

**A BRIEF REPORT**  
**on the**  
**Assessment of the After-Care Services for Discharged**  
**Children-in-Conflict-with-the-Law (CICL) from the**  
**Regional Rehabilitation Center for Youth (RRCY)**  
**Region VIII**

**Rationale:**

This study was conducted to gather evidence on the effectiveness of after-care services provided to Children in Conflict with the Law (CICL) for restoration and enhancement of their social functioning as normal individuals in the community.

**Objective:**

To assess the after-care services offered to Children in Conflict with the Law (CICL) discharged from the Regional Rehabilitation Center for Youth (RRCY), Region VIII.

**Methodology:**

The descriptive-evaluative survey design of research using questionnaires as interview guide were used in gathering data from respondents.

**Results and Discussion:**

The results of the study show that:

1. Service providers are in their best position to provide after-care services with the proper and relevant support of the local government units where they come from considering that they are graduates of Bachelor of Science in Social Work; and most of them had attended trainings on handling CICL which can further substantiate their capability in providing after-care service.
2. Out of the seventy (70) Children in Conflict with the Law (CICL) discharged from the RRCY, only 31.43% or 22 CICLs remembered their discharged plans. Prior to RA 9344 implementation, discharged CICL were mostly handled by DSWD social workers who in some cases, like the local social workers also failed to monitor the progress of the plan.

3. Among the fourteen (14) after-care services provided by service providers and availed by the CICLs and their families, counseling service ranked first considering that service providers have the expertise in providing such service and are in the best position to do so. Other activities that entail funding requirements are seldom provided to respondents due to lack of fund allocation by the local government units;
4. For the problems met by service providers in the implementation of after-care services, lack of budget allocation to finance all the services provided to CICL ranked first, followed by lack of registered social workers to handle such cases, and third, lack of close coordination between RRCY personnel and the LGU officials.

### **Summary and Conclusion:**

Results of the study show that after-care services for discharged CICL from RRCY Region 8 were not effectively implemented despite the capacity of the service providers to provide such services due to lack of fund allocation from the local government units and lack of close coordination between the RRCY and LGU; and prior to the implementation of RA 9344 discharged plan for CICL which is very vital in monitoring the progress/status of the CICL who is already in the community were not given much attention by the local social workers.

### **Recommendations:**

1. The results of the study suggest that there should be an enhancement on the discharge plan as follows:
  - ⇒ Since discharge plans prepared by the RRCY Social Worker for the CICL were not given much attention by the local social workers, it should be one of the focus for monitoring of DSWD so corresponding technical assistance on after care can be provided to social workers with CICL cases in respective communities.
  - ⇒ The RRCY should involve the community from the start until discharge, i.e. from the time the minor is accepted at the center and the preparation of the community on the discharge or eventual return to his family and the community.
  - ⇒ There should be a report on the after-care services implementation submitted by the local social workers in the area where the minor resides to ensure close monitoring on the progress/improvement of the minor based on his discharge plan.

2. Encourage the local government units to boost their budget on social services in order to provide appropriate interventions or conduct activities in the implementation of social services.
3. Provide a mechanism such as a transition living allowance that would help discharged CIC, in cases where LGU support is not clear.

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**ASSESSMENT OF THE AFTER-CARE SERVICES FOR DISCHARGED  
CHILDREN-IN-CONFLICT-WITH-THELAW (CICL)  
FROM REGIONAL REHABILITATION  
CENTER FOR YOUTH (RRCY),  
REGION VIII**

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**A Research Result**

**Submitted to:**

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**By**

**DSWD, Field Office VIII**

# **ASSESSMENT OF THE AFTER-CARE SERVICES FOR DISCHARGED CHILDREN- IN-CONFLICT-WITH-THE-LAW (CICL) FROM REGIONAL REHABILITATION CENTER FOR YOUTH (RRCY), REGION VIII**

## **INTRODUCTION**

Monitoring of the progress of clients discharged from the rehabilitation center must be undertaken to ensure that offenders are able to adjust to life after getting institutional help and interventions. After care services also assures smooth transition from institution life to life back to family and community. These basic services must be provided to youngsters after they are discharged from rehabilitation programs. They provide continuity to the care which these offenders were provided while they were under the care and guidance of social workers and other service providers inside the RRCY. No complete rehabilitation will be realized unless after-care services are given to these CICL.

In the Philippines where delinquency among the children and youth is a prevalent and major social menace, appropriate interventions have been established and made available to avert a continued weakening of the backbone of the country, the youth through RA 9344 which provides measures for the reformation of the minor offenders in mandating certain government agencies to have standard after-care and community-based service program.

But most of the rehabilitated children in conflict with the law do not have sufficient follow-up services that these youngsters ultimately return back to being recidivists. In the City of Tacloban, a rehabilitation center for street children has been in operation for quite sometime with noble intentions and goals. It caters to the needs of the children offering them temporary or secondary home, however, children ultimately return back to the streets after the children finds difficulty in adjusting life after being institutionalized. These youngsters are unable to find support from family/home; community and society as a whole. They go back to the streets after

realizing that the support they got from the institution are suddenly cut. The government's after-care services fail to provide continuity of support while these youngsters are trying to get mainstreamed back to the community. Ultimately without a balance in the rehabilitation phase and post-institution life, the offenders ultimately get tempted to return to the only kind of life they were used to lead, either vagrancy or life in the streets. These after-care services are very important so that progress of the children is monitored and interventions are done when needed.

This study was undertaken to determine after-care services for children in conflict with the law (CICL) after getting discharged from the Regional Rehabilitation Center for Youth in Sto. Niño, Tanauan, Leyte, Philippines. It aimed at assessing the profile of after care service providers in Region 08; the nature of after-care services available; facilitating and hindering factors in the implementation of after-care services and to formulate recommendations to resolve the problems encountered to improve delivery of after-care services for CICL.

## **METHODOLOGIES ADOPTED**

The study focused on the assessment of the after-care service implementation provided to children-in-conflict-with-the-law by the local social workers/service providers in the localities where these CICL were known to reside. Only 32% of the CICL were selected out of the 217 cases discharged from the center. Initially, all local social worker were treated as samples considering their limited number. However, some local social workers were not available for the interview; hence social workers from DSWD who handled CICL were considered as replacements. Likewise, thirty-two percent (32%) of the families, as well as its equivalent number of community residents who know the CICL were also considered as samples.

The study on the rehabilitation of CICL and the 5 pillars of Juvenile Justice System were excluded. Likewise, the provisions for CICL were also excluded.

Data collection were gathered through interview with two groups of key informants, i.e., the beneficiaries (the CICL, parents/family members, community residents who know the CICL); and the service providers (Social Workers, Youth Service Providers). The respondents were asked about the program and services using a Questionnaire for the service providers and an interview guide for the CICL. Their comments, problems encountered and recommendations were likewise considered.

This study utilizes a descriptive-evaluative survey design of research. Using an interview guide, for the CICL and self-administered questionnaire for the service providers, data were gathered through interview to elicit objectively the respondents' responses. The main data-gathering instruments were self-constructed questionnaires, one of which was answered by the CICL, and the other was answered by the service providers. The first round of data collection served also as the dry-run of the instrument. Additional information was considered such as the availability of a discharged plan prior to the discharged of the CICL from the center. The data that were collected were processed using the appropriate statistical tools.

## **RESPONDENTS AND SAMPLING PROCEDURES**

The respondents of the study were composed of four groups:

- a.) **The children-in-conflict-with-the-law (CICL).** Of the 217 cases discharged from the center, 70 or 32% were drawn randomly. However, replacements were made considering that a number of the respondents were no longer available. Some of the CICL have relocated, others were already dead, and the rest went back to prison. Replacements were taken from Tacloban City considering the accessibility of the respondents and that the city has the largest population of CICL. Replacements were likewise randomly drawn using the fish bowl method.

- b.) **The local social workers/service provider.** Considering their limited number, the local social workers/service providers (n=43) were all taken in total enumeration. Due to the absence or resignation of some local social workers, DSWD social workers were considered as respondents.
- c.) **The families/relatives.** An adult family member or a relative with most frequent contact with the CICL respondents were treated as samples (n=70)
- d.) **The community members.** Adult individuals such as the nearest household or a Barangay official from the community (n=70; 32%) where the respondent CICL resides and who has a direct knowledge of the same were considered as samples.



## PRESENTATION AND ANALYSIS OF DATA

**Table 1: Profile of the Local Social Workers/Service Providers**

<b>Age Group</b>	<b>No.</b>	<b>%</b>
30-39	5	16.13
40-49	17	54.84
50 up	9	29.03
<b>Total</b>	<b>31</b>	<b>100</b>
<b>Sex</b>		
Female	31	100
Male	0	0
<b>Total</b>	<b>31</b>	<b>100</b>
<b>Religion</b>		
Roman Catholic	30	97
Others	1	3
<b>Total</b>	<b>31</b>	<b>100</b>
<b>Educational Attainment</b>		
Bachelor of Science in Social Work	30	97
Others (LLB)	1	3
<b>Total</b>	<b>31</b>	<b>100</b>
<b>Length of Service</b>		
2 years below	-	-
3-5 years	-	-
6-9 years	5	16
10-19 years	7	23
20 up	19	61
<b>Total</b>	<b>31</b>	<b>100</b>
<b>Nature of Appointment</b>		
Permanent	29	94
No Response	2	6
<b>Total</b>	<b>31</b>	<b>100</b>
<b>Net Monthly Salary</b>		
P5,000-P9,000	3	9.68
P10,000-P19,000	13	41.93
P20,000 up	10	32.26
(No Answer)	5	16.13
<b>Total</b>	<b>31</b>	<b>100</b>

All the social workers who handled the CICL cases were females, almost half of them in their 40's or late adulthood followed by those in their 50's at 29 percent. There were 16 percent who were in their mid-adulthood or in their 30's. The shared religion among the service providers is Roman Catholic. Ninety-seven percent or 30 of them are graduates in Social Work. Only one has a Bachelor of Laws degree.

More than 50 percent or exactly 61 percent has a length of service 20 years up with 23 percent having 10 to 19 years and 16 percent with 6 to 9 years work experiences. With this, 94 respondents occupy permanent positions with 2 or 6 percent who did not respond to the query. Most of them has net monthly salary between P10, 000 to P20, 000 or more.

It is easy to deduce that the service providers are in the best position to provide after care services with the proper and relevant support of the local government units where they come from. Their average age of 44 is neither too young nor too old to be burnt out from work. In fact, the first 5 after care services availed by the CICL bespeak of the profile of the service providers in terms of age, educational and work background, religious affiliation and sex. These first 5 after care services are: counseling; recreational/socio-cultural activities; spiritual enhancement; youth organization and educational service. Considering a common background in social work, the service providers have the technical capability to provide the necessary after-care services. This could be the probable reason why counseling turned out to be the number one after-care service availed by the CICL as claimed by the CICL themselves, their families and the social workers, counseling being one of the social work interventions given in case management.

**Table 1-A: Trainings Attended by Social Workers/Service Providers**

<b>Trainings Attended</b>	<b>No.</b>	<b>Rank</b>
Forensic Interviews Orientation on the Guidelines in the Handling CICL	23	1
Orientation on IRR of 9344	11	2
Workshop on discernment for CICL	10	3
Juvenile Justice Administration on 7 Pillars of Juvenile Justice System	8	4.5
Coaching Session in the Use of Discernment Tools for CICL	8	4.5
Social Case Study Writing for CICL	7	7
Trainings on Diversion Program on CICL	7	7
Other trainings not related t CICL	7	7
Case Management in the Healing and Recovery of SAC SEC	5	9
Social Workers not having relevant trainings attended	4	10

The following trainings ranked the first 5 from among ten choices. These are: Forensic Interviews Orientation on the Guidelines in the Handling of CICL; Orientation on IRR of RA 9344; Workshop on Discernment for CICL and Juvenile Justice Administration on 7 Pillars of Juvenile Justice System and Coaching Session in the Use of Discernment Tools for CICL in their order.

Those which ranked 7 to 10 included the following in their order: Social Case Study Writing for CICL; Training on Diversion Program on CICL; Other trainings not related to CICL; Case Management in the Healing and Recovery of SAC SEC. There were 4 Social Workers not having relevant trainings attended.

The trainings attended by the service providers or social workers further substantiate their capability in providing after care services to youth offenders after rehabilitation. However, it has to be understood that training and further human development efforts are not the only capacity building that the government must provide to service providers. The lack of support services to service providers is most often the reason why provision for after care services is not felt by the CICL. This contention was seen as the number one problem met by the service providers as seen in Table 5 and 6.

The result of the survey showed that there were service providers who have no relevant trainings regarding care and management of CICL. These were from respondents coming from certain low income LGUs where local leaders fail to realize the importance for such services to the community especially the CICL.

**Table 1-B: Attitude towards After-Care Services**

<i>Attitudinal Statements</i>	YES		NO	
	No.	%	No.	%
	Provides after-care service activities because he/she enjoys working with young individuals	29	94	2
Believes that helping young offenders restore their lives will give him/her lasting satisfaction.	31	100	0	
Believes that restoring the life of person who once had conflict with the law is a risky undertaking.	21	68	10	32
Is happy whenever he/she could extend help to whoever needs it.	31	100		
Is willing to provide these kind of restorative activities, if incentives are given.	14	45	17	55
Delivers services as it is expected of him/her as a social worker.	31	100	0	
Feels bored and tired extending help to a person who is a violator of the law.	3	10	28	90
Feel uncomfortable relating him/herself with individuals who have problems.	4	13	27	87
Developed personal liking and interest in helping individuals with problems.	23	74	2	6
Feel he/she doesn't have much preparation for this work he/she is in now.	12	39	19	61
Learned to understand life more as he/she comes in direct contact with young people who want to live normal lives again.	31	100	0	
Is willing to attend trainings related to his/her present work just to be more prepared for it.	31	100	0	

All of the service providers commented that after care services have to be given because they believe that helping young offenders restore their lives will give them lasting satisfaction; they are happy when they could extend help; they have to deliver services because it is expected of social workers; they learned about life more as they come in direct contact with young people who want normal lives again and they are willing to attend training related to their present work to be prepared for it. Such positive reactions and outlook on being of help to youth offenders who have served rehabilitation programs is a manifestation of support and commitment of the social workers on after care service. Their willingness to provide after care services is clear and affirms their understanding of the needs of these youngsters. Most of all, it also shows their feelings of self-worth and satisfaction to be of help and service to these type of clients.

**Table 2: Profile of the CICL**

Age (x = ___)	Present		Present	
	No.	No.	Present	%
12-13	1		No.	%
14-15	4	6	0	
16-17	3	4	2	2.85
18-19	6	9	7	10
20-21	1		10	14.29
22-23	0		15	21.43
24-25	0		17	24.28
26-27	0		9	12.86
(No answer)	56		7	10.86
<b>Total</b>	<b>70</b>	<b>70</b>	<b>3</b>	<b>4.29</b>
<b>Sex</b>		<b>No.</b>	<b>%</b>	
Female		0		
Male		70		100
<b>Total</b>				
<b>Educational Attainment</b>				
Unschoolled		2		3
Elementary		33		47
High School		26		37
College		3		4
(No Answer)		6		9
<b>Total</b>		<b>70</b>		<b>100</b>
<b>Discharged</b>				
With Discharge Plans		22		31.43
No Discharged Plans		45		64.28
(No Answer)		3		4.29
<b>Total</b>		<b>70</b>		<b>100</b>
<b>Nature of Cases</b>				
Rape		2		2.85
Attempted Rape		1		1.43
Acts of Lasciviousness		1		1.43
Robbery		13		18.6
Theft		14		20
Murder		3		4.3
Frustrated Murder		1		1.43
Homicide		3		4.3
Violation of RA 8353		3		4.28
Gambling		1		1.43
Others: Rugby,		16		22.85
Drugs		2		2.85
No Answer		9		12.85
<b>Total</b>		<b>70</b>		<b>100</b>

Table 2 shows that about 78% of the total CICL cases interviewed did not divulge their age at the time of admission. But six of them or about 9 percent were between 18 and 19 years old; four or about 6 percent were in the 14 to 15 years range and three or about 4 percent were in between 16 and 17 years of age. One each was in the 12 – 13 and 20 – 21 age bracket. This shows that most of the cases must have been the eldest or older siblings in the family. They were in a position to absorb the problems, stress and anxieties resulting from family squabbles, fights and issues from poverty.

The researcher should have insisted in knowing the age of the children at the time of the commission of the crime. This is vital information that will determine the level of maturity of the offenders and maybe basis for concluding if the offender was aware that what they committed was a crime against the law. Age has also something to do with comprehension skills of the youngsters and should be basic consideration when providing after care services.

While most respondents did not divulge their age at the time of admission or might have forgotten the information already, all of them gave their current age. At present, most or 81.4% of the CICL cases admitted to RRCY belong to the young adults category aged 18-27 years old. Only 14.2% are adolescents or between the age bracket of 12-18 years old. More than half or roughly 64 % were discharged without Discharged Plans, which is contrary to basic practices when discharging clients from rehabilitation programs. A Discharged Plan indicates if the client is already eligible to be released from the institution. It also determines the extent of improvement or progress of the client while on rehabilitation and consequently is a good input for monitoring progress of the child during post rehabilitation phase.

All CICL cases were males and 88.57% or almost all of them have attended school. Out of the 88.57%, there were 47.17% who studied elementary education, 37.14% who reached high

school and 4.28% who attended college. Only 2.85% or 2 of the total respondents were unschooled while six respondents did not respond to the query. Being predominantly males, it can be deduced that boys seldom express or share their feelings; so that the after care service should not only prioritize counseling but more on activities that will provide venue or outlet to release emotional baggage resulting from family in-fighting and extreme poor conditions. Their educational attainment which is mostly elementary and high school could be reasons for feeling inadequate that they are unable to help in alleviating poor family conditions so much so that they are already considered young adults and at the age where they are already supposed to be earning their keep or helping the family. Such condition affects their psychological make-up or frame of mind. The situation must make service providers focus their after care assistance on livelihood program, job placements and further skills development. These after care services were wanting among the CICL interviewed. Taking this cue, the government must focus its direction towards this end. Since these offenders are given training programs and skills development activities in the institution, after care services should provide more job opportunities for these people. Moreover, livelihood opportunities should cater to the interests and needs of the offenders according to their age level and market feasibility in their communities to make them sustainable. The family should also be given support in terms of an income-generating project while the youth offender is working or job-placed. It will bring a stronger foothold for the whole family.

Of the 70 CICL cases present in the institution, 64.28% or 45 of them have no discharge plans while 31.42% already have. The respondents were involved in thirteen offenses ranked according to the number of CICL involved. The nature of the cases were: Robbery/Theft (23/32.57%); solvent abuse (19/27%); Homicide; Rape/Violation of RA 8353 (4/5.7%); Murder;



Frustrated Murder; Drugs (2 each or 2.85% each case); Attempted Rape; Acts of Lasciviousness; Attempted Murder; Gambling (1 each case or 1.4% per case). Ten respondents did not specify the nature of their case.

Although there was no data available on the socio-economic level of the CICL and the family, the involvement of more cases on robbery or theft could be an indicator of poverty in the homes or communities where the CICL came from. The abjectness in their surroundings probably propelled the youngsters to steal or indulge in drug use to divert their attention from hunger. The other offenses committed also manifest the same reasons on poverty within the family and community and even dysfunctional families where CICL regularly experience fights and foul language thrown at them and other members in the family.

**Table 3: After-Care Services Availed by CICL as reported by CICL, Family, Community and Service Provider**

Services	CICL (N=70)				Family (N=70)				Community (N=70)				Social Worker/ Service Provider (N=31)			
	YES		NO		YES		NO		YES		NO		YES		NO	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Educational Service	21	30	35	50	21	30	28	40	18	26	15	21	21	68	9	29
Livelihood Service	12	17	42	60	12	17	33	47	10	14	19	27	14	45	16	52
Skills Training	14	20	42	60	9	13	37	53	8	11	22	31	14	45	13	42
Counseling Service	45	64	13	18	39	56	14	20	25	36	11	16	30	97	1	3.2
Recreational/Socio-Cultural Activities	38	54	18	26	30	43	17	24	30	43	10	14	22	71	6	19
Health/Medical Service	3	4.3	25	36	29	41	24	34	28	4	11	16	24	77	6	19
Job Placement	13	18	39	56	12	17	35	5	11	16	22	31	12	39	10	32
Youth Organization	26	37	30	43	23	33	24	34	21	30	14	20	19	61	8	26
Interest Groups	20	28	33	47	16	22	28	40	19	27	15	21	12	39	13	42
Spiritual Enhancement	32	45	21	3	27	38	23	33	20	28	13	18	21	68	7	22
Foster Care Service	9	13	42	6	10	14	43	61	7	10	25	36	6	19	21	68
Psychological Service	10	14	42	6	9	13	32	46	4	5.7	31	44	8	26	17	55
Attendance to Training/Seminars	6	8.6	48	68	10	14	41	58	8	11	26	37	13	42	13	42
Others	1	1.4	0		0		0		0		0		1	3.2	0	

Table 3 shows that of the fourteen after care services identified, counseling services consistently ranked 1 as after care service availed by CICL as reported by the CICL themselves, their families and the social workers/service providers while the community said that it is only the third after care service availed after they ranked recreational/socio-cultural and health/medical services as second and third, respectively. This just shows that the community is not really aware of the nature of after care services given to the CICL. The community has a

very big role to contribute in the after care of offenders. They have to be properly educated regarding children in conflict with the law and how they can help in mainstreaming them back to the community. Influence leaders like the policemen, teachers, even local village leaders must help in educating the public on how everyone can contribute to the after care of CICL.

Recreational or socio-cultural services were ranked number 2 by both CICL and their family while the community ranked it first and the service providers ranked it as third available service. It is good that such service was given and available in the community as it is a good point of entry for the CICL after getting discharged from the institution. It is a very good outlet or avenue whereby the offenders are able to ventilate pent-up emotions, stresses and trauma.

Spiritual enhancement was ranked by the CICL respondents as the third available after care service, however, both family and service providers ranked it fourth with the community ranking it as fifth available service. The difference in perception could be attributed to the individual needs of the respondents where CICL have been regularly exposed to spiritual activities in the institution hence they considered spiritual enhancement with higher priority after care service.

Both CICL respondents and community ranked youth organization as the fourth available after care service but both their families and the social workers ranked it as fifth available service. On the other hand, the CICL ranked educational service as the fifth available but the social workers thought it fourth, with the family reporting it as sixth available and the community reporting it seventh available after care service. The perception varied slightly but what is important is that all of them respondents acknowledged the services as available by the CICL. These 2 after care services are important support groups of CICL after RRCY life when they get re-integrated to the community.

Interests groups were reported by CICL respondents as their sixth availed service which was supported by the community. Their families reported it as seventh availed while the social workers reported it as eighth availed.

Next, the CICL reported skills training as 7<sup>th</sup> availed which the social workers thought to be 6<sup>th</sup> availed however, both families and community reported it as 10<sup>th</sup> availed aftercare service.

All of the respondent types reported that job placement is the 8<sup>th</sup> availed aftercare service with livelihood service ranked by the CICL and community as the 9<sup>th</sup> availed service while social workers reported it as 6<sup>th</sup> and the family reported it as 8<sup>th</sup> availed service.

Psychological service is thought to be the 10<sup>th</sup> availed service by both CICL and family while the social workers thought it 9<sup>th</sup> ranked service and community ranking it as 12<sup>th</sup> availed aftercare service.

Foster care, trainings, health were ranked by the CICL as the 11<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup> availed after care, respectively which were also supported more or less by the other respondents except health. Although ranked by the CICL as the 13<sup>th</sup> availed service, both community and service providers ranked it as second and as third availed aftercare service by the CICL.

**Table 4: Adequacy of facilities, materials, activities, funding and other resources for the implementation of the After-Care Services**

Facilities	CICL (N=70)				Family (N=70)				Community (N=70)				Social Worker/Service Provider (N=31)			
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	0
<b>Facilities/ Structures</b>																
Licensed foster homes for temporary placement of the offender	2	1	3	49	2	2	4	37	3	0	4	28	1	1	6	16
Community resources like: schools	17	18	13	7	14	21	12	1	20	11	4	1	18	6	1	2
Health Centers	14	18	11	9	19	20	9	5	21	9	5	3	16	6	2	1
Private offices for employment opportunities	3	6	5	42	4	7	1	28	5	7	8	16	2	3	12	8
Recreation Centers	20	19	11	7	10	24	12	6	14	15	6	2	9	8	4	5
<b>Activities</b>																
Indoor and outdoor activities	9	17	16	15	6	16	13	15	10	12	9	5	12	7	2	4
Provision of non-formal, informal or formal education	7	13	10	25	9	14	1	17	11	15	4	7	5	11	6	3
Provision of tutorial services	1	2	6	46	2	2	9	33	5	2	7	22	3	6	7	9
Provision of psycho-diagnostic assessment of offenders	3	6	3	45	2	5	7	36	4	3	3	26	1	6	8	10
Sex education to qualified individuals & groups	1	2	9	44	2	8	1	3	4	7	3	22	3	5	6	10
Physical and dental examinations	4	10	12	35	7	13	10	22	10	9	5	16	8	8	6	4
Follow-up activities	2	7	11	36	3	5	12	24	5	3	7	16	4	10	12	0
<b>Funding</b>																
There is a definite bud-getary allocation for all its youth programmed/ planned activities	2	1	7	46	2	1	11	3	5	3	6	23	3	5	14	4
It has other sources of funds to finance all activities	2	0	5	47	2	1	10	31	5	0	7	25	0	7	15	3
<b>Staff</b>																
The after-care services are handled by an adequate number of service providers	4	3	9	38	7	2	11	25	8	0	9	21	5	7	11	1

Among the facilities or structures, the recreational centers, community resources like schools and health centers are considered by the CICL, family, community and service providers in varying order as very adequate and at least adequate after care services. For the CICL, they

consider recreational services as very adequate while more families, community and service providers regarded health services and schools as very adequate. The responses indicated that all of them acknowledge the presence of recreational centers, schools and health centers to be readily available in the community where they live. Without such venues for recreation like basketball courts and Barangay dance gatherings and other Barangay sponsored activities, the CICL would easily backslide or return to doing activities like rugby use and other activities that will tempt them to commit crimes. Moreover, without such after care support from the community, socialization and re-integration of the CICL back to family and community life will not be possible or smooth sailing. These after care facilities also provide CICL with opportunities to become busy and productive enough not to delve on negative thoughts.

All of the respondents mostly said that licensed foster homes for temporary placement of the offenders were not available while the CICL, their families and the community accepted the unavailability of private offices for employment opportunities. The CICL have mostly and consistently recognized the unavailability of activities except for indoor and outdoor ones where about 1/3 accepted their availability in the community. According to them, the activities consistently lacking are: provision of tutorial services; provision of psycho-diagnostic assessment of offenders; sex education; physical and dental examination; provision of non-formal, informal or formal education; and follow-up activities. Families affirmed the unavailability of the activities in the community except for sex education to qualified individuals and groups. A little over 10 % say that the activities are present though not adequate at all which means that there may be some places or LGUs which sponsor such activities but not all. Such is further affirmed by the community whose respondents mostly recognize the non-availability of the provision of psycho diagnostic assessment; tutorial services; sex education and

physical/dental examinations although a few recognizes its availability in the community except for some instances of indoor/outdoor activities and provision of non-formal, informal or formal education. The information is a good input to the service providers and the government for them to base programs for CICL after care activities although the service providers have evenly recognized the presence of all the after care services with a few saying very adequate to some recognizing the services to adequate, non-adequate and none at all. This defensive stance of social workers is understandable.

Funding for the after care services according to the CICL is mostly non- available with a few respondents saying it ranged from very adequate to not adequate. The family says, budgetary allocation for all its youth programs/planned activities is not adequate. They also believe that there are no available sources of funds to finance all after care activities. The community, on the other hand, mostly thinks there is no definite budgetary allocation or other sources for all after care services. Most of the service providers say that there are available after care services but these are not adequate. These observations are consistent with the problems met by both CICL and service providers in Table 5 and 6.

The CICL, families and the community believe that after care services do not have adequate number of service providers. The common stand of these respondents is echoed by the social workers themselves who claimed that after care services are not handled by adequate number of staff.

All of the structures are important after care facilities that CICL need to be able to lead normal lives; to become independent economically and become responsible citizens. It is very difficult for the CICL who were provided with adequate resources to lead normal lives while undergoing rehabilitation to find that these are not sustained through adequate after care services. Another disappointment comes from not finding livelihood and job placement facilities to apply and put in productive use the skills that they developed while in the institution.

**Table 5: Problems Met by Service Providers in the Implementation of the After-Care Service**

Problems	Service Providers		
	No.	%	Rank
The objectives of the after-care service are not clear	11	35	<b>10</b>
The objectives seem to be unattainable	13	42	<b>8</b>
The allocated budget is not enough to finance all the services provided to the offenders	24	77	<b>1</b>
The offender does not attend the services offered to him/her regularly	16	52	<b>4</b>
The community does not support for the rehabilitation of the client	13	42	<b>8</b>
The family involved does not cooperate with the service providers in the restorative activities for the offender	14	45	<b>6</b>
There is no enough social worker to provide services to the offenders	18	58	<b>2</b>
There is no close coordination of the rehabilitation center personnel and the local government officials resulting in the delayed provision of services to the client	17	55	<b>3</b>
It's difficult to reach the client at once for he/she lives in a remote place	13	42	<b>8</b>
The trauma that the offender is experiencing affects his/her performance in the services offered him/her	15	48	<b>5</b>
Other, please specify:	4	13	<b>11</b>

The first three ranked problems felt or experienced by the social workers or service providers were 1.) Funding allocation not enough to finance all services; 2.) Service providers are not enough to provide the after care services; and 3.) There is no close coordination of the RRCY personnel and LGU officials resulting to the delayed provision of services to the client.

Other problems met by the service providers in their order, are: irregular attendance of client to services/activities offered to them; trauma of clients affects their performance; non-cooperation of family to the social workers in the restorative activities; unattainable objectives, non-cooperation of community, remote addresses of clients; and unclear objectives.



**Table 6: Problems Met by CICAL in the Implementation of the After-Care Service**

<b>Problems</b>	<b>No.</b>	<b>%</b>	<b>Rank</b>
The objectives of the after-care service are not clear	36	51	<b>5</b>
The objectives seem to be unattainable	41	58	<b>2.5</b>
The allocated budget is not enough to finance all the services provided to the offenders	52	74	<b>1</b>
The offender does not attend the services offered to him/her regularly	20	28	<b>6</b>
The community does not support for the rehabilitation of the client	13	18	<b>8</b>
The family involved does not cooperate with the service providers in the restorative activities for the offender	41	58	<b>2.5</b>
There is no enough social worker to provide services to the offenders	39	55	<b>4</b>
There is no close coordination of the rehabilitation center personnel and the local government officials resulting in the delayed provision of services to the client	15	21	<b>7</b>
It's difficult to reach the client at once for he/she lives in a remote place	12	17	<b>9</b>
The trauma that the offender is experiencing affects his/her performance in the services offered him/her	4	6	<b>10</b>
Other, please specify:			

According to the CICAL, the number 3 problems they encountered regarding after care services are: 1.) insufficient budget to finance the services; 2.) unattainable objectives and non-cooperation of family with service providers in restorative activities; and 3.) insufficient number of social workers or service providers to provide services.

Other problems met by the clients are: unclear objectives; non-attendance of offenders in activities provided to them; no close coordination between RRCY personnel and LGU officials resulting to delayed provision of services; non-support of community for the rehabilitation of the client; remoteness of client's address; and trauma effect on his performance during after care activities.

<b>On Recommendations</b>	<b>No.</b>	<b>Rank</b>
1. Necessity of DSWD-LGU coordination, monitoring, mentoring/coaching and other necessary support	10	1
2. More trainings needed on after-care services	9	2
3. DSWD-LGU-DepEd coordination on management of CICL	8	3
4. Necessary support services (fund, facilities and manpower) be provided Specially in low class municipalities	6	4
5. Social worker is needed to handle CICL cases only	4	5.5
6. Financial support for after-care service program to CICL	4	5.5
7. Need for Case Management training	1	7

The following recommendations were mentioned by the respondents to address the problems encountered. These are in the order of rank: there should be a DSWD-LGU coordination, monitoring, mentoring/coaching and other necessary support; followed by more trainings on after care services; DSWD-LGU-DepEd coordination on the management of CICL; provision of necessary support services like funding, facilities and manpower to low class municipalities; after care service providers must be social workers and need for case management training.

## **SUMMARY, CONCLUSION AND RECOMMENDATION**

This study was undertaken primarily to determine the extent of implementation of the after care services for children in conflict with the law discharged from the RRCY in Region 8.

It was found that after care services in the local government units under study were not serious in implementing the provisions set under RA 9344 which mandates local government units through the local social welfare and development offices to provide after care and community based programs. This could be the reason for the seven cases of recidivism while undergoing the study but was not particularly given attention in the research. Further study must be done to determine if there is a correlation between the cases to the location of the offenders.

Among the after care services which are easily available to the CICL are counseling services; recreational/socio-cultural activities; spiritual enhancement; youth organizations and educational services which are inherent or regular facilities provided in the communities all over the country as these are easily provided by the schools, barangays and the social workers who are assigned in the communities.

Lacking and very glaring are the other facilities and structures which are needed by the CICL to be successfully integrated back to the family or community. These facilities are the interests groups; skills training; livelihood service; psychological service; foster care service among others. All of the respondents are clamoring for these facilities and structures to be in placed at the community level. The government must find ways to set-up psycho-diagnostic assessment of offenders so that these youngsters are regularly assessed and monitored to prevent the possibility of recidivism which have been observed in 7 cases. It was also a common observation for the lack of funds or budgetary allocation to all youth programmed and planned activities aside from the findings that service providers are not enough to handle all after care

services. This is true to most local government units who lack trained social workers to handle the cases after they are discharged from the institution.

Particular attention must be focused on the problems met by both CICL and the service providers which are almost similar hence affirm each other's experiences. Both shared their number one apprehension that the allocated budget is not enough to finance all the services provided to the offenders. This carries weight as it is hard on the CICL to realize that the progress they gained in the institution are not sustained when they get re-integrated back to the family and community. Most of the cases ultimately become frustrated as they do not get adequate support for the values, orientation and training they got in RRCY. There are not enough or adequate programs open to the family and community that will prepare them become effective partners in providing after care services. Offenders often do not want to return back to the family and community but would rather opt to be job placed or to live independently due to the feeling that families and communities do not have the capacity to take them back. Most families and communities are not even aware on how to deal with these young people once they get back to them.

CICL cases also revealed their hopelessness or disappointment when they declared that objectives seem to be unattainable. These youngsters doubt in the capability of the government and service providers to provide them the after care services they need to be successfully re-integrated back to the community. Such feeling of mistrust could be gleaned from the inability of the government to address the effective and uniform implementation of a standard after care services for CICL. Not all local government units are serious in adopting the mandate of RA 8353. Most if not all of the low income units do not have provisions that will cater to the needs of these youths who are looking forward to lead normal lives in the communities where they

come from. Most LGUs could afford to focus meager resources on infrastructure projects rather than investing on youth welfare who are supposed to be the hope of the country.

Another problem which is on the top priorities of the CICL is the non-cooperation of the concerned families with the service providers in the restorative activities for the offenders. Most of these families wallow in extreme poverty and are not interested to shoulder obligations that will entail time, efforts and non-existent or meager resources. The concerned parents do not even know how to treat or deal with these children who left the family after committing crimes and now are going back to them for re-integration. The way the family feels towards the CICL is a very basic consideration to take before they are discharged from the institution. The family must have the financial capability to sustain the CICL's needs aside from their psychological; moral and spiritual capacity to accept a once errant child. A comprehensive rehabilitation package that includes the family of the CICL must be put in place. The complete healing process of a dysfunctional family that results to children in conflict with the law can only be totally attained with the inclusion for intervention of the whole family. Most of the children who become offenders come from families whose parents are themselves broken and need some form of help. When the CICL returns back to a family setting which was a far cry from the temporary ideals they were exposed at the institution, these children's morale decrease and their confidence suffer. To the type who possesses weaker personalities and could not cope with the stress, the possibility of reverting back is not farfetched. Regular spiritual, livelihood and skills training programs must be given to the family simultaneously that the child is undergoing rehabilitation at the institution with a regular bonding activity with family members so as to institute continuity for both parties.

Another problem which the CICL has identified is the lack of social workers or service providers to provide services to the offenders. Social workers are not sufficient to take on all the needs of the people in the localities. In a country where 80 % of the people are poor, the services of social workers are in demand. However, their roles are a bit taken for granted and most LGUs do not even provide opportunities to develop the small number they have. These social workers are not sent for further education and training to upgrade their knowledge and skills. Most LGUs have few trained after care providers who have stayed in service for most of their professional lives without raise in remuneration, promotion or chances in professional development. These must be looked into by the government if it has to professionalize or keep them in the country as most good ones have already been pirated outside that may result to brain drain in the field.

All of the concerns aired by the CICL are echoed by the service providers; hence the concerns must really be addressed by the government and the local leaders. We cannot afford to have more of these offenders in our society, much more if they become recidivists; interventions must be done in earnest. Bias towards infra development must be changed towards social development programs.

More educational facilities could be set up that will cater to offenders as part of the after care service. Not all of the skills learned by the children in the institution are really the skills needed by these people. Scholarship programs could be set up that will arrange formal schooling for those who are interested to pursue their education. These opportunities must be readily available for the offenders at the right time that these are needed and requested. It will add to the confidence and aspiration level of the offenders and will pave the way for fast healing.

Foremost of all is the DSWD-LGU coordination which will emphasize monitoring, constant coaching and other after care support services. Mechanisms could be organized for the

LGU to set up funds for the after care services needed by the CICL in their localities. This will ensure that their needs are properly addressed. At present these mechanisms are not enough as they just meet once in a while. RRCY must put more effort in communicating or coordinating with the SWD offices to address the concerns of the offenders on after care needs. These offenders have to be properly monitored by the local social workers.

Further studies may be recommended to identify mechanisms whereby after care services could be integrated into existing programs in the government which could be transferred and handled later by interests groups who may be non-government entities that will become close and active partners of the government both at the regional and local levels in the provision of these after care support systems. New programs could be packaged and later institutionalized to cater to a comprehensive package that will look into the problems and healing of CICL cases.