

# **PARENT EFFECTIVENESS SERVICE (PES): An Assessment in the Provinces of Zamboanga Sibugay and Zamboanga Del Norte, Region IX**

Research and Development Technical Working Group  
Department of Social Welfare and Development  
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and

College of Social Work and Community Development (CSWD)  
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## Content

I.	Abstract.....	i
II.	Introduction.....	1
III.	Objectives.....	2
IV.	Assumption.....	3
V.	Literature Review .....	3
VI.	Definition of Terms.....	10
VII.	PES Program Flow Implemented at the LGUs Level.....	11
VIII.	Theoretical Framework.....	12
IX.	Conceptual Framework.....	13
X.	Significance of the Study.....	14
XI.	Scope and Delimitation.....	14
XII.	Methodology.....	15
XIII.	The Results and Findings.....	18
XIV.	Conclusion and Recommendation.....	36
XV.	References.....	40-41

**Abstract:**

The study is an assessment on the PES program based on three objectives of the study a.) the gaps in the implementation of PES; b.) the facilitating and hindering factors in the implementation of PES and c.) and the levels of service provided by the LGUs in support to the PES program. The PES assessment used the Evaluation Model (INPUT, PROCESS, OUTPUT) from the hypothesized relationship of variables

For the data collection, triangulation method was used on the conduct of FGDs for the end-users, the self-assessment questionnaires for the Local Chief Executives and the workshop instruments for the direct service providers to provide a perspective in understanding the dynamics of the PES program across 41 municipalities in the provinces of Zamboanga Sibugay and Zamboanga Del Norte.

The results highlights the following findings a.) all the service providers strongly supported the PES implementation; b.) the LCE's strongly agreed to support to the PES implementation with local legislations upholding the PES programs; c). most LGUs have only the primary and secondary levels of PES implementation, very few have reached the tertiary prevention levels. d.) to most end users, the PES session improved their parental skills and strengthened the husband-wife relationships. The hindering factors cited were the negative attitude on child rearing leaving the responsibility to the wife. d.) among service providers, their length of experience and position significantly influenced their attitude to do more PES follow-up.

## **INTRODUCTION:**

The Department of Social Welfare and Development's Parent Effectiveness Service was then under the Bureau of Family and Child Welfare. Since 1983, the Parent Effectiveness Service (PES) Program became the main component of the Early Childhood Care and Development (ECCD) which was the focus of the United Nations Children's Fund (UNICEF) under the Country Program for Children (CPC) II.

When the Local Government Code or R.A. 7160 was signed into law by President Corazon C. Aquino in 1991, the law decentralized administrative powers and functions from the national government to local provinces, cities and municipalities to speed-up delivery of basic programs and services such as Parent Effectiveness Service among others have been devolved to the Local Government Units.

Since the devolution of the Parent Effectiveness Service to the local Government Units, no assessment was done to review whether the PES implemented was in accordance with the set guidelines to achieved significant results. Given this challenge, the study aimed to assess the implementation of the LGUs using three levels of indicators and specifically to find out the a.) gaps in the implementation of PES; b.) the facilitating and hindering factors in the implementation of PES; and c.) and the levels of service provided by the LGUs in support to the PES program.

This undertaking provides a clear understanding of the LGUs implemented PES program and what has been accomplished. The study was initiated in 2007 in consultation with experts, from the review of secondary documents as well as the use of the questionnaire to the three (3) categories of LGU respondents. The development of the research questionnaires until the analysis was completed in December 2010.

## **OBJECTIVES:**

The study aimed to assess the status of Parent Effectiveness Service implementation in Region – IX across the provinces of Zamboanga Sibugay and Zamboanga Del Norte.

### Specific Objectives

- 1.) To identify the gaps in the implementation of parent effectiveness service with respect to;
  - i. selection of participants to attend parent effectiveness service sessions
  - ii. frequency in the conduct of the parent effectiveness service sessions
  - iii. timeliness of activities
  - iv. follow-up activities
  - v. organization of parent volunteers
  - vi. conduct of municipal parent education congress
  
- 2.) To identify the facilitating / hindering factors in the implementation of parent effectiveness service;
  - i. knowledge and attitudes of the service providers
  - ii. local government support
  - iii. attitudes of Local Chief Executives
  
- 3.) To determine the levels of service provided by the LGUs to support the PES program.

### **Three basic questions in the assessment:**

- ❖ What are the gaps in the implementation of PES in the six (6) major activities?

- ❖ What are the facilitating and hindering factors in the PES program?
- ❖ What is the level of service provided by the LGUs to the PES program devolved at their level?

**Assumption:**

The problems and challenges in the Filipino Family can be addressed by the implementation of Parent Effectiveness Service. PES as a Family support program prevents child abuse and enhance parental wellness.

**LITERATURE REVIEW**

**I. National Laws and Guidelines Protecting Children**

The children population below 18 years old are estimated to be 1.45 million with the male ratio slightly higher by 2.4 percent from the girls ratio. In 2000, about 51% children population was recorded in Region IX.

The 1986 Constitution of the Philippines stipulates the need for the State to recognize the Filipino family as the nations' foundation, sanctity family life and likewise shall protect and strengthen the family as a basic autonomous and social institution. Accordingly, it shall strengthen its solidarity and actively promote its total development. Further, the Philippine Constitution shall also defend the rights of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development. Children are also entitled to parental care, right to at least elementary education, be given moral and civic training by their parents and guardian, and right to live in an atmosphere conducive to their physical and intellectual development.

The Family Code, also states that pursuant to the natural and duty of parents, over person and property of their un-emancipated children, parental authority shall include the caring for and rearing of such children for civic consciousness and efficiency and the development of their moral, mental, and physical character. The Republic Act 8980 known as the Early Childhood

Care and Development aimed to enhance the role of parents, other caregivers as well as educators of children from birth onward through Parent Education. The Early Childhood Care and Development (ECCD) programs in the Philippines have been implemented for more than three decades both by the public and private sectors. This ECCD program revolves around the concept that the children's first six (6) years of life which is the most crucial period in human development. This period sets the foundation for later development and improve parental capabilities of parents through Parent Effectiveness Service. The Presidential Decree (PD 603), a child is one of the important assets of the nation with every effort exerted towards children to promote his/ her welfare and enhance ones opportunities for a useful and happy life.

The Child 21 has been a strategic framework that guides stakeholders in planning programs and interventions in promoting and safeguarding the rights of the Filipino children in the 21<sup>st</sup> Century. It advocates for a more focused targeting for children and interfacing critical interventions at the various stages of child's development. It also embodies a vision for the quality of life for Filipino children in 2025 and a roadmap for the national government as well as for the local government units, private initiatives and non- government organizations in setting priorities for action and in allocating and utilizing funds to promote the rights of Filipino children. In November 3, 2000, the government issued Executive Order No. 310 authorizing the adoption and implementation of Child 21 as well as mainstreaming in the development planning process.

In the early childhood development modules of the Implementing Details on Parent Effectiveness Service, the modules were designed specifically to respond to the situations of parent/ child caretakers of 0-6 years old children as well as for parent without 0-6 years old children. The modules focused on parenting particularly behavioural techniques for younger children and older children, health care, home management and keeping a healthy environment may respond to their situation/s. To date, the Administrative Order No. 29 s. 2004 now sets forth accreditation standards and indicators to ensure effective and quality delivery of the Day Care Service (DCS) and other Early Childhood Care and Development (ECCD) programs.

## II. **The International Treaty on Child Care**

The Convention on the Rights of the Child is an international treaty that recognizes the human rights of children, defined as individuals who are below 18 years old. The Convention establishes that State Parties must ensure that all children, without discrimination in any form, benefits from social protection measures and assistance; have access to service such as education and health care; on personality development for abilities and talents to the fullest potential; grow up in environment of happiness and understanding; and informed about and shall be able to participate in achieving their goals in an accessible and active manner.

All children shall have the same rights regardless of race, color, sex, language, opinions, wealth and birth status that are interconnected and of equal importance. The Convention further stressed these principles and refers also to the responsibility of children to respect the rights of others, specially their parents.

Society and religion upholds the sanctity of the family. It is the foundation and cradle of human growth and development and in the Filipino culture, the source of support and identity and considered as the most basic unit of society. The Parent Effective Service was developed to assist parents and caregivers assume major educational role in the child's rearing, growth and development specifically children 0-6 years old.

### **III. Effective Family Support Programs**

The family support programs may define their role as prevention of child abuse or may define their role as enhancement of parental wellness. Within either model, programs typically strive to promote positive relationships between parents and children, build the knowledge and skills parents need to raise healthy, happy children and build stress-management and problem solving skills which enable parents to prevent and manage predictable changes.

The study looked into the perception of the population served on the PES program based on the three levels outlined below focused on character formation, strengthened relationships, counselling, advocacy and parenting as introduced from the nine modules used as program inputs;

- *Primary prevention and Universal programs* are aimed at the general population; all members of a community have access on them. Its goals are strengthening families, increasing family wellness, and preparing families to cope with life stresses to stop maltreatment before it starts.
- *Secondary prevention/selective programs* target families that may have a high risk of maltreatment due to issue like teen pregnancy, domestic violence, substance use, lack of social support, and/or poverty. They typically provide concrete resources to prevent deterioration in life conditions and intensive parenting education in ways to manage stress and challenges.
- *Tertiary prevention/ indicated programs* directs services to families where maltreatment has occurred to reduce the negative impact of abuse and prevent its recurrence.

The PES program evaluation is fitted into these three categories initially as a secondary prevention model, by providing services to a selected population through the efficient use of volunteer-facilitated peer support to enhance family well-being. It is therefore believed that the well-being of a community is enhanced when all parents have access to support programs.

### **Characteristics of Effective Family Programs**

Secondary prevention programs may include parent education programs and supports group that focus on child development, age-appropriate expectations, and the role and responsibilities of parenting. In addition, these programs are non-stigmatizing because they treat everyone equally, which means families are more willing to share their parental experiences. They are strength-based: they show respect for all parents as vital contributors to their children's growth and development and assist in their parental skills. They promote resiliency, flexibility in problem-solving, empower them to act on their own behalf and advocate for their own needs. Parents can also establish link with community support systems.

The parents deal with their children as part of the family, and with the family as part of the community. These programs offer opportunities for parents and children to gather, interact, support and learn from each other.

### **Family Wellness: Decreasing Risk Factors, Increasing Protective Factors**

Family wellness is a state where the needs of every family member are being met. Parents who enjoy the physical and psychological health have access to concrete affectionate and gratifying relationships and a community which supports them will have the energy to provide a wellness-enhancing environment for their children.

Wellness in children can be viewed as a balance of factors. Reducing the risk factors and increasing the protective factors will improve the overall well-being of the family.

$$\text{Wellness} = \text{protective factors} > \text{risk factors}$$

Examples of risk factors: poverty, stressful life events, illnesses, substance abuse, children with special needs, isolation, lack of knowledge of child development, domestic violence. Example of protective factors: self-esteem, coping skills, social supports, materials, resources, knowledge of child development. Secondary and tertiary prevention programs may focus on reducing risk factors. A secondary prevention program, like PES, focuses on boosting the protective factors.

### **Protective factors and Activities**

- **Social connection:** Parent(s) have a network of relationships with people who provide concrete supports (e.g. babysitting), emotional support, and helpful advice. Programs can offer support groups which allow parents to engage with others, develop relationships with other child-caring service providers. The parents can discuss ways to preserve/strengthen relationship with their extended family and current circle of friends. The Program may include discussions about how the quality of relationship is more important than quantity. The healthiest relationships for parents to pursue are

those that are characterized by trust, reciprocity, flexibility, child friendly values, and a balance of independence and mutual assistance. PES program primarily focus in on bringing together communities of parents for mutual support and social connections.

- **Secure attachments:** Parent(s) have a positive, nurturing relationship with the child. These programs can model and teach activities that increase nurturing and attachments such as those that teach how to respond appropriately to children's need (e.g. understanding infant cues, calming crying, understanding sleep needs, feeding, attending to routine health needs). It Stimulates healthy brain development (e.g. infant massage, reading to younger children, choosing appropriate toys, ensuring a safe and stimulating environment) and promote positive play interaction between parents and children (playtime, singing to baby). Parents bring their young children to PES sessions, have a chance to interact with their children and see how other parents interact with their children. Leaders teach songs and games that parents can use to build connection with their children.
- **Parental resilience:** Parent's development history and personal psychological resources hugely impact their parenting abilities. Parents can best cope with challenges when they are flexible, willing to seek help when needed. Likewise, parents can have a sense of self-efficacy and mastery, have a positive outlook on life, and are able to find meaning in adversity. Programs may teach skills for managing day-to-day challenges (budgeting, daily routines, time management, finding child care, juggling work and family), reducing stress, problem solving, preparing for all managing crises using solid decision-making rather than quick fixes. Discussion and sharing of experiences at PES sessions allow parents to learn parenting skills from each other, and find ways to take care of themselves at the same time they are caring for their children.
- **Knowledge of parenting and child development:** Parents who understand typical development patterns can better guide and discipline their children. Programs can teach usual steps in child development, how to recognize if young children need special help/attention, how to promote healthy development, setting appropriate limits, and

developmentally- and culturally-appropriate discipline. Discussions should offer both theoretical concepts to enhance understanding, and practical tools that can be applied to daily life. The PES Topic Guide aids PES leaders in offering parents guidance in all these areas.

- **Concrete support for families:** Only when parents' basic need (food, shelter, clothing, safety) are met can they address the higher needs of their children's growth and development. Program should monitor for the existence or development of high stress situations, and offer the necessary information, referrals and support to help parents access needed services. Even when no risk factors are present, program should refer to community resources that enhance wellness and protective factors.

## **DEFINITION OF TERMS**

**Gaps in the implementation of PES** – in the study, this refers to factors causing inadequacy in the PES program like inappropriate selection of participants, deficiency in the conduct of parent effectiveness service sessions, timeliness of PES activities, follow-up activities, organization of parent volunteers and the conduct of municipal education congress.

**Local government unit support** – refers to any activities that provide the necessary legislations, approved budget and attitudes of the local chief executives towards the implementation of PES.

**Knowledge** – refers to the direct service providers able to define the concepts of PES using the paper and pen test with a desired ratings for; Objectives (25%); Process (40%); and Content (35%) respectively.

**Attitude** – refers to the respondents responses to the item statements in the instruments on a 5 scale equivalent ranging from strongly agree (5), agree (4), uncertain (3), disagree (2), strongly disagree (1) a statement asked for.

Figure 1: The PES Program Flow Implemented at the LGUs Level

LGU PES Direct Service Providers

PES Criteria  
Selection

PES Follow-up  
Activities

Barangay

PES Modules/  
Topics

•

Duration  
(as agreed with Direct Service Providers / Parent Group)

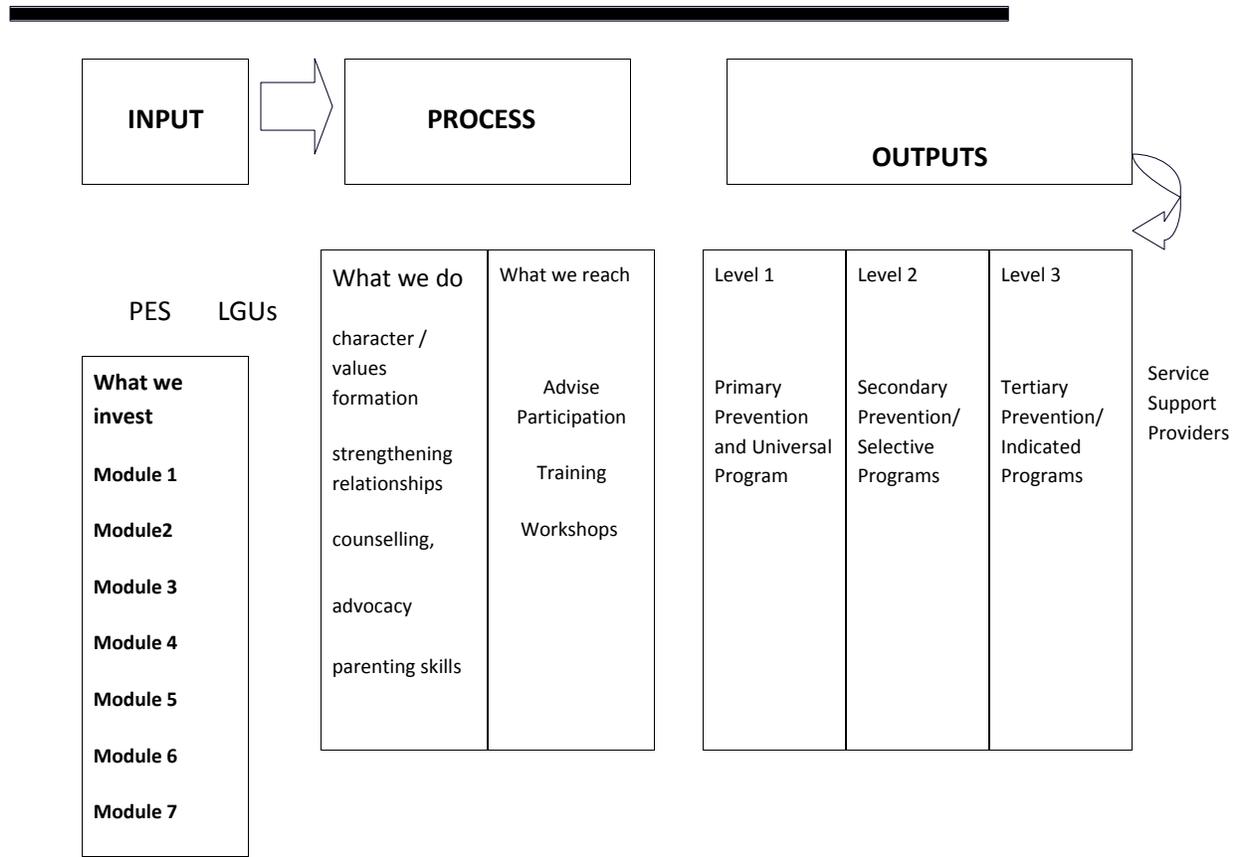
Parents Orientation  
Committee Meetings  
Parent Education Congress

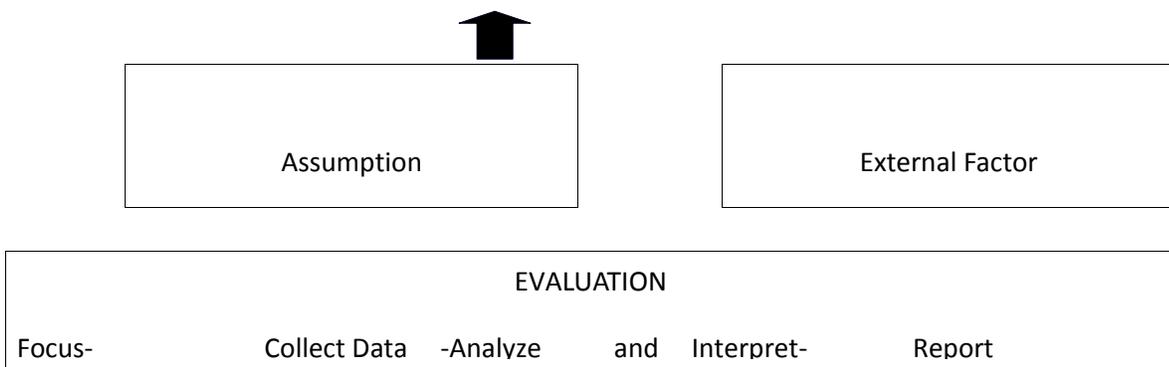
**LGUs Support:**  
Financial  
Vehicle  
Venues  
Snacks  
Presence of LCEs  
Local ordinances

Fig. 1 Presents the LGUs-PES Program mechanism implemented, initiating from the selection of participants, follow-up activities at home and the nature of LGUs support

Figure 2: **The Theoretical Framework using the Program Evaluation Model**

The PES Program evaluation uses the Logic Evaluation Model from the relationship of the variables in the study; the hypothesized relationship of variables is presented in the paradigmatic form INPUT, PROCESS, OUTPUT.





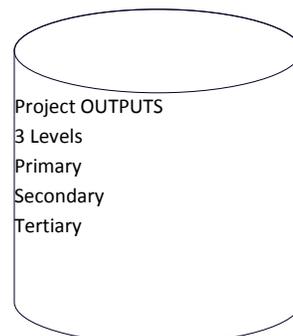
Source: Logic Model, University of Wisconsin Extension, Program Development and Evaluation. <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

## THE CONCEPTUAL FRAMEWORK

### Implementation of Parent Effectiveness Service

Service Providers /Training and Workshops  
PROCESS

LGUs PES Level of Effectiveness



## Gaps in the implementation of PES Program

Modules/  
LGUS Support  
INPUTS

Figure 3. Shows the relationship of variables, from the LGU support, PES Direct Service Providers and the LGUs level of service on the PES program.

## **SIGNIFICANCE OF THE STUDY**

The need to determine the status of the implementation of Parent Effectiveness Service by the Department is deemed important so as to gain sufficient knowledge whether there is a need to provide technical assistance to the local government units in the program implementation or whether there is a need to create a new project focusing on the improvement of PES service and implementation geared towards improving the quality of the Filipino families.

There are two primary users for the study as outlined in this paper. Clearly the study will be of interest to the LGUs and DSWD. For the first user, the study offers concrete understanding of PES program implementation in the local government units and to inform the LCEs of the results that will lead to policy formulations to enhance good governance to improve the lives of the people. For the second user (DSWD), the assessment will provide the overall picture on how the PES implementation is carried out at the municipal level, identification of issues and the development of the next program framework for planning and assessing policies related to the PES program. Furthermore, this study also hope to provide general information that will assist implementers and policy makers improve policy and service delivery program for the poor, vulnerable and disadvantaged families in the community.

## **SCOPE AND DELIMITATIONS**

The data collection was limited only to the DSWD devolved direct service providers, the municipal Local Chief Executives and the end- users as respondents. During the data collection period, a total of 101 target respondents were expected to be sampled to include the 41 PES direct service providers, 41 Local Chief Executives and 19 End-users. However, during the actual study, only 77 respondents were able to accomplished and returned the questionnaires. This reduced the target respondents to only 17 Local Chief Executives, 21 end- users and 39 direct service providers. Since two (2) other direct service providers from Zamboanga Del Norte failed to participate during the scheduled focused group discussions, both were excluded in the

data. The other 24 Local Chief Executives did not send back the questionnaires and were not available for interview at the time of the data collection period. Furthermore, two (2) end-users from Zamboanga Del Norte were also included in the FGD. They expressed their desire and willingness to be part of the study, hence, this exceeded two other respondents as end user.

The data were gathered from various sources like; the instruments used in the workshops in the case of the direct service providers, the self-administered questionnaire for the Local Chief Executives and the Focused Group Discussion (FGD) for the end-users. It could be possible that the PES end-users could not have revealed the actual implementation of the Parent Effectiveness Service within their municipalities when the probing questions were tackled during the discussions.

## **METHODOLOGY**

**Research Design and Methods** - the study used descriptive research both quantitative and qualitative methods to assess the implementation of Parent Effectiveness Service in the provinces of Zamboanga Sibugay and Zamboanga Del Norte, Region IX. There are three (3) central elements in the study; the conduct of FGDs for the end-users, the self-assessment questionnaires for the Local Chief Executives and the workshop instruments for the direct service providers.

**The Quantitative Analysis Using the Self-Assessment Questionnaires** – served to facilitate assessment on the delivery of the direct service providers involved in the PES program and the Local Chief Executives (LCE's) support in the implementation at the LGU level. The research instruments used a 5-point Likert's scale with the following numerical ratings; 1.0-1.5- Strongly *Disagree*; 1.51-2.50 *Disagree*; 2.51- 3.50 *–Uncertain*; 3.51-4.50- *Agree*; and 4.51-5.0- *Strongly Agree*.

**The Qualitative Data and Analysis-** the qualitative data were generated from the interviews and the FGDs. The interpretation of data from the end- users was obtained from the FDGs including the identified issues on the hindering and facilitating factors. During the workshops, the direct service providers were grouped into 5-10 members with one facilitator moderating the workshops.

**Focused Group Discussions-** two (2) FGDs were conducted in the assessment of PES program. The facilitating and hindering factors for the direct service providers and for the end-users, the questions were discussed in the local dialect to ease understanding and comprehension on the issues undertaken.

**Research Locale.** Zamboanga Peninsula is composed of three (3) provinces and five (5) cities, 67 municipalities and 1,908 barangays. It has a total of 14,137.74 square kilometres, which is about 5.3 percent of the country's total land area. The region is primarily an agricultural area. This study was done in the provinces of Zamboanga Sibugay and Zamboanga Del Norte covering the 16 municipalities of Zamboanga Sibugay and 25 municipalities of Zamboanga del Norte respectively.

The province of Zamboanga Sibugay was selected on the basis that it is a newly created province, thus there is a greater need to assess its social welfare development programs and services specifically along PES program. On the other hand, Zamboanga Del Norte is one of the original province of Region –IX has since the devolution in 1991, there was no studies done particularly on devolved services to include among others the PES program.

**Respondents of the Study.** Purposive sampling was used in the selection of the respondents using inclusion criteria. A total of 39 direct service provider respondents from the municipal social welfare and development offices in each of the 41 municipalities from the two provinces involved. 17 of the 41 municipal LCEs were interviewed using the questionnaire. The 21 end-users were PES beneficiaries. Only 16 from Zamboanga Sibugay and 23 direct service

providers came from the municipalities of Zamboanga Del Norte were interviewed bringing a total of 77 respondents. In the selection of the three (3) categories of respondents, the following criteria were observed;

**A. Devolved Direct Service Providers:**

- 1.) The respondents are within the target areas as defined in the study.
- 2.) The devolved direct service providers are with substantial knowledge on Parent Effectiveness Service program implementation.
- 3.) At least two years experience in implementing the PES program.

**B. Local Chief Executives:**

These were the incumbent Local Chief Executives (LCEs) in the sampled municipalities in the two targeted provinces.

**C. End-Users**

These respondents were either the parents or other caregivers of children enrolled in day care centers.

**Research Instruments.** The qualitative data were obtained from the Focused Group Discussions for the end-users as well as for the direct/ devolved service providers. This method was supplemented during a program review and workshop activities reviewing the PES program inputs, process and outcomes. For the LCEs a self-administered questionnaire was used.

The Interview-Questionnaire contained the following sections:

- Part 1: Socio-Demographic Profile of Respondents
- Part 2: Perception and Attitudes of Respondents
- Part 3: Gaps in the Implementation of Parent Effectiveness Service (FGD)
- Part 4: Hindering and Facilitating Factors (FGD)

**Data Gathering Procedure.** The data were gathered from the three (3) categories of respondents previously mentioned. The members of the Research and Development – Technical Working Group (RD-TWG) personally administered the questionnaires, conducted the FGD sessions and interviewed the identified target respondents.

## RESULTS AND FINDINGS

### Data Analysis

- 1) The quantitative data were analyzed using descriptive statistics in terms of means, percentages and frequencies.
- 2) Chi-square test was used to analyze significant relationship on the LGU implementation and PES support as well as end-users evaluation on the service provided by the PES direct service providers.
- 3) The qualitative analysis was analyzed using the inductive analysis (Mc Millan and Schumacher, 1993). The FGD transcript were categorized in a matrix for emerging themes and patterns. The technique of comparing and contrasting is used in the analysis by identifying data segments, naming topic or category and grouping each segment into category.

The data in table 1 shows the demographic profile of the respondents involved in the PES implementation.

Table 1. Demographic Profile of Respondents (n= 77)

Demographic Characteristics		Direct Service Providers		LCEs		End-Users	
		n	%	n	%	n	%
Province	Zamboanga Sibugay	16	41	4	23.	7	33.3
	Zamboanga Del Norte	23	59	13	5	14	66.7
					76.		

Demographic Characteristics		Direct Service Providers		LCEs		End-Users	
		n	%	n	%	n	%
					5		
Total		39	100	17	100	21	100
Sex	Male	3	7.7	16	94.	1	4.8
	Female	36	92.3	1	5.9	20	95.2
Total		39	100	17	100	21	100
Civil Status	Single	4	10.3	4	23.	1	4.8
	Married	33	84.6	13	5	20	95.2
	Widowed	2	5.1		76.5		
Total		39	100	17	100	21	100
Educational Attainment	Elementary					1	4.8
	High School					4	19.0
	College Level/ Voc. Course	2	5.1	4	23.	7	33.3
	College Graduate	29	74.4	13	5	8	38.1
	Master's Degree	7	17.9		76.	1	4.8
	Doctorate	1	2.6		5		
Total		39	100	17	100	21	100
Position Officer/Assistant	MSWDO	19	48.7				
	Youth Dev't	4	10.3				
	SWO	3	7.7				
	Social Welfare Aide	1	2.6				
	Clerk	1	2.6				
	Day Care Worker	1	2.6				
	Manpower Dev't Assistant						
	Total		39	100			
No. of Years in Present Position	1-5 years	8	20.5				
	6-10 years	7	17.9				
	11-15 years	14	35.9				
	16-20 years	7	17.9				
	21-25 years	3	7.7				
Total		39	100				
No. of Years as PES implementers	less than five (5) years	17	43.6				
	6-10 years	8	20.5				
	11-20 years	7	17.9				

Demographic Characteristics		Direct Service Providers		LCEs		End-Users	
		n	%	n	%	n	%
More than 20 years		3	7.7				
No data		4	10.3				
Total		39	100				
Term as LCE	First term			3	17.		
	Second term			4	6		
	Third term			7	23.		
	No data			3	5		
					41.		
					2		
					17.		
					6		
Total				17	100		
Age	20-29 years old					5	23.8
	30-39 years old			2	11.	9	42.9
	40-49 years old			3	8	4	19.0
	50-59 years old			6	17.	2	9.5
	60-69 years old			6	6	1	4.8
					35.		
					3		
					35.		
					3		
Total				17	100	21	100

Most of the three (3) respondents came from the province of Zamboanga Del Norte and its because by virtue of coverage, the province has 25 municipalities compared with Zamboanga Sibugay with only 16 municipalities. Thus, there were more targeted respondents in ZDN. There were 23 or 59% Direct service providers, 13 or 76.5% LCEs and 14 or 66.7% end-users. Bringing a total of 50 or 65% from Zamboanga Del Norte and 27 or 35% from Zamboanga Sibugay Province.

By sex, majority of the direct service providers were females 36(92.3%) and only 3 (7.7%) were males. For the 21 end-users, 20(95.2) were females while 1 (4.8%) was male. This data had shown that in the two identified provinces, females dominate in the social welfare and development arena. This data upholds the traditional view that care giving is women's sphere.

On the contrary, there were 16 (94.1) males as compared to 1(5.9%) female LCEs. The above data indicated that in gender perspective, males ruled over females in politics and governance.

Cutting across all the three types and the total respondents of 77, there were 66(85.7%) who are married and 9 (11.7%) singles and (2.6%) widowed. There were 20 (95.2%) end-user respondents and 33 (84.6%) direct service providers. The data revealed that the greater part of the respondents are settled with their own families. On the other hand, few remained single either by choice or by other circumstances.

In educational attainment, plurality of respondents were college graduate 50 (65%), 13 (16.9%) in college level/ vocational course and 1(1.29%) in elementary and doctorate degree. The data made known that mass of respondents completed four (4) year- courses specifically Bachelor of Science in Social Work and other related courses.

Profile 5, 6 and 7 portrayed the characteristics of the direct service providers. In terms of position, 19 (48.7%) were Municipal Social Welfare Officers with 14 (35.9%) were in their present position from 11-15 years. Three (3) or 7.7% been in the present position from 21-25 years. This described that the MSWDOs have long years of experience in care giving having supervisory functions. 17 (43.6%) of the direct service providers were less than five (5) years as PES implementers. Citing the criteria in the selection of respondents specifically for direct service providers, the statistic had confirmed that the respondents have met the qualifying standards as defined in the study.

For the Local Chief Executives, 7 (41.2%) were in the third (3<sup>rd</sup>) term as Mayor while 4(23.5%) in their 2<sup>nd</sup> term and 3(17.6%) as first timer. This figure explained that almost half of the LCEs were already in their last term as Mayor and so therefore, a new LCE will emerge and this may have a positive or negative influence on the implementation of Parent Effectiveness Service in their area of governance.

In support of age, 12 (70.6%) of the LCEs were in the age category from 50-69 years old. This rationalized that the respondents were already in their late adulthood, matured to handle greater responsibilities and accountabilities in community affairs. Whereas for the end-users, 9 (42.9%) were in their 30-39 years old. In this age bracket, self- fulfilment is relevant and important to general productivity.

The results of the FGDs to the end-users during the interviews yielded the following results presented below:

**1. Gaps in the Implementation of Parent Effectiveness Service (PES) in the six (6) major activities:**

The gaps in the implementation of the PES were examined through the responses drawn from the FGDs separately conducted to the direct service providers and end-users.

**Table 1.1. Selection of End-Users for the PES Program at the LGUs**

<b>Criteria</b>	<b>Direct Service Providers</b>	<b>End-Users</b>
Parent with children enrolled in DCCs	/	/
Parent with pre-school children	/	/
Day care workers with pre-school children	/	/
Violence Against Women	/	
Parent with family income not more than PhP.10,000.00	/	
Married to be- couple ( Pre- Marriage Counselling)	/	
Women's president in Women's Association	/	/
Day Care Workers	/	
Parent within reproductive age	/	
Lack parenting skills	/	
Parent with problematic children	/	
Couples with problems in marital relationship	/	
Parent leader		/
Parent of malnourished children	/	

Table 1.1. Shows the selection criteria in choosing end-users as PES respondents. Generally, the selected respondents were young, still in reproductive age, and had small children. Thus, the result showed that the end-users of the PES needed skills on parenting, family planning, health, nutrition education and home management skills. The need on the parenting skills were confirmed from the observations of the direct service providers.

### 1.1. The Conduct of Parent Effectiveness Service Sessions at the LGU Levels

**Table 1.2. Frequency of PES Sessions Conducted**

Frequency	Direct Service Providers	End-Users
Once a week/weekly	/	/
Twice a week	/	/
Once a month	/	/
Twice a month	/	/
Four (4) times a year/ quarterly	/	
Once a year	/	
Twice a year	/	

From the above table, a variety of responses were given on how often the PES sessions were conducted at the various LGUs. A Closer look at the frequency revealed that the PES schedules were not similar in many LGUs. Some had frequent, while others were less frequent that needs to be revised and improve on its frequency. As reported, the most common schedule mentioned by the Direct Service Providers and End-Users were often from once, twice a week or month or twice a month. The data indicated an arbitrary scheduling of PES sessions mostly from the discretion of the direct service providers and depending on the module to be used.

As to the number of barangays covered in the implementation of PES program, the general responses ranged from complete coverage in all barangays where each of the direct service provider is assigned to at least one barangay a year. Other respondents reflected varied answers. However, their most common responses were assignments from 4 (four) to 6 (six) barangays to 14 barangays a year. Showing an extreme variations in the number of barangays served by the direct service providers. Though many, claimed that all barangays were covered in their area by clustering. Likewise, the End-Users viewed the clustering of PES sessions as facilitating since it includes other participants from several barangays.

### 1.3. Timeliness of the PES Sessions

**Table 1.3. Timeliness of Activities**

Duration of Each Sessions	Direct Service Providers	End-Users
2-3 hours per session	/	/
3-4 hours a day/ one (1) module per session	/	/
8 hours/ 1 day mainstreamed to Responsible Parent Movement (RPM) Modules	/	
2 days / module	/	
3-5 days	/	/

In terms of duration conducted for each PES sessions, the respondents claimed that the PES sessions were usually within half day or between 3 to 4 hours in a day. While others revealed one (1) day session at eight (8) hours. Others answered within five days (40 hours). These duration of the PES sessions was largely dependent on the type and modules used.

**1.3.1. Topics Covered in the Parent Effectiveness Sessions**

**Table 1.3.1. Topics Discussed during the Parent Effectiveness Service Workshops**

Topics Discussed	Direct Service Providers	End-Users
<b>Character Formation</b>		
• Value Formation	/	/
• Myself as a Person and As a Parent	/	/
• Family	/	
• Stages of Child’s Development	/	/
<b>Strengthening Relationships</b>		
• Child-Parent Relationship	/	/
• Strengthening Husband-Wife Relationship	/	/
• Marital Conflict	/	/
<b>Counselling and Advocacy</b>		
• Home Management	/	/
• Keeping your Child Safe from Abuse	/	/
• Challenges of Parenting: Roles of Parents, Laws on Parenting, Styles of Parenting	/	/
• Family Planning	/	/
• Keeping a Healthy Environment	/	/
• Child Abuse/Children’s Rights	/	/
• Livelihood	/	/

Topics Discussed	Direct Service Providers	End-Users
• Health and Nutrition	/	/

From the FGDs conducted to both the Direct Service Providers and End-Users of PES, the responses disclosed the various topics included in the PES sessions showed three (3) general themes like **Character Formation, Strengthening Relationships** and **Counselling and Advocacy**. The two (2) group of respondents mentioned similar topics identified in the Manual on Enriched Parent Effectiveness Service on the nine (9) modules such as Myself as a Person and as a Parent ( Module 1), the Filipino Family ( Module 2), Challenges of Parenting ( Module 3), Child’s Development ( Module 4), Keeping Your Children Safe from Abuse ( Module 5), Building Children’s Positive Behaviour (Module 6), Health and Nutrition ( Module 7, Home Management ( Module 8), and Keeping a Healthy Environment for Your Children ( Module 9).

The topics discussed were taken from the Parent Effectiveness Service program of the Department of Social Welfare and Development. The topics too were enriched from invited Resource Persons from the various national government agencies, non- government agencies and local government units such as the Municipal Health Office (MHO), Philippine National Police (PNP), Population Commission (POPCOM) including religious leaders talking on the PES topics.

#### 1.4. The Parent Effectiveness Service Follow-up Activities

In all the Focused Group Discussions (FGDs), almost all agreed that follow-up activities were done by the Direct Service Providers. Except for one respondent disagreed due to time constraints. The follow-up activities mentioned included home visits to establish rapport with the family, follow-up on the respondents health status of malnourished children, doing ground work activities for the next session and conduct counselling to couples having

relationship problems. Other follow-up activities were collateral information with day care workers and parents during community meetings.

The End-Users confirmed that follow-ups were done by the Direct Service Providers except on occasion where the Social Worker work load is heavy that no follow-up activities has been done.

Some Direct Service Providers were updating parents regarding the development of their children during their activities, regular meetings or through the Day Care Workers. Others made contacts to parents only on child abuse cases. On the other hand, few End-Users claimed that they received updates from the Day Care Workers and Service Providers through the child's record.

### **1.5. Organization of Parent Volunteers**

Both the Direct Service Providers and the End-Users declared that the meetings conducted involved the parent volunteers. The topics discussed during the Parent Committee Meetings (PCM) were follow-up on children's activities in the Day Care Center, strengthening of parents effectiveness, responsibilities of parents, legal basis on child's rights, nutrition, educational tour, livelihood projects, issues and concerns of the Day Care Program and the Barangay Council for the Protection of Children (BCPC). In these meetings, some parent volunteers are organized into teams to maintain the cleanliness of the Day Care Center and taking charge in the food preparation and feeding of children.

### **1.6. Conduct of Parent Educational Congress**

The Direct Service Providers were divided in their responses on the conduct of Parent Educational Congress. Only four (4) answered "yes" while the five (5) answered "no". Those

who said “yes” asserted that they conducted the Provincial Parent Educational Congress (PPEC) four (4) times in five (5) years, to create the Barangay Council for the Protection of Children (BCPC). The Provincial Parent Educational Congress (PPEC) was conducted with one representative from every municipalities. Those who answered “no” indicated that the conduct of Parent Educational Congress was constrained because of the insufficient financial support from the municipalities. Among End-Users, all revealed that none of them have ever experienced attending a Parent Educational Congress. This results disclosed that not all LGUs are conducting the Parent Educational Congress.

## 2. Facilitating and Hindering Factors in the Implementation of Parent Effectiveness Service

The workshop instruments as well as the FGDs provided a better probe on the knowledge and attitudes of the Direct Service Providers of the PES at the LGUs. The quantitative analysis using the Self-Assessment Questionnaires facilitated the assessment at the LGU level.

### 2.1. Knowledge and Attitude of the Direct Service Providers

**Table 2. Summary of the PES Workshop Output**

	Facilitating Factors	Hindering Factors
<p><b>PES Gen. Objectives:</b></p> <p><b>To help parents and parents substitute assume major educational role in the child’s rearing, growth and development</b></p>	<ul style="list-style-type: none"> <li>▪ <i>Improved parenting skills</i></li> <li>▪ <i>Improved husband- wife relationship</i></li> <li>▪ <i>Care givers give ample time</i></li> <li>▪ <i>Cooperation of guardians</i></li> <li>▪ <i>Eagerness to learn/gain parenting skills and knowledge</i></li> <li>▪ <i>Availability of resources/ modules</i></li> <li>▪ <i>Attitudes of parents and willingness to participate</i></li> <li>▪ <i>Additional knowledge in</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Some participants lack the time and interest- less attendance of fathers</i></li> <li>▪ <i>Nature of work of the parents</i></li> <li>▪ <i>Refusal to cooperate</i></li> <li>▪ <i>Lack of knowledge</i></li> <li>▪ <i>Negative attitude</i></li> <li>▪ <i>Economic problems</i></li> <li>▪ <i>Only wives are attending the sessions</i></li> <li>▪ <i>Lack of attendance</i></li> <li>▪ <i>Lack of support from the LGUs</i></li> <li>▪ <i>No/ limited budget allocated for the program</i></li> <li>▪ <i>Service providers are overloaded with other</i></li> </ul>

	Facilitating Factors	Hindering Factors
	<p><i>facilitating/ skills in topics given</i></p> <ul style="list-style-type: none"> <li>▪ <i>Other programs structures towards strengthening parenting skills</i></li> <li>▪ <i>Programs such as livelihood, Pre-Marriage Counselling (PMC), skills training</i></li> </ul>	<p><i>functions</i></p> <ul style="list-style-type: none"> <li>▪ <i>Less priority of LGUs for the PES budget</i></li> </ul>
Understanding Children's developmental characteristics/ milestones	<ul style="list-style-type: none"> <li>▪ <i>Enhanced knowledge on child rearing and parenting techniques through the use of posters</i></li> <li>▪ <i>Conduct of PES sessions</i></li> <li>▪ <i>Sensitivity/mindfulness of parents especially in the development of their children</i></li> <li>▪ <i>Knowledge acquire through attendance in PES</i></li> <li>▪ <i>Experiences being a parent</i></li> <li>▪ <i>Understanding child's behaviour</i></li> <li>▪ <i>Openness of parents to share their experiences on child development</i></li> <li>▪ <i>Observation</i></li> <li>▪ <i>Ready references such as the ECTD checklist</i></li> <li>▪ <i>Presence of monitoring graph - growth chart</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Some parents have negative attitude towards rearing of children</i></li> <li>▪ <i>Refusal to avail PES program</i></li> <li>▪ <i>No financial support from the barangay level</i></li> <li>▪ <i>Parents not attending PES sessions</i></li> <li>▪ <i>No experience</i></li> <li>▪ <i>Lack of visual aids/charts</i></li> <li>▪ <i>Non-participation of fathers</i></li> <li>▪ <i>No regular attendance during the PES sessions</i></li> </ul>
PES program	<ul style="list-style-type: none"> <li>▪ <i>Enable parents improve and maintain good family relationship</i></li> <li>▪ <i>Financial support from LGU</i></li> <li>▪ <i>Dedication and commitment of workers</i></li> <li>▪ <i>Improved husband-wife relationship</i></li> <li>▪ <i>Participate in community activities</i></li> <li>▪ <i>Improved ratio in school attendance</i></li> <li>▪ <i>Improved economic activities due to awareness of parenting roles and responsibilities</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Lack/ no financial support from the LGUs</i></li> <li>▪ <i>None commitment of workers</i></li> <li>▪ <i>Lack of logistic support</i></li> <li>▪ <i>No volunteer</i></li> <li>▪ <i>Not accessible</i></li> <li>▪ <i>No budget for the program</i></li> <li>▪ <i>Lack of time and manpower</i></li> <li>▪ <i>Multi- task of workers</i></li> <li>▪ <i>Non-attendance of fathers</i></li> </ul>
Social protection of children	<ul style="list-style-type: none"> <li>▪ <i>Awareness of parents on the rights of children</i></li> <li>▪ <i>Presence of functional BCPG</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Negative cultural beliefs</i></li> <li>▪ <i>Views children as properties</i></li> <li>▪ <i>BCPG not functional</i></li> </ul>

	<b>Facilitating Factors</b>	<b>Hindering Factors</b>
	<ul style="list-style-type: none"> <li>▪ Presence of NGO (CAPIA)</li> <li>▪ Legal bases on child protection</li> <li>▪ Cooperation of stakeholders</li> <li>▪ Local code of children</li> <li>▪ CGL Law / R.A. 9262 (Anti VAWC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Absence of NGO</li> <li>▪ Negative attitude to pursue child abuse cases</li> <li>▪ Lack of advocacy</li> <li>▪ No budget</li> <li>▪ Less involvement of stakeholders in the management of child protection particularly the women's desk</li> <li>▪ Lack of knowledge how to handle CGL and VAWC cases</li> <li>▪ Lack of cooperation from the team- police, DILG, Vice-Mayor, SB</li> <li>▪ Non-implementation of 1% budget for children</li> </ul>
<b>PES modules</b>	<ul style="list-style-type: none"> <li>▪ Coordination of line/partner agencies in handling specific topics according to expertise</li> <li>▪ Modules-easy and simple to understand</li> <li>▪ Modules are Informative and comprehensive</li> <li>▪ Sessions are easy to follow using modules</li> <li>▪ Leader's are friendly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conflicting schedules of partner agencies</li> </ul>
<b>Parenting skills</b>	<ul style="list-style-type: none"> <li>▪ Improved parenting skills and attitude towards child rearing</li> <li>▪ Enhanced parenting skills</li> <li>▪ Gained more knowledge on child development</li> <li>▪ Improved relationship</li> <li>▪ Enhanced skills/ knowledge, attitude, values</li> <li>▪ Laws assist, and help parents to be empowered</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unresponsive parents</li> <li>▪ Laziness of parents</li> <li>▪ High absenteeism and lack of interest</li> <li>▪ Poor communication skills</li> <li>▪ Economic situation</li> <li>▪ Passive and negative attitude of parents</li> <li>▪ Culture affecting parenting skills</li> </ul>

1. The facilitating factors on the educational role in the child's rearing, growth and development is shown on the attitude of both parents, the quality time provided to children and LGU support towards the strengthening of parenting skills. The educational role according to the Direct Service Providers are hindered on three (3) reasons; 1.) parents inability to attend strengthening program, 2.) more priority to work – to provide

for their family, 3.) insufficient time of Direct Service Providers to cope with follow-up activities coupled with other major responsibilities and the insufficient support of the LGUs.

2. In terms of understanding children's development characteristics/milestones, the facilitating factors identified were; enhanced knowledge on child rearing, caring and parenting techniques through workshops and media program as well as the openness of parents to share their experiences. The hindering factors according to the Direct Service Providers were the negative attitude of the parents towards rearing of children and the lack of involvement among parents in the PES program.
3. The facilitating factors identified in the PES program enabled parent improve and maintain good family relationship, dedicated and committed workers, improved economic activities due to awareness of parenting roles and responsibilities. While the hindering factors were; lack of financial support from the LGUs, lack of manpower, multi- task worker, non-attendance of fathers during PES sessions.
4. On social protection, the Direct Service Providers revealed that the facilitating factors were; the awareness of parents on laws protecting children, cooperation of stakeholders whereas the hindering factors were the non-functionality of the BCPCs, lack of cooperation/ involvement of stakeholders and the key team players like the police, and LGU officials, no financial support, and parents negative cultural beliefs and inability to pursue or file child abuse case.
5. The facilitating on PES modules were as follows; coordination of line/partner agencies in handling topics according to expertise, the modules are easy, simple to follow and reader's friendly. And the hindering factor was the conflict of schedule of partner agencies.

6. The Direct Service Providers divulged that the facilitating factors were; improved parenting skills and relationships in attending the PES sessions. The hindering factors; some parents are not responsive brought about by their negative attitudes, cultural values and beliefs, poor communication skills, and economic situation.

**Table 3. Statements of Direct Service Providers on the Implementation of PES Program**

Statements		Percentage					Mean	Interpretation
		SA	A	U	D	SD		
1	As a service provider, I am willing to implement the PES modules.	56.4	43.6				4.5641	SA
2	As an Implementer, I can not efficiency and effectively implement PES without financial support.	35.9	41.0		17.9	5.1	3.8462	A
3	I can always implement PES sessions if parents / substitute caregivers show cooperation.	46.2	51.3		2.6		4.4103	A
4	Local government support is not a factor in the implementation of PES.	12.8	23.1	2.6	46.2	15.4	2.7179	U
5	I am always aware of my professional self amidst personal/organizational problems in the conduct of PES sessions.	33.3	61.5	5.1.			4.2821	A
6	I am not motivated to implement PES when my supervisor doesn't recognize my performance	2.6	10.3	10.3	53.8	23.1	2.1538	D
7	I conduct follow-up activities to End-Users to track down improvements / appreciation of the service.	25.6	61.5	10.3	2.6		4.1026	A
8	I feel that the conduct of PES sessions may not be need base.		20.5	2.6	48.7	28.2	2.1538	D
9	There is a sense of fulfilment when I am able to assist parents improve parenting capacities.	74.4	25.6				4.7436	SA
10	I am obliged to implement PES modules.	41.0	51.3	2.6	2.6	2.6	4.2564	A

Table 3 shows the mean responses of the Direct Service Providers with high awareness of their professional self at a mean value of (4.28) with the willingness to implement the PES modules at (4.56). Although only a few disagree, majority perceived it as a social responsibility to implement PES modules at mean response of (4.25). All the Direct Service Providers professed greater sense of fulfilment when they are able to assist parents improve parenting capacities as reflected at (4.74). Some ( 20.5) Direct Service Providers felt that the conduct of PES is not need base, however, the greater majority ( 76.9) think otherwise.

The results of the analysis revealed that the Direct Service Providers had divided opinion on the statement “*I am motivated to implement PES when my supervisor doesn’t recognize my performance*” with the majority disagreed at (2.15). However, the Direct Service Providers (DSV) stressed that the PES can not be implemented efficiently and effectively without financial support (3.84) and cooperation of parents and caregivers (4.41). Willingness of the parents to participate in the PES sessions was considered the highest facilitating factor in the implementation of PES. During the Focused Group Discussions, the Direct Service Providers were gratified to report that the parents were eager and interested to learn parenting skills. Although most of the time, only mothers were attending the PES sessions. The reasons indicated the inability of fathers to attend in lieu of the need to work to support the family and the nature of work which restricted to attend the PES sessions.

On the whole, the Direct Service Providers demonstrated positive attitude towards the PES program of the Department of Social Welfare and Development (DSWD) and were very much committed to help parents assume responsible roles in child rearing.

**Table 4. the LGUs PES Level of Service Rated by the Direct Service Providers**

RESPONSES	FACTOR	CHI-SQUARE	SIG.
Willingness to implement PES modules		0.268	0.966
Can not efficiently and effectively implement PES without financial support		6.865	0.651
Can always implement PES sessions if parents /substitute		4.230	0.646

RESPONSES	FACTOR	CHI-SQUARE	SIG.
caregivers show cooperation	No. of years in present position		
Local government not a factor in the implementation of PES		8.251	0.765
Always aware of professional self amidst personal/organizational problems in the conduct of PES sessions		4.843	0.564
Not motivated to implement PES when supervisor doesn't recognize my performance		12.366	0.417
<b>Conduct follow-up activities to End – Users to track down improvements / appreciation</b>		<b>18.610</b>	<b>0.029*</b>
Feels that the conduct of PES sessions may not be need base		4.641	0.258
Sense of fulfilment when able to assist parent improve parenting capacities		4.034	0.258
Obligated to implement PES modules		11.851	0.458
*Sig.at 0.05			

The chi-square test on Table 4 shows the appreciation of the End-Users on the conduct of follow-up activities by the Direct Service Providers to track down improvements/appreciation on the PES program. There appears to be a significant relationship ( $p=0.037 < 0.05$ ) between “No. of years in present position” and the degree of agreement on the statement “I *conduct follow-up activities to End-Users to track down improvements/appreciation of the service*”. For every unit increase in the “No. of years in present position” category, there is a 2.268 increase in the log odds showing a higher level of agreement. The number of years served by the direct service providers increases their probability in conducting follow-up activities to End-Users to track down improvements / appreciation of the services.

## 2.2. Local Government Support

As discussed above, the Direct Service Providers expressed that financial support is a must for effective and efficient implementation of Parent Effectiveness Service. During the Focused Group Discussions with the Direct Service Providers, some mentioned that the PES budget at the LGU level is meager at minimum from PhP.2,000.00 to PhP.20,000.00 per year to include the training materials, certificates, and food served during the conduct of PES sessions. However, others claimed that there were no budget for PES activities at their

LGUs. The barangay constituents as well as the parents share contributions for the PES sessions.

### 2.3. Attitude of the Local Chief Executives

The percentage distribution and mean score of LCEs responses are shown in table 5.

**Table 5. Support and Attitude of Local Chief Executives**

Statements		Percentage					Mean	Interpretation
		SA	A	U	D	SD		
1	As the Local Chief Executive, I support the implementation of PES	82.4	17.6				4.8235	SA
2	From my point of view, the PES is not a priority for my constituents	11.8	23.5	5.9	17.6	41.2	2.4706	D
3	If there will be resolutions by the Sangguiang Bayan covering the implementation of PES, I will support and Act of that resolutions	52.9	41.2	5.9			4.4706	A
4	I can support the implementation of PES if and when the Municipal Development Officer has the competence and commitment	58.8	41.2				4.5882	SD
5	Staff complementation in relevant and necessary in the implementation of PES	52.9	35.3	11.8			4.4118	A

- The data shows that the Local Chief Executives were all supportive of the implementation of PES with a value reflected at (4.82). Although, the LCEs have divided opinion on whether the PES is a priority among their constituents, the LGUs levels of PES implementation were varied in their levels of PES implementation from primary to tertiary prevention respectively. Few of the LGUs as gleaned from the FGDs could provide secondary prevention specifically on concrete resources and intensive parenting education to manage stress and challenges among counselled parents. From the study only exceptional LGUs could reached the *tertiary prevention levels whose services indicated programs* have directs services to families where maltreatment has occurred to reduce the negative impact of abuse and prevent its recurrence.

On the other hand, the LCEs expressed to support any resolutions done by the local Sangguniang Bayan on the implementation of PES as shown at (4.47) mean score.

It further showed that the LCEs can support the implementation of PES if and when the Municipal Development Officers show competence and commitment as reflected in the value at (4.58). The LCEs recognized that “staff complementation of PES mirrored a higher value at (4.41). On the overall, the LCEs have a positive view about PES and were willing to support its implementation in terms of legislations and manpower requirements.

## **CONCLUSION AND RECOMMENDATION**

### **Conclusions**

On the basis of the findings, the following conclusions were drawn:

1. All the Direct Service Providers strongly supported the implementation of Parent Effectiveness Service at their level as shown from their high commitment and dedication in the performance of their task and responsibilities. However, the hindering factors such as parent lack of time to attend the PES sessions specially the fathers, inadequate

financial support from the LGUs, overloaded functions, lack of manpower and learning materials were cited as hindrances to PES implementation.

2. The Local Chief Executives likewise strongly agreed to provide support PES implementation. They also claimed support in terms of local legislations upholding the PES program. Nonetheless, financial support to PES has not been a priority due to limited financial resources.
3. The LCEs are willing to support the PES program if and when the Municipal Development Officers are competent and committed to the PES program. Most LGUs have only the primary and secondary levels of PES implementation, very few of the LGUs have reached the tertiary *prevention levels whose services indicated programs* that have direct services to families where maltreatment has occurred to reduce the negative impact of abuse and prevent its recurrence.
4. According to most End-Users, the PES sessions has improved their parental skills and had strengthened the husband-wife relationships. The hindering factors mentioned were the negative attitude towards child-rearing especially from the fathers- leaving all the responsibilities to the wife. Parent were also struggling over attending PES sessions vis-a vis their work to feed their family needs.
5. In addition, the length of experience and the positions of the Direct Service Providers has significantly influenced their attitude or sense of fulfilment to do more PES follow-ups and related activities. The longer they have stayed in their position, the more efficient they become as child care givers and counsellors to parents.
6. On the social protection of children, it was revealed that other stakeholders at the LGUs were not cooperative. The Barangay Council for the Protection of Children (BCPC) was not functional. Often times, the conflict of schedules from the partner agencies.

## **Recommendations**

The following are the recommendations of the study:

1. That the Local Government Units to explore the use of advocacy and posters to be able to minimize gaps in the implementation of Parent Effectiveness Service. The insights provided by the testimony of couple sharing their experiences should be part of the advocacy. The program should employ personalized invitation to encourage parent to support the on-going sessions on PES. The testimonies of the couples who benefited the program should be disseminated to include success stories and best practices documented over the years of its implementation.
2. For the Municipal Social Welfare and Development Officers to expand the programmes for sponsorship to Non-Government Organizations ( NGOs) and other religious sector to outsource other forms of resources. The budget plan and proposals for the PES implementation must be prepared and presented to the Local Chief Executives to be included in the annual budget of the LGUs.
3. The PES program implementation must be strengthened due to its relevance to the changing orientation of the family as the basic foundation of a healthy community. Copies of the user-friendly PES modules and visual aids should be prepared and reviewed by the Direct Service Providers before the conduct of the PES sessions.
4. The Direct Service Providers who are relatively new between two (2) years to five (5) years in their present position must be equipped with more trainings on the maximum standard requirements expected as deliverables on the PES implementation. The recommended training should also address the organizing component of the program

which requires linkages and networking with other community stakeholders. Awards and recognition should also be given to Direct Service Providers who have excelled in the work at the LGU level.

5. Follow-up qualitative study on the levels of services achieved by the local government units based on a specific program as their strength. To achieve this, an instrument need to be developed to measure the levels of achievements, the strength of the LGUs including their success stories of program implementation.
6. Finally, the Parents Committee should own their plan of activities to ensure more access and control on decision –making regarding activities for the effective implementation of PES.

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