behavioral manifestations and closely monitoring them or referring them for counseling or therapy, which could be online or face-to-face, depending on the situation. One agency also introduced music therapy, while the others had an on-call psychologist. CCAs also redesigned the children's activities to fit their needs. They converted what used to be outdoor activities into indoor ones. They created activities that were fun but therapeutic. These included children's games and game tournaments, arts and crafts, story-telling, dancing, cooking and baking, video games, in-house summer camps, basketball leagues, film viewing, in-house parties and milestone celebrations, themed parties, fashion shows, visitations of their school campus, and joy rides around the barangay, etc. One CCA conducted search and rescue operations for children absconded from the facility.

Due to the difficulty of getting psychological consultation schedules, which resulted in a surge in psychological cases, the CCAs utilized their staff's knowledge and skills to conduct psychological first aid. Likewise, when on physical duty in the facility, most social workers' activities included individual and group social work counseling and other therapeutic activities with the children. This was done not only to augment the lack of a psychologist for some agencies but also the lack of resource persons for other curricular activities of the children, which have previously been handled by volunteers. In addition, the CCAs organized in-house Mass or Sunday service celebrations and Bible study sessions. They continued to teach the children to pray and foster harmonious relationships with and among individuals in the agency.

2.2 Educational Services – The CCAs utilized their residential staff (social workers, houseparents, psychologists, admin staff, nurses, etc.) in helping the children transition from face-to-face to remote learning. This was done by supporting the children early in their academic year. Staff became the children's tutors, especially in understanding and answering their modules. The staff also set up gadgets for the children's online classes and monitored them in case there would be a signal interruption, as this would disrupt the children's study time and make them anxious. Although this seemed to work, it also put a strain on the daily operation of the agency as most staff had to drop their original tasks to attend to the education needs of the children. To remedy this situation, four medium-sized CCAs, three from Luzon and one from Visayas, hired additional teachers. Four CCAs allowed their teachers to stay in their dorms, especially during the lockdown period. Of the five CCAs which have in-house schools, three had set these up before the pandemic, while the other two set up their in-house schools during the pandemic to create and simulate a classroom-like environment that would give the children the feeling of normalcy. One agency even sent its teachers for online training on how to conduct virtual classes. Four CCAs launched a donation campaign to ensure that all children would be able to have electronic gadgets for their online classes. Some donors brought their donations to the CCA, while one CCA shared that they got donations of cash and laptops from an electronic store after they sent a solicitation letter. Other sources of donations came from funding agencies or CCA partners such as the Consuelo Foundation.

2.3 Medical Services - To ensure the physical health of the children in care, the CCAs employed the following: utilizing virtual consultations, practicing due diligence in submitting children for laboratory testing, carefully assessing the potential risks within hospital premises vis-à-vis the children's safety, wearing Personal Protective Equipment (PPE) whenever bringing children to the hospital, providing children with vitamins, referring children to health centers for a free checkup, encouraging staff to be vaccinated, practicing COVID-19 safety protocols (isolation when sick, social distancing, sanitizing, undergoing RT-PCR or antigen test if needed), and tapping their internal resources. For instance, one CCA has staff equipped to provide basic first aid and physical therapy to children, which came in handy when children needed such during the lockdown period. Another CCA tapped members of the Board who are medical doctors and whom the staff personally know, so that they could avoid physical visits to hospitals to lessen possible exposure to the COVID-19 virus.

2.4 Homelife Services - The first strategy that CCAs did in response to the pandemic was to revise the scheduling of their houseparents on duty. During the lockdown period, houseparents had to stay in the premises for the whole duration of the lockdown or be on duty for two weeks. Some CCAs involved their children in home life activities to ensure they would not get bored. For example, older children were made part of the homelife planning activities. Children were

given rewards, such as incentives for creating and selling their arts and crafts, as well as free time to relax and do anything they wanted but within the bounds of the agency rules. These were aimed at encouraging good behavior. Likewise, the agencies' homelife activities were also revised and redesigned.

Reflections

Below are the reflections and learning insights identified by the respondents. The CCAs used these reflections in developing their organizational responses during the COVID-19 pandemic to ensure the efficient and effective delivery of their programs and services. The CCAs discussed these reflections during their meetings and strategic planning, where they identified their strengths, weaknesses, threats, and opportunities.

1. On emergency preparedness for the pandemic – During the onset of the pandemic, after the government had released the safety protocol guidelines, the CCAs realized that they were not prepared for the COVID-19 pandemic or any pandemic for that matter, as no one had thought about it. They found that they lacked so many of the essential elements to face such a major public health emergency. As among these were: a huge space to practice social distancing or allocate an isolation room for the sick; a budget allocation for the purchase of sanitizers, face masks, face shields, vitamins, and other medicines; medical equipment necessary to combat the COVID-19 virus such as oxygen tanks, antigen test kits, dormitories for the staff, etc. Likewise, 13 or most of the respondent CCAs did not receive a memo or guidelines from the DSWD that was explicitly intended for residential care facilities on how to proceed with their operation and case management given the lockdown restrictions. Only two CCAs from the Visayas and Mindanao said they had received a memo from DSWD. The CCA from the Visayas said they received the memo four months after the onset of the pandemic, while the one in Mindanao said they got the memo from ABSNET. The CCAs that did not receive the memo used the guidelines released by the Department of Labor and Employment (DOLE) instead and followed the Department of Health (DOH) announcements. They also crafted their own COVID-19 protocols tailored to fit the needs of their organization while also aligned with the country's guidelines. Post-pandemic, they now regard these as permanently incorporated into their Disaster Risk and Reduction Management (DRRM) guidelines. At the same time, the lockdowns demonstrated the passion and commitment of the staff to their jobs, as some of them did not hesitate to stay in-house during the lockdown, even if this meant being away from their families. This assured the CCAs' management of supportive and dedicated staff.
2. On case management – When lockdowns were imposed, all the CCAs shared that they were hit by the realization of the enormity of their undone task to ensure the movements of children's cases. These included the unfinished papers or documents of children that needed to be processed in different government offices, such as birth and foundling certificates, court orders, barangay or police clearances, school documents, etc. Respondents said that, if only they had known that a pandemic would strike, they should have done their best to process the children's records. Upon realizing this, they did their best to process the children's records by coordinating with other agencies and their families but with much difficulty. This resulted in further delays in case movements. Also, since they could not do field work and process the documents, some CCAs used this time to finish writing their reports (e.g., social case study reports, progress reports, etc.). They also quickly realized that

services such as psychological testing, counseling/therapy, family visitations, and children's activities are all vital interventions to ensure the mental health of the children. Thus, they tried to revise and create new activities for them.

3. On children's education – CCAs realized that, although nothing compared to a classroom environment experience, the shift from face-to-face learning to in-house, online, or modular made some of the children thrive. These were the children who usually had difficulty in mainstream school. For instance, one respondent from a CCA in Visayas shared, "Our girls were so happy not to be in school physically because nobody bullied them anymore and labeled or called them names such as children from the orphanage (mga batang ampunan). Thus, they were able to concentrate on their studies." As a result, the CCA management planned to look into reviewing their policy of placing their children in the mainstream school post-pandemic.
4. On caring for children during the pandemic – The CCAs appreciated that the length of time the staff had to stay together with the children in the facility made them focus and give more attention to the children. They observed that their constant presence affected the children positively, and helped the kids settle down emotionally and ease their worries about the pandemic. Respondents also reiterated the importance of having patience and tolerance when living with the children in care. Further, drastic changes were made in the children's activities due to the pandemic, such as: 1) being confined within the limited space of the facilities, 2) not being able to go outside for outdoor activities which promote socialization skills, 3) not being able to attend face-to-face classes, and 4) being denied regular visits from volunteers, donors, and families. These led to both positive and negative effects on the children's behaviors. For instance, the toddlers who would normally have benefitted from the hugs and attention of the regular volunteers were observed to have manifested delays in their social and motor skills because they could not see the faces of the staff because they were covered with masks. According to the respondents, seeing the mouth and lip movements of those caring for them is essential for toddlers to imitate and learn to talk.
5. On personal and professional growth of the CCA staff – All the CCAs that participated in the study shared that the pandemic pushed them to fulfill their tasks beyond their duty to protect those children under their care. Many staff chose to stay in their centers for at least three months at a time and endure being away from their families during the most critical time of the pandemic. Professionally, they found themselves being true to their pledge to act for the child's best interest at all times, pandemic or not. Also, most Executive Directors deemed that, if only the program staff were equipped with skills in managing and planning activities during a pandemic, they could have better responded to the needs of the children. It is commendable that the CCAs and their staff used the quarantine period to equip themselves with additional knowledge and skills by participating in free webinars and virtual networking with other CCAs. Likewise, the staff's knowledge of basic physical and psychological first aid came in handy during the ECQ. CCA staff and directors realized that it is beneficial for the staff to have an open mind, be flexible, adapt to change or multitask, if necessary, be innovative and creative, maintain sensitivity when faced with difficult situations, and think critically. They also came to appreciate that staff collaboration and teamwork—coupled with close supervision that boosts team morale and strengthens job commitment—were vital in residential care facilities (RCFs) during the pandemic. Bonding or fellowship among the staff encouraged teamwork that positively impacted their performance. Living with other

staff for an extended period also allowed the respondents to see their colleagues' capacity and the importance of respecting each other. On a personal note, the CCAs likewise learned that looking into one's mental health is vital; thus, debriefing and unwinding from time to time and developing an attitude that promotes work-life balance is essential. Finally, self-care was encouraged aside from debriefing, in the form of rest and recreation activities created for the staff and the children.

Discussion and Analysis

The study reveals that the three challenges that confronted the CCAs and affected the implementation of their programs and services during the height of the COVID-19 pandemic could be characterized as external or environmental, organizational, and personal challenges. The *external or environmental challenges* were those brought about by the advent of the COVID-19 pandemic which was beyond the control of the CCAs. Aside from the fear of contracting the virus, the imposed safety protocols, policies, and guidelines created further challenges for the CCAs, such as the difficulty of conducting fieldwork, processing children's documents, and bringing children to their medical and psychological appointments, among others. These external challenges, in turn, gave birth to *organizational challenges*. Examples were the need for additional space to ensure the practice of social distancing within the CCA premises and to be used as isolation rooms, staff dorms, and classrooms. Other concerns were the lack of staff such as teachers and resource persons for children's activities as volunteers were not allowed, the budget to purchase electronic gadgets for the children's schooling, adjustments for straight staff duty, etc. The pandemic also affected the CCA staff, who experienced *personal challenges* brought about by the changes in the agencies operations such as being away from their own families and how to ensure their physical and mental health while doing their duty. Obviously, the challenges experienced by the CCAs had a significant impact on the delivery of their programs and services. However, the study also reveals that these challenges acted as triggers that pushed the CCAs to create innovative responses or strategies that demonstrated their capability to adapt to a situation such as a pandemic.

The responses and strategies created by the CCAs were considered administrative and program interventions that helped mitigate the immediate impact of the COVID-19 pandemic on their programs and services. *Administrative interventions* for example included the creation of the CCAs' COVID-19 safety protocols, rearranging staff work assignments and schedules, changing and modifying administrative guidelines and policies, and budget realignment among others. *Program interventions*, on the other hand, included shifting from face-to-face to virtual meetings and case conferences, redesigning children's activities, coordinating and collaborating with the children's families and other partner agencies, and ensuring the children's health by providing their basic needs. These CCAs' responses are manifestations of the organizations' agility and ability to do contingency planning, crisis management, and program and personnel management during disasters and emergencies such as a pandemic. Likewise, the CCAs' creative and innovative responses can be considered as a validation of their commitment to their clients and their agencies' mission, vision, and goals, effective administrative management, as well as a high level of adherence to the DSWD guidelines for residential care facilities for children. However, the responses to the challenges were specific only to the immediate needs of the CCAs during the pandemic, which means that these are more of a reactive rather than a proactive solution.

Moreover, the CCAs' reflections are composed of both organizational and personal thoughts. The *organizational reflections* include the realization of the CCAs' level of preparedness (or lack thereof) during disasters and emergencies such as pandemics; the inadequacy of protocols and guidelines; the enormous backlogs in children's case management; the need for physical space; the importance of teamwork, collaboration, coordination, multitasking, and impact of children's academic shift to the daily operation of the agencies, etc. Among the *personal reflections* were the CCA staff's awareness of their strengths and weaknesses, valuing the importance of self-care, and validating their passion and commitment to how far they will go to uphold the best interest of the children they serve. The responses to the challenges experienced by the CCAs are outcomes of a personal and organizational reflective process which, if established, will benefit the CCAs.

The study also validated the experiences of some CCAs in the Philippines, as reported by Rappler, that children are not exempted from the psychological effects brought about by the pandemic, such as anxiety, depression, boredom, and the thought of what the future holds for them and their families. They must be helped to manage their emotions and continue their lives in the CCAs. The weight of the experiences of children-in-care is possibly magnified more than for children who are with their families. In addition, although some incidents of negative behavioral manifestations were noted among the children in the CCAs, most of the children managed to do well amidst the pandemic crisis. Like adults, children have no choice but to adapt to the changes in their surroundings.

The COVID-19 pandemic exposed that CCA protocols are not designed to combat the effects of an emergency as devastating and as prolonged as the pandemic. Historically, this type of institution or residential care facility thrived during past pandemics. Still, the lack of historical records and documentation for CCAs to refer to as a basis for their actions might have contributed to their challenges in the recent pandemic. This could be one of the reasons why even the DSWD fell behind in immediately issuing the needed implementing systems and protocols for CCAs. Hence, the agencies' individualized and center-specific responses, especially during the earlier part of the pandemic. Despite the COVID-19 pandemic challenges faced by the CCAs, yet they have survived and even thrived. Using a strengths perspective, CCAs focused on tapping their staff and institutions' capabilities, such as their acquired knowledge and skills from previous training, experiences, and natural creativity.

The respondent CCAs' staff remained strong, flexible, and ingenious and thrived in the carrying out of their mandate. Their internal capacities, drive, and willingness to help the children in their care motivated them to do their jobs effectively. For CCAs' social workers to have conducted the most needed fieldwork during the pandemic meant that they were able to manage work-related risks, an essential skill in social work practice under all circumstances.

Conclusion and Recommendations

The challenges faced by small and medium CCAs during the COVID-19 pandemic were almost the same. They were composed of the old pre-pandemic concerns which were made more difficult by the pandemic, and the new concerns that emerged due to the pandemic. These combined challenges tested the CCAs' creativity to reflect and think critically. These also propelled them to employ innovative responses and strategies to keep their programs and services afloat and ensure the children's best interests under their care. The responses used

by the CCAs showed their resilience as an organization to withstand the adverse effects and impact brought by the pandemic. These likewise highlighted the managerial and administrative capacity of the CCAs and the commitment of the stakeholders (staff, children in care and their families, donors, volunteers, etc.) to respond to the plight of CNSPs.

Further, the study shows that reflective practice is vital in managing Child Caring Agencies regardless of a global crisis, as it could act as a foundation for transformative practice. This study did not reveal any form of structural or organizational oppression; nonetheless, its challenges somehow exposed the factors from within and outside the organization that affect a CCA's implementation of its programs and services. It also highlighted the respondent CCAs' organizational reflective processes, responses, and innovations which, if used critically, could lead toward transformative practice in an organization. For the CCAs to be transformative, they should advocate for new policies or changes in the organizational structures and processes based on their COVID-19 pandemic experiences. They should bring these issues (e.g., the slow processing of CDCLAA) to their Board of Directors and DSWD to change the current practices not only as a band-aid solution but as a long-term response to the needs of children in care in a post-COVID era. Serving in a primary setting of social work practice, CCAs' social workers and other child protection development workers have a vital role in ensuring the best interest of the children in care. They need to examine the present condition and take a critical stance to advocate for change within (micro-level) and outside (macro-level) of their organizations, an essential skill in transformative social work practice.

In conclusion, this study recommends the following to the CCAs, Association of Child Caring Agencies in the Philippines (ACAP), schools of social work, and the DSWD to: 1) have a thorough investigation to be conducted in all areas of CCA operations as an organization to determine the impact of the COVID-19 pandemic on these institutions to revisit CCAs' programs and services, case management systems, and internal policies to ensure that these are still responding to the needs of the children-in-care (e.g., placing children in mainstream school, etc.); 2) review and advocate for the revision and creation of new DSWD guidelines and policies that will speed up the implementation of CCAs' programs and services especially during disasters and emergencies (e.g., processing of licensing and accreditation, provision of technical aid and resources to small private CCAs, case management guidelines, etc.); and 3) develop possible social work models or approaches in working with children in care during disasters and emergencies. This will be particularly helpful since the Philippines is geographically located in the Pacific Ring of Fire and the typhoon belt of the world where disasters and emergencies are a regular occurrence.

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