

Building Resilience Beyond Retribution: Inclusive Psychosocial and Educational Practices for Justice-Involved Youth in a Philippine Residential Rehabilitation Center

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ABSTRACT:

Residential rehabilitation is most meaningful when it prepares young people not merely to comply within institutional settings, but to navigate life with greater resilience, agency, and competence beyond them. This qualitative study examined the psychosocial and educational practices that justice-involve youth or Children in Conflict with the Law (CICL) and program implementers in a Philippine residential rehabilitation center associated with meaningful rehabilitation, resilience-related capacities, and readiness for reintegration. Guided by Utilization-Focused Evaluation, data were generated from 16 CICL residents and 12 Helping Team members, through semi-structured interviews, focus group discussions, field observations, and documentary reviews. Thematic analysis revealed seven interconnected practices: usable self-regulation strategies; relational safety; rights-sensitive spiritual and values reflection; experiential, literacy, life-skills, and vocational learning; individualized and participatory multidisciplinary case management; family- and community-linked transition planning; and consistent intervention delivery supported by staff capacity and well-being. Participants associated these practices with improved emotional regulation, more deliberate decision-making, stronger relationships, greater practical and learning-related competence, enhanced agency, and a more hopeful orientation toward the future. The findings indicate that rehabilitation gains meaning not simply through the presence of programs, but through how responsively, relationally, and consistently they are delivered and connected to life beyond the institution. Although the study does not establish post-release desistance or enduring resilience, it demonstrates how residential rehabilitation can cultivate portable capacities that may strengthen reintegration. For special and inclusive education, the findings underscore the importance of individualized learning, educational

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continuity, meaningful participation, and coordinated transition support linking the child, family, school, and community.

Keywords: Children in Conflict with the Law (CICL); psychosocial rehabilitation; inclusive education; resilience; reintegration

1. Introduction

Residential rehabilitation is most meaningful when it prepares a young person not only to comply with institutional rules but also to function when close supervision is no longer present. In the Philippines, Children in Conflict with the Law (CICL) is the term used in juvenile justice law and policy to refer to justice-involved children and youth undergoing residential rehabilitation. Republic Act No. 9344, the Juvenile Justice and Welfare Act of 2006, defines a CICL as a person under eighteen (18) years of age who is alleged as, accused of, or adjudged as having committed an offense under Philippine laws (Republic Act No. 9344, 2006). For CICL, residential rehabilitation involves more than the reduction of misconduct inside a facility. It requires capacities that can be used in ordinary settings: recognizing and regulating difficult emotions, making considered decisions, sustaining or resuming education, developing practical competence, forming trustworthy relationships, seeking help appropriately, and imagining a realistic role in family and community life. These are developmental tasks as much as they are rehabilitation outcomes. The central question is therefore not simply whether a child behaves better while living in a structured environment, but whether the experience of rehabilitation strengthens resources that remain useful after the structure is removed.

Within Philippine juvenile justice policy, this developmental orientation is explicit. Republic Act No. 9344 places intervention, rehabilitation, and reintegration within a restorative framework and recognizes counseling, skills training, education, and other activities that promote psychological, emotional, and psychosocial well-being. It also requires educational institutions to provide adequate, necessary, and individualized educational schemes for CICL. Republic Act No. 10630 further strengthens this approach by providing for multidisciplinary teams that include social work, mental health, medical, and educational or guidance expertise and by requiring an individualized

intervention plan developed with the child and the family. Department of Education guidance likewise assigns schools and guidance personnel responsibilities in the educational component of intervention planning (Department of Education, 2015; Republic Act No. 9344, 2006; Republic Act No. 10630, 2013). Together, these provisions frame rehabilitation as coordinated developmental support rather than as punishment administered in a child-care setting.

This framework also places CICL rehabilitation within the concerns of special and inclusive education. International research has consistently shown that young people in custodial and correctional settings have heterogeneous educational histories and frequently experience interrupted schooling, literacy difficulties, behavioral and psychosocial needs, and weak transition support; learners with disabilities and special educational needs are also disproportionately represented in justice settings (Baltodano et al., 2005; Cavendish, 2014; Leone et al., 2005; Ochoa et al., 2021; Thomas & Glazzard, 2025). These findings do not imply that justice involvement is itself a disability, nor that difficult behavior should be interpreted as evidence of disability. They do, however, underscore the need for educational approaches that can respond to difference through individualized instruction, continuity of learning, accessible participation, behavioral support, and deliberate transition planning. In the Philippine context, where CICL may enter residential care after disrupted or uneven school participation, these principles are especially relevant to rehabilitation that aims to prepare young people for life beyond the institution.

Philippine evidence similarly suggests that the quality and fit of intervention matter as much as the existence of services. A national evaluation of Regional Rehabilitation Centers for Youth, Bahay Pag-asa facilities, and diversion programs commissioned by UNICEF found that the programs were relevant to CICL needs in health care, education, skills, safety, and values formation.

Young people and families commonly described changes in behavior, interpersonal and life skills, values, and educational or technical competencies, but the evaluation also identified weak customization of interventions, limited child participation, gaps in staff capacity, and insufficient preparation of families and communities for reintegration (Yang et al., 2015). More recent Philippine studies add a developmental and relational perspective. Banzon-Librojo (2025), in a narrative study of center-based Filipino CICL, found that participants described themselves not only as young people in need but also as persons with capabilities and concern for others, highlighting identity, competence, and future orientation as meaningful elements of positive development. Donato (2025), drawing on the experiences of CICL, parents, and social workers, likewise showed that parental involvement can either facilitate or complicate rehabilitation depending on parental burden, attitudes toward the program, and the quality of parent-child relationships. These studies point away from a view of rehabilitation as a set of isolated activities and toward a process shaped by relationships, opportunities, participation, and the environments to which the child will return.

Resilience provides a useful conceptual lens for examining this process, provided that it is not treated as a fixed trait or as evidence that a child can succeed regardless of context. Contemporary resilience scholarship describes positive adaptation as a dynamic process supported by ordinary developmental systems and by access to relationships, resources, opportunities, and culturally meaningful forms of support (Masten, 2014; Ungar, 2011). For justice-involved youth, this ecological view is particularly important. A resident may learn to pause before reacting, read more confidently, complete a vocational task, or seek help from a trusted adult, yet the durability of these gains may still depend on family acceptance, educational access, community support, livelihood opportunities, and continuity of care after discharge. Trauma-responsive evidence also cautions against reading emotional or behavioral difficulty as simple defiance; interventions for at-risk and justice-involved youth are most defensible when they address underlying needs and teach usable

regulation and coping strategies rather than relying primarily on control (Olaghere et al., 2021).

Despite growing policy and empirical attention to the rehabilitation of justice-involved youth, an important gap remains between the availability of rehabilitation services and an understanding of how such services become meaningful in the everyday lives of young people in residential care. Philippine evidence suggests that comprehensive programming alone does not necessarily ensure responsive or developmentally appropriate intervention. A national evaluation of rehabilitation and diversion programs, for example, found that services generally addressed important needs in education, health, safety, skills development, and values formation, yet concerns remained regarding the customization of interventions, meaningful child participation, staff capacity, and preparation of families and communities for reintegration (Yang et al., 2015). These findings suggest that the critical issue is no longer simply whether rehabilitation programs contain appropriate service components, but how those components are delivered, connected, and experienced in ways that enable young people to use what they have learned beyond the residential setting.

This distinction becomes particularly important when rehabilitation is viewed through an ecological understanding of resilience. Resilience develops through continuing interactions among individual capacities, supportive relationships, meaningful opportunities, and environments that make adaptive functioning possible (Masten, 2014; Ungar, 2011). From this perspective, improvements observed within a highly structured institution cannot automatically be assumed to endure once that structure is removed. Skills in emotional regulation, decision-making, literacy, social interaction, and practical functioning may be cultivated during residential care, yet their value ultimately depends on whether young people can draw upon them in family, educational, and community contexts. Recent Philippine studies have enriched understanding of the developmental experiences of CICL by drawing attention to identity, capability, future orientation, and the complex role of parental involvement in rehabilitation (Banzon-Librojo, 2025; Donato, 2025). Nevertheless, comparatively less is known about how psychosocial support, educational

opportunities, relational care, individualized case management, and preparation for reintegration work together in the ordinary routines of residential rehabilitation to foster capacities that young people may carry into life after placement.

This gap is equally significant from the perspective of special and inclusive education. International literature shows that justice-involved youth constitute an educationally heterogeneous population, with many experiencing interrupted schooling, literacy difficulties, psychosocial and behavioral needs, and vulnerabilities during educational transition; young people with disabilities and special educational needs are also disproportionately represented in custodial settings (Baltodano et al., 2005; Cavendish, 2014; Leone et al., 2005; Ochoa et al., 2021; Thomas & Glazzard, 2025). Much of this evidence, however, has emerged from North American and European contexts, leaving limited understanding of how inclusive educational principles are enacted alongside psychosocial rehabilitation within Philippine residential settings. This does not imply that CICL should be regarded as a disability population. Rather, it highlights the need to examine forms of support capable of responding to varied learning histories, psychosocial needs, strengths, and transition circumstances through individualized, accessible, participatory, and context-sensitive practice. Examining these dimensions together may help clarify how education functions not merely as an institutional activity, but as an integral component of rehabilitation and preparation for reintegration.

Against this background, the present study examines the experiences of CICL residents and program implementers in a government-operated residential rehabilitation center for justice-involved youth in the Philippines. It asks: *What promising practices in psychosocial and educational intervention delivery are identified by CICL residents and program implementers, and how do these practices appear to support resilience-related capacities, rehabilitation, and readiness for educational, family, and community reintegration?* The term *promising practices* is used deliberately to describe approaches that participants experienced as meaningful, associated with perceived or observable developmental change, and consistent with restorative, individualized, and developmental principles. It does not presume experimental

evidence of effectiveness, sustained post-release outcomes, desistance, or universal applicability. By shifting attention from the mere presence of program components to the ways interventions are delivered, experienced, and connected in everyday residential life, the study seeks to identify practice features that may strengthen young people's capacity to carry self-regulation, competence, learning, supportive relationships, agency, and hope beyond the boundaries of institutional care.

2. Methodology

2.1 Research Design

This study employed a qualitative research design guided by Patton's Utilization-Focused Evaluation (UFE) approach (Patton, 2008), which emphasizes generating findings that are relevant and useful to the primary intended users of an evaluation. The design was particularly appropriate because the study sought to understand how psychosocial and educational interventions were delivered, experienced, and perceived by CICL residents and program implementers within the actual context of residential rehabilitation. Rather than measuring program outcomes through predetermined quantitative indicators, the study focused on identifying promising practices and examining how these practices appeared to support resilience-related capacities, rehabilitation, and readiness for educational, family, and community reintegration. In keeping with the utilization-focused orientation, particular attention was given to findings that could assist the Center's administrators, Helping Team, and other stakeholders in strengthening existing rehabilitation practices.

Qualitative methods, particularly semi-structured interviews and focus group discussions, were used to elicit detailed accounts of participants' experiences and perspectives concerning the perceived effectiveness, strengths, limitations, and gaps of existing interventions. These methods provided opportunities to examine not only what practices participants considered meaningful, but also how such practices were implemented and experienced in everyday residential life. Consistent with UFE, the approach guided the framing of the inquiry, interpretation of the data, and formulation of recommendations so that the findings could meaningfully inform decision-making, program refinement, and future policy and practice directions

for CICL rehabilitation. The emphasis, therefore, was not on establishing causal effectiveness, but on producing contextually grounded and practically useful knowledge from the perspectives of those directly involved in the rehabilitation process.

2.2 Research Locale and Participants

The study was conducted in a government-operated, 24-hour residential rehabilitation facility for children in conflict with the law (CICL) in Northern Luzon, Philippines. To protect institutional and participant confidentiality, the name and specific geographic location of the facility are intentionally withheld. The facility provides an integrated rehabilitation program encompassing psychosocial support, education, skills development, recreation, structured residential care, and preparation for family and community reintegration, making it an appropriate setting for examining rehabilitation practices and participants' experiences.

Purposive sampling was employed using a full-population approach, targeting the complete enumeration of all eligible CICL residents and program implementers in the facility. A total of 28 participants were included, comprising 16 CICL residents and 12 program implementers. This approach was intended to capture the full range of resident and implementer perspectives relevant to how the Center's rehabilitation interventions were experienced, delivered, monitored, and perceived to contribute to rehabilitation and preparation for reintegration.

For CICL residents, the inclusion criteria were: (1) currently admitted at the Center at the time of data collection; (2) aged 15 years and above, consistent with the age range typically accommodated in the Center; (3) physically and mentally capable of participating in interviews, group discussions, or physical health assessments; and (4) willing to participate and provide informed assent, with corresponding consent from their legal guardians when applicable.

For program implementers, the inclusion criteria were: (1) currently employed or assigned at the Center in a role directly related to the delivery of physical, psychosocial, educational, or economic services, such as social workers, psychologists, houseparents, vocational trainers, or health

personnel; (2) at least three months of experience working at the facility to ensure familiarity with the resident population and program operations; and (3) willing to participate through interviews or focus group discussions.

2.3 Instruments and Data Collection

Data collection used semi-structured interviews and focus group discussions conducted within the Center. Open-ended prompts invited residents to describe experiences with counseling, emotional regulation, peer and staff relationships, spiritual activities, recreation, education, life-skills tasks, vocational preparation, family contact, and anticipated life after discharge. Helping Team discussions addressed intervention planning, observed resident changes, monitoring practices, implementation barriers, staff needs, and reintegration preparation.

Data-gathering activities were conducted primarily in Filipino to support comprehension and conversational ease; Helping Team members could respond in Filipino or English. With consent and assent procedures completed, sessions were audio-recorded and transcribed verbatim. Researcher field notes and observations were used to preserve contextual and nonverbal information.

2.4 Data Analysis

Transcripts were analyzed thematically, following the iterative logic described by Braun and Clarke (2006). Researchers repeatedly read the transcripts, generated initial codes, compared patterned meanings across resident and implementer accounts, and developed higher-order themes around intervention delivery and perceived change. Theme development was subsequently reviewed against the full dataset to ensure that each theme was internally coherent and sufficiently distinct from the others. The analysis was interpretive but remained closely anchored to participant language. Contemporary guidance on reflexive thematic analysis informed the emphasis on transparent analytic decisions rather than treating themes as if they emerged mechanically from the data (Braun & Clarke, 2021).

Trustworthiness was strengthened through triangulation across resident accounts, implementer accounts, researcher observations, and the Center's Manual of Operations. Selected emerging

interpretations were also returned to participants for member validation. The Manual was treated as a contextual document that described intended institutional structures; it was not treated as proof that every prescribed service was delivered consistently. Convergence between participant accounts and the Manual strengthened contextual interpretation, whereas divergence was treated as an implementation issue.

2.5 Ethical Considerations

The study was conducted with particular attention to the ethical responsibilities involved in research with minors living in residential care. Before data collection, the research protocol was submitted to the Policy and Plans Division of the Department of Social Welfare and Development Field Office II (DSWD FO2) for review and authorization. As the funding and implementing agency, DSWD assessed the study's conformity with institutional requirements, data privacy standards, and safeguards applicable to research involving CICL, after which approval to proceed was granted. Permission to conduct the study within the residential facility was also obtained from the Center's administration. Consistent with DSWD protocols, CICL participants were provided with age-appropriate information about the study and completed assent procedures, while consent was secured from their institutional guardians. Before participation, residents were clearly informed of the purpose of the research, the voluntary nature of their involvement, and their right to decline participation or withdraw at any stage without penalty or adverse consequences.

Given the participants' age, circumstances, and institutional setting, safeguarding their privacy, dignity, and emotional well-being remained central throughout the research process. Pseudonyms or participant codes were used, and identifying information was removed from transcripts, field notes, and other research records to preserve anonymity and confidentiality. Audio recordings

and related data were securely stored and restricted to the research team, thereby minimizing the risk of unauthorized disclosure. Interviews were conducted with sensitivity to the possibility that recalling personal experiences could evoke discomfort or distress; accordingly, psychosocial personnel were available to provide support when necessary. These safeguards were intended not merely to satisfy procedural requirements, but to ensure that participation respected the agency, welfare, and rights of CICL residents while enabling their experiences to be represented responsibly and with due care.

3. Results and Discussion

This section addresses the research question by examining not only which psychosocial and educational interventions participants valued, but more importantly which features of intervention delivery made those practices meaningful in the everyday life of the center and potentially useful beyond it.

Across the two participant groups, seven interrelated themes were generated. Such described the practices participants most consistently associated with meaningful rehabilitation. Together, they show that the perceived value of intervention lay less in the mere availability of programs than in the way programs were delivered: psychological ideas were translated into simple actions; support was embedded in dependable relationships; spiritual activities offered meaning without coercion; learning occurred through doing; rehabilitation was tailored and monitored while giving residents a voice; reintegration work extended to families and receiving systems; and continuity gave emerging changes repeated opportunities to take root. These themes form an interconnected account of rehabilitation rather than a ranking of isolated services.

able 1. Psychosocial and Educational Intervention Practices Identified by CICL Residents and Program Implementers

Emerging Theme	Promising Practice and Key Features	Participant Verbatims	Integrated Evaluative Interpretation
1. From Reactivity to Deliberate Choice: Making Self-Regulation Usable	Individual and group counseling; anger-management strategies; simple decision-making tools; reflection; coping and emotional-regulation practice	P7: “Siya po yung nagtuturo ng mga, anger management and natuturuan niya po kami na i-manage yung anger namin and nababago na po... hindi na katulad nong dati napakadali kong magalit.” (<i>The psychologist teaches us anger management and how to manage our anger. I have changed, and I do not get angry as quickly as I used to.</i>) P4: “sabi sa psych, stop, think and choose. stop, huminto muna saglit then magisip tas yun. pumili ka.” (<i>The psychologist taught us: stop, think, and choose. Pause first, think things through, then decide.</i>) HTM2: “Nagiging matured naman sila, yung iba, pagdating sa mga decision-making, pero syempre di rin natin maiiwasan na nag-rerelapse pa sila.” (<i>Some of them become more mature in decision-making, although relapse can still happen.</i>)	Counseling became most promising when abstract psychological ideas were converted into strategies residents could remember and use at moments of anger, frustration, or decision. These practices potentially strengthen resilience through emotional regulation, impulse control, self-awareness, and more deliberate decision-making. The acknowledgement of relapse is important: these capacities develop unevenly and require continued reinforcement rather than being treated as completed behavioral changes.
2. Relational Safety Before Behavioral Change: Being Known, Heard, and Belonging	Sustained relationships with houseparents and staff; individual counseling as a safe space; peer interaction; group counseling; recreational bonding; empathy and belonging	P5: “kase... ramdam ko naman po kasing safe maayos ma’am... pakikitungo nila.” (<i>I feel safe here because they treat us well.</i>) P4: “parang tatay na po namin sya. Lagi naming nakakasama” (<i>He - referring to the houseparent - is like a father to us because we are with him all the time.</i>) P1: “halos lahat po sila naging kaibigan ko... Nakakalimutan ko po yung home-sickness” (<i>Almost everyone here became my friend, and being with them helps me forget my homesickness.</i>) HTM1: “sa recreational kasi ma’am, actually pati kami kasali don so yun yung pinakabonding ng staff at resident.” (<i>Recreation is also where staff and residents bond the most because we take part in it with them.</i>)	The accounts locate rehabilitation within relationships, not merely within formal sessions. Residents’ description of a houseparent in familial terms and of peers as friends indicates that trust and belonging can become part of the intervention environment itself. Relational safety may make disclosure, help-seeking, empathy, cooperation, and corrective social experiences possible, capacities that are relevant both to resilience and to rebuilding relationships

Emerging Theme	Promising Practice and Key Features	Participant Verbatims	Integrated Evaluative Interpretation
			outside the center.
3. Meaning with Choice: Spirituality as a Protective and Future-Orienting Resource	Regular spiritual reflection and devotion; personal prayer; values non-sectarian and voluntary participation; respect for religious difference	P7: “Sa mga ispiritwal naman po, lalo pa pong tumatak sa isipan na may God. Lalo pa pong napaigting yung pananalig sa kaniya” (<i>Spiritually, I have become more mindful of God and my faith has grown stronger.</i>) HTM2: “Yung sa kanila kasi ma’am, personal. Malalim” (<i>For them, spirituality has become personal and deeply meaningful.</i>) HTM1: “Yung pasok po kasi ng spiritual sa kanila, malakas po kasi yung hatak sa kanila. Parang doon sila nakukuha para baguhin yung pananaw nila, ituwid yung directions nila sa buhay” (<i>Spirituality has a strong influence on them. It helps shift their outlook and redirect their lives.</i>) HTM1: “Hindi namin pinipilit.. Meron siyang sariling praying area. Nirerespect parin naman. So choice naman na nila kung pupunta sila.” (<i>We do not force them. Religious differences are respected, and participation remains their choice.</i>)	Spiritual practice was described by implementers not simply as religious observance but as a space in which residents could reconsider direction, values, responsibility, and meaning. Particularly notable is the practice of allowing participation without coercion and accommodating religious difference. Framed in this way, spirituality may function as a resilience resource by nurturing hope, meaning, self-reflection, and future orientation while preserving resident choice and dignity.
4. Competence Through Doing: Learning That Can Travel Beyond the Center	Recreation and sports; practical and vocational skills; TESDA-related training; daily living responsibilities; life-skills development; activity-based learning	P5: “ginagawa ko nalang, nililibang ko nalang sarili ko maam sa mga pinapagawa po nila rito para maiwasan ko po yong mga maling bagay” (<i>I keep myself occupied with the activities here so I can stay away from harmful habits.</i>) P4: “sa table dish maghuhugas ng plato, maglilinis ng cottage, sa surroundings ng cottage... at magluto.” (<i>Our tasks include washing dishes, cleaning the cottage and its surroundings, and cooking.</i>) HTM2: “Tapos ang dami po nilang natutunang skills, katulad ng sa TESDA nga po, so, na-iaapply nila paguwi nila sa community.”	Participants valued activities in which competence was acquired through participation rather than instruction alone. Recreation served an immediate coping function by interrupting rumination and institutional routine, while practical, domestic, vocational, and life-skills activities provided opportunities for mastery and responsibility. Such experiences can strengthen self-efficacy

Emerging Theme	Promising Practice and Key Features	Participant Verbatims	Integrated Evaluative Interpretation
		<i>(They learn many skills, including through TESDA, and they are able to use these skills when they return to the community.)</i> HTM1: “Gaya nung sa homelife, ang una nilang tinitignan dyan yung sa paggawa sa gawaing bahay... magrereport sila if yung certain na bata hindi pa kayang maglaba or di pa kayang maglinis as in linis na pati yung ilalim” <i>(Home-life services monitor practical abilities such as doing household chores, washing clothes, and cleaning properly, and identify where a resident still needs support.)</i>	and adaptive coping while producing competencies that have practical value for schooling, work, family roles, and community life after release.
5. One Child, One Rehabilitation Path: Tailoring, Monitoring, and Giving Residents a Voice	Individualized intervention; multidisciplinary assessment; Social Functioning Instrument; progress monitoring; case conferencing; resident feedback; Residents Protection Committee; general assembly	P4: “Nung last year po kasi may session na parang open forum po. Lahat po ng staff naandon... kung anong mga concen niyo po. Tas lahat po kami na resident nag usap-usap... nirequest na po namin... pagtapos po non pinagusap-usapan po ng helping team... Tas inapprovahan po naman.” <i>(We had an open forum with the staff where all residents discussed our concerns and requests. The helping team then discussed our request and approved it.)</i> HTM1: “magkakaiba ng cases, upbringing, yung environment, lahat magkakaiba... nag-iiba din yun ang intervention, pati treatment namin depende sa kailangan.” <i>(The residents differ in their cases, upbringing, and environments, so our interventions and treatment also vary according to what each child needs.)</i> HTM1: “si representative siya yung magiging boses ng residents. Tapos itatanong mga concerns nila or kung ano ang gusto nilang mangyari, i-lolobby sa helping team” <i>(The resident representative serves as the residents’ voice, bringing their concerns and requests to the helping</i>	A promising rehabilitation pathway was one that treated residents neither as a homogeneous CICL population nor as passive recipients of predetermined activities. Individual assessment, multidisciplinary review, progress monitoring, and mechanisms for resident feedback increase the possibility that services respond to changing strengths and needs. Resident voice is especially significant because rehabilitation then includes the development of agency: learning to articulate concerns, preferences, and goals rather than merely complying with institutional routines.

Emerging Theme	Promising Practice and Key Features	Participant Verbatims	Integrated Evaluative Interpretation
		team.)	
		HTM2: “yung magkaroon ng general assembly sa mga bata. So tatanungin, i-evaluate ang programs and services, isusuggest nila ang gusto nilang gawin, idadagdag.” (<i>The general assembly allows the children to evaluate programs and services and suggest activities they want added.</i>)	
6. Reintegration Begins Before Release: Preparing Both the Child and the Receiving Environment	Family counseling and preparation; case conferencing; LGU coordination; transition planning; attention to education and employment after release; continuing communication with families, courts, and communities	P4: “tsaka shempre matagal hindi na kita yong family niyo, yong pamilya. parang kulang po kasi yong once a month na dalaw lang po” (<i>When you have not seen your family for a long time, one visit a month feels insufficient.</i>) P7: “unang-una naman po diyan is sa family parang nung nakaraan hindi ka nila natitignan ngayon mas Lalo na nilang titignan yung pag sa labas mo, babantayan kana.” (<i>First is the family. If they could not watch over you closely before, they will be more attentive and supervise you once you are back in the community.</i>) HTM1: “Yung sa family at sa LGU, meron kasing mga LGUs and families na hindi cooperative and then meron din yung ayaw ng tanggapin yung mga bata... malaki kasi yung impact sa mga bata” (<i>Some LGUs and families are not cooperative, and some even refuse to receive the child. This has a major impact on the residents.</i>) HTM2: “Prior din maam, tinatanong tanong na namin si LGU na i-ready yung bata na parang i-segway na yung magiging buhay nila dito. Prior na idala dito may counseling na nangyayari pati sa family.” (<i>Before admission, we already ask the LGU to prepare the child for what life here will be like, and</i>	Reintegration emerged as a relational and ecological process rather than an event occurring on the day of discharge. Residents’ need for more family contact and implementers’ accounts of families or LGUs refusing to receive a child demonstrate that individual rehabilitation cannot, by itself, guarantee successful return. Promising practice therefore extends intervention outward, preparing families and receiving communities while maintaining coordination with LGUs, courts, schools, and other services. Readiness must exist on both sides of the gate.

Emerging Theme	Promising Practice and Key Features	Participant Verbatims	Integrated Evaluative Interpretation
		<i>counseling is also done with the family.)</i>	
7. Consistency Is Part of the Intervention: Giving Change Enough Time to Take Root	Predictable scheduling; repeated opportunities to practise skills; protected counseling time; regular open forums; adequate staffing and professional support; staff training and well-being; continuity across services	P3: “Every wednesday po kasi meron” (<i>We have a scheduled session every Wednesday.</i>) P4: “Ang masasabi ko lang po sana mas madagdagan pa para mas mag enjoy pa kami lalo.” (<i>I hope these activities can be offered more often so we can benefit from and enjoy them more.</i>) HTM3: “Sessions may not be conducted regularly due to staffing shortages or scheduling constraints, which affects the continuity of care and reduces the overall impact of the interventions.” HTM1: “Although kailangan namin yun ma’am, yung parang break lang sa work. Na walang gagawin.” (<i>We need that too, even just a genuine break from work where we do not have to think about work responsibilities.</i>)	Consistency was not merely an administrative issue. Across the accounts, repetition, availability, predictable contact, and continuity determined whether residents had enough opportunities to practise emerging capacities until these became more stable ways of responding. Conversely, interrupted sessions, limited staffing, competing professional duties, and staff strain weakened otherwise promising interventions. Staff support therefore belongs within the intervention ecology: continuity for residents partly depends on the capacity and well-being of those delivering care.

Theme 1: From Reactivity to Deliberate Choice: Making Self-Regulation Usable

A short phrase used by one resident captures the practical core of this theme: "stop, think and choose." P4 explained the psychologist's instruction as, "stop, huminto muna saglit then magisip tas yun. pumili ka" (pause first, think things through, then decide). Its importance lies in its simplicity. Rather than leaving emotional regulation at the level of an abstract counseling concept, the phrase gave residents a sequence they could recall at the very moment anger or impulsivity threatened to take over. P7 described a similar change in concrete terms, noting that through anger-management sessions, "natuturuan niya po kami na i-manage yung anger namin" and that he was no longer as quick to become angry as before. Read together,

these accounts suggest that counseling became most useful when psychological language was translated into an action residents could rehearse in ordinary situations: pause, name what is happening, consider alternatives, and choose a response.

What is notable in these accounts is that the residents did not describe change simply as becoming "well behaved" inside the Center. Their descriptions point to an emerging capacity to intervene in their own reactions. That distinction matters in residential rehabilitation, where outward compliance can be produced by schedules, rules, supervision, and the immediate consequences of misconduct. The more developmentally meaningful question is whether a young person is beginning to regulate behavior from within. The Helping Team's account adds an important restraint to this

interpretation. HTM2 observed that some residents become "more mature" in decision-making, but also cautioned that "di rin natin maiiwasan na nag-rerelapse pa sila" (relapse can still happen). Rather than weakening the theme, this acknowledgement makes it more credible. It shows that self-regulation develops unevenly and that older response patterns may reappear under stress. Rehabilitation, in this sense, is less a clean conversion from impulsivity to control than a repeated practice of creating a little more space between feeling and action.

That emerging space is highly relevant to resilience and reintegration. Emotional regulation, impulse control, self-awareness, and reflective decision-making are potentially portable capacities because they are not tied to a single institutional activity. A resident who has learned to interrupt an angry reaction may be better positioned to use the same process during family conflict, peer pressure, classroom frustration, or difficult decisions after discharge. Yet the participants' own caution about relapse also prevents an overly individualistic reading. Masten (2014) and Ungar (2011) conceptualize resilience as a developmental and ecological process, not as a trait that a young person simply acquires and carries unchanged across settings. The usefulness of "stop, think and choose" will therefore depend partly on whether the environments to which residents return allow them to practise the same reflective responses, obtain support after setbacks, and recover without being immediately defined by earlier behavior.

Philippine evidence supports this emphasis on teachable, usable regulation. Peralta and Dominguez (2020) reported reductions in physical and verbal aggression following an Aggression Management Program for Filipino CICL that combined cognitive-behavioral and emotion-focused approaches with counseling. The present accounts add a practice-level explanation for why such interventions may matter: residents can appropriate regulation strategies when those strategies are memorable enough to be used outside the counseling room. Banzon-Librojo (2025) similarly found that center-based Filipino CICL described themselves not only in terms of need but also in terms of capability and concern for others. Seen alongside the present data, this supports a developmental view in which CICL are not merely recipients of behavioral correction but young

people capable of learning how to observe, interrupt, and redirect their own responses.

The practical implication is therefore more demanding than simply ensuring that counseling sessions are scheduled. Psychosocial work should use developmentally appropriate strategies that residents can explain in their own words, practise across situations, and retrieve under emotional pressure. Staff can reinforce the same language during daily interactions so that regulation is not confined to formal sessions. Progress monitoring should likewise ask whether a resident can identify triggers, demonstrate a strategy, recover after a lapse, and make increasingly deliberate choices, rather than relying only on incident counts or rule compliance. This direction is consistent with Republic Act No. 9344 (2006), which recognizes counseling, anger management, problem-solving, conflict resolution, education, and individualized intervention as components of CICL rehabilitation. The promise of Theme 1 lies precisely here: change becomes more likely to travel beyond the Center when residents are learning not only what behavior is expected of them, but what they can do with themselves in the difficult seconds before a reaction becomes an action.

Theme 2: Relational Safety Before Behavioral Change: Being Known, Heard, and Belonging

For several residents, safety was described less through formal procedures than through the quality of everyday treatment. P5 explained, "ramdam ko naman po kasing safe... pakikitungo nila" (I feel safe here because they treat us well). P4 went further, describing a houseparent as "parang tatay na po namin sya" because the residents were with him so often. These are small statements, but they reposition the Helping Team from being merely the people who implement programs to being part of the rehabilitative environment itself. The paternal language used by P4 does not mean that professional boundaries disappear; rather, it signals familiarity, dependability, and a form of adult presence that the resident experienced as caring rather than threatening. In a setting where young people may arrive with histories of conflict, disrupted attachment, stigma, or distrust of authority, the experience of being treated consistently with dignity can become a condition for other interventions to work.

Peer relationships formed another layer of this relational safety. P1 recalled that "halos lahat po sila naging kaibigan ko" and that being with peers helped him forget his homesickness. The value of these friendships should not be romanticized, since group living can also generate conflict, but the account shows that belonging can buffer some of the emotional strain of residential placement. Staff participation in recreation appears to deepen the same process. HTM1 described recreation as "yung pinakabonding ng staff at resident" because staff joined the activities rather than supervising only from the side. Such moments blur the rigid distinction between formal intervention and daily life in a productive way. Trust may be built during counseling, but it can also be built while playing, working, talking informally, or being reliably present after a difficult day. These repeated relational experiences can make later disclosure, help-seeking, feedback, cooperation, and repair after conflict more possible.

This relational reading is consistent with ecological accounts of resilience. Masten (2014) and Ungar (2011) emphasize that adaptive functioning is supported by access to dependable relationships and resources, not by individual resolve alone. The present data make that principle tangible: a young person may become more willing to regulate emotion or reconsider a decision because there is an adult or peer relationship safe enough to absorb uncertainty, error, or embarrassment. Philippine research also points in this direction. Aguilar (2016) found that positive houseparent-resident relationships could mitigate some restrictive effects of institutional life, while Donato (2025) showed that the quality of parent-child relationships may either facilitate or complicate rehabilitation. Banzon-Librojo (2025), moreover, documented narratives of capability and concern for others among center-based CICL, suggesting that more prosocial identities can develop within relationships that allow young people to experience themselves as more than the offense or label attached to them.

The educational significance of this theme is equally important. Young people with interrupted schooling, low academic confidence, or difficult previous school experiences may participate differently when mistakes do not threaten humiliation and when asking for help is treated as legitimate. Relational safety can therefore support

inclusive participation by making learning, feedback, and persistence psychologically tolerable. This is especially relevant in a rehabilitation setting where educational and psychosocial needs are intertwined rather than neatly separable.

Program quality should consequently include the quality and continuity of relationships, not merely the availability of services. Protecting stable houseparent-resident contact, providing psychologically safe counseling and peer spaces, sustaining constructive shared activities, and preparing personnel in trauma-responsive and non-stigmatizing interaction are not soft additions to "real" rehabilitation. They shape whether residents experience the Center as a place in which change can be attempted without losing dignity (Committee on the Rights of the Child, 2019). Republic Act No. 9344 (2006) supports this orientation by requiring treatment that protects the child's dignity and worth, promotes security and psychosocial development, enables participation, and rejects coercive or degrading practices. Theme 2 therefore suggests a sequence that is easy to overlook in behavior-focused settings: before a young person can risk doing something differently, there often has to be someone, or some relational space, safe enough for that risk to be taken.

There is also a corrective dimension in these relationships that deserves attention. Residential care necessarily involves authority, rules, and unequal power, so a resident's statement that he feels safe because of how staff "pakikitungo" (relate to or treat) him is analytically significant. It suggests that authority can be experienced without being stripped of respect. For some residents, this may provide a different social experience from relationships in which correction is delivered through humiliation, rejection, or threat. The point is not to infer trauma histories that participants did not disclose, but to recognize that the manner in which limits are set can itself teach something about relationships. When staff can correct behavior while remaining available afterward, residents have opportunities to learn that conflict need not end in abandonment and that asking for help does not necessarily invite ridicule. In this sense, relational safety is not simply comfort. It may be one of the everyday contexts in which residents practise trust, repair, reciprocity, and the toleration of

disagreement - capacities that will be required again in families, schools, workplaces, and communities.

Theme 3: Meaning with Choice: Spirituality as a Protective and Future-Orienting Resource

The significance of spirituality in the participants' accounts rested on a productive tension: spiritual practice was influential precisely because it was described as personal rather than imposed. P7 said that spiritual activities made him more mindful of God and strengthened his faith: "lalo pa pong napaigting yung pananalig sa kaniya." HTM2 likewise observed that for some residents spirituality had become "personal" and "malalim" (deeply meaningful), while HTM1 believed that it could help residents "baguhin yung pananaw nila" and "ituwid yung directions nila sa buhay" (change their outlook and redirect their lives). These accounts point beyond simple attendance at devotional activities. What participants emphasized was an inward process of making sense of experience, reconsidering values, and imagining a different direction for the future.

Equally important, however, was what implementers said they did not do. HTM1 stated, "Hindi namin pinipilit... Nirerespect parin naman," explaining that residents with different religious practices had their own praying area and that participation remained a choice. This detail changes the interpretation of the theme. In a residential institution, spiritual or moral activities can easily become another form of compliance if attendance is compulsory or if a single belief system is treated as evidence of rehabilitation. The data instead suggest a rights-sensitive version of spiritual support in which meaning is offered as a resource but not demanded as proof of change. The resident retains some authority over whether and how that resource becomes personally significant.

From a resilience perspective, the protective element is therefore not "religion" in the abstract. It is the possibility that spiritual reflection may provide language for hope, responsibility, forgiveness, purpose, and future orientation at a time when residents are trying to reconstruct how they understand themselves. Buenconsejo and Datu (2023), studying Filipino adolescents, found positive associations between spirituality, religiosity, and dimensions of positive youth development, while Ocampo et al. (2013) reported perceived

intrapersonal and interpersonal changes associated with spirituality among Filipino adolescents from varied religious affiliations. Derbyshire's (2014) qualitative work with imprisoned and rehabilitating boys in the Philippines likewise showed that spiritual transformation could become intertwined with trust, attachment, commitment, and supportive relationships. The present findings refine these observations by showing that choice is not incidental. Meaning appears more developmentally defensible when it is personally appropriated rather than institutionally prescribed.

This qualification is important for both psychosocial practice and inclusive education. Residents differ in belief, religious background, readiness to engage, and the meanings they attach to adversity. A program that respects this diversity can use spiritual and values reflection as one avenue for identity work without treating it as the only legitimate avenue. Comparable opportunities for reflection, values clarification, mentoring, creative expression, or future planning should remain available to residents who do not wish to participate in religious activities. Such an approach is consistent with the child's freedom of thought, conscience, and religion under Article 14 of the Convention on the Rights of the Child (United Nations, 1989) and with the participatory and culturally responsive orientation of Republic Act No. 9344 (2006).

For implementation, the more useful question is not how many residents attended devotions but what the activities enabled residents to do. Did they reflect more seriously on responsibility? Did they articulate realistic hopes? Did they identify values that could guide decisions after discharge? Did the activities connect with counseling, family relationships, education, or transition goals? Asking these questions prevents spirituality from being reduced either to ritual attendance or to a moralizing explanation for behavior. Theme 3 is persuasive because the participants themselves place meaning and choice side by side: spirituality can contribute to rehabilitation when it offers a young person a language for reorienting life while preserving the dignity to decide whether that language is genuinely his or her own.

The future-oriented aspect of the theme is especially visible in HTM1's language about "direction." To describe spirituality as helping a resident "ituwid

young directions nila sa buhay" is to describe more than a change in mood; it refers to the possibility of organizing present choices around an imagined future self. That process can be important for CICL because rehabilitation often asks young people to reconsider identities that have been narrowed by offending, institutional labels, or repeated descriptions of what they did wrong. Spiritual reflection may offer one vocabulary for asking different questions: What kind of person do I want to become? What do I owe to other people? What would making amends or beginning again require? These questions do not have to be religious to be rehabilitatively relevant, but for residents who voluntarily locate them within faith, the spiritual frame may make them emotionally compelling. The analytical caution is equally important: expressions of faith should not be treated as proof of behavioral transformation. Their value lies in whether they support sustained reflection, responsibility, hope, and choices that can be connected with the resident's broader psychosocial and transition work.

Theme 4: Competence Through Doing: Learning That Can Travel Beyond the Center

Some of the clearest evidence of learning in the Center appeared in ordinary tasks. P4 listed responsibilities such as "maghuhugas ng plato, maglilinis ng cottage... at magluto" (washing dishes, cleaning the cottage and its surroundings, and cooking). On the surface, these may look like routine residential chores. Analytically, however, they are important because they place rehabilitation in the realm of demonstrated capability. A resident does not simply hear a lesson about responsibility; he has to complete a task, notice what he can and cannot yet do, accept feedback, and try again. HTM1 described home-life services in precisely these terms, noting that staff monitor practical abilities such as laundering and cleaning and identify where a particular child still requires support. The activity therefore becomes both instruction and assessment.

The same "learning through doing" logic operated at different levels. P5 explained that he kept himself occupied with Center activities "para maiwasan ko po yong mga maling bagay" (so I can stay away from harmful habits), suggesting an immediate coping function: structured activity can interrupt rumination, boredom, or opportunities for

problematic behavior. Vocational learning extended the time horizon further. HTM2 pointed to TESDA-related skills and explained that residents could apply what they had learned when they returned to the community. The claim should be interpreted carefully; it reflects anticipated usefulness, not proof of post-release employment. Still, the convergence is important. Recreation can regulate the present, household tasks can build daily independence, and vocational preparation can make future work or livelihood feel more imaginable. Across these activities, competence is accumulated through participation rather than instruction alone.

This finding helps explain why practical activity should not be treated as secondary to psychosocial rehabilitation. Experiences of mastery can alter how residents understand themselves. Banzon-Librojo (2025) found that center-based Filipino CICL narrated identities that included capability and concern for others, not only need or offending. Theme 4 shows one everyday route through which such an identity may become credible to the young person: competence is easier to believe when it has been enacted. Yang et al.'s (2015) national evaluation likewise documented perceived gains in life skills and educational or technical competencies while also noting weaknesses in customization and implementation. The present accounts add texture to that broader finding by showing that useful learning can be embedded in recurring responsibilities, practical monitoring, and opportunities for incremental success.

The resilience implications are therefore ecological as well as personal. Masten (2014) and Ungar (2011) argue that resilience develops through access to resources and opportunities that permit adaptive functioning to emerge. A young person cannot build practical self-efficacy through encouragement alone; there must be something meaningful to do, a chance to do it with increasing independence, and feedback that makes progress visible. Cooking, maintaining a living space, completing a vocational module, engaging in recreation, or learning a livelihood skill can provide precisely this kind of repeated mastery. At the same time, transfer beyond the Center depends on opportunity. A certificate or skill has limited protective value if the young person returns to a setting with no pathway back to school, work, training, or legitimate livelihood.

For special and inclusive education, Theme 4 argues for learning that is individualized, functional, and connected to transition. Centers should link activity-based learning to each resident's literacy level, educational history, interests, strengths, support needs, and realistic post-release goals. Practical competencies should be documented, recognized where possible through certification, and deliberately connected to educational re-entry, further training, employment preparation, or livelihood support. Republic Act No. 9344 (2006) already recognizes education, skills training, vocational preparation, and individualized intervention as legitimate parts of rehabilitation. The challenge is to ensure that these are not simply items on a program calendar. Their rehabilitative value lies in producing competence that a young person can name, demonstrate, and plausibly use. Theme 4 thus shifts the question from "What activities were provided?" to the more consequential question, "What can this young person now do that may widen his options outside the institution?"

The participants' descriptions also distinguish purposeful activity from mere busyness. P5's decision to occupy himself with activities to avoid "maling bagay" shows that structured engagement can be protective in the immediate environment, but keeping residents occupied is not by itself an educational outcome. The stronger practice is visible when activity is paired with increasing responsibility, feedback, and evidence of competence. HTM1's description of staff checking whether a resident can already wash clothes or clean properly suggests a progression rather than a one-time assignment: staff identify what the young person can do independently and where assistance remains necessary. That is an inclusive educational principle in practical form. It recognizes variability, scaffolds performance, and allows support to be withdrawn gradually as competence develops. The same principle should guide vocational training. Participation in TESDA-related activities is most meaningful when the skill level reached, any certification earned, remaining learning needs, and realistic community opportunities are incorporated into the individual transition plan. Without that connection, even well-received training risks becoming an institutional accomplishment that has nowhere to go after release.

Theme 5: One Child, One Rehabilitation Path: Tailoring, Monitoring, and Giving Residents a Voice

Individualization and participation appeared in the data as two sides of the same rehabilitative logic. HTM1 emphasized that residents have different cases, upbringings, and environments - "magkakaiba... lahat magkakaiba" - and therefore the intervention and treatment also change "depende sa kailangan" (depending on what is needed). In the same discussion, the resident representative was described as the "boses ng residents," the person who brings residents' concerns and requests to the Helping Team. One statement concerns professional responsiveness; the other concerns resident agency. Together they challenge a model in which professionals define needs and young people simply receive a standardized package of services.

The residents' open-forum account shows what participation can look like in practice. P4 recalled a session in which staff were present, residents discussed their concerns and requests, and the Helping Team later deliberated on what had been raised. His account ends with a consequential detail: "inaprovahan po naman" (it was approved). HTM2 similarly described general assemblies in which residents evaluate programs and services and suggest activities they want added. The importance of these mechanisms is not that every request must be granted. It is that the child experiences an intelligible process: concerns can be voiced, considered, responded to, and sometimes acted upon. That sequence gives participation substance. It allows residents to practise articulating needs, negotiating preferences, accepting limits, and seeing themselves as persons whose views can legitimately enter institutional decision-making.

This is particularly relevant because individualized rehabilitation cannot be reduced to an assessment instrument or an intervention plan on file. Multidisciplinary assessment, the Social Functioning Instrument, case conferencing, and progress monitoring are meaningful only if they change what is actually offered to the child. Yang et al. (2015) identified customization and meaningful child participation as areas requiring improvement in Philippine CICL programming. Theme 5 provides a practice-level response to those gaps: differentiate

intervention according to the resident's actual circumstances, then create formal and informal routes through which the resident can say whether the support fits. Republic Act No. 9344 (2006) and Republic Act No. 10630 (2013) reinforce the same architecture through individualized intervention and educational schemes and multidisciplinary planning with the child and family.

The theme also sits naturally within an ecological view of resilience. Banzon-Librojo (2025) portrays CICL as young people whose identities include strengths and capacities, while Donato (2025) demonstrates how differences in family relationships and parental circumstances shape rehabilitation. These findings make a uniform pathway difficult to defend. Adaptive functioning depends partly on the fit between a particular young person and the resources, relationships, opportunities, and expectations surrounding that person (Masten, 2014; Ungar, 2011). Individualization improves that fit; participation gives the resident some agency in evaluating and shaping it. Neither guarantees successful reintegration, but together they make rehabilitation more responsive and more developmentally credible.

The implications are especially strong for special and inclusive education. Educational support should not begin from a generic assumption about what a CICL resident "should" be learning at a given age. It should begin with actual literacy and numeracy, interrupted schooling, learning strengths, interests, possible disabilities or support needs, and the educational or livelihood setting to which the resident hopes to return. The intervention plan should operate as a living document, revised when assessment, resident feedback, educational progress, behavior, family circumstances, or transition goals change. Case conferences should record not only what the professionals recommended but what the child expressed and how those views were considered. A more meaningful indicator of individualization is therefore not whether every resident has a completed plan, but whether the plan visibly changes because the team has learned more about the child - and whether the child can recognize some of his own goals, concerns, and choices in the pathway being constructed.

Resident voice also introduces a useful tension into case management: professional expertise remains necessary, but expertise should not make the child inaudible. The open-forum narrative is convincing precisely because it includes deliberation rather than automatic agreement. Residents raised concerns, the Helping Team discussed them, and at least one request was approved. A participatory system therefore needs more than an invitation to speak; it needs visible response. When a proposal cannot be granted because of safety, legal, resource, or therapeutic considerations, explaining the reason is itself part of respectful participation. Otherwise, consultation can become ceremonial, with residents repeatedly asked for views that disappear into institutional procedure. The resident representative described by HTM1 as the "boses ng residents" can help prevent this, but representation should complement rather than replace direct opportunities for individual residents to express goals and concerns in counseling, educational planning, and case conferences. Participation is strongest when young people encounter several routes for being heard and when staff can show how those views affected, or did not affect, the final decision.

Theme 6: Reintegration Begins Before Release: Preparing Both the Child and the Receiving Environment

The limits of center-based rehabilitation become clearest when the discussion turns to home. P4 spoke plainly about family contact: after being away for a long time, "parang kulang po kasi yong once a month na dalaw lang po" (one visit a month feels insufficient). That statement is more than a request for additional visiting time. It reveals that reintegration is emotionally under way long before discharge, because the resident remains connected to a family system that may be missed, strained, changing, or uncertain. At the same time, HTM1 described a harder reality: some LGUs and families are "hindi cooperative," and some "ayaw ng tanggapin yung mga bata" (do not want to receive the child). These two accounts place the child between longing for connection and the possibility of rejection. They also expose a fundamental weakness in any model of rehabilitation that locates readiness entirely within the resident.

Residents themselves seemed aware that returning home would require a different relational arrangement. P7 anticipated that family members would watch more closely after release: "mas Lalo na nilang titignan... babantayan kana." Increased supervision can be experienced as support, control, or both, depending on the relationship and how it is negotiated. This is why family preparation cannot be postponed until a final discharge meeting. HTM2 described efforts to begin coordination earlier, explaining that the LGU is asked to prepare the child for what life in the Center will be like and that counseling with the family can occur before admission. Although this practice concerns entry as well as exit, it reflects the broader principle that rehabilitation is strengthened when families and local systems are engaged across the placement rather than approached only when the resident is about to leave.

The literature reinforces this ecological interpretation. Donato (2025) found that parental involvement in CICL rehabilitation could either facilitate or complicate the process depending on parental burden, attitudes toward rehabilitation, and the quality of parent-child relationships. Yang et al. (2015) likewise identified weaknesses in the preparation of families and communities for reintegration despite the overall relevance of available rehabilitation services. The present data clarify what those system-level concerns can mean in everyday practice: a resident may become more reflective, acquire practical skills, or form realistic goals while inside the Center, yet those gains remain vulnerable if the receiving environment offers rejection, no educational pathway, no livelihood opportunity, inconsistent supervision, or weak after-care.

This is also where the study's resilience framework becomes most concrete. Masten (2014) and Ungar (2011) resist explanations of resilience that place the burden of successful adaptation solely on the young person. Theme 6 shows why. The child may carry emerging capacities across the gate, but whether those capacities can be exercised depends on access to relationships, institutions, and opportunities on the other side. Readiness is therefore reciprocal. The resident must be prepared for return, but families, schools, LGUs, and other community services must also be prepared to receive, support, monitor, and include the resident. The phrase "reintegration

readiness" is incomplete if it describes only the child.

Operationally, transition planning should begin early enough to identify and work through these conditions. Pre-discharge case conferences should produce an individualized plan covering family contact and counseling, educational re-entry or vocational and employment pathways, anticipated risks, responsible agencies, needed documentation, community supports, after-care arrangements, and dates for follow-up. Where family relationships are strained, the plan should clarify what support is required rather than assuming that physical return home is equivalent to reintegration. DSWD RRCY procedures similarly call for careful planning with the rehabilitation team, LSWDO, family, and other stakeholders to assess readiness and continuing community-based needs (Department of Social Welfare and Development–Field Office II, n.d.).

Philippine juvenile justice policy supports this shared-responsibility approach. Republic Act No. 9344 (2006) frames rehabilitation toward family and community reintegration, protects family contact, recognizes family participation, and provides for after-care; Republic Act No. 10630 (2013) further requires multidisciplinary intervention planning with the child and family. Program monitoring should therefore ask more than whether a resident has "completed" treatment. It should ask whether the family is willing and prepared to receive the child, whether the school or livelihood pathway is viable, whether the LGU has accepted concrete responsibilities, and whether follow-up will actually occur. Theme 6 ultimately moves reintegration away from the image of a child walking out of a rehabilitative institution supposedly ready for ordinary life. It is better understood as a negotiated transfer of support, in which the Center's gains have a chance to endure only if the receiving environment is prepared to help carry them.

Theme 7: Consistency Is Part of the Intervention: Giving Change Enough Time to Take Root

Theme 7 emerged from a contrast between predictability and interruption. P3 described a simple marker of continuity: "Every Wednesday po kasi meron" - the session had a recognizable place in the week. P4, however, wanted activities to be offered more often, while HTM3 described the

other side of the schedule: sessions may not be conducted regularly because of staffing shortages or competing constraints, "which affects the continuity of care and reduces the overall impact of the interventions." These accounts make consistency visible as something residents can feel. A service may exist on paper, yet if it is repeatedly postponed, compressed, or unavailable, its developmental value changes. Regularity determines whether a strategy is encountered once, remembered vaguely, or practised often enough to become part of a resident's repertoire.

Seen across the preceding themes, continuity is less a seventh program component than the condition that allows the other six to accumulate. "Stop, think and choose" requires repeated rehearsal before it can reliably interrupt anger. Relational safety depends on adults being dependably present, not intermittently available. Practical and vocational competence develops through successive attempts and feedback. Resident participation loses credibility if open forums occur without follow-through. Family preparation cannot be reduced to a single conversation at discharge. In this sense, Theme 7 explains something the other themes imply: developmental change needs duration, repetition, and opportunities to try again after setbacks. The intervention is partly what is delivered, but it is also the rhythm with which support remains available.

The accounts also prevent continuity from being framed as a matter of resident motivation alone. Staff capacity and well-being shape whether the program can keep its promises. HTM1 acknowledged the need for "parang break lang sa work. Na walang gagawin" - a genuine break from work responsibilities. That comment is important because the Helping Team is itself part of the rehabilitation ecology. Overextended personnel may have less time for preparation, reflection, documentation, consistent follow-up, or emotionally available interaction. Patalinghug (2021) similarly documented the professional demands experienced by social workers handling CICL cases, while Yang et al.'s (2015) national evaluation identified staff capacity among continuing implementation concerns. The residents' need for continuity and the staff's need for sustainable working conditions are therefore not

competing concerns. The latter partly enables the former.

This temporal dimension extends the ecological interpretation of resilience developed throughout the study. Masten (2014) and Ungar (2011) emphasize that adaptive capacities grow within systems of support and opportunity. The present findings add that access must also be reliable over time. A single supportive relationship, counseling insight, or skills activity may matter, but consolidation usually requires repetition, feedback, repair, and another chance to practise. Consistency is one mechanism through which institutional resources are converted into more stable regulation, competence, help-seeking, agency, and future orientation. Conversely, chronic interruption can weaken even well-designed interventions by preventing residents from experiencing enough continuity for new patterns to become familiar.

The program implication is therefore structural. Centers should protect counseling and educational time, monitor cancellations and missed contacts, provide adequate staffing and service coverage, strengthen supervision and continuing professional development, and build workload arrangements that make continuity realistic rather than aspirational. Staff well-being should be treated as part of intervention quality because the availability of a regulated, attentive adult workforce directly affects the predictability of care. Evaluation should consequently move beyond asking whether a service is listed or how many sessions were planned. It should examine whether residents actually received interventions with enough regularity, relational continuity, and professional support for learning to take root. Theme 7 closes the thematic account by making visible the program's quiet infrastructure: rehabilitation is not strengthened by good interventions in isolation, but by a system capable of returning to them, reliably, week after week.

Consistency should also be distinguished from simple frequency. More sessions are not automatically better if they are disconnected, repetitive without purpose, or delivered by staff who have no opportunity to review progress. What the data point toward is continuity with direction: residents should encounter the same core goals across counseling, daily care, education, activities, case management, and transition work, while

interventions are adjusted as needs change. The scheduled Wednesday session described by P3 is valuable partly because predictability creates an expectation that support will return; the resident does not have to wonder whether the intervention exists only when a crisis occurs. For evaluation, this suggests a more informative set of questions: How often were planned sessions cancelled? How quickly were they rescheduled? Did residents experience long gaps in contact with key staff? Were case goals reinforced across services? Were staff absences covered without losing continuity? Such indicators fit the study's utilization-focused orientation because they convert a broad concern about "implementation" into observable features administrators can monitor and improve.

4. Conclusion

The findings demonstrate that meaningful rehabilitation of children in conflict with the law extends beyond maintaining order within a residential facility. Across the seven interrelated themes, rehabilitation became most promising when interventions enabled residents to develop capacities they could potentially carry beyond institutional care: regulating emotions, making more deliberate decisions, building trusting relationships, finding meaning and hope, acquiring practical competencies, expressing their needs, and preparing for return to family and community life. Importantly, these gains were not attributed to isolated programs, but to how psychosocial and educational interventions were delivered through supportive relationships, individualized participation, experiential learning, and sustained opportunities to practice change.

The results further underscore that resilience cannot be located solely within the individual child. The

capacity of residents to sustain emerging changes depends substantially on the environments that receive them after rehabilitation. Family acceptance, educational continuity, livelihood opportunities, community support, and coordinated after-care are therefore not peripheral concerns, but essential conditions for reintegration. In the same way, the consistency of services within the Center depends on adequately supported personnel, predictable intervention schedules, and continuity across counseling, education, daily care, case management, and transition planning. Rehabilitation is thus best understood as an ecological process in which individual development and supportive systems must advance together.

Ultimately, the study supports a shift from rehabilitation centered on compliance toward rehabilitation centered on capability, participation, dignity, and preparedness for life beyond the institution. For special and inclusive education, this means recognizing the varied learning histories and support needs of justice-involved youth and ensuring that educational experiences are individualized, accessible, functional, and connected to realistic transition pathways. While the findings do not establish post-release desistance or prove that observed resilience-related capacities will endure after discharge, they offer compelling evidence that residential rehabilitation can create the developmental foundations from which more sustainable reintegration may become possible. The enduring measure of rehabilitation, therefore, is not simply whether a young person learns to function within the Center, but whether the opportunities, relationships, and capacities developed there can remain meaningful when the Center is no longer there to provide the structure.

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