

Supporting Young Learners in Volcanic Crisis: Lived Experiences of Child Development Workers

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Article Details:

Received: 03 March 2026
Revised: 07 March 2026
Accepted: 10 March 2026
Published: 16 March 2026
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Recommended Citation:

Peralta, R. Z., Moreno, L. S. (2026). Supporting Young Learners in Volcanic Crisis: Lived Experiences of Child Development Workers. The International Review of Multidisciplinary Research. 1 (3), 210-217.
<https://doi.org/10.5281/zenodo.19045771>

Index Terms:

young learners, volcanic crises, lived experiences, child development, phenomenology

Abstract. This phenomenological study investigates how Child Development Workers (CDWs) in La Castellana, Negros Occidental, supported young children's psychosocial recovery during the June 2024 Canlaon volcanic eruption. Using Bronfenbrenner's Ecological Systems Theory and Disaster Vulnerability Theory, it examines CDWs' roles within disrupted ecological systems. Data were generated through semi-structured interviews and focus group discussions with five CDWs and were analyzed thematically. Results show that CDWs provided emotional support while simultaneously managing camp operations, relief distribution, and coordination with parents to sustain learning routines and community events in evacuation centers. Participants reported major disruptions, modular learning, absenteeism, and communication breakdowns alongside emotional strain from balancing fear, family responsibilities, and expectations of cheerfulness amid overcrowding, water shortages, and policy gaps such as unequal aid, unrepaired daycare centers, and limited attention to early childhood services. CDWs coped through faith-based practices, peer support, and resilience reinforced by children's visible recovery and parental cooperation. Institutional assistance provided essential supplies, psychosocial activities, training, and mobility support, but was often uneven. The study calls for localized disaster preparedness, sustained psychosocial capacity-building, and responsive policy reforms that recognize CDWs as frontline actors in early childhood disaster response.

Introduction

Every nation aspired to secure a high quality of life for its citizens, beginning with a strong foundation in early childhood care and education. Anchored in this vision was the global commitment to the Sustainable Development Goals (SDGs), particularly Goal 4 (Quality Education) and Goal 3 (Good Health and Well-being), which affirmed every child's right to grow within an enriching and wholesome community. Such environments fostered cognitive, emotional, social, and physical development while laying the groundwork for resilience and responsible citizenship. Children developed a sense of belonging, curiosity, and adaptability through nurturing interactions and consistent support.

This vision was frequently undermined by disasters. From war-affected regions like Syria and Ukraine to environmental crises in Indonesia, Iceland, and the Philippines, emergencies disrupted learning and care systems (UNICEF, 2025; Lassa et al., 2023). Volcanic eruptions posed particular threats. Approximately 8% of the global population lived within 100 km of an active volcano as of 2015, and eruptions led to widespread suffering, infrastructure loss, economic stagnation, and educational disruption (Freire et al., 2019; Choumert-Nkolo et al., 2021). Incidents such as Eyjafjallajökull in Iceland and Mount Merapi in Indonesia severely affected surrounding communities (Bird et al., 2018; Rahman et al., 2020). These consequences were especially severe in vulnerable contexts where preparedness was limited (Zorn, 2018).

The Philippines, situated in the Pacific Ring of Fire, was among the most volcano-prone nations. The 1991 Mount Pinatubo eruption affected millions, and the 2020 Taal eruption prompted school closures, evacuations, and psychological distress

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among children (Monilla, 2022). Most recently, in December 2024, Canlaon Volcano in Negros Occidental displaced over 47,000 individuals and forced more than 10,000 into evacuation centers (National Disaster Risk Reduction and Management Council, 2025). By mid-2025, PHIVOLCS maintained Alert Level 3, enforcing mandatory evacuations within a 6-kilometer radius (PHIVOLCS, 2025). The uncertainty deepened both tangible and emotional strain on communities, particularly young children.

Children's developmental trajectories were highly sensitive to instability. Disaster exposure increased anxiety and disrupted psychosocial functioning, with long-term implications for holistic growth (Mendoza et al., 2024; Lunga et al., 2022). In this context, Child Development Workers (CDWs) emerged as frontline providers. Designated under Republic Act No. 10410 or the Early Years Act of 2013, CDWs delivered essential services for children aged 0 to 4, ranging from structured play-based learning to psychosocial support. Their work was guided by the National Early Learning Framework (NELF) and supported through inter-agency collaboration involving the Department of Social Welfare and Development (DSWD), Department of Education (DepEd), and Commission on Higher Education (CHED).

Systemic limitations, however, burdened their work. Only 52.2% of CDWs were college graduates, and many lacked formal qualifications in early childhood education. Few had passed the Licensure Exam for Teachers (LET), and many operated without licensure or pedagogical training (EDCOM 2, 2024). Their crisis response capacity was further constrained by inadequate infrastructure and limited training—fewer than half had attended even two relevant workshops. Nationwide, only 36% of barangays had functional Child Development Centers (CDCs), with disparities particularly acute in Negros Occidental (EDCOM 2, 2024). Republic Act No. 10821, the Children's Emergency Relief and Protection Act, further tasked CDCs with serving as evacuation centers, requiring CDWs to provide care in overcrowded, resource-limited conditions while restoring normalcy and offering emotional support (Llanes, 2018).

Despite their essential roles, CDWs remained underexamined in academic and policy discourse, particularly in volcanic disaster contexts. While studies on early childhood educators in war zones and post-disaster regions highlighted resilience and adaptive strategies (Schachter et al., 2022; Yu, 2023), little was known about how CDWs in the Philippines navigated evolving roles amid calamities. Comparative studies in Indonesia and Iceland had not been extended to the Philippine volcanic zones. This study aimed to fill the gap by exploring the lived experiences of CDWs during the Canlaon crisis, focusing on challenges, coping strategies, and support systems. Findings were valuable not only for the Negros Island Region but also for other disaster-prone areas. The research served as a blueprint for strengthening disaster-related programs, improving CDW training, and recognizing their critical role in safeguarding and educating children during emergencies.

Methodology

The study employed a *qualitative research design*, specifically *transcendental phenomenology*, to examine the lived experiences of CDWs during the Canlaon Volcano eruption, using bracketing, textural and structural description, and essence synthesis to foreground participants' perspectives. Conducted in La Castellana, Negros Occidental, a municipality severely affected by the 2024 eruption, the research setting provided a critical context for understanding how CDWs support children's psychosocial recovery and developmental needs amid large-scale displacement, school closures, and prolonged uncertainty. *Five CDWs* were selected through *purposive sampling* based on inclusion criteria—formal appointment as a CDW before the eruption, at least one year of service in the locality, and willingness to participate—while convenience sampling addressed constraints related to accessibility and availability; sample size was guided by data saturation, determined when no substantially new themes emerged from participants' narratives. Recruitment was facilitated through institutional gatekeepers to ensure that participants had direct and relevant disaster-related experience. Data were gathered using three primary instruments: *semi-structured individual interviews*, *semi-structured focus group discussions*, and *unstructured analog records*. Interview and FGD guides began with broad, open-ended questions and allowed flexible probing, while three experts reviewed the guides for *phenomenological fit*, clarity, and capacity to elicit rich, descriptive accounts, thereby enhancing conceptual validity.

Trustworthiness, conceptualized as an analogue to reliability and validity, was ensured through *credibility*, *transferability*, *dependability*, and *confirmability*. Credibility was supported through triangulation across interviews, focus groups, and observational/analog records, as well as member checking and peer debriefing to verify interpretations and challenge preliminary analyses. Transferability was promoted by providing a thick description of the research context, participants, and procedures so that readers can judge the applicability of the findings to other disaster settings. Dependability and confirmability were strengthened through systematic documentation of the research process, including reflexive journaling, bracketing to manage researcher assumptions, and the maintenance of an audit trail that detailed coding decisions, theme development, and analytic memos. *Qualitative data analysis software* was used to organize and code

transcripts, field notes, and journals, supporting procedural consistency and traceability. Analytically, the study followed a modified *Stevick–Colaizzi–Keen* procedure.

Ethical considerations guided the entire research process: the researcher obtained approval from the appropriate institutional ethics review body and relevant academic and local offices; participants were oriented about the study's purpose, procedures, potential risks and benefits, and their rights; written informed consent was secured; participation remained voluntary with the option to withdraw at any time; confidentiality and anonymity were safeguarded through pseudonyms and secure data storage; and no conflicts of interest or undue influence from funding sources were reported.

This methodological approach was grounded in an integrated *theoretical and conceptual framework* that draws on Ecological Systems Theory (EST) by Bronfenbrenner and Disaster Vulnerability Theory (DVT) by Wisner et al. The study assumed that CDWs play a crucial role in aiding children's recovery and development during volcanic disasters, but that they simultaneously face significant constraints that affect their capacity to provide effective care and education. It also assumed that CDWs employ diverse coping mechanisms and lean on institutional, governmental, community, and personal support networks to sustain their work. EST explains that children and caregivers function within nested systems—the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. In a disaster context, the eruption disrupts microsystem environments through displacement and school closures, strains mesosystem relationships as family–school–community coordination is tested, exposes vulnerabilities in exosystem and macrosystem structures through damaged infrastructure, unequal resource distribution, and policy gaps, and leaves enduring marks on children's and caregivers' trajectories in the chronosystem. DVT complements this by emphasizing that disaster risk and harm are shaped not only by the physical hazard but by socially constructed vulnerability arising from root causes, dynamic pressures, and unsafe conditions embedded in socio-economic, political, and environmental systems. CDWs are seen as key microsystem actors who help buffer children from risk while also navigating exosystem and macrosystem constraints and drawing on multi-level support systems to manage their own stress and role conflicts.

Guided by this methodology and theoretical framework, the study addressed the following research questions: *How do child development workers describe their lived experiences in supporting children's psychosocial recovery and developmental needs during and after a volcanic disaster? What specific challenges do child development workers encounter in delivering relevant services amid a volcanic crisis? How do CDWs navigate barriers while responding to children's needs during disaster recovery, and what coping strategies and practices do they employ? In what ways do institutional, governmental, and personal support systems influence CDWs' capacity to fulfill their roles in disaster-stricken communities?*

The above-mentioned methods form a coherent framework for illuminating CDWs' lived experiences and for generating recommendations that address vulnerability and promote resilience across multiple ecological levels.

Results and Discussion

Emotional Anchoring and Psychosocial Care

This theme shows how CDWs became emotional anchors for children and parents, not only through individual calm and comfort but also through shared rituals and community-based reassurance. Grounded in Ecological Systems Theory, CDWs' work in the microsystem and mesosystem formed a protective psychosocial environment that buffered children from disaster-related anxiety. Disaster Vulnerability Theory helps explain how these layered supports reduced children's psychosocial vulnerability by transforming fear into felt safety and connection. CDWs described serenity as an embodied practice of self-mastery, where managing their own fear became an ethical responsibility toward children and parents. One CDW reflected, "I constantly reminded myself... if children see me nervous, they should see me calm and seeking ways, not panicking. I made it so that I could pray inside myself and control what I felt so as not to add fear to parents and children" (Participant 1, Phase 1, p.2, L40–42). Others redirected anxiety into play and storytelling—"I told them a personal story about the volcano... then they calmed down, smiled, and enjoyed a jump rope contest I organized" (Participant 4, Phase 1, p.6, L174–177)—turning self-regulation into shared emotional regulation. These moments illustrate relational regulation, where caregivers' quiet composure allowed children to mirror calm and regain a sense of control. International and local work on self-mastery and resilience support this pattern, showing that mastery, emotional regulation, and perceived self-efficacy are associated with better mental health and adaptive coping among children and caregivers in crisis contexts. Children's sense of safety emerged from a "circle of care," where CDWs, families, and communities worked together to restore stability through embodied reassurance, routines, and culturally grounded practices like prayer and storytelling. One CDW described gathering children close and saying, "That's over now, we're safe here," noticing that "their minds started to ease, as if normalcy was coming back bit by bit" (Participant 2, Phase 1, p.3, L81–84). Another shared, "I would hug them tightly... pray for them... and tell them, 'surely they won't be harmed anymore'... I gave them a sense that an adult was watching over them" (Participant 3, Phase 1, p.5, L132–135), while another "immediately fetched the child and gently

talked to them... the child became calm and was happy when given a wheelchair” (Participant 5, Phase 1, p.7, L223–226). Through these acts, safety was redefined as a relational condition rather than just physical protection, rooted in proximity, gentle touch, and predictable care. Studies on circles of care and culturally grounded MHPSS in the Philippines similarly emphasize that shared rituals, prayer, and family participation strengthen children’s resilience by embedding them in networks of belonging and protection. Reassurance functioned as a “felt language” that CDWs and parents co-constructed through tone, gesture, and repeated messages of safety. CDWs reminded parents “not to show too much fear to the children” (Participant 1, Phase 1, p.2, L31–32), recognizing that adult emotional expression strongly shaped children’s regulation. They offered “emotional support through simple communication with the mothers, offering assurance that they were safe” (Participant 3, Phase 1, p.5, L125–126), and co-organized events such as a Christmas party and recognition program with parents so that “the teamwork between CDWs and parents was effective because we helped each other” (Participant 5, Phase 1, p.8, L216–218). These everyday practices made reassurance communal rather than individual, turning activities, stories, and celebrations into shared psychosocial interventions that stitched emotional safety into daily life.

Adaptive Caregiving Under Strain

This theme highlights how CDWs continuously adapted their roles while negotiating their own vulnerability. Seen through EST, their caregiving was shaped by pressures across microsystem, mesosystem, and exosystem, while DVT illuminates how overlapping responsibilities and hazard exposure intensified their social and emotional vulnerability. CDWs’ accounts reveal a constant negotiation between professional duty and personal limits. They spoke of “non-stop duty without rest due to short staff, including daily recording, office cleaning, personal food pack distribution...” (Participant 4, Phase 1, p.7, L195–196) and of having to “suppress oneself to serve, but it was heavy” (Participant 3, Phase 1, p.5, L150–151). One worker described the challenge of “shifting roles from child development teacher to camp management, covering registration, distribution, and coordination with agencies” (Participant 1, Phase 1, p.2, L45–47), while also overthinking both “family and daycare kids” during eruptions (Participant 2, Phase 1, p.4, L97–99). These narratives show how emotional exhaustion, fear, and family obligations intersect with frontline duty, pointing to the need for layered psychosocial and organizational supports that recognize CDWs as disaster survivors as well as caregivers. Despite strain, CDWs embraced multiple roles—camp manager, assistant, record keeper, distributor—while remaining anchored in a single caregiving “heart.” As one explained, “We weren’t entirely focused on our CDW role, as we were assigned as camp manager, assistant, record keeper, and storage... Hard to balance one’s own fear, exhaustion, and family obligations while watching children’s safety” (Participant 1, Phase 1, p.2, L35–38). Role fluidity was emotionally demanding, yet it also expressed an adaptive commitment to children’s well-being when systems were stretched thin. Peer presence, shared meals, prayer, and small acts of mutual care among CDWs helped keep this “one heart” intact, aligning with evidence that supportive work environments, reflective supervision, and collegial trust are critical in preventing burnout and sustaining multi-role caregiving in crisis settings.

Disrupted Learning, Emotional Strain, and Overcrowded Living

This theme integrates disrupted routines, emotional and psychological strain, and the impact of limited space and overcrowding—showing how broken routines and cramped shelters interacted to heighten stress for both children and CDWs. In EST terms, children’s microsystem became unstable and fragmented, while DVT highlights how repeated evacuations, fear, and loss of safe learning spaces compounded psychosocial vulnerability. CDWs reported that educational continuity was heavily disrupted as ashfall, danger zones, and repeated evacuations forced daycare closures and shifts to modular delivery. One participant shared, “No more classes for children in daycare... shifted to a modular system... ash and travel danger to school resulted in disrupted routines” (Participant 1, Phase 1, p.2, L55–57). Fear led “many kids to stay home and won’t show up at the center without parents” (Participant 2, Phase 1, p.4, L101–103), and “not all children went to school because they were afraid that their parents wouldn’t be with them” (Participant 3, Phase 1, p.5, L147–148). Frequent evacuations meant “no one was at the center” and “communication was tough” (Participant 4, Phase 1, p.7, L188–190; Participant 5, Phase 1, p.8, L234–236), fragmenting connections between CDWs, children, and families. These disruptions show that education in disaster is not only about access, but also about trust, perceived safety, and the stability of relational ties. Emotionally, CDWs faced a double exposure: to their own fears and to the distress of children and parents. They described it as “hard to balance one’s own fear, exhaustion, and family obligations while watching children’s safety” (Participant 1, Phase 1, p.2, L36–38) and noted that “we were all exposed to fear and panic—not only the children, but also the parents” (Participant 3, Phase 1, p.5, L124–125). One CDW said it was “tiring... and there were many worries at home... but I didn’t want to show that to the children so they wouldn’t be stressed” (Participant 3, Phase 2, p.3, L109–111), while another described the “hardest” part as “facing fear you can’t even see... some kids don’t just cry—they won’t separate from parents” (Participant 2, Phase 1, p.3, L86–87). This emotional endurance required CDWs to contain their own distress to protect children, a pattern echoed in research on secondary trauma and burnout among frontline child workers in crisis. Overcrowded evacuation centers intensified these emotional and educational challenges. CDWs described living in “one big space shared by many families, so not enough privacy and space for children’s crying” (Participant 1, Phase 2, p.1, L34–35),

and rooms with “lots of kids crying and staring, some are super clingy to their parents... They’re not relaxed like they are at their own home” (Participant 2, Phase 2, p.2, L80–83). Children “felt stress in the crowded center, fought, didn’t join activities, withdrew; centers were overcrowded” (Participant 4, Phase 2, p.5, L153–155), and “would fight in the crowded area,” making psychosocial activities harder to sustain. These conditions show how spatial constraints and lack of privacy can heighten irritability, withdrawal, and conflict, complicating psychosocial programming and straining CDWs’ capacity to provide individualized attention.

Environmental Hazards, Logistical Constraints, and Systemic Gaps

This theme highlights how hazardous geography, unstable shelters, and weak systems together constrained CDWs’ ability to deliver relevant services. DVT is particularly useful here, framing vulnerability as produced by the interaction of physical exposure and social structures. CDWs worked “very close” to the volcano, where they were “quickly affected by ash and ground shaking,” with “lack of clean water” forcing dependence on LGUs and donors (Participant 1, Phase 2, p.1, L11–15). Even evacuation centers were precarious, with “lack of space, a leaking daycare roof, and thick ash” making routines and office cleaning difficult (Participant 4, Phase 2, p.5, L137–139), and “repetitive relocation... and the ashfall” further disrupting attendance (Participant 5, Phase 2, p.6, L177–179). One CDW’s center was “far away, about 2 hours of travel each day,” and she “rushed home because the rain came, and it wasn’t safe to walk” (Participant 3, Phase 2, p.3, L104–107). These accounts depict caregiving as a precarious balancing act between hazard exposure, resource scarcity, and the persistent need to maintain caregiving routines. CDWs also pointed to systemic and policy gaps that undermined their work. They perceived a “lack of clear system,” “lacking clear plan,” and “no clear support policy,” with systems largely “focused on evacuees” and “no reach for those not in evacuation” centers. There was “no specific aid, no financial support, no roof repairs, no aid for daycare repairs and modules,” leaving daycare centers and children with disabilities at the margins of response and rehabilitation. These governance and institutional gaps meant that CDWs had to compensate through personal sacrifice and community resourcefulness, aligning with broader evidence that children with disabilities and early childhood services are often under-prioritized in disaster planning and recovery. Their testimonies thus expose how structural neglect magnifies frontline burdens and constrains the delivery of relevant, inclusive services in volcanic crises.

Inner Grounding and Faith-Infused Self-Care

CDWs’ primary coping strategies centred on inner grounding—quiet prayer, self-talk, emotional regulation, and meaning-making that allowed them to keep showing up for children despite fear and exhaustion. Drawing on Ecological Systems Theory, these practices functioned at the level of the individual within the microsystem, yet their effects rippled outward by stabilizing interactions with children and parents. Disaster literature similarly notes that emotion-focused and meaning-focused coping (such as prayer, positive reappraisal, and regulated breathing) reduces distress and helps responders manage chronic stressors in emergencies. Participants described talking to themselves internally, praying “inside myself,” and deliberately calming their own emotions so as not to pass fear on to children and parents. One CDW explained that she continuously reminded herself to appear calm and “not panicking,” using inward prayer to “control what I felt” as a form of emotional stewardship in front of others. Others converted fear into purposeful action—organizing games, telling stories about the volcano, and reframing danger in ways children could process—using their own regulated state as a resource for children’s regulation. This mirrors findings that self-monitoring of stress, intentional self-soothing, and spiritual practices are key personal strategies for disaster responders’ mental health. Beyond prayer, CDWs turned to small, everyday rituals—sharing meals, brief pauses, shared laughter, and quiet moments alone—to restore energy. They carved out micro-moments to eat, rest, or simply breathe between tasks, interpreting these not as selfishness but as necessary to “keep going” amid non-stop duty. Evidence on frontline workers underscores that such basic self-care bolsters resilience and reduces the risk of chronic burnout, especially when institutional conditions are demanding.

Relational Coping and Shared Emotional Holding

Alongside inward strategies, CDWs relied heavily on relational coping to manage emotional strain. In EST, these practices sit within the mesosystem, where connections among co-workers, families, and community create relational buffers against stress. Disaster research highlights that social support, peer sharing, and group-based coping are among the strongest predictors of resilience and reduced post-traumatic symptoms for both caregivers and communities. CDWs repeatedly emphasized that “the presence of my fellow CDWs, all tired but smiling,” gave them strength. They described chatting after class, “sharing stories, and discussing our fears and tiredness—like our ‘debriefing,’ even if not formal” as a way to offload emotional burdens and feel less alone. Simple gestures—hugs, listening without judgment, sitting together in silence—functioned as everyday debriefing spaces where distress could be voiced and normalized. International evidence affirms

that peer support and informal debriefs enhance psychological endurance among disaster responders by turning individual strain into a collectively held experience. CDWs also drew strength from family members, parents of daycare children, and community gatherings like recognition programs and Christmas parties. Planning and conducting these events with parents allowed CDWs to experience joy and solidarity, even while working in crisis contexts, and reinforced a sense that “we helped each other” rather than carrying responsibilities alone. Locally and internationally, community-based psychosocial interventions that integrate group activities, storytelling, and collective rituals have been shown to build coping skills, strengthen belonging, and reduce symptoms of depression and anxiety after disasters. These shared spaces of celebration and prayer were not peripheral but central coping practices that sustained both workers and families.

Interpersonal and Community-Based Support as a Protective Net

CDWs identified interpersonal and community-based relationships as their most immediate and reliable support systems. These supports operate at the microsystem and mesosystem levels in EST, where close relationships and community partnerships directly shape CDWs’ capacity to continue their work. Research on CDWs and other caring professions shows that supportive barangay officials, cooperative parents, and positive work climates are strongly associated with higher self-efficacy and resilience. Participants consistently described co-CDWs as emotional anchors and practical allies—people who watched out for one another, shared tasks when someone was exhausted, and offered empathy when emotions ran high. They talked about “watching out for each other in stories and with hugs” and “talking after class” as key ways they felt seen and supported. This aligns with evidence that collegial trust, reflective conversations, and shared workload reduce burnout and improve engagement among child-focused workers in high-stress settings. In your data, peer relationships functioned as both emotional shelter and practical backbone, preventing isolation and sustaining caregiving morale. CDWs also counted on parents’ cooperation and barangay-level support—whether in organizing psychosocial activities, reinforcing routines at home, or coordinating local resources. Joint activities (e.g., Christmas parties, recognition events) symbolized more than celebration; they signaled a shared commitment to children’s recovery and affirmed CDWs’ efforts. Studies among CDWs indicate that supportive barangay officials and cooperative parents correlate with higher self-efficacy and resilience, suggesting that community solidarity is a crucial determinant of workers’ well-being and effectiveness. In the volcanic crisis, this solidarity helped distribute emotional and logistical burdens across a wider circle of care.

Institutional, Faith-Based, and Programmatic Supports—Present but Uneven

Alongside interpersonal and community resources, CDWs pointed to institutional and faith-based supports, though these were sometimes uneven or insufficiently tailored to early childhood services. In DVT terms, these supports sit at the exosystem and macrosystem levels, where policies, programs, and broader cultural–religious resources can either mitigate or intensify vulnerability for frontline workers and the children they serve. Participants acknowledged that LGUs and donors provided essential supplies, evacuation spaces, and sometimes psychosocial activities that indirectly supported their work with children. However, they also noted that assistance often prioritized evacuees in general over the specific needs of daycare centers and children with disabilities, leaving gaps in infrastructure repair and learning materials. This mirrors broader findings that, while LGUs and NGOs play a key role in disaster response, early childhood services are frequently under-prioritized, and support for caregivers’ mental health and professional needs remains limited. In your participants’ narratives, institutional support was therefore experienced as both life-sustaining and incomplete. Faith communities, church workers, and structured psychosocial programs also emerged as important supports where present. CDWs drew on church-led activities, prayers, and spiritual counselling as sources of encouragement, and some joined or facilitated community-based psychosocial sessions that blended storytelling, group sharing, and preparedness education. Global evidence on post-disaster psychosocial interventions shows that group-based, culturally grounded programs can reduce depression and PTSD symptoms, strengthen social cohesion, and increase disaster preparedness, especially when they integrate art, discussion, and skill-building.

Conclusion and Implications

The study reveals that CDWs are not only responders in times of crisis but also anchors of protection, resilience, and adaptation for children and communities. They help children navigate disrupted routines, trauma, and displacement while themselves enduring stress, resource shortages, and institutional gaps. Through faith, play, improvised learning, and community ties, CDWs restore normalcy and security, showing that children’s recovery requires emotional strength and creative adaptation in unstable environments. However, systemic limitations profoundly shape how CDWs can carry out their roles, as external assistance often falls short of addressing structural inequities, leaving communities to rely heavily on their own resilience mechanisms. Despite these constraints, CDWs consistently position themselves as critical frontline agents who reinforce psychosocial recovery and developmental continuity for children during disasters.

These findings imply that stronger institutional recognition, sustained support, and inclusive frameworks are needed to integrate CDWs into disaster preparedness and child-centered interventions. Local government units may localize national policies to meet community-specific needs, while disaster risk reduction and social welfare units should strengthen training, contingency planning, and social protection programs. Parents and community members may reinforce protective family environments and collective resilience, while NGOs may align interventions with local realities and complement government efforts. At the national level, agencies may refine strategies and design evidence-based interventions that engage CDWs and address children's developmental needs in disaster contexts. Future researchers are encouraged to expand the scope of inquiry across regions and disaster types, employing longitudinal and interdisciplinary approaches to deepen understanding of recovery trajectories and coping practices.

Acknowledgements

The authors would like to thank the colleagues and institutions who provided guidance, feedback, and support throughout the conduct of this research and the preparation of this manuscript. Any remaining errors or omissions are the sole responsibility of the authors.

Funding

This research received no external funding from any public, commercial, or not-for-profit funding agency, and no organization provided financial support for the conduct of the study, authorship, or publication of this article.

Competing Interests Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data Availability Statement

Data sharing does not apply to this article as no new data were created or analyzed in this study; all data used were obtained from previously published sources as cited in the reference list.

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Appendices

No appendices are included in this article.