

# CHANGING THE PARADIGM

**Save the Children's Work to Strengthen  
The Child Protection System in Indonesia  
2005-2012**



**Save the Children**



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The Child Protection System in Indonesia  
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House in Banda Aceh with a message (Photo by Tom Riddle)

**2013**

**The International Save the Children Alliance is the world's leading independent children's rights organization, with members in 30 countries and operational programmes in 120 countries.**

**We fight for children's rights and deliver lasting improvements to children's lives worldwide.**

Our vision is a world in which every child attains the right to survival, protection, development and participation.

Our mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

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- Accountability
- Ambition
- Collaboration
- Creativity
- Integrity

This report was written by Florence Martin, former Child Protection Adviser with Save the Children seconded to the Ministry of Social Affairs in Indonesia.

Save the Children UK and Save the Children Child Protection Initiative provided the funds for the compilation and publication of this report.

**The names and details of all the children in this research have been changed to respect confidentiality.**

Photos from Members of the research teams and programmes under Save the Children Advisers to Kemensos and Family based care Programme, unless otherwise acknowledged.

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**FOREWORD**  
**SAVE THE CHILDREN INDONESIA COUNTRY OFFICE**

Save the Children's work on shifting the paradigm of alternative care for children in Indonesia is a work in progress that began in 2005 and will continue until at least 2017. Nominated as one of Save the Children's Signature Programs, our goal is not only to improve child protection and family based care for children in Indonesia but also to develop a program that can be replicated in other countries. Our report, *Changing the Paradigm: Save the Children's Work to Strengthen the Child Protection System in Indonesia (2005-2012)*, presents past achievements and best practices learned to date, as well as identifying challenges going forward.

As readers will note, the report provides in-depth information for the entire seven years that this program has been in existence, including case studies. It also offers lessons learned as a developing country shifts policies and resources, including human resources, to support healthy child development in a safe family environment. Although there is still far to go before family based care is the norm for Indonesia's national policies and budgets, we believe our work to date can serve as a valuable learning tool for other countries that are still developing child protection and family based care models.

We are grateful to the Save the Children members and private donors who have supported our ground-breaking advances in shifting Indonesian policies and local practices from institutional based care towards family based care. We thank the Indonesian Ministry of Social Affairs (MOSA), with which we work closely in the areas of research, regulating institutional based care, legal and policy reform for child protection and family based care, strengthening social welfare sectors, and piloting non-residential services for children and their families. We also thank our implementing partners at the national, provincial and district level. Due to the work of many, this program is gaining momentum and changing children's lives for the better.

Save the Children looks forward to continuing our work to strengthen the child protection system in Indonesia, to refining improvements for our current program, to scaling up in other areas of Indonesia, and to sharing our experiences with others. We welcome your inquiries, and we welcome your input and suggestions on how to address the challenges still to come.

Jakarta, May 2013

A handwritten signature in black ink, appearing to read "Ricardo Caivano".

Ricardo Caivano  
Country Director



## FOREWORD

### MINISTER OF SOCIAL AFFAIRS FOR THE REPUBLIC OF INDONESIA



First of all, let's give our praise and thanks to Allah the Almighty as by His grace, we have the opportunity to dedicate our creative powers, intentions and efforts to deliver the best care for children in their family environment.

It is with great pleasure that I write the foreword for this book entitled ***Changing the Paradigm: Save the Children's Work to Strengthen the Child Protection System in Indonesia (2005-2012)***. This book presents the journey undertaken by a program to bring about a shift of paradigm towards family based care that was led by MOSA with support from Save the Children. As you will read, there were many results achieved during those seven years in terms of development of the child protection

system, legal and policy reforms towards family based care, efforts that strengthened the social work profession and social work education, the development of child and family centered social work practice and the piloting of best practices of direct intervention for children and families. The book also provides key learning for the next steps of this program and I am delighted that Save the Children will continue to work with us on this in the upcoming years.

MOSA has articulated clear policies to strengthen family based care for children. We are moving forward gradually reforming policies, programs, budget and their implementation to improve the capacity of families to care for their children, to prevent children's separation from their families and to initiate family based alternative care mechanisms, including to encourage child welfare institutions to prioritize care for children in their families.

Accordingly, allow me to present my great appreciation for the publication of this book. This represents not only an important tool for learning for Save the Children internally at regional and global levels, but also it is hoped that it can help key stakeholders in MOSA and other related Ministries, as well as other key stakeholders in non-governmental organizations to reflect on the learning and build on it to achieve an even greater movement towards family based child care across Indonesia.

The collaboration between MOSA and Save the Children also represents a good example of ways international organizations can take part in national development, especially in the social welfare field. We hope that this intensive collaboration model can be inspiring to other international organizations working with MOSA. On behalf of the Government of Indonesia, allow me to give thanks to Save the Children for their good collaboration and congratulations on the publication of this book. We sincerely hope that this book can be useful to its readers.

Jakarta, June 2013  
Minister of Social Affairs  
The Republic of Indonesia

DR. Salim Segaf Al Jufri, MA.

## TABLE OF CONTENTS

<b>Key Organizations, People and Documents Referenced in this Report</b>	<b>vii</b>
<b>EXECUTIVE SUMMARY</b>	<b>viii</b>
<b>I. INTRODUCTION: A SHIFT IN PARADIGM</b>	<b>I</b>
<b>II. MOVING FROM EMERGENCY RESPONSE IN ACEH TO LONG-TERM CHILD PROTECTION</b>	<b>9</b>
A. The Rapid Assessment of Children’s Homes in post-tsunami Aceh (2005-2006)	<b>11</b>
• <i>Anto’s story (15 year old boy), Aceh</i>	<b>13</b>
B. Advocacy to shift financial and policy support towards family based care in the recovery phase (2006-2007)	<b>15</b>
C. The Rapid Assessment of Islamic Boarding Schools (Dayahs) in post-tsunami Aceh (2006-2007)	<b>17</b>
• <i>Ana, 18-year-old girl from West Kalimantan</i>	<b>21</b>
<b>III. UNDERSTANDING CHILD PROTECTION RESPONSES IN INDONESIA</b>	<b>26</b>
A. The Quality of Care in Childcare Institutions (“Someone that Matters”) (2006-2007)	<b>28</b>
• <i>A father’s choice (Central Java)</i>	<b>32</b>
• <i>The story of Yasmin (17 years old) and her sister Suzi (15 years old)</i>	<b>34</b>
B. Evidence based advocacy: using the Quality of Care research as a basis for initiating a change in paradigm (2007-2008)	<b>38</b>
C. Understanding children’s views and perspectives: the Child-led research (2007-2008)	<b>42</b>
D. Supporting children’s advocacy in institutional care using the Child-led Research (2008-2009)	<b>48</b>
• <i>Gideon (15 years old Dayak boy), Child Researcher from West Kalimantan shares his story</i>	<b>51</b>
E. Learning from formal responses for children in need of special protection: The RPSA research (2009-2010)	<b>52</b>
• <i>The story of Andi (13 years old boy)</i>	<b>55</b>
• <i>The story of Ida (10 year old girl)</i>	<b>59</b>
• <i>The story of Intan (7 year old girl)</i>	<b>61</b>

<b>IV. INITIATING A PARADIGM SHIFT: MOVING AWAY FROM INSTITUTIONALIZATION AND TOWARDS SUPPORTING FAMILY BASED CARE</b>	<b>64</b>
A. The establishment of a regulatory system for children’s placement in alternative care	<b>68</b>
1. The national database system for children in alternative care and registration of childcare institutions (2007-2011)	<b>68</b>
2. Developing National Standards of Care for child welfare institutions (2008-2011)	<b>73</b>
3. Getting the National Standards of Care implemented: The dissemination and piloting process (2009-2012)	<b>77</b>
B. The development of a legal and policy framework that prioritizes family based care, including alternative family care	<b>79</b>
1. Placing family based care at the heart of plans and policies (2008-2009)	<b>79</b>
2. Strengthening the legal framework for family based care alternatives: Guardianship, Foster care and Adoption (2006-2012)	<b>85</b>
<b>V. ESTABLISHING CHILD AND FAMILY CENTRED SOCIAL WORK PRACTICE</b>	<b>91</b>
A. Strengthening the framework for social work education and practice: Certification and Licensing (2009- 2012)	<b>92</b>
B. Developing modules and training programs for child and family centred social work practice with children in need of care and protection (2009-2011)	<b>98</b>
<b>VI. PILOTING CHILD AND FAMILY CENTRED RESPONSES</b>	<b>104</b>
A. Bandung Centre for Child and Family Support (PDAK) (2010 - ongoing)	<b>108</b>
• <i>Lina, 14-year-old girl</i>	<b>112</b>
• <i>Dewi, 16 year old girl</i>	<b>115</b>
B. Preventing Separation and Reintegrating Children into Families: Piloting deinstitutionalization in Indonesia (2010 - ongoing)	<b>118</b>
<b>VII. CHILD PROTECTION SYSTEM BUILDING: THE MODEL USED IN INDONESIA AND ORGANIZATIONAL LESSONS FROM IT</b>	<b>129</b>
• <i>Yudha, 20 year old boy from West Kalimantan</i>	<b>134</b>
<b>References</b>	<b>141</b>

## KEY ORGANISATIONS, PEOPLE AND DOCUMENTS REFERENCED IN THIS REPORT

Category	English	Indonesian/Acronym
Indonesian Government	Ministry of Social Affairs	KEMENSOS
	• Directorate of Children's Services	
	• Social Affairs Offices (province, district and city level)	<i>Dinas Sosial</i> - DINSOS
	Ministry of Women's Empowerment	KPPPA
	National Child Protection Commission	KPAI
Government Subsidy and Social Welfare Programs	BBM Subsidy – a social assistance program for 'neglected children' provided to childcare institutions since 2001. The BBM subsidy is calculated to cover the estimated cost of food for a child per day.	
	Cash Assistance to Vulnerable Children	PKSA
International Agencies and NGOs	UNICEF World Vision Child Fund	
Other Partners & Organizations	Muhammadiyah – second largest Islamic organisation in Indonesia with the largest network of childcare institutions (over 300)	
	National Forum of Panti Muhammadiyah (coordinating body for Muhammadiyah's network of childcare institutions)	FORPAMA
	Aisyiyah – women's branch of Muhammadiyah	
	National School of Social Work, Bandung	STKS
	Child and Family Support Centre, Bandung	<i>Pusat Dukungan Anak dan Keluarga</i> - PDAK
	National Association of Social Work Professionals	<i>Ikatan Pekerja Sosial Profesional Indonesia</i> - IPSPI
	Association of Social Welfare Educational bodies	<i>Ikatan Pendidikan Pekerjaan Sosial Indonesia</i> - IPPSI
Individuals	Mr Makmur Sunusi, head of the Directorate of Children's Services in KEMENSOS	
	Mr Harry Hikmat, Deputy Head for Planning Bureau in Kemensos	
	Ms Kanya Eka Santi, Head of the Clinical Advanced Program at STKS	
Documents	Child Protection Law (Law No. 23, 2002)	
	UN Convention on Rights of the Child	UNCRC/KHA
	National Standards of Care for Child Welfare Institutions	<i>Standar Nasional Pengasuhan Untuk Lembaga Kesejahteraan Anak</i> - SNPA
Other	Special Protection Homes for Children	<i>Rumah Perlindungan Sosial Anak</i> - RPSA
	Childcare institutions	<i>Panti Sosial Asuhan Anak</i> - PSAA
	Islamic boarding schools	<i>Dayah</i>

## EXECUTIVE SUMMARY

Save the Children's work on shifting the paradigm of alternative care for children in Indonesia grew out of the emergency response in Aceh to the Indian Ocean earthquake and tsunami of 2004. Attempts to reunify children separated from their families as a result of that disaster revealed that many of them had been placed in childcare institutions, and this raised questions about both the prevalence of institutional care for children and the lack of family and community based care and social services for children and families. Recognizing an opportunity to take a closer look at the systems in place in Indonesia as a whole, by 2006 the Ministry of Social Affairs (KEMENSOS) and Save the Children had started to identify key issues in terms of responses to child protection concerns and what could be done to strengthen these nationwide.

After a period of initial assessments and research it became clear that placing vulnerable children in institutional care was the primary mode of intervention by all service providers. It was conservatively estimated that there were 5,000 to 8,000 institutions across Indonesia caring for up to half a million children. Children were placed in these institutions primarily by families that felt themselves, or were deemed, to be poor and unable to provide for their children. Screening was generally not carried out and supporting the child in his or her family was rarely seen as an option.

Although these institutions received the bulk of government funding for social services for vulnerable children, they were almost entirely unregulated. Transforming this situation would require major changes and Save the Children adopted at the outset a systems approach, focused on achieving a *paradigm shift* away from Indonesia's over-reliance on residential care towards policies, resources, structures and services that could safely support children in their families and prevent unnecessary institutionalization.

KEMENSOS and Save the Children signed a Technical Cooperation Agreement in March 2005 and a team of two Save the Children advisers was seconded to the Ministry. Five key areas of change were identified:

- Evidence based advocacy;
- Policy and legal reform;
- Capacity building and engagement of key duty bearers and stakeholders in the change process;
- Initiate a shift in human and financial resources towards family and child centred services; and
- Establish good models of interventions that are child and family centred and support family based care.

The first step was collecting accurate data on children's care situations in Aceh, which was conducted through the Rapid Survey of Childcare Institutions (data collection was conducted in two phases between December 2005 and March 2006) and the Rapid Assessment of Islamic Boarding Schools (Dayahs). The research findings were widely disseminated with all key stakeholders in both Aceh and Jakarta. Following the work in Aceh, the Save the Children team began working with KEMENSOS to build a better picture of the use of residential care for children across Indonesia. The serious lack of data available on the situation of children in residential care meant that a knowledge base about the situation of these children and the protection issues they faced needed to be built.

A total of 36 institutions were selected for this 'Quality of Care' research in six provinces (six per province). The development of the methodology and tools, the training of the teams and the piloting of the research tools took place from July to September 2006. The field research took place in two stages, the first from September to October 2006, and the second from January to March 2007. A separate assessment of the KEMENSOS model childcare institution was carried out in May 2007 as a basis for comparison. The

research findings formed the basis for a wide range of recommendations and advocacy work, which led in 2008 to revised government policies to support family based care. This, in conjunction with other work and research, culminated in child protection being included as a mainstream policy in the government's National Strategic Plan for 2010-2014.

The team had also begun work to support the development of a more comprehensive legal framework for alternative care in 2006. It started by providing input to strengthen government regulations on adoption and guardianship. In 2009 a drafting team was established and the draft Regulation on Alternative Care was finalised in late 2011 and sent to the Ministry of Law and Human Rights for final review. As of 2012 that process was still ongoing. The draft Regulation provides a comprehensive framework that affirms the primacy of family based care, prioritizes family preservation efforts, and establishes kinship care as the first alternative for children deprived of parental care. It also revised guardianship and adoption regulations.

In 2007, the team worked with the National Statistical Agency to extract and analyse the data from a national population survey to provide a clearer picture of the situation of children with out parental care and how they are living with. The same year it also began work with the Ministry of Social Affairs to support the establishment of a population survey on children's care situations and then worked with a consultant to develop a national Database for Children without Parental Care for the Directorate of Children Services. The aim was to support the establishment of a regulatory system that would require providers of residential care in Indonesia to be properly registered and that would work with them to ensure the quality of services provided. By June 2008 the database for Children without Parental Care was finalised.

Piloting the use of the database with a number of provincial and district authorities was conducted between 2008 and 2009 in

partnership with KEMENSOS. Between 2008 and 2011 data on 3,899 childcare institutions from all 33 provinces was entered in the national database, including information on almost 125,000 children. During the same period, Muhammadiyah, the second largest Muslim organization in the country and a major provider of institutional care was also supported to pilot the data collection system and database and as a result it collected data on 403 institutions operating under the network, 73 additional ones that had been previously known by their central coordinating body.

In 2011, KEMENSOS began to use the data in the National Database as the basis for providing subsidies to institutions. A new policy requires institutions in receipt of its financial assistance to disburse at least 40% of it to children living with their families, and that quota will be increased incrementally to 60% and so on. The aim is to ensure financial assistance from KEMENSOS actually facilitates the shift of paradigm from residential to non-residential services.

Beginning in August 2007, child-led research was facilitated with 60 child researchers in six institutions in Maluku and West Kalimantan provinces identifying and exploring major areas of concerns or interests in the lives of children in their institutions. In May 2008 the findings were disseminated to childcare institutions, government bodies at all levels, and the general public. Based on the findings of this and the previous 'Quality of Care' research, in May 2008 the Save the Children team in KEMENSOS facilitated the establishment of a Task Group to develop National Standards of Care for childcare institutions, the draft of which was finalised in November 2009.

Training in the National Standards and in the use of the National Database was conducted for newly recruited government social workers being placed by KEMENSOS in childcare institutions in a number of provinces. In 2011 the National Standards of Care for Child Welfare Institutions were formally adopted by a Ministerial Decree (No 30/HUK/2011) and

enacted into law (No 303, 2011). A National Monitoring Team was formally established in 2011 under the Directorate General for Social Services and Rehabilitation in KEMENSOS. In order to support the implementation of the National Standards of Care, Save the Children worked with KEMENSOS to conduct intensive piloting of the standards with six childcare institutions in West Java and Yogyakarta as part of its Deinstitutionalization pilot. This work is continuing at the time of writing this report.

In 2009 research was undertaken into the government's Special Protection Homes for Children (RPSAs), as the government considered them to be model institutions which would be a road map for the future delivery of services to vulnerable children, and anticipated their replication nationwide. The fieldwork for this research took place from April to October 2009 and analysis of data and report writing was finalised in January 2010. The findings from the assessments were consolidated and presented to the institutions and to the Ministry of Social Affairs in 2010. In 2011 an overall report bringing together the learning with recommendations for the RPSA model, as well as child protection more broadly, was published.

Save the Children recognised early on that a shift of paradigm from primarily residential based services towards child and family centred services would also require a change in the competencies and mandates of social workers. It worked closely with some of the major schools of social work from the start, and adopted a capacity building approach with these actors throughout. In April 2009 Save the Children convened a broad Working Group of senior social work educators, practitioners and policy makers to discuss the implication of a new law on social welfare (Law No 11) for social work practice, with a focus on children and families. The Working Group contributed directly to the drafting of the Ministerial Regulation on the Certification of Professional Social Workers and Social Welfare Officers (TKS) and the Ministerial Regulation on the Accreditation of Social

Welfare Organizations. Both regulations were adopted before the end of 2009.

While reforms of the framework for social work education and practice were being sought, it was vital to initiate a shift in what was being taught in social work schools. In 2009, Save the Children's team began to develop five modules on permanency planning and child protection targeted at senior social work teachers and trainers, together with a practicum program. In March-April 2010 intensive training was conducted over two weeks with 20 senior social work lecturers from the eight schools of social work and social workers from the Ministry of Social Affairs. Six modules on child development and parenting were also developed and 20 social work educators from the main schools of social work and staff from the Ministry of Social Affairs were trained.

In 2010 the Save the Children team initiated a new pilot project in partnership with KEMENSOS and the social affairs authorities at the provincial level in West Java and in Bandung Municipality. The Child and Family Support Centre in Bandung (*Pusat Dukungan Anak dan Keluarga- PDAK*) sought to demonstrate how professional child protection interventions in individual cases could occur outside a residential care setting, using a case management approach. The Centre was established and began working in August 2010. As of June 2012 PDAK had conducted case management interventions with 159 children and provided family support services to almost 235 children and their families.

A different model of a community support centre for families was also planned, to be tested in Yogyakarta, Central Java, which would provide more preventive services for children and families in need of support. It is to be a walk-in centre run by community members that can make use of existing resources at that level but also link families to resources and programs at other levels. Work on this model had just begun in 2012.

Save the Children started consultations on developing and testing a model for de-institutionalization in Indonesia in 2010 and into 2011. It proposed and agreed on a pilot project with three institutions, to work with them over a period of five years. In December 2011 the team also conducted an assessment of the 'sending/recruiting' areas, talking to local community leaders and village secretaries, school personnel and families as well sub-district authorities.

A working group was established in February 2012 to discuss and develop the mechanism for foster care, the criteria for foster parents and children's eligibility to be fostered, and the procedures to assess and oversee foster care placements and for providing support to foster families. Agreement has been reached on the mechanism and system for foster care, while discussions are ongoing about the role and responsibilities of the Social Affairs Offices at district/municipality and provincial

levels, and training needs and tools for foster parents and foster care providers.

The work, conducted in partnership with the Ministry of Social Affairs over a period of seven years, and still ongoing at the time of writing this report, brought together a range of actors, including children, who contributed directly to the changes initiated. Although considerable documentation of this work already existed, it was fragmented and scattered. No report brought together what was done in a way that could support a better understanding of the changes and enable organizational learning on a system building approach to child protection. This report seeks to do this, although it is important to note that it is not an evaluation, nor does it seek to provide an independent assessment of impacts and outcomes. It is a reflection and documentation piece that hopes to explain what was attempted and done, why, and some of the things that were learnt along the way.



## I. INTRODUCTION: A SHIFT IN PARADIGM

On the 26<sup>th</sup> December 2004 one of the largest recorded earthquakes struck the West coast of Sumatera Island in Indonesia, triggering a devastating tsunami in the Indian Ocean that affected eight countries. This disaster wiped out entire areas of Aceh province (*Nanggroe Aceh Darussalam*), located on the northern tip of Sumatera. More than 160,000 people died and at least half a million were displaced. One-third of Aceh's 820,000 homes were heavily damaged or destroyed, including in its capital Banda Aceh. Major social and economic infrastructures were left unusable, including 26 health centres, almost 1,500 schools, roads, ports, and agricultural lands.

Beyond those directly impacted by the disaster, most families were also affected through the loss of relatives, friends, land, livelihood and opportunities. When the Indian Ocean earthquake struck, Aceh province had already experienced 30 years of conflict between a local separatist movement (GAM) and the Indonesian military (TNI), with thousands of communities affected by violence, insecurity and isolation.

The scale of this disaster triggered a unique humanitarian response and over 200 agencies worked to support the emergency response. Save the Children was among the first agencies on the ground, having worked in Indonesia, including Aceh province, since the mid 1970s. The organization raised millions of dollars in funds and deployed a major emergency and recovery response, providing assistance to over 300,000 individuals. Together with key partner agencies, including UNICEF, it registered separated children, worked to reunify them with their

families, ran emergency education programs for tens of thousands of displaced children, and provided cash for work, community kitchens, safe plays areas, and temporary shelters for affected communities.

Discussions of the longer-term needs of the province began in the spring of 2005 as the focus shifted to longer-term development and preparedness for potential future disasters in Indonesia as a whole. Doing so would entail a shift from providing services directly to vulnerable families in Aceh to strengthening the capacity of the Indonesian government, local authorities and institutions to deliver effective services and responses to families in both emergency and non-emergency contexts.

Save the Children US had operated a number of programs in Indonesia since the mid 1970s, focused on community development, strengthening livelihood trafficking and access to education and health services. Save the Children UK had worked in different areas of the country since the late 1990s, providing particular support to children affected by the armed conflict in East Timor and the sectarian conflicts in West Kalimantan and Maluku in early 2000.



Devastation in Banda Aceh (Photo by Tom Riddle)

It also conducted advocacy work to strengthen systems and policies to ensure children's access to quality basic education, protection from violence and HIV/ Aids. Both organizations worked closely with the Ministry of Social Affairs (formerly known as DEPSOS, now KEMENSOS), Health (MENKES) and Education (KEMDIKBUD) and were operating in the country under an agreement with the Ministry of Social Affairs.

In mid 2005 Save the Children began discussions with the Head of the Directorate of Children's Services in KEMENSOS, Mr. Makmur Sunusi, recognizing that the Indian Ocean humanitarian response was an opportunity to take a closer look at systems in place in Aceh and in Indonesia as a whole. Under the leadership of Mr. Sunusi it was agreed that direct technical support was needed at central government level in Jakarta and in the Aceh Social Affairs office (*Dinas Sosial - Dinsos*). A team of two advisers (one international adviser and a national child protection specialist) was to be seconded by Save the Children and placed within the Ministry's Directorate of Children's Services, under the supervision of the Director.

KEMENSOS and Save the Children signed a Technical Cooperation Agreement in March 2005 setting out the scope of work, the role of the advisers and the respective responsibilities of both agencies. A major focus was strengthening and building on responses for children unaccompanied as a result of the disaster in Aceh, including tracing and family reunification, as well as placement in alternative care for children who had lost their families.<sup>1</sup> The technical advice team began work in late September 2005, located in a small office in the Directorate of Children Services in KEMENSOS.<sup>2</sup>

The scope of the Technical Cooperation Agreement was soon broadened. The Ministry and Save the Children UK were to work together "to respond to children who are in need of care and protection and in particular ensure that children who are without parental care or separated as a result of social, natural, personal disaster or crisis are provided at all time with appropriate support and assistance in line with Law No 23 on Child Protection."<sup>3</sup> By 2006 the team had started to look beyond the immediate response to the Aceh disaster and identify the key issues in terms of responses to child protection concerns in Indonesia, and what could be done to strengthen these responses nationwide.

After a period of initial assessments and research conducted in Aceh and six other provinces it became clear that the placement of vulnerable children in institutional care was the primary mode of intervention by all service providers.

Indonesia's child protection system was found to rely almost exclusively on residential care interventions and, although these institutions received the bulk of government funding for social services for vulnerable children, they were almost entirely unregulated.

The team also found little awareness existed of the potential negative impact of institutionalization on children. Residential care was generally seen as best for children of families who were considered 'without capacity' (*tidak mampu*). There were also considerable vested interests involved in the provision of services for children through institutional care. Childcare institutions were the major players and providers of services for vulnerable children throughout Indonesia; in some places the only providers. The issue of alternative

1 Technical Cooperation Agreement on Separated and Unaccompanied Children, between the Ministry of Social Affairs and Save the Children UK, 2005. The agreement was renewed each year and its scope broadened to Children in Need of Protection at the end of 2006.

2 The international adviser was Florence Martin and the National Adviser was Tata Sudrajat. An adviser was also placed in Aceh's Office of Social Affairs through UNICEF, but there were considerable delays before that post could be agreed and operational, partly due to the disaster. \

3 Technical Cooperation Agreement on Children in Need of Protection between the Ministry of Social Affairs and Save the Children UK, 2007.

care and children’s right to grow up in a family was not on the agenda of local NGOs working on children’s rights and protection.

Transforming this situation would require major changes, starting at the national level where the Ministry’s policies and funding were fuelling the problem. From the outset

the team adopted a systems approach focused on achieving a *paradigm shift*, away from Indonesia’s over-reliance on residential care and towards policies, resources, structures and services that could safely support children in their families and prevent unnecessary institutionalization.

**Five key areas of change were identified:**

<p><b>1. Evidence based advocacy</b></p> <p>To put the issue on the map through research and advocacy to identify and publicize the problem, creating greater public awareness and political will from key actors including policy makers, social service providers, relevant professionals and academics, and community actors, including staff and children in institutional care.</p>	<p><b>2. Policy and legal reform</b></p> <p>To initiate a major review of existing laws and policies to ensure these are consistent with the UN Convention on the Rights of the Child, including the development of a framework to regulate the use of institutional care and ensure the provision of a range of family based alternative care options, with residential care as a last resort.</p>
<p><b>3. Capacity building and engagement of key duty bearers and stakeholders in the change process</b></p> <p>To use research and advocacy to build the capacity of key duty bearers and strategic partners to understand the problem and act upon it: a team of ‘champions’ that could drive the change process in all sectors (policy makers, government, service providers, professionals, and children in alternative care).</p>	<p><b>4. Initiate a shift in human and financial resources towards family and child centred services</b></p> <p>To work with government and organizations running residential services to transform the role of institutions and their resources towards providing services to children in their families and communities, and supporting the development of social work professionals with the skills and mandates to work directly with children and families.</p>
<p><b>5. Establish good models of interventions that are child and family centred and support family based care</b></p> <p>To pilot a child and family support centre in Bandung (West Java) that uses professional social work responses to support appropriate care placements and protection responses for children at risk, and develop an Indonesian model of deinstitutionalization with gatekeeping mechanisms in place and the adoption of family reintegration protocols.</p>	

This work sought to reframe the way the whole child welfare system responded to protection risks faced by children and families by moving towards direct services to support families and protect children within their families and in their communities. To achieve this, Save the Children adopted a systems approach to child protection, seeking to strengthen the policy, legislative and organizational framework; and the mechanisms, human resources, skills and capacity required to deliver these services.

This report will therefore also adopt a systems framework to highlight the relationship between a program or initiative and the particular components of a national child protection system. The report will use the key components of an effective child protection system as identified by Save the Children in its "Rough Guide" and UNICEF in its Mapping and Assessment Toolkit for Child Protection Systems.<sup>4</sup> (See Figure 1 for the key components of a national child protection system.) Colour coding will be used throughout the report to highlight the contribution a particular intervention or activity aimed to make to the child protection system and each section of the report will have 'What was done and why', 'The approach taken' and 'Key findings and learning' segments.

The work, conducted over a period of seven years and still ongoing at the time of writing

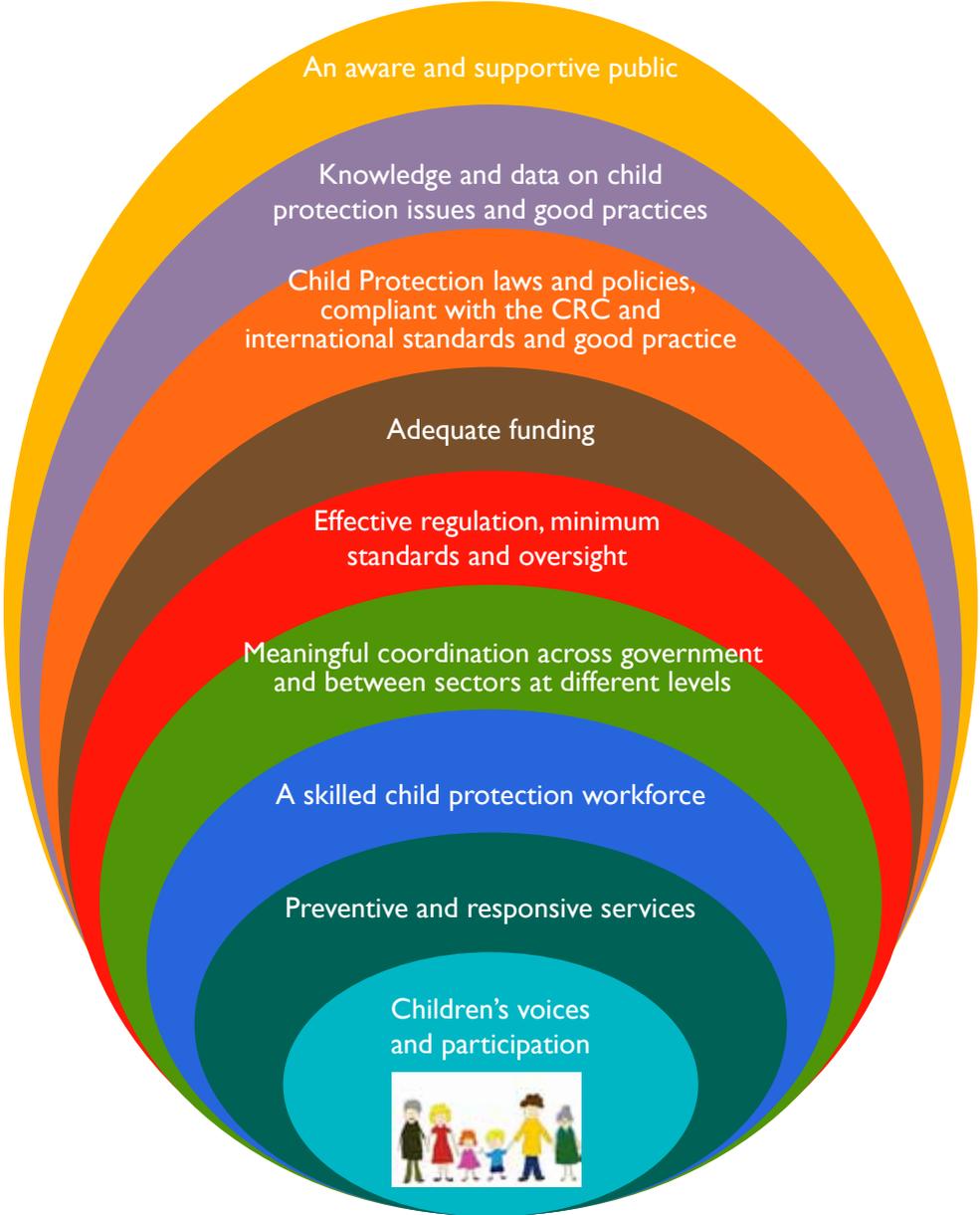
this report, initiated a major shift in the child welfare system away from institutional care towards the delivery of child and family centred services. It brought together a range of actors, including children, who contributed directly to the changes initiated. Although considerable documentation of this work already existed it was fragmented and scattered. No report brought together what was done in a way that could support a better understanding of the changes and enable organizational learning on a system building approach to child protection.

Understanding how this work was conducted, what processes and activities were implemented, the challenges faced and the strategies and interventions that were tested, can inform continuing work to strengthen the child protection system in Indonesia. It is also hoped that it can contribute to Save the Children's global efforts to strengthen national child protection systems, and the learning the organization is doing in that context. It is important to note, however, that this report is not an evaluation of the work done, nor does it seek to provide an independent assessment of impacts and outcomes. It is a reflection and documentation piece that will instead seek to explain what was attempted over a seven year period, why, and some of the things that were learnt along the way.

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<sup>4</sup> Save the Children (2008), A 'rough guide' to child protection systems. London: Save the Children. UNICEF (2010), Child protection systems: Mapping and assessment toolkit. Retrieved at: [http://www.unicef.org/protection/57929\\_58020.html](http://www.unicef.org/protection/57929_58020.html);

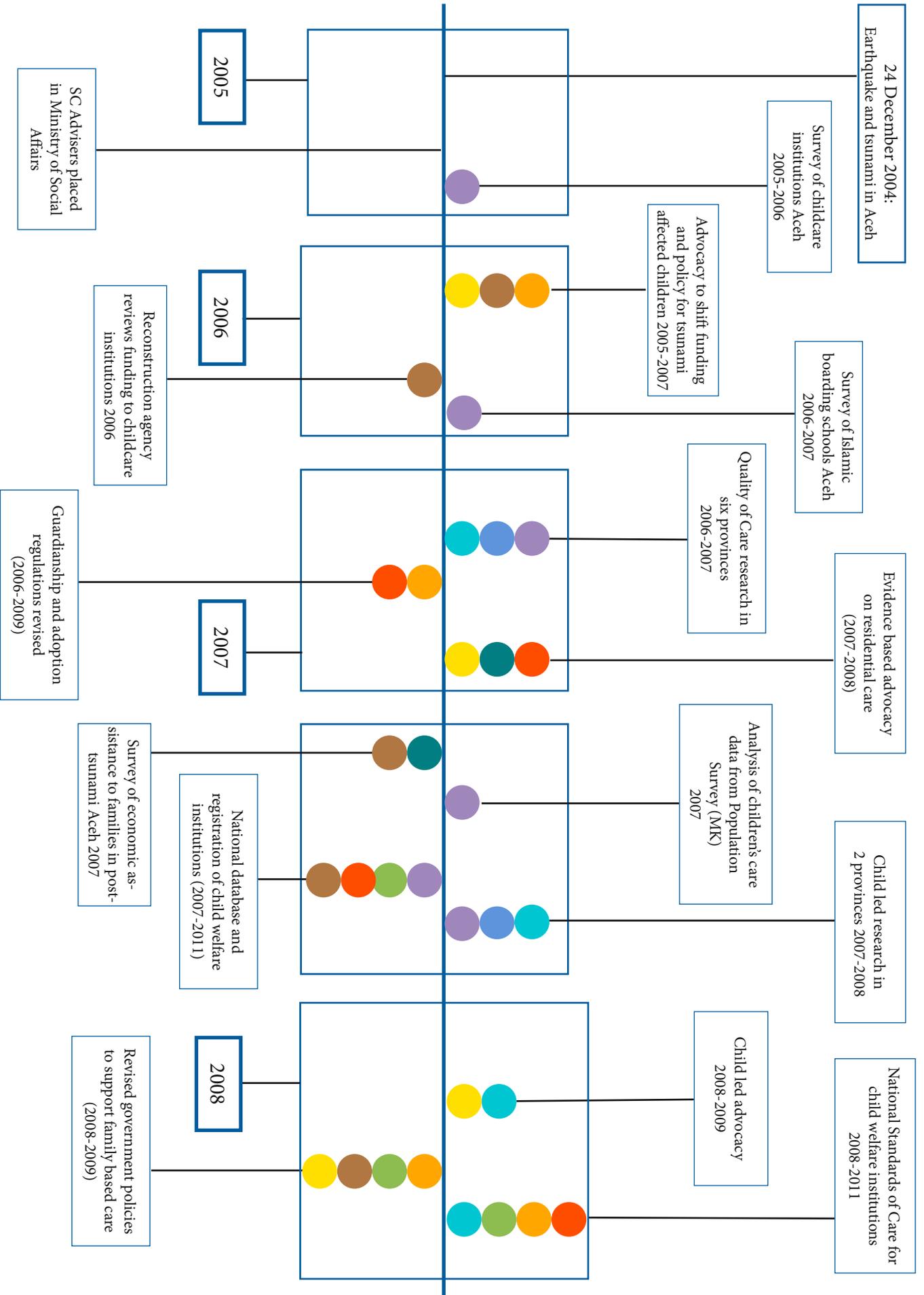
**Figure 1: The nine major components of a national child protection system**

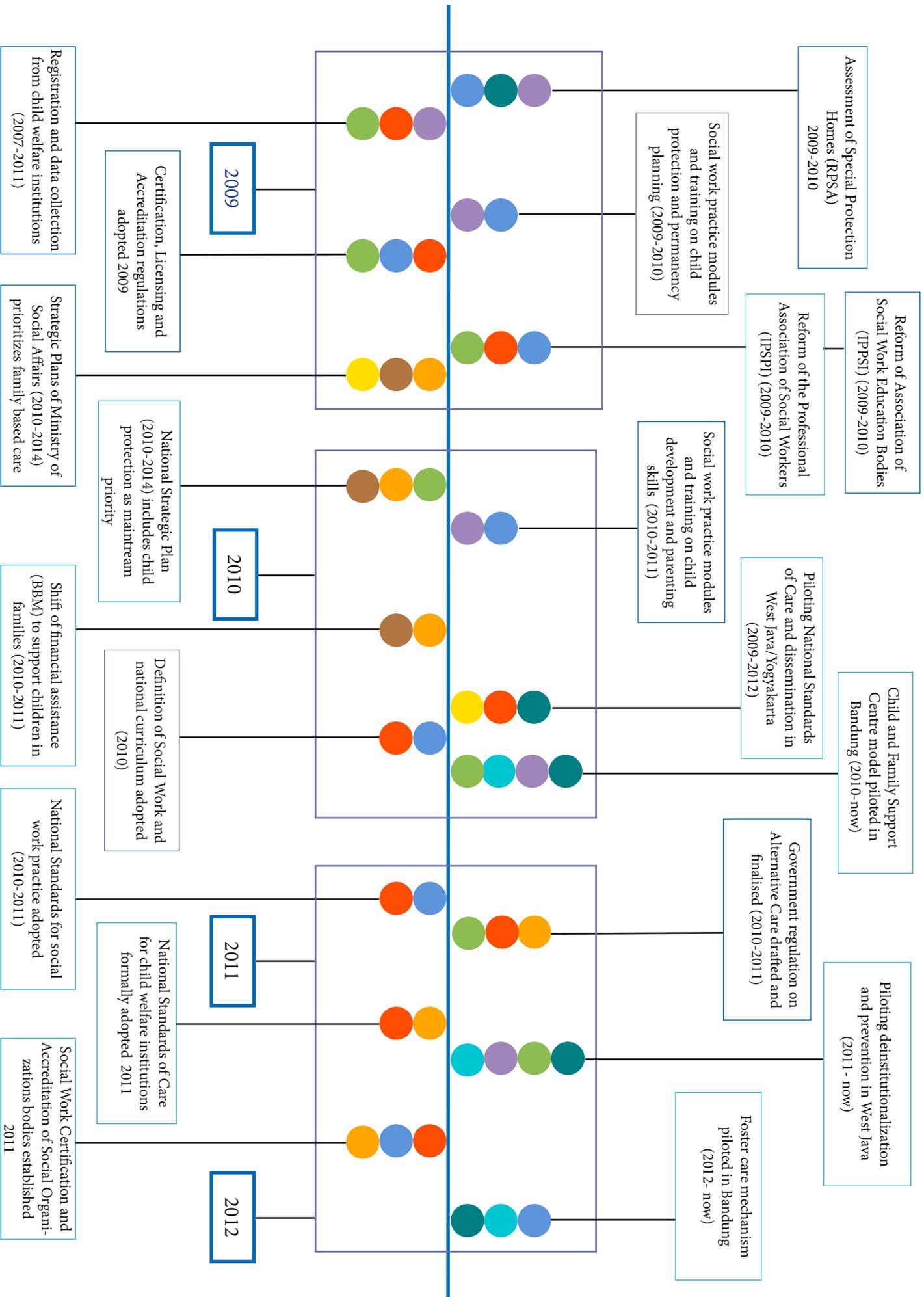


## Colour referencing for the key components of a national child protection system

- Child Protection laws and policies, compliant with the CRC and other international standards and good practice
- Meaningful coordination across government and between sectors at different levels
- Knowledge and data on child protection issues and good practices
- Child Protection laws and policies, compliant with the CRC and Effective regulation, minimum standards, and oversight
- Preventive and responsive services
- A skilled child protection workforce
- Adequate funding
- Children's voices and participation
- An aware and supportive public

# Timeline of activities and changes with colours showing the component of the child protection system being strengthened





## II. MOVING FROM EMERGENCY RESPONSE IN ACEH TO LONG TERM CHILD PROTECTION IN INDONESIA

In the aftermath of the tsunami in Aceh, it was feared that an exceptionally high number of children had become separated from their families and that most had become orphans as a result of the disaster. No figure was available on the number of children who had lost one or both parents but news media carried stories of tens of thousands of 'tsunami orphans'.

In February 2005, Vice President Jusuf Kalla was quoted in the press as saying "at least 20,000 of the [separated] children lost not only their parents but also all other family members and relatives" (Martin & Sudrajat, 2006). This led to great public concern for these children and an outpouring of funds was directed towards childcare institutions. Children were also transferred from Aceh to other provinces to be placed in institutions. Allegations of child trafficking were rife and some credible reports pointed to children being taken abroad for medical care.

The Family Tracing and Reunification Network (FTR) was established in January 2005 and a common tracing and reunification system set up.<sup>5</sup> Save the Children led the work with the development of a shared database system located in the Office of Social Affairs in Aceh, to be used by all agencies conducting family tracing and reunification work. Between January 2005 and May 2006, the Network registered almost 3000 unaccompanied children. About 700 of these children had lost their parents, while the remainder did not know their whereabouts at the time. Most were eventually reunited with parents or extended families.

With the support of UNICEF and Save the Children the government had responded

decisively to prevent further separation of children. It enacted decisions to freeze all adoptions, intra- or inter-country, and to prevent the transfer of children abroad. It promulgated a new *Policy on Separated Children, Unaccompanied Children and Single-parent Children affected by Emergency Situations*, integrating

key international principles.<sup>6</sup> The policy stated that "children receive the best care when they are in a family environment and remain in their community, culture and religion". It articulated principles for interventions in relation to separated children in an emergency, in particular that: separation from the family and community should be prevented whenever possible; support for family based care should be prioritized; and placing children in institutional care should be a measure of last resort. The policy also identified the support that families should receive in order to continue caring for these children during the emergency.

Despite this important policy, it became clear that many new childcare institutions (*Panti Sosial Asuhan Anak*) were being built in Aceh and many existing ones were expanding and receiving significant numbers of new arrivals. Discussions with staff from childcare institutions and Islamic boarding schools (*Dayahs*) in other districts also pointed to high numbers of children being placed there since the disaster, as well as considerable movement of these children from one institution to another.

Most of the separated and unaccompanied children who had been registered by the FTR Network were living in temporary barracks set up by the Government to address the

5 The FTR Network included the Ministry of Social Affairs, the Ministry of Women's Empowerment (KPP), the provincial department of social affairs (Dinsos) in Aceh, UNICEF, the International Committee of the Red Cross (ICRC), Muhammadiyah, PUSKAKA, Cardii/IRC and Child Fund among others.

6 Indonesian Government Policy on Separated Children, Unaccompanied Children and Single-parent Children affected by Emergency Situations. DEPSOS, 11 February 2005. The 2004 Inter-agency Guiding Principles on Unaccompanied and Separated Children were developed by ICRC, IRC, Save the Children, UNHCR, UNICEF, and World Vision International.

immediate needs of hundreds of thousands of displaced people. There had been almost no effort to identify whether unaccompanied children were taken directly to institutions, rather than the barracks, by relatives or community members.

There was even less information about how the disaster had affected the care situation of children in Aceh, including the capacity of families to care for them. Were children being placed in institutions as a result of the disaster and if so, what were the circumstances of those placements? Were families receiving the support promised under the policy or were they left with little choice other than relinquishing their children to others? Were the placements temporary or long-term? Most of the efforts in relation to children focused on immediate separation (*primary separation*) as the direct result of the disaster, and not enough attention had been paid to what Save the Children referred to as *secondary separation*.

Secondary separation is not the direct result of a disaster but is brought on by the impact of the disaster on families' ability to care. This can result from the death, injury, or disappearance of key caregivers; the impact of the events on their mental health; or the loss of a home, livelihood, land, or access to school for their children. It can also result from the stress of living conditions in Internally Displaced Persons (IDP) camps. It is the result of families having to make difficult care decisions in the face of long-term recovery from disaster.

It was also essential to understand the impact the disaster had on childcare institutions and other residential facilities such as Islamic boarding schools. Changes to their population, funding, services, care practices and staffing would have long term implications for children's care in post-tsunami Aceh.

## **A. The Rapid Assessment of Children's Homes in post-tsunami Aceh (2005-2006)**

### **Knowledge and data on child protection issues and good practices**

#### **What was done and why**

Collecting accurate data on children's care situations was critical to the development of policies and interventions that could positively support family based care in the post emergency context. Save the Children advisers to KEMENSOS began by reviewing available data from the FTR Network; from a major Aceh and Nias population census conducted between August and September 2005; from provincial Social Affairs Offices; and from the government Coordinating Agency for the Rehabilitation and Reconstruction of Aceh (*BRR- Badan Rehabilitasi dan Rekonstruksi*). Early assessments indicated that most Aceh children who had been separated from caregivers or lost them in the disaster had been taken in by extended families and, in some cases, by neighbours and members of their communities.

More than 80% of separated children registered by the FTR Network as of May 2006 were in the care of their families or alternative families. 32,000 people living with displaced families were also found to be members of their own extended family. That was almost 16% of those displaced, and among those less than 5% were direct relatives, such as grandchildren, parents or parents in law. However, data available from the Office of Social Affairs on childcare institutions in Aceh was limited even before the disaster, and the data collection systems appeared outdated and mostly developed to facilitate government funding rather than to ensure appropriate registration and information about the children and services received by them.

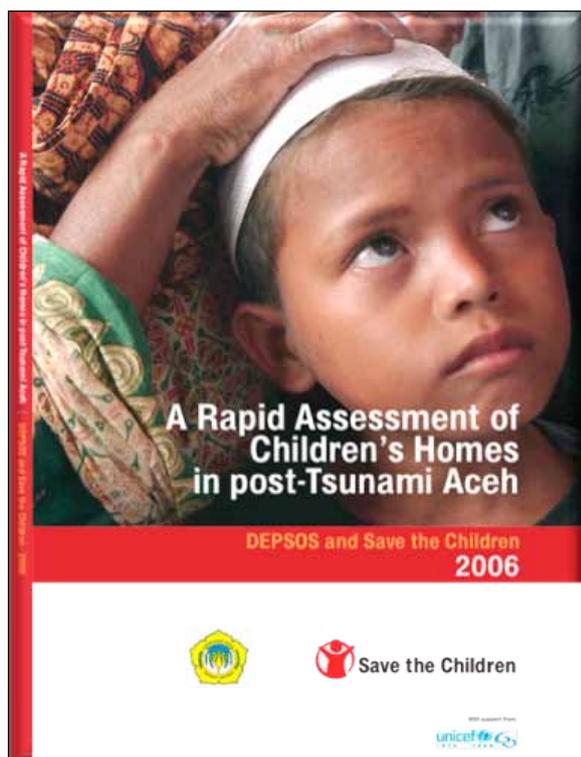
#### **The approach taken**

In collaboration with KEMENSOS and with financial support from UNICEF, Save the Children undertook a rapid assessment of all childcare institutions in Aceh province. Data was collected in two phases between December 2005 and March 2006 by a team of trained social workers deployed by KEMENSOS to support the Emergency Response in Aceh. The team began by surveying institutions on the list of the local Social Affairs offices, and using snowballing techniques to identify institutions previously unknown or recently built.

The survey questionnaires focused on the situation of children in the institutions; the timing and context for their placements, including decision-makers; their parental status; specific data for children placed after the disaster and for children placed in the context of the conflict; contact and relationship with families; care plans, tracing needs and education status. The survey also collected basic data on the institutions, including when they were set up, management and ownership, staffing and funding. The Survey did not seek to assess the quality or appropriateness of services provided. A report was produced presenting the key data and findings together with analysis and recommendations.

#### **Key findings and learning**

The research found 207 childcare institutions operating in Aceh province, caring for over 16,000 children (60% boys and 40% girls). An additional ten institutions had ceased to



operate and at least 35 of the institutions operating were not included in the data available from the Office of Social Affairs. The vast majority of institutions were privately run (95%), with only ten government institutions in the province, but almost all received considerable government funding.

Seventeen new institutions were established in the aftermath of the tsunami and a number of new institutions were in planning at the time of the research. Over 2500 of the children in these institutions were victims of the disaster and had been placed as a result. Of these, however, the vast majority still had at least one parent alive and only 10% of children were real orphans (double orphans). This data highlighted that, contrary to media reports, the disaster had not resulted in tens of thousands of orphans with no families to care for them. Instead, the survey showed that although half of these children had been placed in the immediate aftermath of the disaster, significant numbers were placed later, indicating that families' capacity to care for their children was a primary factor and that secondary separation was indeed a major concern in post-tsunami Aceh.

The research also found that the institutions saw providing access to education as their primary function and mostly school-aged children were accepted. Children were expected to remain there until they had graduated from high school and institutions saw a child's return to family care as a failure rather than a goal. Furthermore, the institutions were also found to recruit children actively, including from the IDP camps, using the promise that children would be able to access education until they completed it.

The survey found that funding practices by government and non-government sources were both driving recruitment practices and pushing families into relinquishing their care role. The BRR, the agency in charge of reconstruction, had already provided institutions with USD 2.2 million in 2005, another USD 1.6 million in 2006 and was planning to allocate another USD 1.7 million in 2007. Central government funding to these institutions was also found to be substantial, both before and after the tsunami. Almost one million dollars had been disbursed in 2005 under the KEMENSOS BBM Subsidy, a government social assistance program for 'neglected children' provided to childcare institutions since 2001. The BBM subsidy is calculated to cover the estimated cost of food for a child per day. As a result, the more children placed in an institution, the more funds it received.

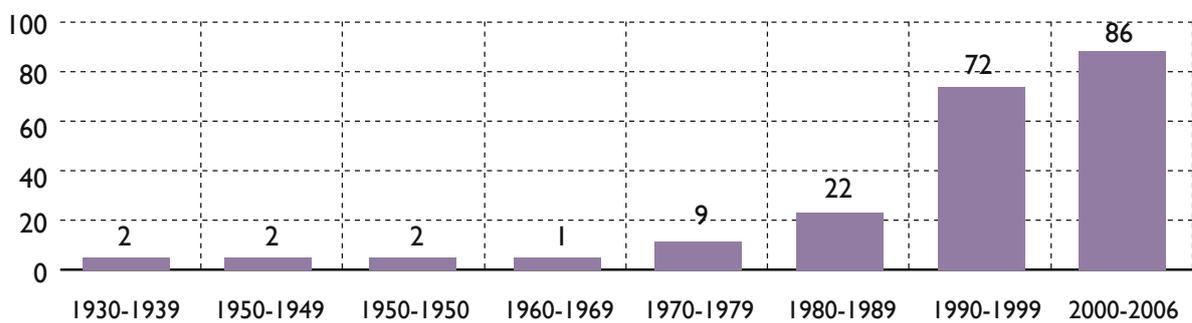
Local government had also provided an additional USD 500,000 to institutions in 2005, through *Deconcentration* funds, funding provided by central government to local government following decentralization of services throughout Indonesia in 2000. The survey further found that none of this funding was conditional on registration or compliance with minimum standards of services, and no active monitoring system was in place to ensure children were receiving services or indeed in the institutions.

No data or oversight system was found to be in place, either within the institutions or

externally, to enable accurate assessment of private assistance to institutions. Anecdotal evidence, however, showed that it was considerable, both in cash and through donations of land and buildings. Substantial new funding had been injected into institutional care as a result of the tsunami, including from foreign agencies. Compounding this, government support to displaced families in the emergency

response, which aimed to ensure access to basic food needs over a six month period, was only provided to families that lived in the IDP camps. The tens of thousands of families and relatives caring for children affected by the disaster outside these camps were not eligible, in effect forcing families to remain in the camps in order to access essential assistance for their children.

**Graph No 1: Year of establishment of the Children’s Homes in NAD Province. (March 2006)**



Although the disaster that devastated Aceh had a major impact on the use of residential care for children, the survey also found that almost half of all childcare institutions in Aceh had been established after 2000. The picture that emerged showed that institutions were a relatively recent phenomenon in that province, with a sudden and significant rise in

numbers since the early 1980s (see Graph 1). The number of institutions more than tripled between 1990 and 1999 and doubled again between 2000 and 2006. The research findings indicated that fundamental changes were taking place in children’s care in the province, with the impact of the tsunami compounding the situation, rather than creating it.

### **Anto’s story (15 year old boy), Aceh**

Anto, who is from Meulaboh, is the only child in the institution that comes from outside Lhoksemawe. He originally came to this institution because his neighbor knew the *ustad* (religious leader) there. Anto is happy that he is in the institution as it will enable him to get an education and study as a *santri* (Koranic student). However, there is one problem preying on Anto’s mind – the amount of assistance he receives is becoming smaller.

*“They promised me I’d be sent to high school, but I’m getting less and less assistance now. I just get a bed and food. I’m also disappointed as all my friends are visited by their parents and given money, but nobody gives me money, except for grandma when she visits now and again. But she’s getting on in years. It’s a pity for her.”*

He recalls his experiences when the earthquake and tsunami struck.

*“It was Sunday and I had just woken up. Mama was opening the shop and dad was out. There was me, mama, and my younger sibling. I felt the earthquake; the closets fell over, the shelves collapsed. I heard a rumbling noise. Everyone shouted that the sea was retreating. There were lots of fish left high and dry so everyone ran out to gather up the fish. I didn’t go. There was a big rumbling noise again, getting louder. Everyone ran to the mosque. The sea rose. The wave was enormous. God help us. Everyone was running to the mosque and praying. I could only think that it was the end of the world. I remembered mum. She was behind me. She told me to run. Dad was also running. Thank God, the massive wave didn’t crest. If it had crested, we would all have been dead. We kept running up into the hills.”*

*“While we were taking refuge in the forest I slept under a tree. There was no tent. We ate what we could get, leaves, coconut milk... I felt so weak. It was only after two weeks that a helicopter dropped food – that was the first time we ate real food. As well as the helicopter, Marines also arrived to help us. In the end, we got plenty of help. Lots of Westerners arrived. We ate an ox that one of the Marines shot. The ox had run here from the village.”*

Anto lived in the forest for three weeks. His grandmother found him there. She had been searching the hills trying to find any of her children or grandchildren who might have survived. After that Anto lived with her, but as her financial situation was so difficult he was eventually sent to the institution.

## **B. Advocacy to shift financial and policy support towards family based care in the recovery phase (2006-2007)**

**Child Protection laws and policies, compliant with the CRC and other international standards and good practice**

**Adequate funding**

**An aware and supportive public**

### **What was done and why**

The findings from the Rapid Survey of Childcare Institutions had major and immediate implications for children's well-being in the transition from emergency to recovery and longer-term development. It had highlighted that the government policy on separated and unaccompanied children was not being implemented and that the bulk of funding allocated to children affected by the tsunami was supporting their institutionalization, rather than care in their families.

The research also provided a firm foundation for discussions with the Ministry of Social Affairs and the local Social Affairs office in Aceh about their approach to assistance to vulnerable children. Most noticeable was the widespread belief, in Aceh and nationally, that childcare institutions primarily cared for 'orphans', and the extent to which social programs for vulnerable children had relied on them. Challenging these assumptions and redirecting services and assistance toward families would entail major changes at personal, organizational and financial levels.

### **The approach taken**

The research findings were widely disseminated in high level technical meetings with all key stakeholders in both Aceh

and Jakarta. The Head of the Directorate for Children Services immediately acted on the findings by redirecting proposed assistance to institutions by foreign governments towards the provision of educational stipends and scholarships for tsunami-affected children through their families.<sup>7</sup> As a result of discussions with the main reconstruction agency in Aceh, an inter-agency Working Group on Family based Care was set up to review funding for institutions and to identify targeted assistance that could be provided instead to support family based care for vulnerable children.

The report was also given a high profile public launch in Jakarta in November 2006, headed by the Director of Children Services, creating considerable media interest in Indonesia and abroad. Media work by the team focused on raising public awareness of the situation of these children and on reframing the public discourse on 'tsunami orphans', correcting the widespread perception that Aceh was overwhelmed by children without families.<sup>8</sup>

### **Key findings and learning**

A major challenge in redirecting assistance to families was a lack of existing models. Several humanitarian agencies were providing direct assistance to families following the disaster, through cash for work, cash grants or loans,

7 Assistance from the government of Oman, for example, initially focused on the provision of institutional care, was developed into a scholarship scheme for children who had lost one or both parents through the tsunami, supporting their education until they reach 18.

8 The team contributed to several international and national media stories on the situation of tsunami-affected children in institutional care, including through BBC World Service, Radio 4, ABC, Kompas and Detik online among others.

micro financing initiatives, scholarships and educational stipends, and in a few cases psycho-social assistance. Most of the livelihood initiatives were targeted at affected communities but some also had specific components to reach particularly vulnerable households, including female or single parent headed households, households with widows, and families caring for orphans or vulnerable children. Very few, however, focused their assistance with the goal of preventing family separation or strengthening family based care, and care outcomes were rarely monitored.

Save the Children, together with other agencies providing assistance to unaccompanied children, also delivered small cash and in kind support to the families of these children, including foster families, to support the reunification and reintegration process. The lack of evidence on effective economic interventions to support families in their care role presented a real challenge to redirecting assistance towards family based care solutions.

In early 2007 the Save the Children team collaborated with two livelihood specialists working in Aceh in an attempt to pull together learning from the myriad of economic interventions provided in the post-tsunami context.<sup>9</sup> It hoped to find evidence of effective interventions that could support family based care in the post emergency phase.

Working through the Working Group on Family based Care in Aceh, the aim was to support the development of a comprehensive strategy by key stakeholders to redirect funding away from residential care services and towards direct support to their families.

The learning process was, however, seriously hampered by a lack of systematic data collection, in particular impact assessments by agencies providing these interventions. This problem extended to other tsunami affected countries, limiting the possibility of cross-country learning. Lessons could not be drawn from interventions and strategies that could be expected to impact affected families' ability to care, including the availability of death and disability compensation, or liability for loan repayments in the aftermath of a disaster, for example.

It became clear that developing evidence about the links between social assistance to vulnerable families and children's care and protection was badly needed. It also highlighted the need for an overall framework for supporting family based care as part of an emergency response, including evidence of effective interventions that can be adapted to a range of situations and contexts. Having this knowledge base would enable agencies to avoid poor practices and learn by testing the effectiveness of proven ones in different contexts and in partnership with the families and communities affected.

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9 Adams, L.& Kendrick, A. (2007). DRAFT. Helping Families Cope and Care: Direct Economic Support for Families. A review of post-tsunami economic interventions aimed at supporting families in livelihoods recovery, with special attention to interventions targeted at the poorest households. Compiled for the Working Group on Family-based Care, Aceh.

## C. The Rapid Assessment of Islamic Boarding Schools (Dayahs) in post-tsunami Aceh (2006-2007)

### Knowledge and data on child protection issues and good practices

#### What was done and why

The *dayah* (*pondok pesantren* in the rest of Indonesia) is an institution for education and Islamic teaching with a long history in Indonesia, with the first *dayah* established in eastern Aceh in the 10<sup>th</sup> Century.<sup>10</sup> In Acehnese culture it is common practice to send children to a *dayah* for their education.<sup>11</sup> Children are sent there from about age seven to ten until the age of 18-19 years. Most children reside inside, and considerable variations have been found depending on the location of the *dayah*.

In Aceh, *dayahs* function not only as places of religious education but also as places of social protection. *Dayahs* are trusted and hold a strong position in most communities in Aceh. Families facing challenges in the care or education of their children will often resort to placing their children in a *dayah*.<sup>12</sup> They have also played an important role in caring for children whose families have suffered through the conflict in Aceh. In addition, some *dayahs* have registered or established separate childcare institutions, often in order to access funding from the Ministry of Social Affairs. The roles of the *dayahs* as educational institutions and places that care for children have become increasingly intertwined.

Immediately after the tsunami, many leaders of *dayahs* provided accommodation and education for affected children. It was estimated that thousands of children were placed in *dayahs* all over Aceh following the disaster, but their numbers, their situations and their relationships with their families were unknown. In general, *dayahs* have very limited physical and technical capacity to accommodate children, particularly traditional *dayahs*. Facilities and numbers of skilled teachers or carers are often limited and inadequate compared to the number of children in their care.

It was critical to understand better the role these institutions were playing, and the issues faced and services received by children placed in them. Research on the *dayahs* would provide a more complete picture of the impact of the disaster on children's care situations and the extent to which the assistance they received was meeting their needs in both the short and long term. The Save the Children team in KEMENSOS collaborated with Save the Children in Aceh, the provincial Office of Education, the Office of Religious Affairs, the Association of *Dayah* Religious Leaders (HUDA) and UNICEF to undertake this work.

10 Data from the Ministry of Religious Affairs for 2004-2005 stated that there were 14,798 *pondok pesantren* in Indonesia. There are three types of *pesantren/dayah*: *Salafiyah*, traditional *pesantren* where education is mostly Koranic; *Khalafiyah*, modern or integrated *pesantren* that use the national curriculum but integrates elements of the traditional *pesantren* education, including Arabic language, as additional subjects; and *combination pesantren*, which provide side by side both national curriculum and traditional *pesantren* education. Nationally 47.5 % of *pesantren* are combination *pesantren*, 31 % modern/integrated and 21.5% traditional *pesantren*.

11 Two Ministries supervise education in Indonesia: the Ministry of Education oversees about 84 percent of schools, and the Ministry of Religious Affairs oversees the remaining 16 percent (World Bank, 2012). Although most primary schools are public, a majority of junior secondary and senior secondary schools are privately run.

12 The cost of education in a *dayah* is generally a fraction of the cost of attending even a public school, particularly in traditional *dayahs*, and for children at junior and secondary levels.

## **The approach taken**

According to the provincial Department of Religious Affairs (DEPAG) there were 857 dayahs in total in Aceh province (57.5% combination dayahs, 31.2% traditional dayahs and 11.3% modern dayahs) and research could not be conducted in all of them. Sampling was done using a clustering approach to ensure representation of districts according to the extent to which they had been affected by the disaster. Although most children affected were likely to be found in areas that were directly struck, many dayahs were destroyed or badly damaged in those areas. Families were also moving to non-affected areas of the province in search of safety and better living conditions. In order to understand the extent of that movement, it was essential to survey dayahs in areas not directly touched by the disaster. Two thirds of districts/municipalities (14) and 20% of dayahs in Aceh were surveyed using simple random sampling methods.

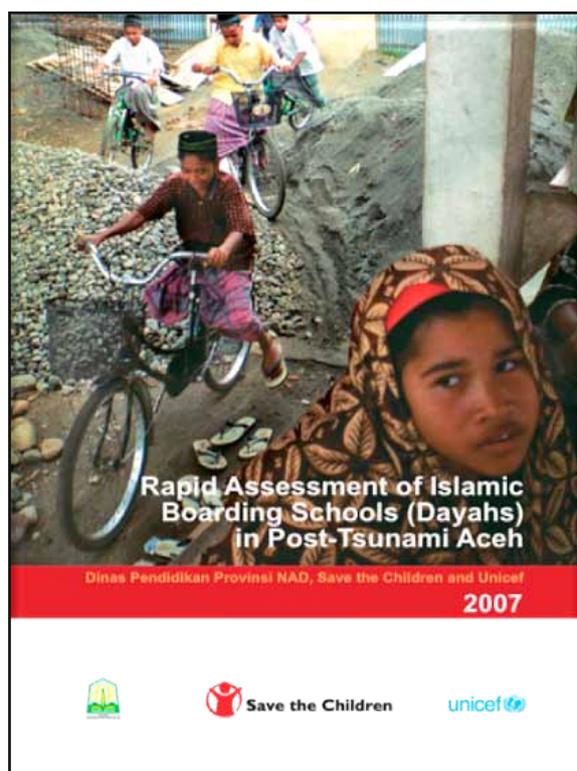
Access to dayahs was also a challenge. As a result of the 30-year conflict, there was widespread mistrust of non-Acehnese, in particular Javanese who dominate the Indonesian government and the military. The lack of a regulatory system or any form of monitoring also meant that dayahs were not used to 'outsiders' asking questions. A strong partnership with local Islamic organizations was essential to enable this research to go forward. A reference group was established to plan and develop every aspect of the research process, with representatives from the Association of Dayah Religious Leaders (HUDA), the Network of Former Dayah Students (Rabitha Taliban) and Muhammadiyah in Aceh playing key roles. Data collection was conducted using Acehese data collectors with strong knowledge and understanding of dayah culture who were trained especially for this work.

Field researchers were selected from the Rabitha Taliban network of graduates from the dayahs, graduate students, and lecturers from local universities. A team of two senior

faculty members supervised the fieldwork and ensured appropriate coordination between the teams. Experts in quantitative research methods from the University of Indonesia and Atma Jaya University were also brought in to support the development of sampling strategy and the data collection and analysis. Fieldwork was conducted between November 2006 and May 2007.

## **Key findings and learning**

The research highlighted the key role dayahs were playing in the education and care of affected children and young people in the aftermath of the tsunami. Almost 13% of students in dayahs surveyed were victims of the tsunami (4,481 from a total of over 35,000 students in 132 dayahs). The research estimated that there were over 15,000 children under 18 years old who had been directly affected by that disaster in the dayahs of Aceh, five times more than in childcare institutions. Although not surprising because there are more dayahs in Aceh than institutions, the findings highlighted that families and communities were relying on dayahs to provide support to these children.



The data also confirmed the assumption that there were more tsunami-affected students in dayahs along the affected coast of Aceh (76% of affected students) than in non-affected areas. The majority of these students were children and school-aged, in line with the educational purpose of these institutions (38% between 10 and 14 years old and 36% between 15 and 17). Although a relatively small gender difference was found in students in the dayahs (52% males for 48 % of females), the difference was greater in terms of tsunami-affected students, with 54% of males compared to 46% of females, indicating a difference in placement patterns for these children and young people.<sup>13</sup>

In line with the findings of the research in childcare institutions, most of the tsunami-affected students still had both parents, with only 6% real orphans, 14% who had lost their fathers and 7% who had lost a mother. Even though the number of students affected by the tsunami who had lost both parents was small, it was double that of students who had not been affected.

The pattern of placement also indicated that families were relying on dayahs for the care and education of their children as a direct result of the disaster. A quarter of the students were already in a dayah when the disaster struck, but the majority were placed either immediately after (20%), within six months (25%) or within a year (24%).<sup>14</sup> Most students had been placed in the dayah by their parents or legal guardian (82%). Over 5% of students had placed themselves and another 5% were placed by decision of the dayah management. A small number had also been placed by neighbours (1%) and religious leaders (0.8%). Once placed, the tsunami-affected students were expected to stay there until completion of their studies. Only 12 students (0.4%) were in the process of being returned to their families.



An Islamic boarding school with a childcare institution in Aceh

The research also provided insight into the way dayahs operated and the services they provided to their students. It confirmed variations between districts in terms of whether the students resided in the institution or went home to their families. While 64% of students resided inside the rest did not. In some districts of Aceh known for having more traditional dayahs rather than modern or combination dayahs, it was found that most students lived outside the dayahs. In other districts almost 90% of students resided in the dayah. The research found that modern/integrated dayahs were far more likely to be residential, while most traditional dayahs in Aceh (84%) provide both residential and non-residential education.

The number of students in a dayah was on average 268, but about 10% of dayahs had between 500 and 1000 students. All but one of the dayahs surveyed were privately run, the majority as family businesses. There were considerably more male staff than female staff (66% male) and most were teachers, with very few care staff in almost all dayahs (3% of staff). Another important finding was that about 40% of staff in all types of dayahs were volunteers, raising questions about the capacity of these institutions to provide skilled human resources to meet the needs of children, particularly those residing inside.

<sup>13</sup> Most dayahs provide co-education for both females and males, with a relatively small number of institutions providing single sex education (six dayahs are male only and three dayahs are female only).

<sup>14</sup> According to the Regional Office of Department of Religious Affairs NAD (2005) 160 dayahs were damaged in the earthquake and tsunami and 4,219 santri (students) and 294 ustadz (teachers) were killed.

Although dayahs were found to play an important role in Aceh immediately after the tsunami, the implication of taking in or caring for children affected by the disaster did not seem to be fully considered by these institutions. Their function remained primarily the provision of education, and they regarded children placed in the institutions after the disaster in the same light as regular students. The research found that dayahs had not added services or changed the manner in which they operated to respond to the particular needs of these children.

Specific support to meet the needs of tsunami-affected children was not provided, for example psychological support or legal and administrative support for children who needed to trace or complete civil documents. No systematic efforts were made to trace families or reunite children with family members. Tsunami-affected students were generally found to have come from areas close to dayahs, yet almost 44% of these students were only visited by their parents a few times a year and 61% went home only once or twice a year, as regular students did. This highlighted the fact that dayahs did not recognize the importance of maintaining family relationships when many of these children and families had incurred deep loss and experienced traumatic events.

A report was written by the Save the Children advisers combining major research findings and recommendations, and published jointly with the Aceh Department of Education and UNICEF. Key conclusions were disseminated widely in the province and well received by partners including, critically, the Association of Dayah Religious Leaders. The report highlighted that renewal and strengthening of contact with families, recovery from traumatic experiences, reintegration into community life, and rebuilding of feelings of security and stability were extremely important for children in this post-disaster period. It recommended strengthening of the limited services provided by these institutions to respond appropriately to the needs of these children.

Technical challenges in the data collection and analysis, however, had delayed the publication of the report, limiting its impact. The process emphasised the importance of involving key local actors in the research process but also that this created considerable capacity issues, with major time and resource implications.

The learning and advocacy work fed into the strategic goals and responses of Save the Children in Aceh. A family based care program that worked with local government and communities was established to follow up on the recommendations in the two districts of Aceh with the highest number of institutions. In partnership with SEPAKAT, a local NGO, prevention work was conducted in 18 villages where children had been placed in institutions, to identify and address with the families the push and pull factors of institutionalization and prevent family separation.

This work supported family strengthening activities, including facilitating family visits to children in institutions, scholarships for particularly vulnerable children, work through community level protection networks and children's groups, and educational meetings and discussions on the principles of family care under Islam. The program also worked with the management and staff of five institutions, reviewing and improving the quality of services provided, and reunifying children who could be reintegrated into their families with appropriate support.

Advocacy was carried out at the provincial level in collaboration with the provincial Office of Social Affairs (Dinsos), UNICEF, World Vision, and Child Fund among others, to support the adoption of a local child protection law (Qanun) that would integrate key principles of children's rights. Provincial level guidelines were also developed with Dinsos to strengthen the accreditation system for childcare institutions. The team in KEMENSOS then turned to the question of whether the findings in Aceh were particular to that area or to the emergency situation, or instead a reflection of a much broader reality in Indonesia.



Acehnese girls (photo by Tom Riddle)

### **Ana, 18-year-old girl from West Kalimantan**

Ana is the second of five children. Her family is Dayak and they live in Selabi village, located approximately one day away from Pontianak, the capital of West Kalimantan. Ana entered the childcare institution near Pontianak when she was seven years old. She has been there for the last 11 years. If Ana wants to go home to see her family, it costs her around USD 20 for a round trip, which involves a six hour bus ride, two hours on a minibus and another two hours on a motorcycle taxi.

#### **Ana's family**

Ana's father was a rice farmer. He used to go to work to the fields every day and Ana's mother often used to go to help him. All of Ana's siblings have been to school. Her older sister has graduated from high school and lives with her family in Pontianak.

Ana's mother passed away in 1994 when Ana was five. Ana's grandmother told her that her mother had killed herself. Apparently she had become distraught because another woman liked her husband and, consumed by jealousy, she killed herself. After Ana's mother's death, the other woman began to

pay even more attention to Ana's father, and her husband in turn became jealous and had a fight with Ana's father. As a result, Ana's father was forced to flee to his brother's house, leaving the children alone at home.

A day later, Ana's father returned with his brother to resolve the problem with this woman's family. Both Ana's father and the woman were ordered to pay fines under adat (customary) law to the community's leader. Since then, Ana's father has remarried and converted to Islam. Ana's siblings have also followed their father's lead and converted, with the exception of the third child in the family and Ana, who remains a Catholic. Ana has forgotten most of her family life before entering the institution.

#### **Entering the institution**

Ana entered the institution in 1996 when she was seven. However, she did not enter the institution of her own will, explaining she was duped into it. Her father tried to persuade her to enter by arguing that it would allow her to get an education. Ana refused as she was small and she did not want to be separated from her father and

siblings. In order to make sure she entered the institution, Ana's father lied, telling her that she had been invited to visit her uncle in Pontianak for three days, after which she would be coming home again. Ana wanted to visit her uncle, and did not realize that after she got to Pontianak she was going to be placed in the institution.

After being left there, Ana wept continuously. The institution's authorities had to call her uncle and it was agreed that she would be brought back to his house on a temporary basis. Her uncle's house was quite close to the institution. During her time there she was continually urged to enter the institution so that she could get an education. Her uncle told her that if she did not agree to go, she would have to walk home to her village by herself. It was after this that Ana finally agreed to enter the institution.

### **Adjusting to the childcare institution**

At the start of her time in the institution Ana greatly missed her family. She was somewhat consoled by the fact that her uncle would visit her almost every night and he would teach her to read in the Indonesian language. He would also bring her extra food almost every week. Slowly but surely, Ana came to accept living in the institution.

One of the problems she faced during the adjustment period was that the means of communication in the institution was Indonesian but in Ana's village only the local language is spoken. Ana's uncle was a hard taskmaster when teaching her Indonesian. He would shout and bang the table a lot if he felt Ana was not attentive enough.

After she entered the institution, Ana was enrolled in grade I of a State elementary school in Pontianak. On her first day at school, she was accompanied by a staff member who waited to make sure that she was not too upset. By the time a month had passed, Ana had started to adjust, and could be left at the school by the staff.

### **Life in the institution - relationships**

Ana is now 18. She says she needs a close friend with whom she can share confidences and affection. Dating is banned in the institution, but Ana has already violated that rule on a number of occasions. She first had a boyfriend in junior high school, a boy who was also living in the institution. The staff found out that they were hanging out together in the boys' residence. Ana was scolded and summoned by the head of the institution. As punishment she was ordered to clean up the hall and make out a formal declaration to the effect that she would never repeat the offence.

Despite the punishment, Ana was not put off and continued the relationship with her boyfriend. When asked why she persisted with the relationship, Ana replied, "We were *fond of each other, in love, right?*" As a result of her feelings, she was not afraid of being caught and punished again. The second time she was caught, both she and her boyfriend were ordered to run around the yard five times. They were also again ordered to make out formal declarations that they would not repeat the violation.

Some time afterwards, that relationship came to an end. Not long afterwards her former boyfriend started a relationship with a friend of Ana and the staff found out about it. The two of them were expelled from the institution because they were caught sleeping together in one of the girl's rooms. In fact, two couples were sleeping in the same place.

Before being expelled these couples were punished. On the night in question all of the children were woken up at 2 a.m. by staff beating on the windows. They were then assembled in front of the institution and ordered to hit the four offending children as hard as they could. If the children did not use all their strength staff members would hit them instead. All four of the offending children were reduced to tears.

The next day, a formal disciplinary meeting was held and, as a further punishment, the children were ordered to run around the institution until they were out of breath. These punishments were ordered by the director of the institution and witnessed by all the staff. After that, the four were kept in isolation for two months before being expelled.

After breaking up with her first boyfriend, Ana became involved in a relationship with a boy from outside the institution. They often met up outside or at the house of her older sister. The institution's authorities were aware of Ana's relationship but no action was taken as the couple met outside. If her boyfriend came to the institution, though, he would be ordered home within five minutes by the security guard. Although Ana was not punished for this she was nevertheless frequently warned not to return late in the evening and not to become too intimate with the boy.

### **Life in the institution - speaking out**

Another incident made the director of the institution angry with Ana. He had been informed by a friend of his who was a teacher at Ana's school that Ana had recounted critical stories about the institution to her teachers at school. That evening, the director called the institution's duty care worker, psychologist and the staff member in charge of school fee payments (SPP). Ana was summoned by one of those staff who scolded her, saying she had been told to do so by the director of the institution.

*"She said that what I had done was unacceptable and that I should have kept my mouth shut,"* Ana recalled. She protested as she did not believe she was guilty of disparaging the childcare institution, particularly to her teachers at school. After being scolded by this staff member, Ana was also asked by a number of other staff to explain herself.

The director of the institution had heard that Ana and her friend had not paid their school fees for four months.

Ana was summoned by the staff member in charge of paying the school fees, who was upset by the fact that other people might think he had embezzled the money earmarked for the children's school fees. *"(He) was clearly upset and emotional. He said that the director had said the school fees had not been paid for four months. 'Why did you say that?'* he asked her. He said he had already paid the money, except for this month, and that was because the money had not come through. *"Who reported it to the Head?"* he demanded to know.

He accused Ana of running to the director and warned her never to do so again. The next day, after returning to the institution from school, Ana was summoned again by three other staff members. She was accused of spreading damaging stories about the type of food served for the breaking-of-fast meals and other aspects of life in the institution. All three adults scolded her. *"I couldn't accept it as I felt I had nothing wrong,"* said Ana.

The whole affair had embarrassed the director, who couldn't believe that children from his institution would spread "such stories". Two days later he summoned Ana and her friend. He told them, *"Don't ever talk in public like that again. It will be you who will suffer, if it ever gets into the newspapers. This childcare institution could be closed. If this place is closed, it will be you who will suffer, not us. We will continue to be paid."* According to Ana, *"I wanted to explain, but (the director) didn't want to hear."*

### **Punishments**

Every violation of the rules results in a summons. The child is first spoken to by the senior care staff, and then by all the others in turn. The child is subjected to a scolding and told what improvements

are expected. Whenever a child is caught committing a violation, he or she is required to make out a declaration stating that the offence will not be repeated.

Such a declaration might read as follows:

*“Declaration*

*I promise not to repeat this violation of the rules. If I do repeat this violation, I am willing to accept a harsher punishment than the one I received this time. I am also willing to accept expulsion from the childcare institution.”*

*“They must have a lot of them. I don’t know where they keep them,”* said Ana when asked how many such declarations she had signed.

### **Ordered to run around the institution’s complex**

This punishment had been imposed on Ana twice. The first time was on account of her relationship with her boyfriend. The second time was when all the children were ordered to run around the institution as a form of collective punishment for a number of offences that had been committed by different individuals.

Such collective punishments might be imposed, for example, in cases where individuals had neglected to do their chores, failed to go to bed on time, or were found in the opposite sex’s dormitory.

*“(The director) said that if they were punished separately, then they would only get sympathy from their friends. So, it was fairer if everyone was punished.”* Even though all were punished, none of the children were angry: *“If you want to get angry, get angry with your friends”, the director said. But who wants to get angry. If you get angry with others, they’ll be angry back to you”* said Ana.”

### **Cleaning Rooms**

This sanction was imposed on Ana for violating the ban on having boyfriends.

She was ordered to clean the study room and hall. These rooms had to be swept, mopped and dusted. Ana had to do this for three days after returning home from school.

### **Formal Disciplinary Hearings**

*“I can’t remember how many times,”* said Ana when asked how many times this punishment had been given to her. Ana described the formal hearing process as follows: all the staff members ask the child why he or she had done what they did. Then they would take turns scolding the child. No matter what the child said, it would not be accepted. The institution staff as well as all the other staff from the complex are present at such a hearing.

*“Sad, angry, afraid, ashamed, remorseful,”* were the words used by Ana to describe how she would feel during a formal hearing. *“If I was called before a hearing, I’d be too afraid to say anything, so that in the end everyone would presume I was guilty. Even if you did have a good excuse it wouldn’t matter as they wouldn’t believe you. It would only make them angrier.”*

Being called before a hearing was the worst form of punishment for Ana. *“If I am ordered to clean up, no problem. But being called before a hearing ... ooohhh!”* said Ana, while covering her face with her hands.

#### **Ana’s wishes**

- *If something comes to the attention of the institution’s authorities, they should not just take it as gospel without first verifying it. They should listen first to what the child has to say and why he or she did what they did.*
- *The punishments imposed for infringements of the rules should not be too severe, especially punishments like being ordered to run or crawl in the drains, and being subjected to collective punishments by the other children (slapping, pinching).*

- There is also no need for formal hearings to be attended by so many people, as this only frightens the child so much that he or she is not able to speak.
- The care staff in the institution should not show favoritism. Normally, the Javanese side with other Javanese.

### **People's comments about Ana**

Ms. W (care staff): "Ana is OK. There are others who are a lot worse than she is. Ana is still afraid of the staff and she's polite."

Mrs R (staff): "In reality, she's a quiet girl, a withdrawn child. As far as causing trouble goes, she's just normal. The only problem was this case of misleading information recently. (The director) received a text message saying that Ana hadn't paid her school fees for four months, and that she was fond of talking about what went on in the institution to outsiders."

T (a child in the institution): "She's nice. She isn't stuck-up, and she doesn't make distinctions between people. She often breaks the rules."

### III. UNDERSTANDING CHILD PROTECTION RESPONSES IN INDONESIA

Following the work in Aceh, the Save the Children team began working with KEMENSOS to build a better picture of the use of residential care for children deemed 'at risk' in Indonesia. It reviewed laws and policies in place to support children's care and protection needs and analyzed budgets and funding priorities. Following ratification of the UN Convention on the Rights of the Child (CRC) in 1990, Indonesia adopted a new law on Child Protection (Law No 23, 2002), which sought to integrate the CRC into national legislation. This law brought concepts of child protection and children's care under a child rights framework. Articles 7 and 14 in particular recognised that a child has the right to know and be brought up by his or her parents, and that separation should only be required when clearly in the best interest of the child and as a last resort.

Law No 23 also articulated clear responsibility of the government and State institutions in providing 'special protection' for children deemed at risk including of abuse, neglect and exploitation as well as a result of emergency situations (Article 59). Although the law established a basis for child protection interventions that would deliver both preventive and remedial interventions to children in their families, supporting the ability of parents and other caregivers to take care of children appropriately, or providing children who needed it with alternative family like care, the system and services provided were primarily focused on residential care interventions.

The system for children in need of alternative care was also focused on residential care solutions. Although the Child Protection Law recognises adoption as a positive option for children in need of alternative care, only a handful of institutions nationwide were authorised by the Ministry to facilitate adoptions. KEMENSOS' own mechanism to oversee them was focused on inter-

country adoptions and it collected no data on domestic adoptions, nor conducted any activity to support or promote it. Similarly, the law had provided for children to be fostered by individual families, yet no foster care system had been established, no rules or guidelines adopted, and the provisions under the law for the removal of parental rights and the placement of children in formal foster care had never been used. A regulation on guardianship had been in the process of being drafted for a few years but it did not initially relate to children's care needs; instead the focus was inheritance and decision-making in relation to marriage.

KEMENSOS on the other hand promoted and provided considerable financial support to 18 different types of institutions for children and other vulnerable groups (one for each "social problem"), nine of them focused on different groups of children and another eight providing services for both children and adults with 'special needs'. It also developed its own 'good practice' models of childcare institutions and residential based interventions at great expense in the hope of encouraging local governments to replicate these. The Ministry lacked both a regulatory system and proper data for virtually all of these institutions and the children who received services within them. 98% of institutions are owned and run by private organizations. No licensing system was in place for these institutions and registration was only required of the parent organization as an administrative formality, with no compliance requirement or monitoring system in place.

KEMENSOS guidelines on services for "children with problems" (*anak bermasalah*) or "neglected children" (*anak terlantar*) were focused primarily on institutions, with no requirement to prioritize support for children in their families. The Ministry's budget for the provision of services to vulnerable

children was also almost entirely dedicated to residential care responses, through direct funding to over 4000 institutions (2007) and through decentralized funds to local authorities. The Ministry also implemented some poverty reduction initiatives; however, they were mostly ad hoc or short term, and not aimed at addressing longer-term care and protection concerns within vulnerable families.

Government social workers were found to be mostly an administrative workforce operating primarily on a project management

basis. The Save the Children team also found little awareness of the potential negative impact of institutionalization on children. Residential care was generally seen as best for children of families considered to be *'without capacity'* (*'tidak mampu'*); families considered too poor and uneducated to provide proper care, guidance and discipline. This situation was clearly leading to a rise in the number of institutions across the country, as organizations were encouraged to see opening an institution as a means of accessing government funding.

## A. The Quality of Care in Childcare Institutions ("Someone that Matters") (2006-2007)

Knowledge and data on child protection issues and good practices

A skilled child protection workforce

Children's voices and participation

### What was done and why

The serious lack of data available on the situation of children in residential care in Indonesia, and the fact that the paradigm of residential care as protection was so entrenched, meant that Save the Children needed to build a knowledge base about the real situation of these children and the protection issues they faced. It needed to do so not just by carrying out research but by building the capacity of a group of key social workers and policy makers. A team of dedicated and knowledgeable 'champions' who could lead fundamental changes from within the system to the way services were provided to children was essential. These individuals would be able to understand and advocate for the implementation of recommendations, and would also be in a unique position to support their implementation.

The team leaders selected for the research were high-level policy makers and researchers from within KEMENSOS, including the Deputy Head of Planning, and the head of the specialist program at the National School of Social Work (STKS) in Bandung. The researchers came from the social welfare/social policy departments and schools of social work in the foremost universities in the country, including STKS, the University of Indonesia and the Islamic State University in Jakarta. The research was conducted in partnership with KEMENSOS and with financial support from UNICEF.

### The approach taken

The type of institution selected for this research was the '*panti asuhan anak*', childcare institutions often referred to as 'orphanages' or 'Neglected Children's Homes'. Although the Indonesian government promotes 18 different types of residential care facilities, most institutions are *panti asuhan* and there are only a handful of other types of institution in the country. These other institutions are generally government-run and most are for children or mixed populations with disability. It was decided that separate research would be needed to do justice to the different issues faced by children in those institutions.

This study did not seek to draw statistical generalizations about the situation of children in institutions but instead to provide in depth information and case studies about the children and institutions. The institutions were chosen to ensure that they were as representative as possible of the diversity of institutions in a given province. The provinces were also chosen to ensure that Indonesia's diverse social, cultural and economic contexts were represented.

As a result, the research and case studies provided comprehensive information about the care situation of children across a sufficiently diverse range of institutions to enable the identification of trends, approaches and understanding of the care of children in institutions.

Quantitative analysis of existing data was also conducted whenever possible to complement the qualitative work and a review and analysis of the legal and policy framework was given to ensure the broader context of residential care in Indonesia was understood.

A total of 36 institutions were selected in six provinces (six per province) and another institution, the KEMENSOS national model of childcare institutions, was selected as a comparison to be assessed at the end of the research. Eight institutions selected were run by local government, one by the central government and 28 were privately run. Twenty-five institutions had identified as faith-based, including 16 Islamic institutions, four Protestant, three Catholic, one Buddhist and one Hindu institution. Another

nine considered themselves as 'social organizations', not faith-based, although most served members of a particular faith or incorporated religious values in their approach to services.

Thirty institutions were mixed, with both boys and girls residing, and seven were single sex institutions (four for boys and three for girls). The size of the institutions and the number of children receiving services in them were also part of the selection criteria to ensure diversity. Twenty institutions selected cared for 100 to 200 children and five institutions cared for less than 20 children, with the rest caring for between 20 and 100 children. The six provinces selected were Aceh, Central Java, Maluku, North Sulawesi, Nusa Tenggara Barat (NTB) and West Kalimantan.



Graph 2. Location of the research (6 provinces) within Indonesia (in orange)

The development of the methodology and tools, the training of the teams and the piloting of the research tools took place from July to September 2006. A reference team that included senior research team leaders, policy makers and practitioners in the Ministry of Social Affairs, as well as faculty members from key universities, was established to support the development of research tools. The research methodology used the *standards for quality childcare* developed by Save the Children UK in Eastern and Central Africa, and tested in a number of countries across that region, as its starting point.

The research framework was divided into seven key areas including: the profile of the children and the institutions, the care approach or philosophy of the institution, professional practice in relation to both care and protection, the personal care provided, staffing, the resources accessed and available, and the administration of the institution.

It collected systematic information on the institutions, their history, management, staffing, funding, policies and vision and missions; on the children in their care, whether residing inside or outside, their

identity, history of placement, parental status, educational status, and involvement in decision making, contact with families or significant caregivers, relationships with peers, staff and with the surrounding communities; and on care placement, planning and review practices, child protection practices, as well as the range of services and facilities provided, reflecting the perspectives of management, staff, children, teachers, religious leaders and other relevant community members.

The field research took place in two stages, the first from September to October 2006, and the second from January to March 2007. A separate assessment of the KEMENSOS model childcare institution was carried out in May 2007. In depth questionnaires and semi-structured interviews were used with the management and personnel from each institution, the parent organization, the children, parents, teachers, representatives of the local authorities and communities. Separate focus group discussions were conducted with staff, teachers and children, and observations carried out by research teams living in the institutions for periods of two to four days.

The informed involvement of children was sought at all times. A child friendly notice was posted in various places in each institution informing the children of the research, identifying the aims, the ways they could get involved, and the individuals to which they could report any suggestions, ideas or criticisms about their situation or the research. A consent form was developed and used to ensure that children were aware of how the information they gave would be used. Consent forms for the use of photographs and video cameras were also used.

Bearing in mind the particular vulnerabilities of children living in an environment where power relations are starkly delineated, the safety of the children was the paramount consideration. As a result, the identity of the children involved was protected and a coding system used in the research

reports. Save the Children's organizational Child Protection Policy was used to frame responses to protection concerns identified during the research.

### **Key findings and learning**

The research, "*Someone that Matters: the quality of care in childcare institutions in Indonesia*", confirmed that residential care was the primary form of intervention for children deemed to be facing social problems, both by government agencies and the mainly faith-based organizations running most institutions. Using available national and provincial data, it was conservatively estimated that there were 5,000 to 8,000 institutions across Indonesia caring for up to half a million children. Based on the research conducted in the six provinces and later in other provinces, the real number is likely to be around 8,000, one of the highest numbers of residential care facilities for children worldwide.

The research found that most children in institutions assessed did not lack parental care or families and only 6% of them were real orphans. Instead, the children were placed in these institutions primarily by families that felt themselves, or were deemed, to be poor (*tidak mampu*) and unable to provide for their children, especially in terms of paying for their education. While further research was needed to understand the complex factors leading families to relinquish their children into care, there was no doubt that they saw institutions as the only means of securing their children's education. Equally, the institutions saw their role not in terms of responding to the care needs of children but instead as enabling their access to schools by paying for their education from primary level until senior high school.

Providing access to education was found to be the primary aim of most of the institutions. Some institutions ran schools but most children went to schools in the local community. Little if any attention was



given to children's emotional, developmental or psycho-social needs except in two institutions that focused specifically on creating a substitute family environment. The key criteria for selection for most of the institutions were that the child must be: of school age; from a poor/disadvantaged family; able to 'take care of oneself', including washing, cooking and carrying out the daily chores in the institution; be healthy and willing to abide by all of the rules of the institutions. Thus most children in the institutions assessed were of school age, with 85% aged between 10 and 17.

Screening was generally not carried out to determine whether a child actually needed residential care, and supporting the child in his or her family was rarely seen as an option. Filling quotas, and in particular replacing children who had left the institution after graduation, was found to be the primary consideration for institutions. For faith-based institutions that aimed to develop the next generation of its 'cadres' or members, another consideration was the needs of the organization and the capacity of its network

and institutions to absorb new recruits. The research also found that the emphasis on institutionalization was made worse by government assistance, in particular the annual BBM Subsidy that was only available to support children in institutions. As a result, institutions recruited children actively and the criteria used for admitting children were principally the economic status of the family and the child being of school age.

Caring for the child was rarely seen as a key function by staff and management but instead was understood as a by-product of the child needing to stay in the institution until graduation. The research found what it called a "lack of care in Care". That placement in the institution led to family separation and children having to choose between their right to be cared for by their families or their right to an education was rarely seen as an issue. Staff often equated economic poverty with social and emotional incapacity and tended to speak of the children's families as a distraction or even a potential negative influence. Whatever was provided by the institution tended to be seen as better than anything that could possibly be provided in their own homes.

Placement review was almost always undertaken in light of a child's performance at school and obedience to the rules of the institution, rather than the child's changing care needs. There were virtually no attempts at assessing the changing family situation during a placement, including that family's capacity to care, in order to reassess whether a child needed to continue being in the institution. Graduating from high school, running away or being expelled were the only ways children left care.

Children tended to be placed in the institutions for a prolonged period of time, generally from elementary to senior high school (up to 12 years), and were given limited opportunities to visit their families, siblings and friends outside the institutions. Going home was usually allowed only once

## A father's choice (Central Java)

The house was very dark and yet the expression on the face of Rudi's father could still be seen as he explained how he had finally agreed to place his son into a childcare institution. There was no doubt that this was a poor household. Dirt floor, a roof made of leaves and no furniture to speak of except a couple of wooden benches. Rudi's father was a tailor by trade. His eyesight had started to go and it became increasingly tough to work.

His wife and two daughters looked on nervously as he explained what had happened. About the same time things were getting tough at home, a neighbour who worked in a childcare institution located a few miles from his home recruited Rudi. He was about ten years old and taken to visit the modern buildings and see the children living there in comparatively better surroundings. The schools to which these children were sent in nearby town were also better off. Rudi was hooked. He begged his parents to let him go. His father wouldn't agree at first but after a while he gave up: *"I didn't want to let him go ... couldn't sleep for days after he left. I felt terrible. He would have no mum and dad in the institution ... only carers ... two days there ... he was crying, I was crying ... I asked him what he wanted ... he said he*

*would stay there ... it was already too late."*

Rudi's father cannot get used to his son being cared for by others. The institution discouraged him from visiting too often, as it is deemed disturbing and could result in jealousy among other children residing there. Instead, he explains, whenever he has enough money he gets on a bus and goes there. He stands outside the institution and watches his boy as he walks to school. He doesn't need to talk to Rudi, he just looks at his face to know that he is okay. Then he gets on the bus and goes home. As he tells this, he tries to compose himself, trying not to cry.

Rudi's sisters confirm that they are in school. The elder is in senior high school and the younger one in Junior High school. Sure it is tough, they explain. They don't have enough books and materials to study but they make do. Senior and junior high schools are the most expensive part of the education system while elementary school, which is what Rudy is attending, is meant to be free, although there are hidden costs. Yet this family was still able to send their two elder daughters to school. "Yes", the father replies, almost indignantly, when asked about that, *"I am poor but I will do everything to secure my children's education."*

a year for the main religious holiday, at most twice, and mostly for children whose families lived nearby or could afford the transport costs. The psychological and emotional impact on children and the difficulty this was likely to place on their return to their families and communities after graduation were issues raised by this research.

The daily operational needs of the institutions were usually prioritised over the children's needs to form secure emotional and social attachments, including ties to a

family and community. The use of physical and psychological punishment was found to be prevalent in most institutions. Both staff and children appeared to accept this as part of daily life in institutions and the reasons for children violating rules were rarely considered, including that children continued to break rules despite the use of physical punishment.

Because 'caring' was generally viewed and understood by the institutions as a by-product of children living in the institution

rather than the primary aim, the need for professional caregivers or sufficient numbers of staff able to provide care was not prioritized. Almost all of the institutions had a low ratio of staff per child with most having less than one staff member for ten children. In addition, most staff occupied a range of positions at the same time and few were actually assigned to caring for the children. In most institutions assessed there were considerably fewer adults working full time with the children than the staffing charts or profiles indicated.

The picture that emerged was of children caring for themselves while adults cared primarily for the institution. Only 4% of the staff working in the institutions surveyed had a background in social work or social welfare and only 3% of all staff had received any training in caring for children. While the situation was somewhat better in the government institutions, staff were still mostly 'managing' the children, in particular ensuring compliance with rules and applying sanctions for violations.

In almost all the institutions assessed children were obligated to carry out a range of chores, many of which went beyond learning 'life skills' as often suggested, but were crucial to the running of the institutions. Children were observed not just providing support to adult staff but actually carrying out work instead of them. Many institutions would not function without them, as there were insufficient support staff to clean, cook and wash. The research also found that in a number of institutions surveyed, children undertook work which contributed to the economy of the institution. This included, in some instances, children carrying out work defined under the law as harmful and exploitative, including construction work and the making of bricks. The research report concluded that finding such practices in a majority of institutions raised the question of whether institutions had the requisite resources and skills to care for children.

Despite Indonesian law clearly stating that children without parental care or not receiving appropriate care by their families are the responsibility of the State, local authority representatives, managers and organizations running these institutions all seemed to view providing these services as an act of charity rather than a legal responsibility. Anyone was able to set up a childcare institution and there were no formal requirements such as demonstrating needs for such services or a capacity to run them, including skilled human resources and adequate facilities. The only legal documentation required was an administrative formality and not all the institutions surveyed had complied with it. Social organizations are required to register with the Ministry of Social Affairs in order to receive government funding but this also entailed no assessment of capacity to provide services or for minimum standards to be met.

The research confirmed that no regulatory system was in place at national or local level, and none of the provincial or district authorities had developed a registration system. Yet all of the institutions assessed received considerable government funding, and for most this represented the greater part of their budgets, particularly the BBM subsidy. Government institutions were generally found to have much larger budgets than private ones. The three largest budgets (2006) were government run, with annual budgets of between USD 103,000 to USD 170,000. Almost half of the institutions assessed (17) on the other hand, had an annual budget of less than USD 10,000. This difference in budgets contributed to the very different facilities provided by the institutions.

The KEMENSOS model childcare institution in Pati, Central Java, was found to provide more professional services, both in the facilities available and the way services were delivered. This included the number and qualifications of its staff and its multi-service approach that entailed providing direct support to over 20 children who remained within their families. In some aspects, though,

this institution proved remarkably similar to the others assessed for the research. Access to education for children from poor families was still the primary purpose of placements and of services provided to children. As with other institutions, 90% of the children in the institution had one or both parents alive and only 6% were real orphans.

Although it provided support to some children who remained with their families, the aim of that support was not to encourage family reunification of children but to enable the

institution to support children who could not be taken in because 'quotas' had been filled. The budget allocated to supporting children in their families was less than one percent of that spent on providing residential services for children and it was limited to a short period (usually one year) to cover school fees and some basic needs (food and clothing). In addition, this institution's running costs were so high that it was highly unlikely to be replicable as a model even by local government, let alone the private organizations running the majority of institutions in the country.

### **The story of Yasmin (17 years old) and her sister Suzi (15 years old)**

Yasmin and Suzi have lived in the institution run by the Ministry of Social Affairs in Central Java for over six years. They were placed there by their second 'foster parents'. They are sisters from Ternate, in North Maluku. Yasmin cannot remember her original Ternate name as they both left when they were still very young. Yasmin was in grade 3 of elementary school at the time, while her sister was only three years old.

Yasmin remembers that her parents departed for Aceh in 1998 to visit her older sister. They stayed there for at least a year. During that time, Yasmin lived with her aunt and was in grade 1 of elementary school. When their mother eventually returned home from Aceh she fell seriously ill, and after a couple of days she passed away. Only seven days after the death of their mother their father remarried, this time to a woman from Jambi with five children of her own. From the time they moved in with their stepmother, Yasmin and Suzi were frequently subjected to physical violence. Yasmin remembers she would be slapped if she failed to share her things or her food with her stepmother's children.

#### **Leaving Ternate**

One day the siblings were informed that the family was going to move to Jambi, on

the island of Sumatra. They left Ternate for Ambon, the capital of Maluku province. Upon reaching Ambon, however, their father decided to stay there. The rest of the family continued to travel by ship to Surabaya. Yasmin did not understand where they were going. What she does remember clearly is her stepmother offering her and her sister for sale to a couple they had just met on the ship. – "Do you want these kids?" The sisters were taken by this couple (Yasmin's first foster parents) to a house, which Yasmin later found out was in Blera Regency (north Java).

#### **Three years of violence**

Yasmin and Suzi were then thrust into a nightmare that Yasmin says she will never forget. Not a day went by without hard work, verbal abuse or physical violence. Both sisters were required to work, although Suzi doesn't remember much about that time. During the interview she mostly remained silent, only nodding her head and making brief comments.

Her foster parents did not send Yasmin to school until after a year had passed. All her days were filled with work. Even after she started again at school, she had to do a lot of work:

- Fetching water four times a day from a

distance of more than 1 km, carrying two big water bottles each time.

- Bringing grass to her foster parents' goats some 2 km away. She had to do this twice a day, at 10 a.m. upon coming home from school and at 3 p.m.
- Fetching firewood each day from a distance of 2 km. She had to do this between her trips bringing grass to the goats.

Besides these duties, Yasmin also had to perform a variety of domestic chores each day, which included cleaning the house and washing the dishes. If Yasmin or Suzi were late in performing any of their tasks they would be hit with a length of wood. Yasmin recalled how her body had been covered with marks as a result of the regular beatings she had received, but she was afraid to tell anyone for fear that the abuse would only increase.

Neither of them received adequate nourishment during that time. They ate only twice a day, afternoon and night, with nothing more than a plate of rice with a bit of tofu or tempeh (soya cake) on the side. They frequently went hungry. To overcome the hunger pangs, they ate roasted soybeans that they received from a neighbour or found on their trips gathering grass and firewood. They both shared a small bed and had to bathe in the river.

Yasmin's education was also disrupted, as she was frequently absent from school as a result of the work she had to do. Yasmin also remembers being sad at the time "... because I would remember mum." Suzi says she cannot remember much, except that she had to get up at 5 a.m. every day.

### **Running Away**

One Sunday, the two were ordered to fetch water. On the way they stopped off at someone's house and watched TV. Their foster mother came to look for

them and when she found them watching TV she flew into a rage. All the way home, the pair were continually slapped and hit. Upon arriving home they were tied to a pillar while their foster mother went to fetch her husband from the rice fields. The pair managed to free themselves and fled from the house. "I wanted to go to the railway station, but I didn't know the way so we went back to the place where we had been watching TV," recounted Yasmin. They decided to go home, but were rejected and handed over to the village head.

The village head and his wife became their second foster parents. This time both sisters were treated well. They were not forced to work, and only had to perform light household chores, such as sweeping up and washing the dishes. They were also sent to school.

### **Arriving at the institution**

Yasmin's education had been severely disrupted. After being off school for a year, she had continued her education but failed to advance to the next grade and had to repeat it, so after moving in with her second foster parents she started school again in grade 1. Thus it took her three years to get out of grade 1. In 2002, shortly after she entered grade 3, her second foster parents brought Yasmin and her sister to the government childcare institution in Pati, West Java. At that time Suzi was starting grade 1 of elementary school.

"It's really nice in (this institution). I've got lots of friends, there's no one ordering you around," says Yasmin. "It reduces the burden on parents. You get educated to a higher level, lots of friends," says Suzi.

However, they both admit that they only began to feel comfortable in the institution after quite a few months. Suzi in particular had felt unhappy, as she had to get up very early in the morning and often overslept.

### **Life in the institution**

The routines of the siblings are the same as for all other children – rise in the morning, prayers, sport, school, prayers, lunch, afternoon activities, prayers, dinner, study, and evening assembly. They also perform “picket” duties, such as cleaning houses and the yard and helping with the cooking, in the intervals between their scheduled activities.

At present Yasmin is in grade 3 of junior high school, while Suzi is in grade 6 of elementary school. The fact that their education has been disrupted means that they are both behind at school for their age. They are also bigger physically, particularly Suzi, than other children in their classes. Yasmin also appears more ‘mature’ than the children in her class. Despite being somewhat shy in a group, Yasmin can be talkative. She is also very willing to work.

### **Record kept in the institution on Yasmin’s development:**

She is reported as being emotional, frequently shouting (N.B. not explained in what context), rough and lacking in social sensitivity.

Yasmin says that she has been receiving counselling and guidance from a social worker since she entered the institution, and feels close to this social worker – *“I can talk to him whenever I want. If anything’s wrong, I can go directly to him.”* Meanwhile Suzi has been receiving counselling and guidance from another social worker. The sisters live in separate cottages.

Social worker’s record; Contains notes on guidance given to Yasmin on nutrition, her sleeping habits, and sport. The report states that Yasmin’s emotional state is still fragile and that some of the other children make her feel ill at ease.

### **Meaning of Parental, Sibling and Peer Relationships**

Thinking about her birth parents and family always makes Yasmin sad – *“I’d love to meet them...”* To cope with her sadness she often writes poems in which she expresses her longing to meet with her father and other members of her birth family. She always throws away her writing afterward, as she explains;

*“whenever I cheer up, I always throw the poems away because if I were to reread them, they would only make me sad again.”* Suzi wasn’t able to say much, except that she was sad. Yet they are both aware that there are also good people, like the village head and his wife who looked after them. As Suzi explains, *“They were really nice ... normally we meet every three months. We go home during the holidays. I miss them a lot...”*

Yasmin says that her little sister is her best friend – *“she’s independent and always understands what I want.”* For her part, Suzi talks about her sister as being independent, self-reliant, and strong. Both Yasmin and Suzi are friends with the girl who shares Yasmin’s room. Suzi also has other friends who live in different cottages. Yasmin, though, says she does not feel close to other girls in the institution – *“they don’t appeal to me ... they go overboard.”* According to her, these girls are always talking about money or beautifying themselves and she doesn’t like that – *“they always see things differently from the reality”.*

She is also upset by the fact that other children have nicknamed her “horse”. *“They say I walk crazy and too fast, but I’m not a horse, I’m a human being. So this upsets me and makes me really angry,”* she says quietly.

She says she doesn’t vent her anger or show her sadness, but keeps it all bottled up inside. She also says that although she has good friends, not a day goes by when she doesn’t feel lonely.

The research findings formed the basis for a wide range of recommendations. It highlighted the fact that while the Child Protection Law stressed the importance of family care, the policies, services, budgets, attitudes, competencies, mechanisms and infrastructures at all levels supported institutionalization. It concluded that a major shift in paradigm was needed, away from residential care and towards direct support for children in their families and communities.

The research called on the government to develop a clear policy framework to strengthen family based care and prioritize extended family care or alternative care in a family environment for children who could not be cared for by their families. It recommended a review of educational assistance for vulnerable families and it highlighted the need for more preventive services to support family preservation and strengthening. It called for the establishment of a regulatory framework for children's placement in alternative care, including gatekeeping mechanisms, national standards for the provision of those services and an effective monitoring system to ensure these are implemented. It also recommended a major review of funding to children's services, with a progressive shift to support the provision of quality non-residential services to children and their families.

The Quality of Care process was almost as important as, if not more than, the results of the research. It provided a first opportunity to engage the staff, managers, founders

and chairs of their parent organizations in a reflection about the services they were providing to children. It articulated an expectation that the quality of services delivered to children would meet certain standards. In effect, it reminded everyone involved that children have rights that need to be respected; that there are international standards, national laws and regulations applicable to the decisions, interventions and services delivered to children and families; and that provision of these services entails legal responsibility and accountability.

A child rights approach and legal framework was relatively new in Indonesia and while many people knew about the adoption of the Child Protection Law, most systems and services continued to be based on a philanthropic or benevolent basis, with the expectation that beneficiaries would simply be grateful for whatever could be provided.

The implications of the Quality of Care research were therefore both wide-ranging and challenging. Despite decades of direct funding to these institutions, the government had not set up an accountability system beyond occasional financial audits. Most institutions had never been audited and while most would have received visits by local social affairs representatives, these were invariably courtesy visits to donate material or ensure good relations. Entering an institution to assess the service they provided and ask questions of the children, staff, even parents of the children, about their experiences, views and suggestions, created a very new and challenging dynamic for all involved.

## **B. Evidence based advocacy: using the Quality of Care research as a basis for initiating a change in paradigm (2007-2008)**

**Effective regulation, minimum standards, and oversight**

**Preventive and responsive services**

**An aware and supportive public**

### **What was done and why**

Although the response to the research was generally positive, the findings were disturbing and challenging for many. Enabling open and active discussions about its implications for all parties was critical to building the political will and the momentum for change. While many of the stakeholders would be willing to admit that ‘some institutions’ might be providing sub-standard services, it was something else to recognize that the great majority of institutions were actually providing the ‘wrong type’ of services. For many service providers, this sounded like a call for the eradication of institutions, which meant their work places (where they usually also lived), their main source of income and security, and their well-established ways of doing things for ‘orphans’.

Besides, as the research had indicated, institutions were operating in vast numbers and in many places they were the only formal service providers for vulnerable children and families. The role of the community-based and non-governmental agencies, including religious organizations, in ensuring the social welfare of vulnerable members of society has always been critical in Indonesia. Many of these service providers had taken up this role in the absence of government run services and they perceived that, as they were doing the government’s business, it was only right that they should get financial support from it.

One important finding from the research, however, was that most managers and staff in institutions were openly deploring the lack of

technical support, concrete guidelines, and active participation by the government. They voiced their frustrations but also their willingness to improve and, in many cases, to change.

### **The approach taken**

In addition to the overall research report, “*Someone that Matters*”, the Quality of Care research produced 37 individual reports, containing a comprehensive assessment of the situation in each of the institutions and recommendations for change, aimed at the management and staff of the institutions but also the local government. It was decided to complete and publish each individual report despite the intensive work this required, as the purpose of conducting this research was not just to advocate for and initiate change at the national level but for the children in these institutions.

Before the reports were finalised, it was essential to present the findings and get feedback from the government, particularly KEMENSOS as the agency responsible for children’s services and a partner in the research. The findings were presented in technical meetings held with the heads of all key departments and directorates in the Ministry, which provided a rare opportunity to discuss across departments the implications of the findings on the Ministry’s policies and practices, as well as on its resource allocation. Representatives from provincial offices of Social Affairs where the research had been undertaken and heads of the KEMENSOS run

national model institutions were also present to provide feedback and integrate this into the final report. The findings were presented by the research team including two of the research team leaders, Mr. Harry Hikmat who was then the deputy head for planning at the Ministry and Ms. Kanya Eka Santi, the head of the clinical advanced program at the National School of Social Work.

Following the finalization of the research, a CD containing all the research reports, tools and methodology, as well as Powerpoint presentations of key findings, was produced to be distributed widely to all social and academic organizations. An executive summary of the research with key findings and recommendations was also published separately to share more widely with the public and media. The research findings were presented in a private meeting with the Minister of Social Affairs, Mr. Bachtiar Chamsyah, who agreed to launch the report at a major public event in Jakarta.

Separate meetings were also conducted to present the findings and receive feedback from influential national organizations running significant numbers of institutions in the country, including Nahdlatul Ulama (NU), the largest Islamic organization in the country and Muhammadiyah, the second largest organization. The team attended the first national general meeting of the managers of childcare institutions operating under the NU network, during which it presented the learning from the report and discussed its implications for child protection and for NU as an organization. NU supports a large number of childcare institutions and Islamic boarding schools.

Muhammadiyah has more than 300 childcare institutions in its network and it had established a National Forum of Panti (FORPAMA-Forum Panti Muhammadiyah). Its leaders and staff were key partners and had recognised the importance of improving their services for children, including in institutions. The research had assessed services in a number of institutions run by Muhammadiyah, and

the findings were presented and discussed at a national meeting of the heads of all its institutions. As a result, the National Forum also decided to work in partnership with Save the Children to establish a data collection system and a proper monitoring and support mechanism to improve the quality of services in their institutions (see Section IV.1 A).

Building public awareness about the situation of children in institutions across the country was also essential to initiating a shift of paradigm. A vast amount of philanthropic funding is provided to these institutions every year by individuals and social and religious organizations wanting to contribute to the well-being of vulnerable children. The widely held perception that these institutions are helping children without parents and families is a major factor in the role these institutions have come to play.

In order to bring the findings to a much broader audience, a short video was produced with interviews of key research team members and with leaders in the Ministry of Social Affairs. Striking findings were highlighted with photos from the research. The team also began collaborating with a local photographer to organize an exhibition of photos taken during the research, providing a vivid portrayal of children's daily lives in the institutions. On 4<sup>th</sup> June 2008 the research report, "*Someone that Matters*" was launched at a major event at the Grand Hyatt Hotel in Jakarta, organised in partnership with KEMENSOS and UNICEF. The Minister for Social Affairs Mr. Chamsyah opened the event, and this was followed by a presentation of the video highlighting the key findings from the research. During the launch and in the video, the Director General for Social Assistance and Rehabilitation, Mr. Makmur Sunusi, reiterated the Ministry's commitment to supporting children within their families and in a family environment, and that placing children in institutional care should always be a last resort and regulated.

A joint press conference by KEMENSOS, Save the Children and UNICEF was held,

followed by a panel discussion on the issues raised by the research and questions and answers from the audience. The launch event triggered intense media interest. Articles and interviews on the implications of the research were published in mainstream national and international press and television. The finding that the vast majority of children had parents and that poverty and the resulting lack of access to education, rather than abandonment or neglect, had mostly led these families to place their children in institutions resonated powerfully across the coverage.

In September 2008, the Minister for Social Affairs Mr Bachtiar Chamsyah opened a major seminar and exhibition at the National Graduate School of Social Work (STKS) entitled "Social Research for Policy Change". Attended by over 400 people, the seminar brought together the main academic and technical bodies responsible for training future social policy thinkers and social work practitioners. The Minister also opened a major photo exhibition at STKS, which ran for a week. He addressed the press and media on this issue, resulting in coverage in both the national and local media.

A comprehensive process of dissemination of the research findings was also conducted in all six provinces where the research had taken place, from May to August 2008. Dissemination in the government model institution, Pati, was conducted in December 2008. The research teams went back to each institution where they had conducted the work. Separate meetings were held in these institutions with staff and management, and also with the children, to foster free discussion and feedback, as well as to enable consideration of what steps may be taken to follow up on the recommendations.

A meeting chaired by the provincial Office of Social Affairs was organised, during which the research findings about the six institutions were discussed with the managers of the institutions, and with representatives from relevant government departments, local authorities, and from community-based organizations. This enabled a discussion of the findings of the research and its implications in terms of follow up by the agencies that have responsibility for the wellbeing of children in alternative care.

### **Key findings and learning**

A particularly interesting learning from this process was the generally positive feedback from institutions and social agencies, despite the findings often being critical or challenging. Institutions mostly acknowledged both the accuracy of the findings and their own need for support and external evaluation. The research process and results enabled them to examine the services they provided. The fact that this was the first time that they had received feedback and that the research teams had gone back to them with the results had meant that this was felt to be a different type of process which enabled them to look back at the services they provided and areas where they felt improvements needed to be made. It also proved to be a constructive opportunity to consider the implications



The Minister addressed the press and media after opening a major seminar and photo exhibition at STKS bringing together photos from both the Quality of Care research and the Child led research.

of local government policies and practices on the institutionalisation of children. In NTB for example, the head of the provincial Office of Social Affairs recommended that, in line with the research's recommendations, no new childcare institutions be established in the province until a thorough review of needs be undertaken. In a few instances some aspects of the situation in the institutions had already improved since the research, with indications that the process of research

had triggered awareness of areas that needed improvement on the part of these institutions. This showed that while a process of evaluation, monitoring and feedback can at times be challenging, these institutions could also view it as an opportunity to improve. This 'buy-in' is crucial for the effectiveness of any regulatory system. This process also built on the ability of the research teams to present critical information in a constructive way.

## C. Understanding children's views and perspectives: the Child-led Research (2007-2008)

Children's voices and participation

A skilled child protection workforce

Knowledge and data on child protection issues and good practices

### **What was done and why**

Although the Quality of Care research had involved children throughout, the KEMENSOS team recognized that the terms of reference for the research, the questions and issues explored, were developed by adults. The team decided that it was crucial to give children in institutions with an opportunity to set their own agenda, while also recognizing that it would not be easy. The Quality of Care research had found that children were rarely given an opportunity to make decisions, even about minor matters. Relationships were dominated by the authority of adults who saw enforcing rules as their primary role.

Indonesian culture also places high importance on children respecting adults and the Child Protection Law reflects that. Asking questions or expressing opinions in front of adults can be considered inappropriate and involving children in decision-making is often not considered. However the Child Protection Law also stipulates that in the care and upkeep of children deemed neglected or abandoned, and therefore under its responsibility (wards of the State), the government must make efforts to ensure and support these children's participation, and that they can express their views, receive information, and even organise and associate.

While legally these provisions cover all children without parental care, they are poorly known and rarely applied to children in institutional care. Increasing awareness

of them by the children and the people in charge of their care was therefore essential.

Although children have limited opportunities to express their opinions or affect decision-making in Indonesia, children placed in institutions are not always passive subjects in their placement. Faced with the prospect of no access to education, many children will select going to institutions. In some instances children were aware of their families' struggles to make ends meet and felt that by going away they relieved their families of a burden. Escaping violence, neglect, discrimination and cruelty, often at the hands of a stepparent, was also a recurring reason for children to agree, or even ask, to be placed in an institution. Children were also an important target of institutions that sent staff out in search of new recruits. Providing an opportunity for children to voice their own role in their placements, and what led to it, was critical to ensuring their views were reflected in policy discussions about children's care.

The Quality of Care research had also highlighted child protection concerns in the institutions surveyed, particularly the common use of both physical and psychological punishments. Although the Child Protection Law expressly recognises children's right to protection from abuse and inhuman punishment (Article 16), and it prohibits violence and abuse in educational institutions (Article 54), corporal punishment

and humiliating or degrading treatments are generally not regarded as violence. Their use in both educational and care institutions is common and often supported by parents and members of the community.

In addition to the use of physical and humiliating punishment there were other protection concerns relating to the location and contexts of the institutions, particularly in the conflict-affected areas of Indonesia. Maluku province was the scene of widespread sectarian conflicts in the late 1990s, leading to thousands of deaths and massive displacement. All the children in institutions there had been victims of the conflict. The Quality of Care research found that in some institutions children were isolated from changes taking place outside and were continuing to express conflict-related fears or concerns. Creating opportunities for these children and their institutions to address this was therefore considered a priority.

The ethnic diversity of West Kalimantan and a history of conflict in that province have also influenced the way childcare institutions have developed and operated. West Kalimantan is located on a large island which is ethnically highly diverse, with indigenous Dayaks (over 200 ethnic sub-groups), Malays and Chinese. West Kalimantan had also been one of the main sites for the Indonesia government's transmigration program between 1980 and 1985, resulting in a 400% increase in population in that time. In 1999, a bloody conflict broke out in the Sambas region bordering Malaysia, between the Madurese ethnic group on one side and the Dayaks and Malays on the other. It led to many deaths and the displacement of over 12,000, including the forced expulsion of all ethnic Madurese from Sambas. Although both ethnic Malay and Madurese share the same religion, Islam, their children could not be put together in an institution even though both had been victims of the conflict. The childcare institutions run by Islamic organizations became ethnically segregated as a result.

Dayaks are traditionally animists but there have been concerted efforts at conversion by the main religious groups. The Quality of Care research found that institutions were playing a significant role in this. It seemed not uncommon for a relative to place a child in one of the faith-based institutions to ensure their integration into that faith. In addition, many Dayak children face serious challenges in accessing education due to distance and poor infrastructure where they live. Going home can mean more than two days of travel, often walking. Family relationships were found to be particularly difficult for children in the institutions as a result.

### **The approach taken**

The KEMENSOS team, in consultation with other key members of the Quality of Care research, decided that working in six childcare institutions with a total of 60 child researchers across Maluku and West Kalimantan would enable the level of facilitation and support needed. The institutions were selected, conditional on discussions and agreement with the management and staff of the institutions and also the children. In addition to considerations already highlighted, the three selected institutions per province were chosen to be representative of different institutional care models present in those areas.

In Maluku, the three institutions included a Christian one that focused on conflict affected children based on strong Protestant values (*Caleb House*); an Islamic one run under a network (*Hidayatullah*) that follows particularly strict interpretations of Islam and based in an Islamic Boarding school (*Pesantren*) located in a remote rural area; and one that is also based on Islamic teachings but more flexible and community based (*Nurul Ikhlas*). In West Kalimantan, a girls-only Islamic institution that had a stated focus on caring for children who had recently converted to Islam was selected (*Nur Ilahi*). The children came from various ethnic backgrounds.



Child led research workshop in West Kalimantan

A large government run institution for children from various ethnic and religious backgrounds (UPRS) was also selected. Located in a big, isolated compound some distance from the capital, it had a particularly tight disciplinary regime. A Christian childcare institution in Sambas region (*Eben Haezer*), in a remote location on the border with Malaysia, was also selected. Run under strict religious principles, the children are all Dayaks, coming from families and communities generally located far in the interior of Kalimantan.

A team of national and local facilitators were recruited to support the process. The four national facilitators were experienced members of the Quality of Care research team that had demonstrated the skills and knowledge needed to undertake this work. Through the previous research they had built the experience and relationships with the management, staff and children in these institutions which would enable them to continue with this more sensitive work. Kanya Eka Santi, who had led teams in the Quality Care research in four provinces, was selected as the team leader of the facilitators for this work. Local facilitators were selected from both provinces, and a team of three local facilitators was initially selected for each province.

A photographer and graphic artist was hired to work with the children on documentation of their research and also to document the actual process for the child-led research. He also contributed creative graphics and collages for

the workshops with the children. Andy West, an international consultant with considerable experience in child participation and in facilitating child-led research, was invited to train and mentor the facilitation team for the first phase of this work.

The researchers were to be between 11 and 18 years of age and there would be equal representation of girls and boys, with ten children to be selected from each institution. The children in the institutions would select the researchers from among their peers on the basis of candidates' essays on why felt they were best suited for this opportunity.

The facilitation team got initial agreement from the managers of the institutions. A child-friendly leaflet was posted in the institutions explaining the project, how children could participate, and what it would entail. It also clarified how the information they shared would be used and what confidentiality they could expect. It made it clear that participation was optional. The leaflet also provided names and contact details of relevant Save the Children staff, in case they wanted to provide any feedback or raise concerns. The facilitators' team organised a meeting with all of the children in each institution to explain the project, what research is, and the proposed process; to identify their interests and any concerns they may have had about participation; and to agree on a way forward.

It was clear from the start that this would be much more difficult for the adults in the institutions than for the children.

*"It was apparent that many of the institution heads wanted to intervene in this process. For example, some of them tried to influence the choices made by the children, or complained to the team about the selection of particular children. However, the children appeared to be relishing their new roles."* (Santi, 2009).

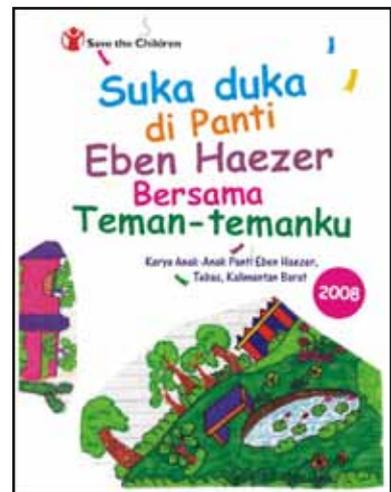
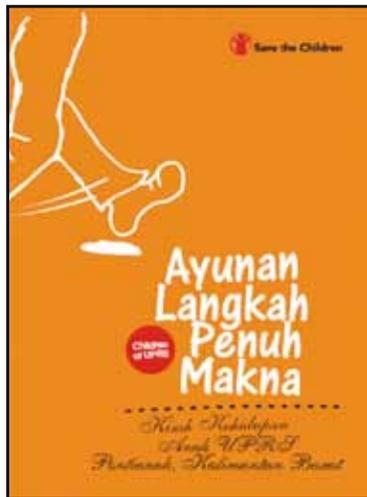
Questions of power imbalances and the importance of diversity were discussed with the children before the selection

process and children with a wide range of ages were selected in these institutions. A comprehensive training and planning workshop was held with all the facilitators, led by the international consultant. Concepts of childhood and diversity were explored as well as research processes, and how children of different ages and with diverse capacities would apply these.

In August 2007, thirty child researchers from the three childcare institutions in Maluku were brought together for the first one-week workshop. For many of the children this was the first time they were able to mix with children from very different contexts, in particular different faiths, and yet who also shared so many similar experiences. A key part of this process was enabling them to discuss these experiences and their lives, in the institutions, at school, at home in their families or in their communities.

They began to identify issues they wanted to know more about. They started to think about who they would like to ask questions, what those questions might be and what challenges there may be in asking them. They learnt to use cameras; they organized dramas, dances and songs; they developed games. The children set the agenda daily, with only limited suggestions from the adult facilitators. Key decisions were left to them and this was clearly a new experience for them.

Following the first workshop, the facilitators worked closely with the child researchers, reviewing progress, identifying issues and facilitating problem solving sessions. A second one-week workshop three months later brought together all the child researchers. The children identified key issues, mapping patterns in the answers and grouping them, doing analysis and drawing conclusions. They also discussed what should be done with their findings, who



The covers from the Child-led Research reports in 6 childcare institutions in Maluku and West Kalimantan.

to share them with and how, what issues may arise in sharing more difficult findings and how to address them, and who had the influence to act upon them.

A similar process began in West Kalimantan with another group of 30 child researchers in October 2007. This group of child researchers seemed to have higher abilities to express themselves, to formulate questions and identify issues they would like to explore. On the other hand, they were less expressive and playful than the children in Maluku. They were quieter and it took them longer to get to know one another, to share and to try things together.

Education was a much bigger concern for them and, although they wanted to participate in the research, they were worried about the potential impact of their involvement on their grades and performance. This was reflected in the discussions with the managers and staff of the childcare institutions, who proved in some cases reluctant to create the space needed for the children to carry out their research activities or to attend the meetings.

Six individual reports were produced and published in May 2008 with copies given to the children and institutions to share and conduct advocacy activities. Each reflected the very different personalities, talents, perspectives and interests of the child researchers in each institution. The quality of the research and of the reports astonished many of their peers and the adults in their institutions, schools and local government. Although this was the end of the research process, it was the beginning of a complex and sensitive process of advocacy.

### **Key findings and learning**

The findings from the children's research were varied but some recurring themes and issues were identified and explored in all six childcare institutions. Most child researchers had focused on the issues that affected children's lives in their institutions, but also in the context of their schools

and communities. They interviewed other children, staff, managers, teachers, school peers and religious leaders. Lack of access to their parents and families meant that interviewing them was not possible. Some common issues identified across both provinces are outlined below.

- The importance of education to children was a recurring theme. Children's conflicted feelings about being in institutions was discussed in many of the reports, with accessing education and having a positive future being contrasted with missing their families and having many obligations and rules to follow. The children made several recommendations to donors, including ensuring long term funding for their education and access to additional training to develop particular livelihood skills.
- Economic problems faced by children and the institutions. Some of the basic needs children felt were not sufficiently met included transport, clothes, shoes, books and pencils, fruit and rice, soap and personal hygiene products. They also expressed concerns about the economic situation of their institution and fears that it may have to close if it did not get enough funding.
- Children's activities were also key areas of research, including their participation in chores and also economic work in some instances, and their participation in religious activities. The reasons children sometimes neglected their chores and the sanctions they received as a result were also discussed in a number of reports.
- Children's relationships with adults in the institutions and at school were explored. Issues with teachers, in particular the use of physical punishment, poor teaching methods and lack of care and attention towards pupils, were raised, but also the support and motivation that children could receive from good teachers. The role of the head of the institution and staff as 'alternative parents', and the way children felt they were treated or related to them was also discussed.

- Relationships with families were also explored in most of the research. The children discussed what it felt like to miss their families and the strategies they used to cope. The challenges of going home for holidays were also a theme of the research. The children's sadness at not seeing their families was a major area of concern for them.
- Some of the research discussed children's emotional lives, with a number of reports exploring both positive support provided by peers as well as conflicts. The impact of rules that prohibit any type of romantic relationship within or outside the institution was also discussed in a couple of reports.
- The hopes and fears of children in the institutions were an important focus of the research in both provinces, highlighting concerns about what will happen when they graduate from school and the impact if they did not to succeed.
- Rules and discipline were also explored in almost all the reports. In a couple of reports specific punishments were discussed and recommendations made to stop them. Some of the reports also explored with children why they broke the rules, how they felt about it when they did and what types of sanctions were more likely to be followed by children.

Some issues were specific to the particular context and situations faced in some of the institutions. In other cases, children found to their surprise that what they had expected to be uncontroversial got the adults most upset. Managing those responses and supporting children to make safe decisions was also an important part of the role of the facilitators.

One of the harder parts of this process was to negotiate sufficient

time for the children to participate without affecting or disturbing their schooling. Children in institutions are left with very little 'free' time and anything they do with that time is closely supervised and deemed potentially disruptive by adults. The team obtained consent from both the institutions and the children's schools throughout the research. At times children reported that participating in the research was a burden and some expressed concerns about falling behind at school. The team worked with the children to find ways to lighten their load, but withdrawal was always an option left open to them.

Although all of the child researchers expressed pride in what they had accomplished and felt they had gained a lot through the process, involving children in participatory processes has an impact on their relationships, particularly in a context as hermetic as a childcare institution. Thinking of ways to reduce the potential negative impact is an important learning for future work like this.

The team put in place mechanisms to follow up on the children in the aftermath of the research. The team had also involved the local Save the Children program team in the process and it soon became clear that they needed to take responsibility for ensuring that children were not negatively impacted by their involvement in the research. The KEMENSOS team assigned specific budgets to enable the team of national and local facilitators to respond to issues as they arose, which it did a number of times over a period of about two years after the research.



**"KeluargakuHarapanku"**  
(My family, my hope)

Drawing by Moro, 15 years old,  
Child Researcher in West Kalimantan

## **D. Supporting children's advocacy in institutional care using the child-led research (2008-2009)**

### **Children's voices and participation**

#### **An aware and supportive public**

#### ***What was done and why***

The child researchers had identified in their research the agencies and people with whom they wanted to share their findings and address their recommendations. In addition to the staff and management of their own institutions and the donors and chairs of the parent organization, there were also their local government authorities, including the governor of their province and the social and education agencies. The dissemination of the Quality of Care research findings had been postponed to the last in West Kalimantan and Maluku as it was important to provide the child researchers with the opportunity to develop and present their own findings and recommendations without being influenced by them.

In May and June 2008 the teams of facilitators returned to West Kalimantan and Maluku to discuss with the child researchers, the management of the institutions and the authorities how to proceed. An intense period of discussions and negotiations followed with the management of these institutions on conducting dissemination of the research with other stakeholders. The heads of two institutions initially did not agree to the children presenting their findings to the local authorities, feeling that some of the conclusions in the research would not reflect positively on them. Agreement was reached in August and the reports presented to the provincial level authorities and to the public with a major photo exhibition.

The children's research in both Maluku and West Kalimantan had also directed some of their recommendations to national level

decision-makers. The team worked closely with the Minister for Social Affairs and lobbied for an opportunity for the child researchers to present their findings to him. The opportunity for the children to present the reports to officials at the national level, accompanied by the heads of their institutions, proved a positive incentive for the managers who had been previously reluctant.

#### ***The approach taken***

In the middle of June 2008, the child researchers in West Kalimantan presented their findings to their peers and to the management and staff of their institutions. Using Powerpoint presentations and leading discussions with the audience, they answered questions, debated findings and recommendations, and found their research generally well received. Also in June, the 30 child researchers presented their findings and recommendations in a formal meeting with the new Governor of the Province. In addition to the child researchers and the heads of their institutions, the heads of local agencies also attended, including social affairs, health and education.

The dissemination of the Child-led Research in Maluku was conducted in early August. On the 6<sup>th</sup> and 7<sup>th</sup> of August 2008 an exhibition of photographs and a dissemination meeting was held in Ambon, where the child researchers were able to present the findings of their research to the key stakeholders they had addressed their recommendations to, including a representative of the Governor, his Assistant at the provincial level on Social



Child researcher presenting findings in Maluku

Issues, the Head of the Social Affairs Office and representatives from the Health and Education Offices as well as staff from the Community Welfare Unit of the Municipality of Ambon.

The researchers also presented the results of their work to the public in a major exhibition of photos that was held during the two days. The photos taken by the children illustrated both the findings from the three research reports and the process of research they had followed. Over 300 people visited the exhibition, including children and teachers from local schools and local media.

A major seminar in Bandung (West Java) in September 2008 to present the results of both the Quality of Care research and the Child-led research to key policy makers and social work professionals provided the opportunity for the child researchers to present their findings and recommendations to the Minister of Social Affairs. There was a private presentation by 13 of the child researchers to the Minister and other senior officials, including two Director-Generals from the Ministry of Social Affairs. These children presented the key findings from the six research reports and held a dialogue with the Minister on their recommendations and concerns. This dialogue was a major step forward for a Ministry that had not always been open to children's participation.

This seminar was also the first occasion for the child researchers from Maluku and West Kalimantan to meet. Although only 13 of

the child researchers could attend the event, the next day a workshop was held to enable the children to share their experiences, their thinking and the challenges they faced in their lives and during the research process. The children also reflected with the facilitators and the KEMENSOS adviser team on the research process, providing feedback on their experiences and recommendations for future work.

The situation of children in institutions was also at the forefront of an event organised by the Dutch Embassy in Jakarta and its cultural centre, Erasmus Huis, to celebrate International Human Right Day on Dec 10, 2008. The event was focused on children's rights and included a panel discussion on a range of topics relating to children's rights in Indonesia. Save the Children was invited to present and brought two of the child researchers, Ana (15) from Maluku and Hari Wibowo (17) from West Kalimantan, to present their research and findings. In addition, one of the Quality of Care team leaders, Kanya Eka Santi, presented the key findings from the work done with children in alternative care and the implications for child rights in Indonesia. A photo exhibition from the research was held at the cultural centre and the child researchers were interviewed by the national media about their research and experiences.

### **Key findings and learning**

The advocacy work conducted by the child researchers following the completion of the research provided the first ever opportunity for children living in institutional care to share their experiences, concerns and hopes about the future with people outside of their institutions and their peers at school. Children in institutions are often asked to speak to people in their communities or in the government, but it is usually in the context of speaking to donors, fundraising or advocating on behalf of the institution, or religious activities that emphasize the role they are meant to play as "orphans" or as

children of the “panti/institution”. It is rarely about what they think as individuals or as a group, what they value or what they would like to change. Recognising the importance of children’s participation in understanding the challenges they and their families face, still has a long way to go in Indonesia, especially for children whose lives are ruled by institutions and the adults who run them.

Running a child-led process in that context was fraught with difficulties and entailed a change of power dynamics that was clearly threatening to the adults in a number of institutions, and the managers that objected most to children’s participation and advocacy were also those that faced the biggest challenges in running their institution. In those cases, the adults complained of a ‘change in culture’ taking place as a result of the research, particularly when it came to sharing the children’s findings with the outside world. The culture that was being changed primarily was the institutional culture, and the roles, expectations and relationships that went with that. There were also palpable examples of changes in children’s thinking and behaviours as a result of the process, not just in terms of a growing confidence or ability to express views and ask questions, but also through the exposure to the realities and experiences of other children.

It was the institutions with the most regulated and closed systems that had the hardest time enforcing their rules and values with the children. For teenagers in particular, this could mean a regulated life of religious rituals and obligations inside the institution and another life of drinking, smoking and hanging out with undesirable peers whenever they were able to leave the institutional compound. Having the children participate in child-led research and the advocacy process afterwards became

at times a lightning rod for these managers’ frustrations. In some cases, however, the team was able to use the child-led process to support both the managers and the children to resolve some of these tensions.

Managing children’s expectations was another important challenge. Many of the children expected that their advocacy work would be followed by action and when that did not occur, it led them to question the power of advocacy. Getting the balance right between encouraging children to make arguments for the change they desired and providing them with realistic assessments of the potential success of their efforts was not easy and not always done effectively.

One of the recurring questions child researchers had about doing this work was whether it would be useful to them personally but also more broadly in terms of their world and reality. In the end, most of the children thought the work was worthwhile, as expressed in their reflections:

*“At first, I thought that this activity would not bring results. I, myself, rarely speak in class. But since following this activity, I can speak in front of the class, I know how to interview and I can research. In addition I got to know some friends, their feelings and lives in other institutions. What’s certain is that I am really happy that this activity from Save the Children took place.”*

*“I am really happy because I have been able to share what I have experienced in the institution and we were able to put forward our feelings to the Government about what we experience.”*

*“In my view, this activity was really good and it can make us more independent and have more experience and knowledge. At the end, this research wasn’t for nothing as we could be heard by the Governor, the department of social affairs and the health department.”*

**Gideon (15 years old Dayak boy),  
Child Researcher from West Kalimantan shares his story**

*“My name is Gideon. I’m from a remote area called Nyanyat. My family is very poor and has nothing. My father is a small farmer. We have only a little bit of land and what it produces is not enough to feed us all year. Sometimes it is only enough to feed us for four or five months. There are eight in our family, including mum and dad. Mum only goes out to the fields to help dad when she really has to as she already has six of us children to look after as well as the house. As they are so busy trying to survive, our mum and dad don’t have much time to think about us children. As a result we were often neglected. Luckily four of my siblings had a great desire to go to school and learn. They were determined to keep studying even though they also had to work.*

*Our two oldest sisters graduated from high school. They both then applied for a job in the same company and were accepted, although they work in different places. My eldest sister works in the office, while the second works on the ground as a supervisor. Their wages are just enough to pay for my two other sisters who are still at school.*

*So, the ones left behind were myself and my youngest sibling, the youngest in the family. I was six at the time, and really wanted to go to school. After seeing all the other children going to school, I asked my parents if I could go too. At first my mum said ‘no’ but relented after a while.*

*When I started at school, I had nothing to wear except the hand-me-down uniform of my older sister and I also had to use her books and those of my other older sister because my parents only had enough money to pay the enrolment fee. I was also really worried about how I was going to go to school every day. All*

*of the other children had bicycles, but I didn’t and our house was very far away from the school. It was probably a kilometre or more. But I said to myself, “Better to go to school on foot than not go at all.” I put my head down and did everything I was supposed to.*

*Even though I was really worried about how I had done, I got into grade II with a ranking. I told my parents the good news and they were really proud to see that I had been awarded a ranking. They are now aware about how important school is as it gives us hope for the future.*

*At that time, we had a really special visitor – my uncle, who had just come from district capital. He came to our house to invite me to come to live with him so as to ease the burden on my parents, so I went with my uncle to live in his house. I was enrolled in a new school. The atmosphere there was very different from what I had been used to before. Luckily, my uncle’s house was very close to my new school, so it only took me a couple of minutes to walk there.*

*I lived in my uncle’s house for three years and was then placed in Eben Haezer, which is an institution that cares for children of my age. The reason I was placed there was to teach me to become independent and self-reliant no matter where I found myself. I have had lots of experiences here and am now in grade II of junior high school. Eben Haezer guarantees us an education and we don’t have to worry about cost or money. We are taught lots of things, including religion, morals, politeness and our traditions. Since I’ve been here, I’ve also had a few personal problems. But with the help of God, everything can be overcome. Amen.”*

## E. Learning from formal responses for children in need of special protection: The RPSA research (2009-2010)

Knowledge and data on child protection issues and good practices

Preventive and responsive services

A skilled child protection workforce

### What was done and why

The initial research and analysis of services for vulnerable children carried out by Save the Children's team of advisers in KEMENSOS and its partners had focused on the *Panti Asuhan Sosial Anak*, the institutions where the vast majority of children were placed and receiving services. They were also where most of the funding went, from the government as well as private donors. Across Indonesia, these institutions were the dominant and often only service provided for vulnerable children.

The research had highlighted, however, that childcare institutions by and large did not target or accept children who had major alternative care needs or were facing serious child protection issues. Even though some of these children did end up there, these institutions were not set up to provide specific services for them and would generally exclude them unless they happened to fit the main criteria used by these institutions for placing children: poverty, a need to access education and a capacity to function appropriately, in particular performing at school. Although there were a few institutions that focused less on access to education and more on care or protection needs, they were the exception to the rule.

The Ministry of Social Affairs, however, promoted a range of institutions to respond to different categories of children it considered vulnerable,

including street children (*Ruman Singgah*), children in contact with the law, disabled children, girls involved in prostitution or commercial sexual exploitation, children and adults with

substance abuse issues, and others. The only non-residential model promoted by the Ministry was a day care centre for pre-school children of particularly poor and disadvantaged families. There are just a handful of these institutions across the country, and the government runs most of them. The exception to this are institutions for the disabled that are also run by private organizations and somewhat more numerous.

In 2002 the Child Protection Law was adopted to integrate some of the key principles of the UN Convention on the Rights of the Child. This law articulated for the first time that children had the right to be protected from a range of harmful acts at the hands of their parents, guardians or anyone responsible for their care, including “*discrimination, exploitation of an economic or sexual nature, neglect, harsh treatment, violence and abuse, injustice and other forms of mistreatment.*”<sup>15</sup> Where previously the State had seen its role primarily in terms of caring for children deemed ‘without a family’, either as a result of parental death, abandonment or poverty, the law now stated that it was responsible for ensuring the protection of all children, including within families or any other care settings.

<sup>15</sup> Law No 23 (2002) on Child Protection, Article 13.

The law also introduced the concept of “special protection” (*perlindungan khusus*) - “the obligation and responsibility of the Government and other State institutions to provide special protection”- including certain responses and remedies to children in particular circumstances.<sup>16</sup> The question of what infrastructures, resources and mandates were needed on the ground to ensure children in need of special protection would access effective services was, however, left unanswered. The law itself did not establish any system or mechanism to support implementation. It did not assign new responsibilities for child protection or clarify existing ones, and the only body it created, the *National Child Protection Commission (KPAI)*, has primarily an advocacy and awareness-raising role.

Responsibility for child protection remained fragmented and divided between ministries and agencies. The Ministry of Social Affairs is responsible for social services and interventions for children and their families, including children in need of special protection. The Ministry of Women’s Empowerment and Child Protection is responsible for overall policy coordination for child protection, in addition to its mandate on women. The Ministry of Justice, the police, and the Ministries of Labour, Health and Education each have their own mandates that touch on child protection without having clear roles assigned in relation to the implementation of the Child Protection Law or in relation to each other.

The same year two National Plans of Action (RAN) to address child trafficking were developed, on the Elimination of Commercial Sexual Exploitation for Children

(Keppres No.87/2002) and on the Elimination of Trafficking for Women and Children (Keppres No. 88/2002).<sup>17</sup> These National Plans called for an inter-departmental coordination team to be set up at all levels of government. While it was meant to be a coordinating effort, it became clear to the various Ministries that some operational mechanisms were needed to provide services for women and children victims of violence.

As a result, a joint Ministerial Decision (SKB) was adopted between the Minister of Social Affairs, the Minister of Health, the Minister of Women’s Empowerment and the Head of Police on Integrated Services for Women and Children Victim of Violence.<sup>18</sup>

This document established for the first time the respective roles and responsibilities of each agency, and what services they must provide or ensure the availability of at the local level. KEMENSOS was entrusted with a number of tasks, including ensuring the availability of the human resources needed, in particular social workers trained and experienced in assistance to victims of violence. It was also tasked with establishing Protection Homes and Trauma Centres (*Rumah Perlindungan dan Pusat Trauma*) for victims of violence.

The Ministry of Women’s Empowerment, the Ministry of Health and the Head of Police also concluded a joint agreement (SKB) for the Establishment of Crisis Centres in Government Hospitals at national and local levels, in particular Police Hospitals. The centres provide integrated services for women and children who are referred or seek services in the hospitals as a result of violence (*PPT*). The Police Department also developed Special Assistance offices (*Ruang*

16 Law No 23 (2002) on Child Protection, Article 59, identifies eleven circumstances where children are entitled to such protection from the State: children in emergency situations; children in contact with the law; children from minority and isolated groups; children being exploited economically or sexually; children who are trafficked; children who become victims of substance abuse including narcotics, alcohol, psychotropic substances and other addictive substances; children who are victims of kidnapping, sale and trading; children who are victims of both physical and/or mental violence; disabled children; children who are the victims of abuse; neglected children.

17 Irwanto et al (2007), Analysis of the Concept of Child Protection and its Implementation in Indonesia: A Preliminary Study. Save the Children UK. p.17.

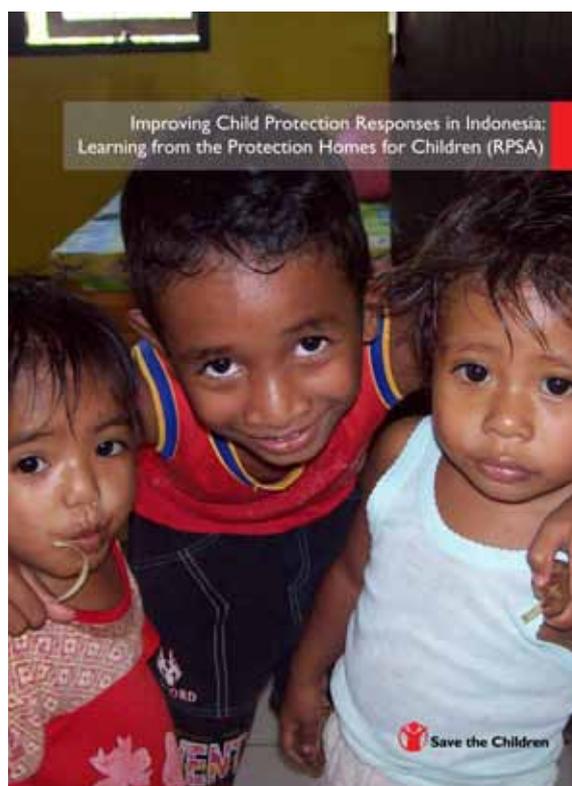
18 SKB: Menteri Sosial RI No 75/HUK/2002; Menteri Kesehatan Nomor 1329/Menkes/SKB/X/2002; Menteri Negara Pemberdayaan Perempuan RI No. 14/MenegPP/Dep.V/X/2002; Kepala Kepolisian Negara RI No. B/3048/X/2002.

*Pelayanan Khusus -RPK*) in police stations at the Provincial and Regency levels, managed under the Women's Police Units (*Polisi Wanita*), to provide services to women and children victims of crimes, including trafficking. Other initiatives included the establishment of shelters and safe houses.

In 2004 the Ministry of Social Affairs established the first of 15 Special Protection Homes for Children (RPSA-*Rumah Perlindungan Sosial Anak*), residential facilities located mostly in provincial capitals. These institutions were meant to act both as emergency shelters for child victims of violence and exploitation, and longer term 'treatment' facilities for children needing more intensive interventions by specialists such as psychologists and social workers, or lawyers, before they are returned home.

### **The model comprised two main elements:**

- 1) A *Temporary Shelter* that acts as the first line of response for children whose safety, health and well-being are immediately at risk. The child is expected to remain there no longer than 30 days while an initial assessment is made. During this period, the issue would be addressed, a referral made to other appropriate services, or the child would be admitted to the second unit of the RPSA.
- 2) A *Protection Home* that uses a case management approach to respond to cases that need more intensive interventions by professionals including psychologists or social workers, or legal assistance. This is also where the trauma centre is located and therapy provided by a psychiatrist and a psychologist. A child is meant to receive services from the Protection Home for no longer than six months. After this, the child will be either returned to his/her parents or guardian, be placed for adoption or in an alternative family, or be referred to other service providers.



The RPSAs are meant to take a professional social work approach, using bio-psycho-social assessment to determine the issues faced by the child and the risks and protective factors in their environment and networks. A case management approach is used, together with counselling and therapy when necessary.<sup>19</sup>

The first RPSA was established in East Jakarta (RPSA Bambu Apus) under the direct responsibility of the Ministry's Directorate for Children's Services. It was located within a new multiservice complex of residential services for children, run by KEMENSOS on the outskirts of the capital city. The idea was to bring together services for vulnerable children and persons under one roof to maximize technical resources. It was to be a national model that would respond to particularly acute or high profile cases. The concept for the RPSA was developed by the Children's Directorate in consultation with a number of child protection activists and experts from non-governmental organizations in the country.

<sup>19</sup> Ministry of Social Affairs (2007). Implementation Manual for the RPSA, Special Protection Home for Children. Directorate for Children's Services, KEMENSOS, R.I.

Understanding the extent to which RPSAs were fulfilling their mandate was therefore critical because this was the way forward for formal child protection services in Indonesia.

By 2009 there were already ten RPSAs established with another five planned. Although all of these institutions were government run, KEMENSOS had already begun discussions with some local private childcare institutions to encourage them to set up RPSAs. To support a review of the model and ensure that lessons learnt were gathered before further replication, Save the Children initiated a rapid assessment of

the model RPSA, Bambu Apus in Jakarta, to contribute to a review meeting organised by the Directorate of Children's Services in Bali on 5-8 May 2009.

At the meeting, the team presented some of the initial findings and participated in the discussions with the Ministry and staff of the RPSA about the lessons learnt. Having identified a number of challenges in the responses provided to children through the RPSA model, Save the Children agreed to conduct more comprehensive assessments, adding another four RPSAs to the research.

### **The story of Andi (13 years old boy)**

*Andi was born in Lampung, Sumatera, but he speaks with a strong Javanese accent because his parents are transmigrants from Java. He is the youngest of 6 children, with 3 siblings in Lampung, 2 working in Brunei Darussalam and 1 in Batam.*

*Andi was forced to grow up quickly as his mother died when he was very small and his father remarried shortly after. He was often mistreated by his stepmother, who frequently got angry with him and hit him. As he was the youngest, it was mainly him who got hit all the times. His sister in Lampung often tried to defend him but this resulted in her arguing a lot with her stepmother. Andi explained that relations between his sisters and their stepmother were not good either. One day his step mother got very mad at his sister for asking for money to pay for her school fees and she just threw the 50,000 rupiah (USD 5) note at her step daughter's face.*

*Andi often had problems with his health, which he thinks has to do with his kidneys. He finds it really painful to sit at times and also to pee. As a result he often played truant at school in Lampung. Nevertheless, he says that he still managed to study on his own and as a result he was able to pass the elementary school exam. During the Ramadan in 2007, Andi was invited to stay with his brother who lives in Batam.*

*He thought this was a good idea because he was fed up with being hit by his stepmother and he expected that his brother would treat him better. In reality, once he got to Batam, his brother hit him, often for no reason at all. Even though Andi worked in the tomato fields to help him, without even having to be asked, he kept getting hit all the times, one time with a big metal stick. His brother also did not fulfil his promise to put him through school. During this period Andi continued to be in touch with his sister who works in Brunei, and she often sent him some pocket money.*

*About a year and a half after he arrived in Batam, Andi decided to run away because he couldn't take being hit any longer. With the money he had received from his sister, 500,000 rupiah (50 USD), he went to the airport to try to get back to Lampung. At the airport, a security guard stopped him and asked him where he was going. The guard told him that he couldn't go anywhere without an adult, as he needed an identity card to fly. Finally the guard brought him to the police. There he met a Mrs. Sri, a policewoman who dealt with cases relating to children. As a result, Andi explains, he ended up in the local newspapers. He was even interviewed on TV. His brother who used to beat him was arrested and when they met, he kept crying and begging Andi to tell them to let him go. Andi thought 'let him go to jail!'*

but after a while he felt bad that he should be responsible for one of his own family going to jail.

After this, Andi was brought to the police hospital to be examined and receive treatment and the government even paid for him to go to Jakarta for more treatment. He went there accompanied by Mrs. Sri and was taken to the RPSA. Mrs. Sri had told him that he would be taken to his family in Tanjung Priok (an area of northern Jakarta) later that day. She promised to come and get him in the evening to take him there but, when the time came, she phoned and said she could not come because it was raining.

The following day she did not come either and it was the same again the next day. Andi cried until his eyes were all swollen up, he kept asking to be sent home and he would not eat. During that time he refused to enter the institution and insisted on waiting by the gate for Mrs. Sri. On the third day, though, he had to eat and Mrs. Sri telephoned. She said that he had to be patient and that she would come to fetch him once his treatment was over. She told him that he should eat. Andi tried a number of times to run away and to get into the office to call Mrs. Sri.

In the RPSA, he befriended a 19-year-old girl who was also staying there. She told him to be patient. The staff also tried to get him to talk and share his feelings and problems. Slowly he

started to accept his situation. Initially he really wanted to go home to Lampung so that he could get on with his study but he now accepts that he has to stay in the institution until he recovers. His aunt from Cibinong has been calling regularly since he has been there and she is proposing for him to go to stay with her but the staff at the institution say it is better for him to stay there for now so that he can get medical treatment and an education. But while his health has got better recently, he still has not been sent to school.

Andi wants to go back to school to continue his education. He wants to start junior high school so he can become someone educated. Two of the staffs at the RPSA have said that they want to help him get an education and pay for his fees. He would like to go to the local high school, as proposed by one of the staff. He is not so keen on going to the Islamic boarding school proposed by the other. He is concerned that discipline at that institution would be too strict. He is also worried that his sister or his aunt won't be able to visit him because the school is too far for them. Ideally he would like to go and live with his aunt in Cibinong, if she would agree to put him to school. Or he would be really happy if he could join his sister in Brunei where she works as a domestic servant. He could help her. Speaking to the staff, though, it seems that plans for Andi to study are not really concrete yet.

### **The approach taken**

A team of experienced social workers from the National School of Social Work and from the Directorate of Children's Services was established to conduct the assessments. As a government model, it was critical that this learning be supported by people who would be involved in further developments of the model, or likely to provide technical advice to RPSAs in the future. Many team members had been involved in the Quality of Care research and some in Child-led Research. Kanya Eka Santi at the time head of the clinical social work program at the National School, led the fieldwork.

The five institutions assessed were as follows:

- 1) RPSA Bambu Apus, in East Jakarta, Java, established in 2004.
- 2) RPSA Jambi, in the municipality of Jambi in Central Sumatra, established in 2007.
- 3) RPSA Purwokerto in Batturaden, Central Java, established in January 2007.
- 4) RPSA Bima Sakti, in Batu, East Java, established in 2007.
- 5) RPSA Naibonat, in East Kupang, in Nusa Tenggara Timur (NTT) that had begun operation in October 2009.

Two of the RPSAs (Bambu Apus in Jakarta and RPSA Jambi in Central Sumatra) were run directly by the Ministry of Social Affairs, as national 'model' institutions under its Technical Assistance Units program (*Unit Pelayanan Teknis- UPT*), part of the Ministry's efforts to develop and test model interventions to be replicated by local governments and private service providers. Local government had established the other three RPSAs with support from KEMENSOS.

The aim of the research project was to provide a profile of the RPSAs, of the children receiving services through them, of the range and quality of services provided and their appropriateness in relation to the needs of these children. This was to include a review of the availability and capacity of staff, relevance of competencies, mandate and resources to respond to the issues faced, as well as collaboration and referral processes used by the RPSA. It would provide an overall picture of the work being carried out and the extent to which they appeared to serve the needs of their target population.

Recognising the diversity of situations between the RPSAs selected, however, the aim was not to compare them or the quality of their services. Instead, it sought to draw some overall conclusions and lessons learnt from the RPSA model, together with recommendations to support policy and practice in that context.

The fieldwork for this research took place from April to October 2009 and analysis of data and report writing was finalised in January 2010. The methodology used was qualitative, using a multiple case study approach and purposive sampling. Interviews were conducted with the management, staff and clients of the RPSAs, as well as other key stakeholders such as staff from local social authorities and teachers. A team of two to three professional social workers was assigned to each institution and conducted fieldwork over a period of five days. Field observations and review of documentation including case records was also conducted

and research findings were checked through triangulation. The case studies provided powerful illustrations of the complexity of the child protection issues faced by the children and also the types of responses and interventions they were getting from the RPSA.

As a majority of the RPSAs were located within another type of residential institution, or in a compound housing a range of other residential facilities, a review of the situation and services provided by these institutions was also needed in some cases. The findings from the assessments were consolidated and presented to the institutions and to the Ministry of Social Affairs in 2010. In 2011 an overall report bringing together the learning with recommendations for the RPSA model, as well as child protection more broadly, was published.

### **Key findings and learning**

The research highlighted the diversity and complexity of child protection issues that these institutions were expected to respond to. The RPSAs provided services for babies abandoned in hospitals, teenagers pregnant as a result of sexual violence or commercial sexual exploitation and their babies, female victims of sexual abuse, victims of trafficking, of intra-familial physical violence and neglect, children with disability or severe communication impairments found on the streets, children in conflict with the law, child victims of incest, and children who ran away from home and were living on the street.

All five institutions recognized that their target populations were children in need of special protection as defined under the Child Protection Law, but there was little clarity about which children would most benefit from its services and how interventions could be adapted to serve the different needs of these children. Once referred, few cases were deemed not to meet the selection criteria unless the child had a condition that management of the RPSA felt was beyond its

capacity to deal with, such as mental illness or disability. As a result the RPSAs were found to provide services to particular groups of children based on which organization or authority referred cases to it.

The research also found very different levels of capacity between the different RPSAs, partly due to the fact that some had operated for much longer than others. Mostly, however, it was due to accessing very different levels of resources, whether skilled professionals or logistical and financial support. Although all RPSAs had significant numbers of staff on paper, in reality most of these held two positions, working both in the RPSA and the other institution under which the RPSA is housed.

Similarly, although all RPSAs had qualified social workers on staff, the social workers were rarely in positions that entailed working with children. Instead many, if not most, were in management and administrative positions. The situation was somewhat better in RPSA Bambu Apus, as could be expected of a national model, with social workers assigned to case management positions. Yet the research found that these were generally young and inexperienced social work graduates, with no supervision or support in responding to cases. Only one experienced social worker was handling cases and the RPSA depended heavily on her at the time. The RPSAs also had very limited access to logistical and operational support and relied heavily on the resources of the other institutions, having to 'borrow' staff, transportation or rooms, severely reducing its capacity to respond quickly and appropriately to situations faced by children.

Most of the RPSAs divided their services, at least on paper, according to the Temporary Shelter and Protection Home model, but the difference in practice seemed to be mostly the length of time the children stayed in the RPSA rather than the nature of services provided.

Many cases involved children from areas a considerable distance from these institutions. Without a network of social agencies across the province able to share information, carry out family visits and assessments, map resources and identify possible solutions in the particular locality, staff were often left to find the information by themselves. Limitations on staff and resources such as transport and communications meant that such assessments were very limited. Instead, the RPSAs tended to rely on the referral agency's initial assessment of the issues to determine whether or not to admit the child and what services to provide.

This inability to assess the situation and intervene in the child's community of origin, including the home environment, was particularly problematic for most children referred to the RPSA as a result of intra-familial violence or neglect, and in cases of exploitation or trafficking involving the child's family. With little capacity to assess both short and long term safety issues, the RPSA was left to find solutions which either entailed the child being 'accepted back' in the family through family mediation, or being placed in an institution longer term. The RPSAs had virtually no capacity to follow up after the child was returned to the family, leaving that child potentially in a highly precarious position.

The line between the shelter and protection home became blurred as a result, and the RPSAs seemed to provide very similar services in all cases. As the Manual on the RPSA highlights, one of the main functions of the RPSA is to support the child's return to normal social functioning by providing interventions that can address the traumatic experience as well as enabling the child's return to his or her family or the provision of an alternative care environment.<sup>20</sup> The focus of RPSA interventions tended to be on seeking change in the child rather than addressing the situation that caused the harm

20 Kemensos (2007) Manual RPSA p.18.

to the child. In practice, this meant that the RPSA saw their role primarily as providing a place for the child to stay while some solution could be 'figured out' and the child was deemed 'ready' to be sent home or, in many cases, referred to another longer term institution, usually for educational purposes.

Even in cases where there were no immediate safety issues or where alternative placement in the child's family was available, the child's placement in the RPSA in order to receive services was still considered essential. RPSAs also did not seem to have considered the possibility of providing services to a child within his or her family or community, or distance may have deterred them from doing so. When a child could not be accommodated the RPSAs generally did not admit the child to their services.

In some cases children who had been victims of violence, including sexual violence in their families, were 'pulled out' of these families in ways that seemed to punish rather than protect them (see the story of Ida). Although safety concerns were real in some cases, and removing the child at times

is an appropriate and important temporary measure, alternatives were rarely considered. Children were even removed when the risk was no longer present or when other family members were willing and able to care for the child. The children were also rarely told where they were going or what services they could expect to get in the RPSA. They were almost never involved in the decision to receive services, even when they were able to understand and participate. In a few, but very disturbing cases, the research even found that children had apparently been misled about where they were being taken to or for what purpose (See the Story of Andi).

Instead of working actively with key individuals to bring about a change within the child's protective environment, the services in the RPSA were aimed at achieving a change in the child, often translating this as a change in behaviour. This resulted in situations where children were seen as the problem rather than the victim. In some cases interventions were aimed at 'convincing the child' to forgive or understand the perpetrator, or to behave differently in order to 'avoid' a repetition of the violence (see the story of Ida).

### **The story of Ida (10 year old girl)**

Ida is a 10-year-old girl who hardly ever sits still. She was born in Temanggung, a rural area three to four hours' drive from Baturraden. Before entering the RPSA she was attending elementary school (Grade 3). Ida's father had died about five years earlier and her mother remarried to a widower who had three children of his own. As a result of this marriage they had two more children, so there are now six children in this family. Her mother is 35 years old and works long hours in a factory. Her stepfather is 50 and works in construction. Their income is very modest and as a result they have entrusted the care of their last child to a neighbour.

*"One day", Ida explains, "I was playing with a friend and my mother called me and told*

*me to go home... I didn't want to but she made me, so I went home. In the house there were some people, I didn't know them, she persuaded me to go with them to Baturraden. I didn't want to; I wanted to stay at home with my mama. My mama persuaded me. I cried, but she continued to try to convince me, so yeah, I was brought here with her."*

According to Ida, two social workers from the local Office of Social Affairs (Dinsos) and a reporter came to pick her up. "I thought I was going to be on TV". After handing her to the RPSA they all left, including her mother. Ida did not want to be left there. "I was left here on my own by my mother. I didn't want to. I cried, I shouted, I slammed and kicked the door when they put me in the room and locked me in. I screamed

*and screamed. I didn't want to be left behind by my mother, but my mother went home. That time I just screamed and cried and was locked into my room."*

The Social Affairs officers who brought Ida to the RPSA had an introduction letter from the head of social services at the regency level. In it, he handed Ida over to the care of the RPSA to get guidance and rehabilitation. There was also a letter on behalf of Ida's parents signed by her mother, staff from the Office of Social Affairs and a witness. It stated that they agreed to Ida receiving services at the RPSA. In addition, there was a letter signed by Ida that stated she was willing to follow all of the programs at the RPSA and would abide by the rules of the institution or be ready to face sanctions.

The case record states that Ida's stepfather had sexually abused her since 2008. The abuse started with sexual penetration using his finger. It states that Ida tried to scream but that her stepfather put his hand on her mouth to shut her up. He threatened to kill her if she said anything. After this the stepfather raped her with his penis repeatedly. The record states that this took place when Ida's mother was working late and the other members of the family were watching TV at the neighbours' house, but that it also happened during daytime. Finally Ida's mother found out and reported the case to the local police. Charges were brought against the stepfather and the case was being processed at the time.

Ida explains why she was placed in the RPSA, *"They say Mama can't do it, she has to take care of too many children. Mama's good, it's my stepfather who is bad. Sometimes in the house there was hitting, here (showing her thigh), using a stick. Mama was attacked using plates, she was hit with a bucket until it broke, mama often cried."*

Ida explained that it wasn't just her mother who was the victim of violence

by her stepfather. *"I was also slapped when he found out I had been playing. I wasn't allowed to play. When he found out he would rip apart and burn my school books, tear my clothes. Father is bad, I was never given food to go to school."*

While Ida speaks of physical violence at the hands of her stepfather she does not talk about the other forms of violence she has experienced. She has difficulty focusing on anything, is constantly seeking attention and restless. The staff at the RPSA call her "naughty" and a little "wild", although they also point out that in the two weeks since she has been in the institution her 'tantrums' have reduced and she gets angry less frequently. Staff see this as a sign of progress. They point to her using less "dirty" or rude words. As one staff member explains, *"She is already better. Before when she started to talk she wouldn't stop and her attitude was always to go against everything."*

*When she was told off she didn't care... She did not follow what was asked of her.... Now, she has started, she is willing to listen a little more, even though it still seems hard, but she has started to tone it down before she gets angry."*

At the RPSA, counselling is carried out by any of the staff and it takes the form of inviting Ida to talk. No individual staff member has been assigned for this purpose. Ida is quite bored and frequently asks to go home. All there is to do is watch TV, pray, do some crafts and speak to the adults. There is no provision for continuing her education at the institution and the only other child there is much older than her and pregnant. She misses her mother and her friends; she wants to be back at school. Ida pleads repeatedly to go home and asks the research team to tell the staff of the RPSA. She even wrote a couple of letters to the staff asking to be sent home.

*“Miss, please, tell (the staff) I want to go home.... I miss my mum, my dad, my little brother, I want to go to school...I want to play with my friends...”*

The staff usually answer her that she will be able to go home, *“later, when you are a clever girl, when you are good, not naughty*

*anymore”*. As a result Ida feels that she is in the institution because she is naughty and too hard to please. *“I was put in here by my mother so that I stop complaining about everything...”* *“I am too difficult, miss, so now I must stop being fussy... so that I can go home faster... I want to go home, miss, please tell (the head of the institution).”*

RPSA staff recognised that a key function of their services related to what the RPSA Manual describes as “rehabilitation services”.<sup>21</sup> This comprised psycho-social support and counselling from a team of social workers and a psychologist, as well as the provision of “therapy to recover from trauma”. All of the RPSAs had either a psychologist on staff or worked together with the relevant departments in the local hospital. The psychologist, however, was not always qualified to practice.

The role of the psychologist also seemed to be limited to an initial psychological assessment of the child rather than the provision of counselling or therapy. There seemed to be little relationship between the psychological assessment and the development and implementation of a service plan.

If available, counselling was left to the care and support staff and it mostly involved encouraging children to talk, without providing either a regular opportunity or an identified individual

that could work with them over a period of time. The lack of professional psychological support for children receiving services in the RPSAs was all the more worrying as some of the responses and interventions used were, in some cases, clearly inappropriate. Children tended to receive the same collective services, regardless of their needs and situations. Apart from covering basic physical needs through shelter, food and supervision, services provided included mostly ‘guidance’ by staff.

A lack of staff specialised in handling child protection cases was also reflected in the fact that none of the RPSAs had policies or procedures for working with children who had experienced violence, or for preventing and responding to issues that could arise while working with them. Lack of procedures on child protection meant that there was no mechanism in place to prevent, report and respond should such an incident occur, whether by a staff member or between children.

### **The story of Intan (7 year old girl)**

Intan reported one day to her mother that she was feeling sick and that blood was coming out in the toilet. Eventually she also told her that their 60-year-old neighbour had sexually assaulted her. The suspect had called her and attracted her with sweets and once there, he had assaulted her, inserting his finger into her vagina. Medical examination confirmed that a wound in

her vagina was the result of penetration with a blunt object.

The RPSA team conducted observation in the field before receiving a formal referral from a local child protection network after hearing about the case. Intan, however, was not placed in the RPSA as the team felt that her parents were still able to care for her.

21 Kemensos (2007) Manual of RPSA, p. 24

The following services and support were provided by the RPSA:

- 1) Food assistance to the family every six months;
- 2) Accompaniment for Intan during questioning by the police and during court hearings;
- 3) Invited Intan and her family to an amusement park (this was deemed by the RPSA staff to be a form of psycho-social counselling);
- 4) Conducted home visits to bring 'motivation' to Intan as part of psycho-social counselling at least once a month.

At the time of the assessment, the accused had been sentenced to two years imprisonment but was about to be freed as a result of his sentence being reduced due to pre-trial detention time. The staff at the RPSA did not conduct any type of psychological assessment of the needs of Intan, including assisting her to address any potential trauma from her experience. Apart from not having a clear concept of what counselling may entail, staff at the RPSA were also finding it hard to make adequate time to provide assistance to a child whose location was quite far from the RPSA.

Staff were often left in the difficult position of determining a point when reintegration or placement out of the institution could be carried out. Many had difficulty in determining when a child had been successfully 'treated' or whether it was safe and desirable for services to be terminated. Not surprisingly, children also seemed unclear about how long they were expected to be in the RPSA. *"I was told I can go home when I have become good, and I am not naughty anymore"*, one child explained.<sup>22</sup>

The child's return would be negotiated through a written agreement, despite limited capacity for an assessment of safety or follow up on the part of the RPSA. When the familial situation was deemed too complex or could not be assessed properly, staff tended to choose a 'safer option' by extending the services within the RPSA or transferring the child to another institution. Children thus often ended up staying in the RPSA longer than the six month maximum set by the Manual. In cases where this was not possible, the RPSAs tended to refer them to a longer-term residential facility or Islamic Boarding school. This approach defeated the very objective of supporting children affected by violence, neglect and

exploitation to return to a normal and fulfilling life in their families and communities.

The overall report brought together the findings from the RPSA research in each institution. It found that many of the challenges and concerns identified in the research stemmed from a major conceptual problem with the model itself, and the residential approach it had taken to delivering services for children. It called for a serious rethink of the role and functions of these institutions, and of the services and approaches needed, both within and outside these institutions. Although the staff at the RPSAs were committed and willing, the confused mandates and the lack of community services to support children's longer-term protection meant that the impact of their work was often very limited.

The research suggested that RPSAs could play an important role as specialized temporary shelters, but that the 'Protection Home' approach was misguided and even potentially harmful for some children. Serious violence against children could not be addressed by providing counselling to that child in an institutional context for six months or more. Instead, children's placement in residential care needed to

22 Report of RPSA Purwokerto p.55.

be limited to those facing immediate safety issues and where no safe alternative could be provided. Longer-term solutions, including psychological support and trauma recovery, needed to be provided in the children's immediate environment and communities, not within an institution.

The capacity of an institution to reach out to families and communities and prevent as well as respond to issues was limited to the immediate area surrounding it. Even with the best of resources, including staff, transport and budget, the distance would preclude regular home visits and follow-up with families and communities, let alone having the local knowledge and relationships needed for successful social interventions. One of the obvious limitations of a protection system so focused on residential services was a lack of services available outside of the institutions.

The report noted that a considerable policy shift had taken place in the Ministry of Social Affairs to redirect services from residential to child and family centred community based services. It recommended that the RPSA model be reconsidered within that context before further replication of it. It called on the Ministry to work with other national agencies to develop a comprehensive national child protection system in partnership with local government that is responsible for the delivery of social services to children. It provided a number of recommendations about the establishment of an effective child protection system as well as ways to redirect and strengthen the services provided by RPSAs.

It also highlighted the implication of this shift of paradigm on the skills and mandates of the personnel working with children facing protection risks. Although the RPSA Manual sets out a professional social work approach, the lack of a system of professional social work that ensures capacity, skills and accountability was a serious hurdle. Ongoing reforms of the social work education system and the profession were identified as being critical to the development of the workforce needed to deliver appropriate and effective services for children and their families.

Although many of the staff in the RPSAs and the Ministry recognized the challenges identified in the research, steering the model away from residential based interventions has proven more difficult. Partly this is due to the fact that so much has already been invested in this model and that it provides KEMENSOS with an intervention it can promote with local government. More significantly, however, the challenge lies in the lack of an alternative non-residential model of interventions. Having a system in place, even a flawed one, is crucial. Shifting the approach of the RPSAs and transforming them into temporary shelters for children needing immediate safety and support must go hand in hand with the development of effective non-residential interventions that can provide appropriate responses and support to children facing protection risks in their families and communities.

## IV. INITIATING A PARADIGM SHIFT: MOVING AWAY FROM INSTITUTIONALIZATION AND TOWARDS SUPPORTING FAMILY BASED CARE

While conducting research on the situation of children affected by the earthquake and tsunami in Aceh, Save the Children's team of advisers in KEMENSOS was also reviewing national policies and laws relating to children's protection and care. Although the 2002 Child Protection Law and the Government policy on separated and unaccompanied children adopted in the aftermath of the emergency in Aceh had emphasized the primary role of parents and families in children's care and protection, the policies and guidelines in place continued to focus almost exclusively on residential based interventions.

The three main operational guidelines developed by KEMENSOS after the adoption of the Child Protection Law actually broadened the role of residential based services for children, rather than propose alternative family-based interventions. The 2002 General Guidelines for the *Operation of Childcare Institutions* and the 2004 DEPSOS Guidelines for the *Provision of Child Care in Institutions* emphasized that the role of these institutions was to provide "the services that would otherwise be provided by the child's parents".<sup>23</sup> They defined the 'services' or role that parents would be expected to fulfil entirely in terms of the provision of basic necessities, and only referred to "facilitating socialization of a recreational or educational nature", as well as providing spiritual guidance.

The importance of attachment and developing secure and significant relationships with a caregiver were not mentioned anywhere; nor was the critical role families play in supporting the development of the child's individual and cultural identity, or

in providing the environment where children can learn and test inter-personal relationships, boundaries, and self-efficacy. Nowhere did it recognize that families do not just 'provide' for children but establish crucial lifelong bonds, relationships and dependencies.

The guidelines also did not seek to further define who 'neglected children' were and what their needs might be. The term encompassed any child whose parents could not "guarantee their growth or development", for whatever reason. There was no attempt at differentiating children who may genuinely have alternative care needs, short or long term, children whose families were struggling because of chronic poverty, children who were being abused by their families, or abandoned children. Instead, the introduction to the Guidelines referred to socio-economic challenges and clearly abdicated the role of families in that context:

*"Given these sort of social situations, it is no longer feasible to rely on families to deal with the problems of neglected children. Instead, institutions are required that are capable of substituting for children's parents. This is why childcare institutions have been developed as institutions that are capable of providing professional services to children."*<sup>24</sup>

This was particularly concerning as it was a major step back from the obligations articulated under the Child Welfare Law (Law No 4, 1979) that required the State to provide support to families facing challenges in caring for their children. The law stated that children who were "disadvantaged" had the right to access "assistance in order to

23 General Guidelines for the Operation of Childcare Institutions as Part of the Provision of Services to Neglected Children. (2002) DEPSOS, Directorate General of Social and Rehabilitation Services, Directorate of Children's Social Services; General Guidelines for the Provision of Social Services to Children in Childcare Institutions (2004) DEPSOS, Directorate General of Social and Rehabilitation Services, Directorate of Children's Social Services; Guidelines for the Provision of Social Services to Neglected Children outside of institutions, (2004) DEPSOS, Directorate General of Social and Rehabilitation Services.

24 General Guidelines for the Provision of Social Services to Children in Childcare Institutions (2004) DEPSOS. Chapter I, A.

ensure that they are able to grow and develop reasonably in their family environment.”<sup>25</sup> Instead, the 2004 guidelines encouraged institutions to expand their services and involve members of the community in supporting their work with children, rather than vice versa. Institutions were to serve as referral systems for other institutions and be the primary place for the collection of data and information on children facing welfare issues. The guidelines said nothing about alternative care and very little about the issues families were facing and what institutions should do about it.

Guidelines were also adopted by KEMENSOS for the *Provision of Services to Neglected Children Outside of Institutional Care (2004)*. The Guidelines suggested that institutions had a role in establishing a “system of welfare service provision through an outreach approach” to provide “protection, counselling and guidance for children”, but did not really articulate how these institutions were to do this or what role families had to play in this. Critically, it did not change or redirect funding policies that continued to require institutions to have children residing inside the institution in order to access government assistance.

The lack of a functioning regulatory system for the delivery of social services for at risk children, whether residential or otherwise, was equally concerning. In 2004 KEMENSOS had developed technical guidelines for the Standardization of Social Welfare institutions and developed a process for their accreditation. The standards were very generic, however, and related primarily to their organizational structures and legal documentation. They also did not entail any sanctions for an institution failing to abide by them.

The accreditation system is voluntary and institutions can operate without accreditation. The legal documentation required is also a simple administrative step.

Although a letter of authorization to operate is required from the social authorities (*Surat Izin Kegiatan- SIK*), these letters are an administrative formality and do not relate to any capacity to deliver services, nor are they linked to a monitoring system. It is also not the institution that is registered but its parent organization. If a faith-based group runs a number of institutions or other social services, it will only require one such letter. Many institutions do not have them and their primary purpose is accessing government funds, not ensuring the quality of services.

The absence of a regulatory system, together with considerable funding being provided to the institutions by the Ministry and local government, created a perfect environment for institutional growth on a massive scale. KEMENSOS ‘knew’ that there were 4,305 childcare institutions in Indonesia in 2007 because it was providing the BBM subsidy to these institutions. It had the name of the institution, the name of its manager and its address in a database developed for the distribution of these funds.

That data was gathered at ‘socializing’ meetings held annually at the provincial level where institutions were invited to sign up and state how many children they had in their care. As in most cases the BBM subsidy could not cover all children or even all institutions in a given province, that number was then adjusted to reflect the numbers that could receive a percentage of the BBM subsidy. For example, if the stated number of children in one institution was 100, generally 60 children would receive the daily BBM subsidy cover food costs, and the number 60 would be entered in the database.

There were no checks as to whether the institutions or the children were actually there, except for random audits that reached no more than a hundred institutions per year. Their focus was entirely on checking the management of the funds, not whether

<sup>25</sup> Law No 4 of 1979 on Children’s Welfare, Articles 4, 5 and 9.

children had actually been provided the food. BBM subsidy funds were disbursed directly to the institutions by the Ministry. As a result of this system, there was no accurate data about institutions in the Ministry of Social Affairs.

The data collected through the BBM subsidy was the only source of information about institutions and about the situation of children living in them. The BBM subsidy to childcare institutions in 2007 amounted to almost USD 12 million. In comparison, the total budget for the Directorate of Children Services in 2006 was USD 19 million. Out of this, a further USD 9 million went to local government authorities to support the delivery of services for neglected children under the decentralised funding system (*Deconcentration funds-Dekon*).<sup>26</sup> Much of that funding also went to institutions through local authorities.

The lack of accurate data made it difficult to assess the extent to which the number of institutions was growing, although the BBM subsidy pointed to considerable increases in numbers accessing it since it started in 2003. Data provided by the Ministry of Social Affairs to the UN Committee on the Rights of the Child in its first report in 2003, however, showed that the number of childcare institutions in Indonesia had doubled in less than ten years (1990-1998) and on the basis of the BBM subsidy data this would mean that, at the very least, it had more than doubled again between 1998 and 2007. Residential care services for children were clearly expanding and action was needed to understand why and reverse that trend. On the other hand, transforming a child protection system so reliant at every

level on residential care services and so deeply entrenched into policies, services, budgets and practice would require more than the adoption of a new policy or a even a new law.

As the scale of the problem became clear, the team reviewed Indonesia's commitment to international human rights standards. After the fall of the New Order regime in 1998, human rights were high on the agenda in Indonesia and a number of international human rights conventions were ratified.<sup>27</sup> Key pieces of legislation and policies of relevance to children's protection were adopted. Following the adoption of the Child Protection Law in 2002, several other pieces of legislation strengthened the legal and policy framework to protect children.

In 2004, the UN Committee on the Rights of the Child, the expert body that reviews the implementation of the UN Convention on the Rights of the Child by States that have ratified it, had examined Indonesia's second report and made recommendations to the government. In particular, it had expressed concern at the high number of children placed in institutional care and had made four recommendations on the situation of children deprived of their family environment:

- (a) undertake a comprehensive study to assess the situation of children placed in institutions, including their living conditions and services provided;
- (b) develop programs and policies to prevent the placement of children in institutions, inter alia, by providing support and guidance to the most vulnerable families and by running awareness raising campaigns;

26 The BBM subsidy was allocated under a different budget line in KEMENSOS.

27 Indonesia ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1984, the Convention on the Rights of the Child in 1990, the Convention Against Torture in 1998, and the International Convention on the Elimination of All Forms of Racial Discrimination in 1999. In 2006, it ratified the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights and in 2011 the Convention on the Rights of Persons with Disabilities.

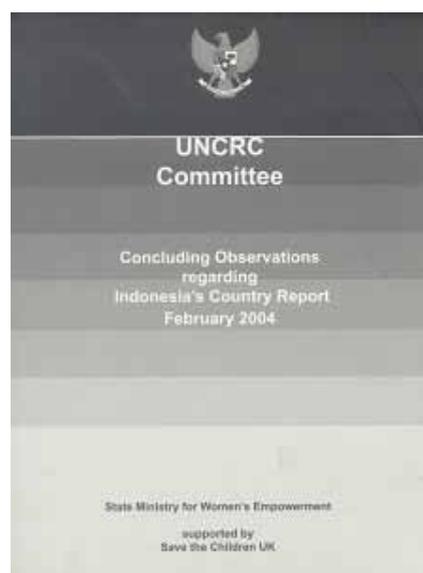
28 CRC/C/15/Add.223 (26 February 2004). Consideration of reports submitted by State Parties under Article 44 of the Convention: Concluding Observations Indonesia.

- (c) take all necessary measures to allow children placed in institutions to return to their families whenever possible and consider the placement of children in institutions as a measure of last resort;
- (d) set clear standards for existing institutions and ensure periodic review of the placement of children, in light of article 25 of the Convention.<sup>28</sup>

Over a year after they were issued, however, these recommendations had not been translated or shared with key decision-makers. Together with the Ministry of Women's Empowerment responsible for coordinating policy on child protection, Save the Children had the Concluding Observations translated into Indonesian and began the process of dissemination, starting with the Ministry of Social Affairs.

Following discussions with the Director for Children's Services, Save the Children's adviser team in the Ministry decided to support the government to implement these recommendations. It had already started on the comprehensive study of the situation of children in institutional care in partnership

with KEMENSOS and UNICEF. It was now essential to move towards the development of policies that would prevent children's unnecessary institutionalization, prioritize family based care and family based alternative care placements for children without parental care, and establish a regulatory system, including standards of care for childcare institutions.



## A. The establishment of a regulatory system for children's placement in alternative care

### I. The national database system for children in alternative care and registration of childcare institutions (2007-2011)

Knowledge and data on child protection issues and good practices

Meaningful coordination across government and between sectors at different levels

Effective regulation, minimum standards, and oversight

Adequate funding

#### **What was done and why**

Without basic data about childcare institutions, ensuring children's placements are based on their best interest and that they receive appropriate services is impossible. The government could not support or ensure the rights of children without parental care if it did not know where they were, who they were and what care challenges these children and their families were facing. It also could not ensure that the funding it provided was used and allocated in a way that was consistent with these obligations and the policies it had adopted to implement them.

It was therefore essential to begin establishing a regulatory system that would require providers of residential care in Indonesia to be properly registered and that would work with them to ensure the quality of services provided. The scale of the numbers meant that a new national data collection system, that could be implemented at provincial and district levels, had to be established.

This also required a new approach to data collection in the Ministry of Social Affairs, one that would ensure availability of information to enable proper monitoring of both children and service providers. It would also test the relationship between KEMENSOS and local authorities. Despite providing considerable

*Deconcentration* funds to district authorities, the Ministry still faced difficulty in accessing information about how they were spent.

#### **The approach taken**

In 2007 the team began working with the Directorate of Children's Services to develop a series of questionnaires to be sent to provincial and district level authorities to collect data on childcare institutions, and on the children within them. The forms, together with an additional questionnaire to be used by local authorities to request direct information from the institutions, were sent by the Ministry in January 2007 to all 33 provinces of Indonesia, and follow up requests were sent in April 2007.

During that year, data was received for about half of all Indonesia's provinces, some in electronic format, most in reams of papers and questionnaires. This process highlighted not only the difficulty of the Ministry getting a response from local authorities, but also that most of them had very limited data collection systems in place. Although the central government, in particular its Statistical Agency (BPS), had invested in a major information and technology development program to support

the establishment of electronic data collection systems at local government levels, there were huge differences in capacity and operational implementation around the country.

During that year the team worked with a consultant, Hamid Patilima, to develop a pilot Database for Children without Parental Care for the Directorate of Children Services. The new system would both store data and support the Directorate and the local authorities to collect and analyse the data to ensure that policy decisions were based on more accurate knowledge of the situations of children in institutions.

The database was developed to gather information on all children in alternative care, not just institutional care, but would start by focusing on the latter. It was clear that most local and national social authorities collected little data on children in other forms of alternative care. Research in institutions being conducted by the team at the time was showing that most of them kept very limited data about the children they provided services to. At best handwritten registries, sometimes with photographs, were kept in the institutions, with the name of the child, sex, date of birth, religion, address and name of parents or guardians, date of placement and generic reason given for placement (poor or orphan). Only a handful, mostly government, institutions kept any files or records beyond a letter of agreement signed by the parent or caregiver handing over the child to the institution, and another contract letter signed by the child agreeing to abide by the rules and regulations of the institution.

The database format was developed to enable institutions to gather comprehensive data in the long term. Using simple software, it could be used by institutions to collect and



The National Database for Children without Parental Care.

enter information needed for care planning and case management. It could also be used to manage and extract other data needed by local authorities to monitor services and analyse changes in beneficiaries. A system to ensure confidentiality was set up and, for this reason as well as considerations of capacity, a flash disk or CD storage system was decided upon.

By June 2008 the database for Children without Parental Care was finalised. Training was conducted for three officers of the Directorate of Children Services assigned to operate it. A computer containing the database was located in the Directorate, and data gathered through the questionnaires sent to the provincial and district level authorities was entered.

One key element of the database was the development of a proper registration system for childcare institutions nationwide, enabling them to be easily identified and registered. The registration numbers provided a unique ID for each institution, facilitating not only its identification but also the determination of its location, as it made use of the official numbering system used for each province and district in Indonesia.

In August 2008, the Director General for Social Services and Rehabilitation

issued a national directive requiring the heads of district social authorities to issue a registration number to all childcare institutions under their jurisdiction. This created a national registration system for institutions, made more effective by linking the registration numbers to the Ministry's assistance program for the institutions, the BBM subsidy. Only institutions that were registered and had entered their data in the database would be eligible to receive the subsidy in the future.

Piloting the use of the database with a number of provincial and district authorities was conducted between 2008 and 2009 in partnership with KEMENSOS. The idea was to test and learn from implementation on the ground but also to support the initial data collection process. Indonesia has 33 provinces divided into 497 districts/regencies and municipalities, which are further divided into almost 7,000 sub-districts. Many districts have more than a hundred childcare institutions, some provinces over a thousand. Working with these institutions to collect even basic data was a major undertaking. Once basic data is collected and entered, updating it is much simpler as the population of these institutions is remarkably static, as many children stay for the duration of their education, usually twelve years.

From 2008 and 2009 piloting took place in seven provinces, (Aceh, West Kalimantan, Jambi, Central Java, South Kalimantan, Riau and West Java) and in an additional two provinces in 2009 in partnership with UNICEF (Maluku and NTT). This included intensive training in the use of the database and data entry for staff from the provincial and district social affairs offices and staff from selected institutions. The training included supporting these institutions to collect and enter their data and the compilation of that data at the local authority level.

In districts where local networks of institutions existed, as in Bandung, West Java, the database team conducted Training of Trainers (TOT) to selected members of the

network and supported them in conducting training with other members to ensure all institutions in those areas had been trained and were entering data. Follow up visits were made by the trainers team to check on the progress of the data collection. Data entry and training on use of the national database continued during 2010-2011 and extended to other districts in Jakarta, West Java and Banten provinces. It was also integrated into other work conducted by Save the Children to disseminate and pilot newly drafted National Standards of Care (see Section IV.1B).

In 2009, the Ministry of Social Affairs began to hire new social work graduates (*Sakti Peksos*) to support the implementation of its programs, particularly its new Cash Assistance to Vulnerable Children (PKSA) (see Section IV.2 A). Save the Children and its database team provided training to more than a hundred of these social workers in order to support effective data collection.

Working in partnership with faith-based organizations throughout the research and the development of the regulatory system was an essential part of the approach. During the same period it was piloting the National Database with KEMENSOS, Save the Children also worked to pilot the database nationally in partnership with Muhammadiyah. The second largest Islamic network in Indonesia, it is a major provider of social services for vulnerable children and families and has the highest number of childcare institutions in one network.

After discussions with the organization's leadership and its coordinating body for childcare institutions (FORPAMA), Save the Children conducted a training of trainers to 30 of its staff and volunteers from eight provinces. The trainers travelled to the provinces, where they worked with the organization's branches at provincial and district levels, providing training in the use of the database and data collection to all institutions under the network.

## **Key findings and learning**

Between 2008 and 2011 data on 3,899 childcare institutions from all 33 provinces was entered in the national database, including information on almost 125,000 children. Although much of the information entered continued to be quite basic, the National Database and the work conducted to support data collection by the institutions and the local authorities represented an essential first step for the establishment of a regulatory system.

Developing and piloting the National Database revealed the challenges in collecting data on such a large scale, and also in establishing a culture and practice of data collection and accountability. The Ministry of Social Affairs' approach to data collection was focused on information it needed to disburse its funding through its various programs, yet provided few mechanisms to ensure the accuracy of that data or the effectiveness of its targeting. Outside of the Ministry's data collection centre, no staff were assigned in the Directorate for Children Services and no strategy adopted to ensure it had the information required to understand and respond to the needs of vulnerable populations.

The Save the Children team in KEMENSOS had not decided lightly on developing and piloting a database. In Aceh the Family Tracing and Reunification Database had played a critical role during the emergency response in bringing together a myriad of humanitarian actors under a common data and reporting system but it had proven extremely difficult to integrate this database effectively into government structures and systems in the post emergency period. However, without a clear basis and system for collecting accurate data there could be no accountability or regulatory system, and there could be no way of ensuring the Ministry's financial assistance was distributed in line with its policies.

Although there was commitment and understanding by the leadership of the

Directorate that establishing this data system was critical, getting staffing, budgets and the commitment needed to carry out such a massive data collection process proved challenging to the end. Nonetheless, many local authorities and childcare institutions have recognized the importance of gathering and updating their data regularly.

In 2011, KEMENSOS began to use the data in the National Database as the basis for providing subsidies to institutions. Following advocacy by Save the Children, and as a direct result of the Quality of Care process, it reviewed its policies to prioritize funding to institutions that are registered in the database and providing support to children not only on a residential basis but also within their families. The new policy requires institutions in receipt of its financial assistance to disburse at least 40% of it to children living with their families, and that quota will be increased incrementally to 60% and so on. The aim is to ensure financial assistance from KEMENSOS facilitates the shift from residential to non-residential services.

The work conducted with Muhammadiyah to support data collection and entry also proved an important basis for redirecting their policies and services. By the end of 2008, data on 253 childcare institutions under the Muhammadiyah network, almost 10,000 children and 1,500 staff, had been entered in the national database. Another 150 Muhammadiyah institutions in 17 provinces were surveyed indirectly by questionnaire as part of this process. One of the important findings from this pilot was that it uncovered a much larger number of Muhammadiyah institutions than the organization itself had been aware of. The piloting identified 403 institutions operating under the network, 73 more than identified by the organization's coordination body. The data confirmed findings from the Quality of Care research that only a small number of orphans were being cared for in these institutions (6%).

The lessons learnt from the pilot and the findings from the data collection were presented at a major seminar in Muhammadiyah's office on 31<sup>st</sup> December 2008, led by the Chairman of the National Board of Muhammadiyah and the Chairwoman of Aisyiyah's Social Welfare Council (the women's branch of Muhammadiyah). The

Muhammadiyah leadership stressed the need for the organization to provide non-residential services for children in the community rather than residential care. This work provided support for the organization's National Forum of Childcare Institutions, FORPAMA, to review its policies and standards.

## 2. Developing National Standards of Care for Child Welfare Institutions (2008-2011)

Effective regulation, minimum standards, and oversight

Child Protection laws and policies, compliant with the CRC and other international standards and good practice

Meaningful coordination across government and between sectors at different levels

Children's voices and participation

### **What was done and why**

The Quality of Care research and the advocacy work that followed in 2008 had highlighted serious issues about the role played by institutions and the quality of the services they provided. A broad consensus was reached among key policy makers in KEMENSOS, child protection practitioners and major providers of such services that a paradigm shift was needed. Bearing in mind the dominance of residential based approaches in the provision of social services to vulnerable children and families, this shift would only take place with a clear legal and policy framework backed by funding and human resources.

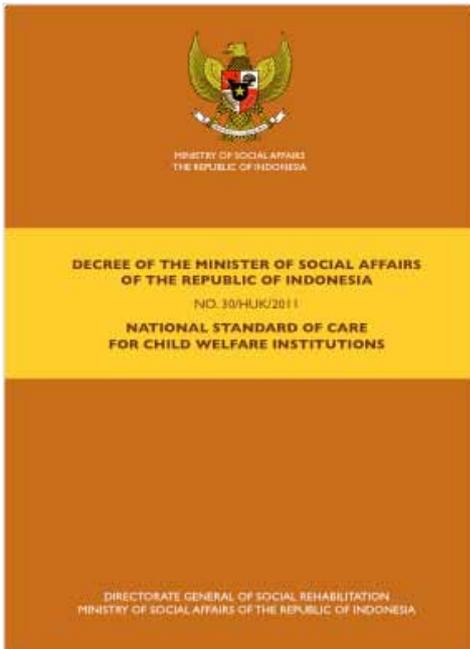
A regulatory framework was needed, as were policies and laws to prevent harmful family separation in the first place, and to provide alternative care options in a family environment for children in need of alternative care. Both would need to be developed at the same time, as addressing the immediate needs of hundreds of thousands of children spending their childhoods in care could not wait. National standards for childcare institutions were also needed to support changes in both practice and directions.

The challenge, however, was to develop standards that would not only address the way services were delivered to these children but also which children would receive them. Developing national standards focused

only on improving conditions and services inside the institutions would potentially lead to more children going in rather than less. Faced with poverty and a dire lack of social assistance and services directed at them, many vulnerable families and children would still see going into institutional care as the only way to secure a better future. The standards therefore had to start addressing the lack of support to these families, instead of just strengthening professional practice in residential care.

### **The approach taken**

In May 2008, the Save the Children team in KEMENSOS facilitated the establishment of a Task Group to develop National Standards of Care for childcare institutions. The Task Group included key members of the Quality of Care research team; senior officials from the Ministry of Social Affairs including Senior Advisers to the Minister and officials from its Legal Bureau; senior officials from the Ministry of Women's Empowerment; the Secretary of Muhammadiyah's National Forum of Childcare Institutions (FORPAMA), and the head of its social welfare directorate who was also a member of the National Commission on Child Protection (KPAI); and senior lecturers from the main Schools of Social Work and Social Welfare including STKS and the University of Indonesia.



The Task Group discussed and reviewed a range of international standards relating to children without parental care, including the Convention on the Rights of the Child, the UNCRC's recommendations on Children without Parental Care (2005), and the UN draft Guidelines for the Appropriate Use and Conditions of Alternative Care for Children (2007) as well as a series of national standards for childcare institutions developed in other countries, some drafted recently and others already well established.

The group reviewed which aspects were worth retaining for the Indonesian National Standards. Agreement was reached on the structure and key parts to be addressed by the standards and a smaller drafting team was tasked to present drafts on each part. Each section would be composed of the proposed standard, the practice, and the indicators for having achieved the standard. The Task Group also decided to establish a broader Reference Group that would provide input from a range of perspectives as well as provide political guidance and feedback on the draft. The Reference Group included representatives from other key Ministries such as Justice and Human Rights, Health and Education, as well as from provincial social authorities.

The drafting team consisted of four members from the Quality of Care and Child-led research who had gained expertise on the situation of children in institutions and the services provided by institutions. They also had a critical understanding of what implementing the standards would entail. The team met regularly for over a year, reporting back to the Task Group on progress every few months. Financial support for this work was shared between Save the Children and KEMENSOS.

During the first phase of this work a concept paper and framework was developed for the standards of care. This paper consisted of the *issues* that should be covered by the standards, the *outcomes* that should be achieved through the application of the standards, the *rationale* that provided the reasoning behind each standard, the actual *standard* proposed, the *practice* that it would entail and the *indicator* which would be used to measure whether the standard had been achieved. The emphasis was on having a clear basis for the standards proposed, an understanding of what these would entail, and agreement on some key issues of scope and direction, rather than focusing on the actual wording of the standard.

Emphasis was also put on making the structure and approach of the national standards both comprehensive and accessible to those who were to implement them. The need to make the standards child focused was also discussed. Once the overall framework and basis provided by the concept paper was agreed on with the Task Group, the wording of the standards and final drafting began.

### **Key findings and learning**

The draft of the National Standards of Care for Childcare Institutions was finalised in November 2009. The final version contains 168 national standards covering four main areas: key principles of alternative care; ensuring appropriate responses for children (which services for which children, including

family support interventions and prevention of separation); standards relating to the provision of services by institutions; and organizational standards relating to the operational requirements for institutions.

The section on the principles of alternative care integrates key provisions of Indonesia's Child Protection Law and also the UN Guidelines on Alternative Care. It reaffirms children's right to a family and to be involved in decisions relating their care; the role and responsibilities of parents and families; the importance of measures to prevent family separation; the need for a continuum of care options, starting with support to families to enable them to care for their children; and the need to prioritize the provision of an environment that can fulfil the child's needs for love, attachment, and permanence through a substitute family. The standards clearly emphasize that the use of institutional care should be a last resort and that economic reasons or poverty should never be the main reason for the separation of a child from his or her family and placement in institutional care.

The standards also underline the fact that different needs will require different services, and articulate a range of alternative services that could be provided on the basis of a comprehensive assessment of the child and his or her family situation. The role and legal responsibility of the State and its representatives, including local social authorities, to protect children's rights and ensure appropriate alternative care is available is also highlighted throughout the standards.

A section called "in practice" accompanies each standard, providing illustrations of what the application of that particular standard would look like for service providers and children. Relevant articles from national laws and binding international standards are also included, highlighting the legal framework that underpins each standard. A strength-based perspective is adopted at the outset, emphasizing that the role of service providers is to focus on the strengths and

resources of the child and his or her family and community, and to seek to optimize rather than replace them.

The standards also highlight the rights and responsibilities of parents and families in relation to children's care and protection, and they articulate the role of institutions in relation to them. The standards underline the importance of children's participation and agency, and their right to be involved in all decisions affecting their care and their daily lives, in accordance with their evolving capacity. The standards are addressed at child welfare institutions, social affairs offices and authorities, children as rights holders and beneficiaries of the services, and other stakeholders including families and community members.

The draft National Standards of Care were presented and discussed widely the following year. The draft went through the various processes needed for adoption within the Ministry and other government agencies, in particular the Ministry for Law and Human Rights. During the interim period KEMENSOS adopted a policy to change the name of childcare institutions in Indonesian (*Panti Asuhan*), as it had been so widely associated with residential care facilities. The change was to highlight the need for institutions to provide more than residential services, but also to ensure that any other organization providing 'care services' to children should apply the same national standards. As a result, the title of the standards was changed to National Standards of Care for Child Welfare Institutions (*Standar Nasional Pengasuhan Untuk Lembaga Kesejahteraan Anak*).

Training in the National Standards and in the use of the National Database was also conducted for newly recruited government social workers being placed by KEMENSOS in institutions in a number of provinces. In 2011 the National Standards of Care for Child Welfare Institutions were formally adopted by a Ministerial Decree (No 30/HUK/2011) and enacted into law (No 303, 2011). A book containing the National Standards was

published by the Ministry and disseminated widely, and is often referred to by institutions and local officials as 'the red book', the colour of its cover in the Indonesian version. An English translation of the national standards was published the same year.

One consideration during the drafting of the National Standards was whether to establish Minimum Standards of Care that would define the level of services to be delivered by institutions in order to be allowed to operate, or provide a framework for the transformation of their role. The challenge was that the Quality of Care research had shown that most children in institutions did not actually need alternative care. Simply stating what services the institutions should provide, without also articulating their role in preventing family separation and providing support to vulnerable children in their families, would only compound the problem. On the other hand, a new policy framework that would define which children needed what interventions would need to go beyond the role of the institutions to articulate the role of local social authorities, families and communities.

This could not be done in a Minimum Standards format and the Task Group decided that a more comprehensive approach was needed. This meant that the drafting group had to articulate, as part of the National Standards, a policy framework that would guide decisions about children's placement in all forms of alternative care, as well as the provision of family support services to prevent children being institutionalized unnecessarily. As a result the National Standards are not easy to explain or to implement. They are complex and far reaching and their implementation will require an incremental change process on the part of institutions and local authorities. They are seeking to transform financial and psycho-social services provided to vulnerable children and families in Indonesia, starting with child welfare institutions. The team realized at the outset that such a transformation could not happen without adopting a comprehensive strategy for the dissemination of the standards and testing their implementation through a pilot approach.

### 3. Getting the National Standards of Care implemented: The dissemination and piloting process (2009-2012).

Effective regulation, minimum standards, and oversight

Meaningful coordination across government and between sectors at different levels

Preventive and responsive services

A skilled child protection workforce

#### **What was done and why**

By the end 2009 Save the Children's team of advisers to KEMENSOS started to focus on developing pilot interventions to test and demonstrate at the local level what services and interventions could actually work. It focused initially on two provinces, starting with Bandung in West Java province in 2010, and in mid 2011 Sleman in Yogyakarta province. Both areas were selected due to socio-economic factors with direct implications for children's protection and the ability of families to care for their children, as well as strategic political considerations, particularly the likelihood the models could be scaled up and integrated in Government plans and shared with other provinces. In order to support the implementation of the National Standards of Care, Save the Children worked with KEMENSOS to initiate a comprehensive process of dissemination across the country, while also conducting more intensive piloting of the standards with six childcare institutions in West Java and Yogyakarta as part of its Deinstitutionalization pilot (see Section VI.2).

#### **The approach taken**

Throughout 2011 and continuing into 2012, Save the Children, KEMENSOS and other key partners worked to raise awareness about the national standards of care with service providers, local authorities and the public. Thousands of copies of the 'red book' were

distributed to institutions, organizations running social services for children and local authorities. The standards were presented to faith-based organizations during national events or annual meetings of the heads of their childcare institutions. The team worked with KEMENSOS to conduct training on the standards with local Social Affairs offices and institutions in Bandung, Yogyakarta, Bali, Jambi, Lampung, Pati in Central Java, and with support from UNICEF, in Aceh. It also supported a range of initiatives by local networks of institutions in Blitar and Malang, in East Java, Depok near Jakarta, and Bandung in West Java, to disseminate the national standards.

As part of the implementation strategy a National Monitoring Team was formally established in 2011 under the Directorate General for Social Services and Rehabilitation in KEMENSOS (Decree No 91/RS-KSA/201 of the 16 September 2011). The team consists of the Director of Children's Services acting as Chair, senior members from the Directorate of Children's Services, the National School of Social Work (STKS), the University of Indonesia, the National Commission on Child Protection (KPAI), and Muhammadiyah's National Forum of Childcare Institutions.

A provincial Monitoring Team was also established in the pilot provinces, chaired by the Head of the Social Affairs Office

(Dinas Sosial), officials from the district Social Affairs office, members of the local Forum of childcare institutions and from the School of Social Work and universities in those areas. Save the Children provides technical support to both teams. The monitoring teams are independent entities but act under the mandate of the Ministry of Social Affairs to supervise the provision of social services for vulnerable children.

The role of the National Monitoring Team is to provide strategic guidance for the implementation of the National Standards, develop monitoring tools that can be used in piloting, conduct training of trainers on the standards and the implementation, and supervise the implementation process by providing support to the provincial monitoring teams. The provincial monitoring teams conduct the training of staff in institutions and local authorities, monitor progress, and issue reports with recommendations on steps to be taken by institutions to improve implementation. It acts as a pilot mechanism for the type of supervisory body that will be needed to ensure the proper functioning of the regulatory system for child welfare services. It is a gatekeeping mechanism to prevent children's unnecessary institutionalization and to ensure appropriate decisions are taken by agencies overseeing children's placement in alternative care as well as the services they receive.

### **Key findings and learning**

The National Monitoring Team conducted a training of trainers on the national standards with the provincial monitoring teams from Bandung, West Java and Sleman, Yogyakarta, the two piloting areas, at the end of 2011. Following this the provincial monitoring teams conducted their own training of the staff in the six institutions selected for piloting (three from each province).

The National Monitoring Team also developed monitoring tools for the implementation of the National Standards of Care with technical support from a member of the Quality of Care research team, Diatyka Widya. The tools provide indicators under each section to assess progress; to establish a participatory process with institution staff, children and local authorities to map and review services and to determine areas that need improvement; and a planning process to develop an improvement plan, including what measures will be taken, what resources are required, who is responsible for their implementation, and a timeframe.

Getting the management and staff in the institutions to engage positively and actively in this process is critical, as there are still relatively few incentives for institutions to upgrade their services, particularly in the absence of an effective licensing system. Experienced managers and staff sometimes question the capacity of the government to provide adequate supervision and technical support. Having operated unregulated for so long, they feel that they have been 'in this business' longer than the government and that they are best placed to decide how to run their services. Officials from local authorities are also often hesitant to exercise their supervisory role, as they are unsure of their mandate and legal responsibility.

Piloting of the National Standards in the six institutions in Bandung, West Java, and Sleman, Yogyakarta, was continuing at the time of writing this report and is an integral part of the process of deinstitutionalization being tested in those areas. Assessments of children's placements had already taken place in most of the institutions, and as a result care plans had been developed including, in some cases, the reintegration of children in their families with support from the institution and the local social authority.

## **B. The development of a legal and policy framework that prioritizes family based care, including alternative family care.**

### **I. Placing family based care at the heart of plans and policies (2008-2009).**

**Child Protection laws and policies, compliant with the CRC and other international standards and good practice**

**Meaningful coordination across government and between sectors at different levels**

**Adequate funding**

**An aware and supportive public**

#### **What was done and why**

Although the 2002 Child Protection Law had articulated the primacy of family care and the right of children to grow up in their families, this had not been reflected in the strategies, policies, operational guidelines, and services adopted and supported by KEMENSOS. It was therefore essential to start redirecting social services towards supporting families and family based care, while also strengthening the alternative care system. The Quality of Care research had highlighted challenges for KEMENSOS and the Directorate for Social Welfare and Services for Children in particular. Throughout 2008 and 2009 the Save the Children team and its partners conducted intensive dissemination of the findings and facilitated discussions about their implications for the child protection system as a whole.

In 2009 the new Head of the Directorate was appointed. Previously deputy in the Planning Unit of the Ministry, Mr. Harry Hikmat had been one of the team leaders during the Quality of Care research and had seen firsthand the challenges faced in institutions. He understood fully the need for a paradigm shift and began the process of integrating it into the Directorate's planning processes. Also in 2009, UNICEF commissioned a study by Child Frontiers of the Child and Family Welfare systems in

collaboration with KEMENSOS. The study highlighted the reactive nature of much of the services provided and its focus on remedial interventions, and recommended a shift towards more preventive services for children and families.

At about the same time that Indonesia had adopted the Child Protection Law the government had begun major reforms of its social protection programs, having recognized the need to establish a more comprehensive social assistance system. In 2005 the government had launched a *National Strategy on Poverty Reduction* and the country's public expenditure on social assistance more than doubled in 2005, increasing significantly every year after that.

Starting in 2007, the government also introduced a major conditional cash transfer program, the *Hope For Families Program (Program Keluarga Harapan-PKH)* seeking to reduce the gaps in very poor families' access to health and education services. Managed by KEMENSOS, PKH provides quarterly payments to poor households with pregnant or lactating mothers with newborns, toddlers or school aged children that are conditional on participation in locally provided health and education services. Initially a pilot program in seven provinces, it was expanded to 18

provinces covering 800,000 households by the end of 2011.

These reforms provided an opportunity to advocate for a shift in social assistance to vulnerable families towards strengthening families' ability to care for their children, including improving access to basic social services. In 2009, the Directorate of Social Services for Children introduced a cash transfer program for at-risk children, the *Social Welfare Program for Children- PKSA*. The program was introduced to support the paradigm shift, enabling assistance to be provided to these children in their families rather than in an institution. It is targeted at the five categories of children receiving assistance from the Ministry of Social Affairs: neglected children under five, street children and neglected children above five, children in contact with the law, children with disabilities and children in need of special protection. The program provides hybrid cash-and-service based transfers, combining child savings accounts with facilitated in kind assistance from the agency receiving the transfer and responsible for its delivery to the child (World Bank, 2012). It is hoped that the cash transfers will be used to address basic needs and access social services (birth certificate, education, health) while working with the child's family to strengthen knowledge and good parenting practices (*Pusat Kajian Perlindungan Anak*, 2011).

Although Save the Children had concerns about the model, it worked with the Directorate to support the identification of at risk children who could benefit from the intervention, and provide training to the government social workers (*Sakti Peksos*) hired to supervise its implementation. Following the establishment of the Child and Family Support Centre in Bandung in 2011, the team also worked to ensure access to the PKSA for children and families receiving services that fit the criteria. Since 2012 the team has also encouraged the provision of

PKSA to communities where a high number of families have tended to send their children to institutions in Bandung or where institutions have tended to recruit children on a regular basis. The aim is to test the effectiveness of the PKSA model in preventing children going into institutional care.

Save the Children's partnership with service providers, particularly faith-based organizations, had highlighted the importance of getting these major social actors on board. While the Government has overall responsibility for such services, these organizations are the primary providers of them. These organizations received little guidance and had huge discretion to act and provide whatever they saw fit. Some of them, however, were keen to ensure they provided the right services and to improve the quality of their interventions.

Muhammadiyah is a major provider of social services in Indonesia and, together with Aisyiyah, its women's movement, it runs day care centres, pre-schools, schools, universities, hospitals and community health centres, religious facilities, childcare institutions and welfare centres across the country. Although its membership is smaller than Nahdlatul Ulama (NU), it has 29 million members and has a much more centralised organization with established decision-making structures and mechanisms from national to grassroots levels. It is also a highly influential organization, at both political and religious levels.

Key members of Muhammadiyah and Aisyiyah were involved throughout the Quality of Care process and the development of national standards of care and had acknowledged the need to redirect services for children towards more family centred approaches. Working in partnership with both Muhammadiyah and Aisyiyah to support an organizational shift at the national level towards family centred approaches was therefore also crucial to the shift of paradigm in Indonesia.

## **The approach taken**

In June 2009 the Directorate invited key partners and stakeholders to provide input to the development of the Directorate's strategic plan that would feed into its five year plan. In addition to the Save the Children team of advisers, UNICEF, World Vision International, Plan, Komnas PA (a child protection NGO), the ILO, IOM and the World Bank participated in a comprehensive brainstorming workshop to develop the strategy.

Save the Children presented the learning and conclusions from the work done so far on the use of residential care for children and their implications for the child protection system as a whole. The Directorate's Strategic Plan for Social Services for Children 2010-2014 (*RENSTRA Direktorat*) placed families and their role in the care and protection of children at its core, and highlighted the need to conduct widespread awareness-raising and socialization campaigns about children's rights and the role of families. It included the development of a program for vulnerable families to support them in fulfilling their care role and model family centred interventions. Institutions would provide 'multi-model' services, including outreach and support to children in their families. The strategy also entailed ensuring the implementation of operational standards by service providers and increasing the professionalism and skills of the social workforce providing services to children and families.

The Strategic Plan was incorporated in the National Medium Term Strategic Plan for the Ministry (*RENSTRA 2010-2014*), which highlighted that the objective of the Ministry's programs in relation to vulnerable children was to provide social assistance to restore the primary role of families to care for their children. Child protection also became an inter-sectoral priority under the National Medium Term Development Plan (*RPJMN*) 2010-2014. In early 2010 the President issued Instruction No.1 on *Speeding up the Implementation of National Development Priorities*, requiring a consolidation of social



Banner advocating family based care being set up in Jakarta on the occasion of the National Day of the Child in 2009

assistance to families, including social services for vulnerable groups of children. A team was established under the Vice-President to coordinate the efforts of different government agencies (*TNP2K- Tim Nasional Percepatan Penanggulangan Kemiskinan*) and ensure better integration and delivery of the programs.

During this period the Save the Children team continued its work to advocate for the adoption of a child and family centred approach to child protection. At the end of 2009 it published an article laying out the reasons for that change and the steps needed to implement it in the *Ministry of Social Affairs Magazine* (Martin, 2009). It was also part of a reference team established by the National Development Planning Agency (*BAPPENAS*) in 2010 to conduct an evaluation of the Ministry of Social Affairs' child protection programs. It provided technical support to the Director General for Social Services and Rehabilitation, Mr Makmur Sunusi, who attended a major international conference on protecting children without parental care organized by Save the Children UK together with UNICEF and The Better Care Network. Mr. Sunusi presented the work being done in Indonesia to shift the paradigm away from over-reliance on residential care.

Changing the public discourse on family based care was also a major objective of this work. The advocacy work had started to publicly raise questions about the role

of institutions. Explaining why family based care was important for children was the next step. Although Indonesian culture and social discourse is strongly family focused, very little attention was being paid to the critical role of family care in children's development and wellbeing. Awareness of the potentially negative impact of institutionalization was extremely low among government officials and policy makers as well as members of the public and service providers. Institutions were seen as the obvious solution to any challenge that a family might face. Getting different messages out was essential.

In 2006 the team established a National Family Based Advocacy Group (FBCAD) to carry out advocacy and communication campaigns promoting family and community based care and encouraging a gradual shift of child welfare services in this direction. The Group included both government and non-government actors working on child protection, in particular KEMENSOS, UNICEF, Child Fund, Plan, Muhammadiyah, IRC and Save the Children. Joint communication was developed around strategic days, such as National Children's Day (*Hari Nasional Anak- HAN*) and joint events were organized in partnership with KEMENSOS each year highlighting the importance of family based care.

Save the Children also worked closely with Muhammadiyah and Aisiyiah to support preparations for the organization's five-year national strategic planning meeting in mid 2010. The team presented the findings from the research and contributed to discussions about their implications for strategic planning and policies. Muhammadiyah is testing deinstitutionalization processes in some of its institutions and is implementing a process of 'revitalization' of institutions as community centres, renamed 'Child Centres' to emphasize their role in providing outreach social welfare services to vulnerable children and their families. Muhammadiyah has also

become a member of the Family For Every Child Coalition in 2011, an international alliance working to support and promote family based care for children.<sup>29</sup>

### **Key findings and learning**

The shift towards family centred social assistance in KEMENSOS' strategic plans was a crucial first step in articulating the shift of paradigm. It was clear, however, that implementing it would not be easy. The services for those the Ministry still referred to as "people with social problems" consisted of small-scale livelihood initiatives, cash transfers, and 'rehabilitative' services that were primarily residential based. Changing that will require the development of new approaches and services. It also entails achieving a much wider 'culture change' than the one achieved in the Directorate for Children Services and some key partner organizations.

The challenge is that services provided in an institution seem very concrete and visible. There are headboards at the front of the building that announce to the public the services provided and who supports them, with names and logos of donors prominently displayed. The children can be counted, theoretically at least, the money disbursed more easily and the limited resources can be gathered under 'one roof'. The reality, of course, is not that simple. Much fewer children can be supported through residential services than by working with their families at the community level. Family services, if effectively delivered, are also known to have a broader impact by supporting family functioning as a whole, building community level resources and strengthening coping skills and strategies to respond to a range of crises and challenges. Research in a number of countries has shown repeatedly that the longer-term cost of institutional care is vastly more expensive than community

<sup>29</sup> This is link to Muhammadiyah policy on family based care in Bahasa: <http://mpspmmuh.or.id/component/content/article/43-child-centre/90-children-centre-qsebuah-upaya-merevitalisasi-pantiq.html> and <http://www.cci.or.id/profile/profil-organisasi.html>

outreach services (Browne, 2009; Save the Children, 2009; EveryChild, 2009). But the walls and roofs of an institution can become to a child welfare system what schools are to an education system, or hospitals and clinics to a health system. They represent an investment that can be easily seen by donors and the public alike. They become a trademark. Childcare institutions have been a trademark of the Ministry of Social Welfare and of key service providers in Indonesia for at least a couple of decades. They were also the trademarks of child welfare services in industrialized countries in the Western hemisphere for centuries, before major reforms changed that situation over the last forty years. The fact that the services provided are not effective or appropriate rarely gets to be witnessed by others. Changing this situation, realistically, requires a new trademark, a shift of vested interests by donors and service providers.

The paradigm shift will require a shift of vested interests by donors and service providers. Conditional cash transfers have in part provided that for families facing chronic poverty. There is growing evidence that, when done well, cash transfers can lift families out of poverty (Barrientos & Nino-Zarazua, 2011) but cash transfers are only effective to the extent that there are services accessible to children and their families in their communities.

While the cash transfer provides an important incentive, if it is not accompanied by other forms of social support to families it is unlikely to provide any real solution. Finally, child protection issues cannot always be addressed by using a poverty lens. Although research has shown clear links between poverty and the ability of a family to care for its children appropriately, and it is a major risk factor for abuse, violence and exploitation against children, many children facing protection issues are living in families which are not poor, and most children living in poor families do not face protection issues.

Although PKSA represents a crucial first attempt by KEMENSOS to provide direct

support to families facing diverse and often multiple risks, there are very few agencies that provide services to address those needs. Policies prioritizing residential based interventions have undermined the growth of child and family centred services at the community level. In some cases, NGOs that used to deliver outreach services had to transform into residential care service providers in order to access funding from the government. As a result, the Directorate has had to rely primarily on child welfare institutions to deliver the PKSA, the *Lembaga Kesejahteraan Sosial* (LKSA). Most of these have traditionally only provided residential care services.

The PKSA also covers some operational costs for the service providers, in effect 'contracting out' the services through that agency. When the LKSA or NGO is able to deliver the range of community services needed by those children and their families, this system may act as a useful mechanism for 'contracting out' public services. However, most LKSA/institutions have limited capacity to deliver outreach services to families. As a result, what is being contracted out is whatever the agency can deliver, not necessarily what the child or the family needs. In addition, the LKSA can only reach out to children who fit both the poverty criteria and the 'problem status', such as the child being on the street or disabled, raising questions about how the agency can deliver services to families needing support for multiple children.

The capacity of the Ministry of Social Affairs to ensure the cash is used appropriately or the quality of the services provided, is also minimal. Until recently, there was little involvement from the district government's Social Affairs offices responsible for services to children in those areas. The Ministry recruited over 600 *Sakti Peksos* (graduates from social work hired by and reporting to the Ministry) who are based with the local service provider and are meant to provide support and supervision to the social

assistant (*Pendamping Sosial*) assigned in the LKSA to deliver the services. However, these social workers can do little more than ensure proper reporting procedures are followed. Also, although PKSA receives the largest share of the budget among the cash transfer programs provided by KEMENSOS, it reaches the smallest numbers of beneficiaries, less than 5000 in 2009 across 24 provinces.

The comprehensive reforms undertaken by the Indonesian government in the provision of social assistance have created opportunities for the development of a more comprehensive child welfare system. By recognising that the primary aim is to support families to fulfil their critical role towards their children, these policies can actively strengthen the capacity of families to care, ensuring their access to basic social services, and supporting their social functioning. Implementing these policies,

however, will require the development of a range of services and interventions at the community level, delivering both economic and psycho-social assistance to children and their families on the basis of their actual needs.

Some child welfare institutions will be able to transform to deliver this, but many will not and different service providers will be needed. These services fall under the direct legal responsibility of the government and while they certainly can be delivered by private and charitable local organizations, these service providers must be regulated and supported by the local authorities. It is therefore essential for the national government to start to work with district level authorities to develop effective strategies, mechanisms and resources to deliver a minimum package of public social services for vulnerable children in Indonesia.

## 2. Strengthening the legal framework for family based care alternatives: Guardianship, foster care and adoption (2006-2012).

Child Protection laws and policies, compliant with the CRC and other international standards and good practice

Effective regulation, minimum standards, and oversight

Knowledge and data on child protection issues and good practices

Meaningful coordination across government and between sectors at different levels

### **What was done and why**

Although the 2002 Child Protection Law had recognised guardianship, foster care and adoption as care options for children deprived of parental care, there was confusion about the rules and procedures for placement in these forms of alternative care.

Guardianship in Indonesia is established under two legal systems, the religious court system and the civil law system. Under both systems, it referred primarily to the appointment of an individual to act as the child's legal representative in relation to marriage and inheritance decisions when the child's parents have been declared legally incompetent or their whereabouts are unknown (Law no 23 on Child Protection, Articles 33-36). Those articles said nothing about taking responsibility for the care of the child. The Child Protection Law also used the term 'guardian', but to refer to someone being assigned temporary parental responsibility by a court of law, when the biological parents' right had to be revoked under certain circumstances, such as when parents neglected their responsibilities towards their children (Article 31-32). Those articles clearly implied that the 'guardian' would act both as caregiver as well as legal substitute for the parent.

In the post-tsunami context, guardianship became a 'live issue'. There were a number of legal implications to taking care of a child that

needed to be clarified. Allegations of abuse by individuals who had declared themselves legal guardians and then acted to take away children's property and inheritance following the death of their parents were also emerging. Resolving the conflict of law (religious and civil) and the confusion inherent in the Child Protection Law became a priority in Aceh and Save the Children, together with a number of actors as part of the FTR Network, worked with the local courts to try to clarify the situation.

Discussions on a draft Government Regulation on Guardianship had taken place since 2003. The regulation was needed to implement the provisions of the Child Protection Law, and it provided an opportunity to discuss an important alternative care measure for children facing acute protection issues. The team was unable to identify any precedent where removal of parental rights had been acted on by a court of law. The Directorate of Children Services was not aware of any occurrence and had never sought such measures on behalf of children needing protection.

Adoption is also an option under the Child Protection Law. It can be conducted under local customs or under the law, although it does not clarify whether customary adoptions must also be endorsed by court decisions. The provisions also clarify that adoption by

foreign nationals can only be allowed as a last resort. This reflects the principle under international law that domestic adoption should be prioritized, except that it focuses on the nationality of the potential adoptive parents rather than residence.

By 2006 a draft regulation on adoption had been discussed for almost three years, and it limited quite strictly who could adopt and which children were eligible. Only children under five were eligible to be adopted. A couple wanting to adopt could only have one child, had to have been married for at least five years, and had to be between 30 and 50 years of age. Only one child could be adopted per family, with an exception for twins but not other biological siblings. A great emphasis was placed on what was considered 'inter-country' adoption, although it related to adoption by any couple where one of the partners was a foreign national. This created considerable confusion about what would happen to couples living in Indonesia when one of the partners was not an Indonesian national. On the other hand, the provisions concerning domestic adoptions were vague and left a great deal of discretion to institutions about whether and how to facilitate adoptions.

Despite the fact that adoption was clearly provided for under the law, and that it followed Islamic principles in all cases, discussions about the regulation had highlighted a great deal of resistance about the practice. The Children's Directorate only collected data about 'inter-country' adoptions and its only mechanism for supervising children's adoption related to these. An inter-ministerial team (*Tim PIPA*) existed to review and decide on applications by foreign nationals. The lack of focus on domestic adoption was problematic.

Foster care is also provided for under the Child Protection Law, under a section called "children's care" (Articles 37-38). These provisions state that children whose parents "are unable to guarantee their proper physical, mental, spiritual and social development" can be fostered through an organization that

has the authority to do so. Fostering can be conducted by these organizations inside or outside an institution and individuals who wish to foster must go through one of these organizations. Apart from specifying that the organization providing the fostering services must share the same religion than the potential foster child, the law says nothing about how these organizations get their authority, what process individuals who wish to foster a child should follow, or what role is to be played by the child's biological parents. It also does not state who determines that the parents are unable to guarantee their child's well-being and how such decisions are to be arrived at.

By 2007, no regulation had been drafted on Foster Care to clarify this. In fact, no rules existed about children's placement in institutional care, and the legal implication of such placements for the parents' rights and responsibilities towards their children. The Quality of Care research had highlighted that in many cases parents were considered by the institutions to have 'relinquished' their rights over their children for the period of their placement in care. The management and staff of the institution could also take major decisions about the child without consultation with the parents. However, parents were to agree to take children back immediately in cases of ill health requiring costly medical services, or if they were expelled for breaking the rules, including not performing at school.

Although there was no doubt that informal family based fostering arrangements and adoptions were widespread, there was little data on these practices or on formal adoptions and foster care in families. The Ministry of Social Affairs had no system to recruit potential adoptive or foster families for children deprived of parental care. It was clear that a more comprehensive legal and policy framework for the use of alternative care was needed, covering not only the use of residential care but also the provision of alternative family based care. This became

a priority for Save the Children's team of advisers.

In order to build a better picture of the situation of children facing care issues, Save the Children collaborated in 2007 with the National Statistical Bureau (BPS) to extract data from a National Population Survey (*Module Kependudukan- MK*) conducted to complement the 2000 Population Census. The survey covered all but two provinces and provided a national and provincial level picture of the situation of children under fifteen and their relationships to the head of the household as well as their parental status. This data had not been published or analyzed before and it would provide important evidence of children's care situations that could inform legal and policy developments. The team developed with BPS a set of tables providing, for the first time, sound estimates of the numbers of children who were orphans, who had lost one parent, were living with a single parent or living in extended family care.

### **The approach taken**

The team began its work to support the development of a more comprehensive legal framework for alternative care by contributing written comments and participating in the discussions on the drafting of the Adoption and the Guardianship regulations in 2006. It provided clarifications about international standards applicable in the Indonesian context, as well examples from other countries. As a result of this work, in 2007 some positive changes were made to the text of the Adoption Regulation that was finally adopted, including lifting the age limit of eligible children to 18 and potential adoptive parents to 55 (PP No 54 2007).

In 2009, the Children's Directorate started to draft the technical rules (PERMENSOS) that would guide the implementation of the 2007 Adoption regulation. Save the Children participated actively in this process and advocated for a system that promotes

domestic adoption and establishes clear mechanisms at district and provincial levels to enable this. By 2009 the impact of the work on family based care was being felt and the discussions on the PERMENSOS highlighted some of the remaining gaps in the Adoption regulation. The team worked with KEMENSOS on strengthening procedures and ensuring systems were in place at local level to enable children to be adopted.

It also encouraged a more proactive system of registration of potential adoptive families. The Directorate began to work more actively with a number of provincial and district social authorities to pilot mechanisms to review social assessments of families and ensure appropriate legal decisions were taken on adoption applications (*Tim PIPA Daerah*). Important discussions also took place on inter-country adoption and the team provided material and explanations about the definition used and procedures required under the 1993 Hague Convention on Inter-country Adoption.

In 2011, Save the Children collaborated with KEMENSOS to organize a workshop with stakeholders from a number of other Ministries and non-governmental organizations on the 1993 Hague Convention. The team presented the scope and clarified the provisions of the Convention and the implications of ratification for Indonesia. Following this, the Ministry of Social Affairs integrated into its plans for 2012 the development of an academic paper to support further discussions on ratification.

By the time a Task Group had been established in mid 2008 to consider drafting national standards of care for childcare institutions, it was clear to both government and non-governmental participants that a more comprehensive legal framework for alternative care was needed. Discussions on the draft regulation on Guardianship had stalled and there was still a great deal of confusion about implementing the newly adopted Regulation on Adoption. The Child

Protection Law had provided the basis for an alternative care system but Government regulations were needed to bring it to reality.

Unfortunately the Child Protection Law had itself taken quite a fragmented approach and while it stated that government regulations were needed to implement both the adoption and guardianship provisions, it did not for the foster care system, whether institutional or family based. The Legal Bureau in the Ministry of Social Affairs pointed out that under the rules of legal drafting in Indonesia, no such regulation could be drafted without explicit reference to the need for it in the law. The decision was therefore taken to focus first on the National Standards of Care and to begin to etch out the overall framework for the provision of alternative care through this process.

By 2010 the National Standards of Care were complete and there was much greater support for the development of such a framework. The draft Guardianship regulation was still being discussed and the need to revise the Adoption regulation was understood by many. Developing an overall regulation that would articulate how these different forms of alternative care would be delivered became a priority.

In January 2010 KEMENSOS organized a meeting of key agencies to be involved in this process to decide on a way to move forward. The legal drafting issues were resolved by referring to provisions of the 1979 Child Welfare Law that had required the drafting of such regulations but had never been followed up. A drafting team was established composed of the Ministry of Social Affairs, including its Legal Bureau and Directorate for Children's Services, the Ministry of Justice and Human Rights, the Ministry of Women's Empowerment and Child Protection, the Ministry of Internal Affairs, the Ministry of Foreign Affairs, the State Secretary, the National School of Social Work and representatives from key service providers, including Muhammadiyah. The drafting process was led by KEMENSOS with

support from UNICEF, and Save the Children provided the technical advice. In June 2011 the Indonesian President approved the initiative and formally requested KEMENSOS to involve other key Ministries. The draft was finalised in late 2011 and sent to the Ministry of Law and Human Rights for final review. As of 2012 that process was still ongoing.

Save the Children is in the process of piloting a mechanism for children's placement in foster care with the West Java social authorities, as part of its Deinstitutionalization pilot (see Section VI.2). The draft regulation on alternative care was presented and became the basis for discussions with local social authorities and service providers in that province for the establishment of the mechanism.

### **Key findings and learning**

The data gathered by BPS as part of the Population Survey (*Module Kependudukan-MK*) of 2000 confirmed the critical role extended family care plays in Indonesia. It also highlighted that, in comparison, institutions play a very minor role in caring for children deprived of parental care. It estimated that there were 217,000 children under 15 in Indonesia who had lost both parents through death (0.4% of population of children under 15). The survey found that 76% of these children were being cared for by family members.

The 2000 MK data also showed that most children who had lost one parent as a result of death lived with the surviving parent or with other family members. An estimated 1.7 million children under 15 had lost their fathers through death (*yatim*) and over 740,000 had lost their mother through death (*piatu*). 92% of children whose father had died were living with their mothers, while 74% of children whose mother had died were living with their father, indicating some differences in social and cultural practices regarding the care of children who have lost a mother.

The 2000 data also estimated that 3.4 million children under 15 were living with a single mother (46% of these children had lost their father through death) and just over a million were living with a single father (54% of these children had lost their mother through death). In addition, the data also pointed to high numbers of children (2.15 million) who were not living with either parents but instead with other family members, in particular grandparents (58.6%) as well as other members of their families (30%). 72.5% of these children still had both parents, indicating that death of a parent was not the primary reason for children being placed in the care of their relatives.

The survey also pointed to significant numbers of children living in foster care or adoption arrangements, although the data collected does not provide the information needed to identify whether these are informal or formal care arrangements. Almost 17% of children who had lost both parents were living in a household where they were considered 'a child' of the household head. This provides a strong indication that adoption and foster care in Indonesia is neither new nor rare.

The MK data provides an important evidence basis to support the development of more effective policies and social assistance to facilitate and support 'care in the family'. In particular, it highlights the need to target social services and assistance to vulnerable groups of caregivers in order to prevent children's placement in institutional care, including single parents and alternative caregivers such as grandparents. Understanding the situation of children living with adoptive or foster families is also critical to ensuring they receive the stable and secure environments they are entitled to under the law.

The draft Regulation on Alternative Care provides a comprehensive framework that affirms the primacy of family based care, prioritizes family preservation efforts, and establishes kinship care as the first alternative for children deprived of parental care. It

also incorporates guardianship, adoption and foster care within the framework, emphasizing the importance of providing a family-like environment for children to ensure permanency and attachment. The regulation articulates the role of residential care as a temporary measure until more permanent and suitable care can be provided and as last resort. The draft incorporates key principles articulated under the National Standards of Care for Child Welfare Institutions and from the UN Guidelines on Alternative Care. It attempts to clarify some of the confusion and fill some of the gaps under the Child Protection Law, but this was not always possible without also amending the law.

The requirement to make decisions about appropriate alternative care on the basis of a comprehensive assessment by a qualified social worker is introduced. The responsibility of local social authorities to oversee children's placement in alternative care and ensure it is in accordance with the regulation and the best interest of the child is clearly stated. Local authorities must establish a Review Council for Foster Care, Guardianship and Adoption to oversee all alternative care placements (*Dewan Pertimbangan Pengasuhan, Perwalian dan Pengangkatan Anak -DP4A*).

Local social authorities are also required to provide primary and secondary prevention services to strengthen family care, through increasing parenting knowledge and capacity and by delivering more targeted family support interventions for more vulnerable families. Children's right to express their views about care decisions and to report any issues relating to their care is also included. A child's formal consent must be sought by prospective parents in adoption proceedings, if the child has the capacity to do so. Guardianship is recognised as an important measure to assign legal responsibility for a child's care, and criteria for the selection of potential adoptive parents are also made less restrictive. Getting the draft adopted is the next step but it is also the beginning of the

next stage; establishing on the ground the system to implement it.

Discussions on the draft revealed the complexity of formalizing alternative care arrangements where they have been almost entirely unregulated. The alternative care system needs to provide mechanisms for

formalizing and supervising these care arrangements to ensure children are taken care of, provided with a safe and nurturing environment, and not exploited. Children needing alternative care and their families must be able to access services and support from mandated and responsible agencies in their local communities.

## **V. ESTABLISHING CHILD AND FAMILY CENTRED SOCIAL WORK PRACTICES**

Save the Children recognised early on that a shift of paradigm from primarily residential based services towards child and family centred services would also require a change in the competencies and mandates of social workers. It worked closely with some of the key schools of social work from the start, in particular STKS, the National School of Social Work established under KEMENSOS in Bandung, and it adopted a capacity building approach with these throughout.

One of the main challenges of Indonesia's over-reliance on institutional care was that it resulted in few social workers having the skills, competencies or mandates to work directly with children and families, the majority becoming administrators. Most senior social work lecturers or professors had never gained practical experience of working with individuals and communities and were therefore training new generations of social workers without being able to relate social work practice theory to the reality of children's lives and the interventions and approaches needed.

Trained social workers working in government at national and local levels were also generally functioning as an administrative and

management workforce, operating primarily as program staff or bureaucrats. Even when they were involved in policy development this was carried out in a way that was almost entirely disconnected from the reality of the needs on the ground or the services delivered. There were very few qualified social workers providing psychosocial support or working directly with vulnerable children and their families outside of institutions. Those that did tended to do so in the context of ad hoc and limited NGO programs, rather than as part of a child protection system with clear mandates and responsibilities.

This situation presented a serious challenge to the redirection of social services towards children and families, and to ensuring practices that could support children in family care or family based alternative care. Reforming the social work system was thus a key part of reforming the child protection system. Achieving this, however, would entail addressing issues that would go well beyond the scope of services provided to children but were instead at the core of the social welfare system as a whole in Indonesia, and the mechanisms established to deliver it.

## A. Strengthening the framework for social work education and practice: Certification and Licensing (2009- 2012)

A skilled child protection workforce

Effective regulation, minimum standards, and oversight

Meaningful coordination across government and between sectors at different levels

### What was done and why

Indonesia has a long and important tradition of community-led social welfare services that predates the establishment of the Indonesian State. A positive impact of this has been the continuing involvement of many private organizations in the delivery of social services at the community level. As with the development of social welfare systems in other countries, however, the origin of these interventions in ‘charitable organizations’ raised questions about the nature of social work, and whether service providers were accountable to the beneficiaries and should be held to certain standards of practice. With the establishment of State structures and obligations, and the adoption of a human rights framework, the need for standardization of services and ensuring their accessibility and quality became clear. Social work must be accountable, ethical and shown to be effective.

Although a National Association of Social Work Professionals had been established in 1998, (*Ikatan Pekerja Sosial Profesional Indonesia- IPSP*) its membership was informal. The Association was led by some experienced and well-respected Indonesia social workers but it lacked momentum and a clear agenda for the profession. It could not be said to speak on behalf of anyone and its legal status and organizational basis remained unclear. It also did not have the recognition and standing needed to develop a vision for social work practice in Indonesia or a framework for standardization of practice.

Neither practitioners nor the academic bodies responsible for the development of the core knowledge and skills had agreed on a common definition of social work in Indonesia that could be shared.

Social work ‘practice’ tended to be perceived as the vocational and lesser part of a social welfare ‘science’ that was primarily theoretical. A major area of the debate was terminology, and in particular the use of the term ‘social worker’. Beyond these debates, there was remarkably little discussion as to what services were needed by the populations supposed to be served by those systems, or what skills and mandates were needed in order to deliver them.

An Indonesian Association of Social Welfare Educational bodies (*Ikatan Pendidikan Pekerjaan Sosial Indonesia-IPPSI*) had been established in 1986, but had not met in over six years. Chaired at the time by the Head of the Research and Training Body in the Ministry of Social Welfare, lack of funds and energy seemed to have frozen it. Meanwhile, there was no agreement on a national curriculum that could ensure graduates from social welfare or social work programs would come out with the core knowledge and skills that would enable them to contribute effectively to the policy development, management and delivery of social welfare programs and services. As a result, social work education programs varied enormously between universities and

schools in terms of both curriculum and what was understood as 'social work'.

The field practice approach was often absent or very limited. No specialization in social work practice for different fields or populations, including children and families, was available except at the National School of Social Work (STKS) in Bandung. STKS is a government run school managed under KEMENSOS and is primarily tasked with preparing civil servants to enter government service, mostly to work as administrators of programs or bureaucrats.

This situation also meant that social work graduates received little recognition for the skills and expertise that they could bring to addressing social situations and, in turn, they lacked confidence in their contribution. The Ministry of Social Affairs often hired at the highest level individuals who had no social welfare background or education, and social work graduates were often placed in positions where they would not be able to contribute the knowledge or expertise they had gained. Some joined NGOs, where some of the most experienced social work practitioners working with children and families can still be found, but where most also end up managing projects rather than developing best practice interventions or supervising the delivery of those interventions.

In the mid 1980s the government had established a major network of 'community social workers', the PSM (*Pekerja Sosial Masyarakat*). Members were generally local community volunteers. In some communities the PSMs are playing an important role, but in many communities the PSMs appear to have ceased to function. The Ministry no longer provides support and without support and supervision their capacity to address concerns and respond to situations in the community could only be limited. There was also little clarity about their role and mandate in responding to individual situations and how their responses would connect to higher-level agencies with responsibility for children's care and protection.

More recently the Ministry of Social Affairs had developed and promoted a system of sub-district social workers (*Tenaga Kesejahteraan Sosial Kecamatan-TKSK*) operating across the country. There is supposed to be one TKSK per sub-district, and his or her function is primarily to gather social data to be fed back through the province to the central government. The TKSK generally does not have the capacity or the mandate to respond to individual issues as they arise, and they work mostly to support the administration of social assistance. They are rarely qualified social workers but some have a diploma in social welfare or have graduated from vocational high schools with a specialization in social welfare (SMK).

This fragmentation of the social work system meant that it was unclear who was responsible for children facing care and protection issues and whether they had the knowledge, resources and capacity to address them. The over-reliance on residential care solutions had restricted the development of direct support services for children and families at the community level, and the social workers meant to develop and deliver such services were primarily versed in residential based approaches.

Even among the most seasoned of practitioners, for example, there was little recognition of the importance of attachment to children or the possible negative impact of institutionalization. Most of the senior faculty members in the leading universities and School of Social Work had no experience of clinical practice. Case management, or an ecological system approach, were theories; the practice was residential care services. Even the limited field practice experience provided to students of social work often took place within the walls of an institution and was mostly research based.

Unless Indonesia had a workforce of social workers that understood the importance of family based care and could support the paradigm shift of services in the field, it would

not happen. Reviewing children's placements in residential care, identifying and assessing alternative care options for children and delivering family support interventions to prevent separation required the skills, competencies and knowledge needed to approach, engage, facilitate and empower children and families. These critical skills also needed to be backed by mandates and systems that would ensure the decisions and services provided could be reviewed and called into question with the agencies legally responsible for their delivery. For social workers used to 'managing' children through mostly unregulated institutions, this represented a huge shift in practice.

### **The approach taken**

The Quality of Care and Child-led research process had already involved some of Indonesia's most experienced and talented social work practitioners and teachers. They had built on their skills during those processes and were in a unique position to begin the process of developing the mandates and skills needed to support social work practice with children and families. Save the Children, therefore, needed to work with them to develop the framework for social work education and practice that would enable social workers and para-social workers to engage differently with children and their families.

At the beginning of 2009 a new law on Social Welfare (No. 11) was adopted to replace the previous law adopted in 1974. Massive changes had taken place in the country, including the ratification of major international human rights conventions with important implications for the welfare system, including the International Covenant on Social, Cultural and Economic Rights and the Convention on the Rights of the Child, as well as key national pieces of legislation adopted since, including the Child Protection Law No 23 (2002).

Although that law said little about the social work system, it nonetheless provided

recognition of the need for professional social workers as well as para-social workers, social volunteers and social educators (Article 33), and for a system of certification for them and accreditation of organizations providing social services (Articles 51-53). It also referred to the role of the Association of Professional Social Workers to ensure standards of practice, and of the Association of Educational Bodies to ensure the quality of social work education.

In April 2009 Save the Children convened a broad Working Group of senior social work educators, practitioners and policy makers to discuss the implication of Law No 11 for social work practice, with a focus on children and families. After the initial meeting it was agreed that the primary aims of the Working Group would be to provide input into the drafting of the Ministerial Regulations in relation to the certification of social work professionals and para-professionals, and the accreditation of social welfare service providers.

The Working Group on Social Work was a think tank and an advocacy group to ensure that key policy makers and professionals were able to contribute to the development of an effective, accountable social work system. Members of the Working Group included the Ministry of Social Affairs, in particular its Children's Directorate, its Legal Bureau and its Education and Training directorate (Balai Diklat), the National School of Social Work (STKS), the social work/social welfare departments from Widuri University, the University of Padjadjaran, the University of Indonesia, Muhammadiyah University, the State Islamic University (UIN), the National Association of Professional Social Workers (IPSPI) and the National Association of Social Work Education Bodies (IPPSI), Building Professional Social Work (BPSW) - a New York based NGO working in Indonesia whose director was also teaching advanced social work at two of the main schools of social work in Jakarta - as well as individual senior social work practitioners.

The Working Group began by mapping the social work system in Indonesia, identifying existing resources and networks, and reviewing the legal and policy framework for social work practice. The implication of recent research findings about children in institutions to social work practice was also discussed, including the types of systems and services that would be needed at the community level for children and families; and the skills, mandates and structures needed for social workers to be effective.

The relationship between the government and the profession, and the role of certification, licensing and accreditation in regulating the quality of services and interventions provided, were also reviewed. The group researched social work systems from other countries, including different licensing and certification approaches, particularly within the region. The Working Group decided that it would be important to focus first on establishing a sound basis for professional social work, as it would be critical to the technical support needed by para-social workers and social volunteers working at the community level.

The Working Group contributed directly to the drafting of the Ministerial Regulation on the Certification of Professional Social Workers and Social Welfare Officers (TKS) and the Ministerial Regulation on the Accreditation of Social Welfare Organizations. Both regulations were adopted before the end of 2009.<sup>30</sup> Following the adoption of the Certification Regulation, Save the Children continued to provide support to the Working Group members to develop a road map for its implementation, including reviewing its implications for the key members of the Certification process, the National Association of Professional Social Workers (IPSPI) and the National Association of Social Work Education Bodies (IPPSI).

Representatives from both organizations were key members of the Working Group

and it was clear that the social work reform process in Indonesia would require the revitalisation of both these Associations. The Working Group developed a matrix of actions needed to implement the Regulation and ensure a solid foundation for the certification system. Members divided into groups to work on different aspects of these changes, including organizational changes needed by both Associations, as well as changes needed to begin the standardization of social work education and practice in Indonesia.

In December 2009 Save the Children facilitated a series of meetings with both IPSPI and IPPSI leaderships and stakeholders, and both Associations developed plans for holding major national congresses with their members and partners to present the new certification and licensing system and to agree on ways forward for the organizations.

The National Congress of the Association of Social Work Education Bodies (IPPSI) was held at the University of Padjajaran (UNPAD) in Bandung on the 13<sup>th</sup> and 14<sup>th</sup> of January 2010, with support from Save the Children. A new management and organizational structure was established and agreement was reached on a program plan that included developing and agreeing on a core curriculum for social work education, competency standards for certification and practice requirements. Over 120 lecturers and senior academics of 26 universities and schools of social work from across the country attended. A separate meeting of the rectors of the universities was also held to discuss the implications on social work education of the new Ministerial Regulation on Certification. The Head of the Social Welfare department of the University of Indonesia (UI) was appointed as the new Chair of the Association.

Following this, Save the Children facilitated the holding of the National Congress

<sup>30</sup> PERMENSOS No.108/HUK/2009 on the Certification of Professional Social Workers and Social Welfare Officers (TKS); PERMENSOS No.107/HUK/2009 on the Accreditation of Social Welfare Organizations

for the Association of Professional Social Workers (IPSPI) that took place on the 19-20<sup>th</sup> February 2010 in the campus of the Islamic State University (UIN) in Ciputat, South Jakarta. Over 160 social workers from 14 Provinces attended and agreed on a new organizational structure, including the membership basis for the Association, a new program of work and new leadership. The new structure enabled the Association to start working more effectively as a professional body on behalf of its members, including fulfilling its role as part of the new certification and licensing body. Another key result was the recognition of the same professional basis and requirements for both government and private social workers.

Throughout 2010 and 2011 Save the Children continued to provide technical support and facilitated meetings of the Working Group and the two National Associations to enable them begin implementation during this initial period. In March 2010, IPPSI discussed and agreed on core competencies for social work education at degree/bachelor level and on how to integrate these into a national curriculum. Save the Children also supported discussions and workshops with regional social work networks to encourage sharing of technical expertise and resources. In June 2011 IPPSI had finalised the national curriculum and was developing teaching modules based on it. It also developed and agreed on a common syllabus for field practice in August 2011, ensuring all social work graduates from the 35 Schools of Social Work or Social Welfare in Indonesia have basic requirements to fulfil through a practicum program, which will form the basis of the practice requirements under the Certification system.

In April 2012 Save the Children provided support to IPPSI to hold its National Congress in Yogyakarta, which was attended by over 70 participants from 19 Schools of Social Work. A review was made of the progress achieved in implementing the plans for the 2010-2012 period, new plans for the

next period were adopted (2012-2014) and a new chairperson from the University of Padjajaran was elected. The new plans include the piloting of the bachelor level curriculum in selected universities. Agreement was already reached on the development of a core curriculum for specialist (advanced) programs at Master and Doctorate levels.

Work with IPSPI was also ongoing during that period. In 2010 Save the Children supported meetings of IPSPI during which it developed and agreed upon a new strategic plan to guide its work for 2010-2013. It also started developing a range of National Standards to guide practice and in January 2011 National Practice Standards with children were also adopted, together with a Code of Conduct for the profession.

The Working Group on Social Work continued to support the development and establishment of the Certification Body (LSPS- *Lembaga Sertifikasi Pekerja Sosial*) in 2010 and 2011, including the procedures for selecting its members and its operational manual. In August 2011 the members of the certification (LSPS) and the accreditation bodies (BALKS) were appointed. In August 2011 an *Indonesian Social Work Consortium* was established by stakeholders in the reform process, including the Ministry of Social Affairs, IPPSI, IPSPI and the National Association of Social Welfare Organizations (DNIKS). The Consortium supports the ongoing reform process of the social work system and provides a broader network to continue to advocate for social work. It involves both professional and para-social workers in Indonesia, including students and community level workers.

### **Key findings and learning**

The adoption of the Regulation establishing a certification system recognised that there were certain core skills, competencies and knowledge that should be held by all social workers, as well as clear lines of accountability. It provided for the establishment of a certification

body and system, and set out clear criteria for social work education. It also established a licensing system for certified professionals, enabling them to apply to the Ministry of Social Affairs for a license to practice on the basis of recommendation by the certification body. This would give social workers in both private and government sectors the mandate to practice, ensuring they have the authority and competency to act while holding them accountable.

The Certification Body (LSPS) also brought together the key pillars of a social work system - the professional association (IPSPI), the educational association (IPPSI), and the network of social welfare organizations (DNIKS) together with the Ministry of Social Affairs as the main government agency responsible for the delivery of social services, including for children. In 2012 UNICEF was beginning work with the Ministry of Social Affairs and Griffith University in Australia to continue this process of development of a comprehensive framework for social work in Indonesia.

Developing an effective regulatory system for social service providers was another key component of Save the Children's strategy, including through development of National Standards of Care for child welfare organizations (see Section IV.1.B). The drafting of the Ministerial regulation on the Accreditation of Social Welfare Organizations proved more challenging, however, because Law No. 11 on Social Welfare had not provided a sound basis for such a system. It expressly stated that the registration process for these organizations

was to be an administrative formality and it did not provide any consequence if an organization did not comply. It also did not provide for a licensing system to ensure social service providers had to fulfil minimum standards of services or lose their permission to operate. Instead, the law focused on establishing a voluntary accreditation system, which enables service providers to receive recognition for the quality of the services they provide, but imposes no penalties when they fail to do so.

In Indonesia the clients of social welfare services have little choice in accessing services and even less control over the quality of the services they receive. An operational licensing system that would ensure providers had the capacity, resources and skills to deliver services was needed. Nonetheless, Save the Children also contributed to discussions on the drafting of the Regulation on Accreditation of Social Welfare Organizations, as it would have important implications for children services.

The regulation adopted at the end of 2009 (PERMENSOS No.107/HUK/2009) went some way to close some of the gaps left by the Social Welfare Law by expressly stating that accreditation would only be provided to social service providers that had already met minimum standards of care. Yet it could do little to ensure that would be the case without having a system to assess and measure compliance with the Minimum Standards. The Regulation also established an Accreditation Body (BALKS) comprising a number of different stakeholders in the provision of social welfare services.

## **B. Developing modules and training programs for child and family centred social work practice with children in need of care and protection (2009-2011)**

### **A skilled child protection workforce**

### **Knowledge and data on child protection issues and good practices**

### **Preventive and responsive services**

#### **What was done and why**

While reforms of the framework for social work education and practice were being sought, it was also vital to initiate a shift in what was being taught in social work schools. Through participation in research and advocacy on the situation of children in institutional care, several senior social work practitioners and policy makers had recognised the need for change. These were the 'champions' of the reforms and many of them were educators and trainers in some of the leading social work schools in Indonesia.

Few of the schools of social work or faculties taught social work clinical practice, let alone specialized practice with children and families. Only STKS in Bandung, Widuri in Jakarta and UNPAD in Bandung had clinical practice components and those varied enormously in terms of the extent to which they explored interventions and approaches with particular groups. Field practice (practicum) requirements were also extremely limited except for STKS, and often entailed working in a childcare institution.

Social work education needed to ensure that children's rights, child protection and permanency planning were clearly understood and made central to social work practice. The importance of families and family based care to children's development and the need for safety, wellbeing and permanency in a child's life needed to be reinforced. It was essential for Save the Children to work with key social work schools and departments to strengthen knowledge of and competencies in direct

social work practice with children and families in relation to their care and care decisions, and the relationship between care and protection. Bearing in mind the relatively limited clinical practice experience of those teaching social work, the modules and training program should provide them with practical knowledge and experience they could incorporate in their own teaching and curricula.

#### **The approach taken**

In 2009, Save the Children's team began the first phase of a pilot process to develop modules targeted at senior social work teachers and trainers, together with a practicum program. This work was conducted with support from Save the Children's Child Protection Initiative (CPI), a global process led by Save the Children Sweden to ensure best practice learning and sharing in child protection. Eight leading schools/departments of social work were selected as partners, including the National School of Social Work - STKS, the University of Indonesia, UNPAD, Widuri, Muhammadiyah University, UIN State Islamic University in Jakarta and UIN Yogyakarta, and STPMD Yogyakarta, a Diploma level college teaching community development. The Ministry of Social Affairs, in particular the Directorate for Children Services and Research and Training body, was also a key partner and participant.

Save the Children partnered for this work with Building Professional Social Work in Developing Countries (BPSW), and the

Director of its Indonesia program, Martha Haffey, who had been teaching social work at both Master and Doctorate levels at the University of Indonesia and Widuri School of Social Work. Professor Haffey not only had a deep understanding of social work development and practice in Indonesia, she was also the former head of the Clinical Program at Hunter School of Social Work in New York. The team also partnered with Professors Gerald Mallon and Joan Morse from the National Resource Centre for Permanency and Family Connections, also at Hunter School of Social Work in New York. Both were extremely experienced social work practitioners and educators and the Centre is specialised in providing training and technical assistance to government and child welfare agencies in family-centred and community based approaches with children, youth and families.

As it was critical to develop modules and practices relevant to the Indonesian context the role of the Hunter team was to support the development of modules and the training process by working with senior Indonesian social work professors. A small reference team was established to work on the development of the modules and a workshop was held in October 2009 with senior social work professors from STKS, the Universities

of Muhammadiyah, Atma Jaya, Padjajaran, Widuri, and with the Hunter team, BPSW and Save the Children KEMENSOS advisers. During the workshop the content, approach and methodology to be used in the modules were discussed and agreed upon.

Five modules were developed as a result:

Module One: Principles of Child Protection and Permanency Planning

Module Two: Family Centred Assessments

Module Three: Family Centred Case Planning and Participatory Goal Planning

Module Four: Developing Social Work Skills in Family Engagement

Module Five: Ongoing Service Delivery to Children, Youth and Families

The modules were accompanied by a series of case studies taken from real child protection situations identified through the work of Save the Children and the research on children in alternative care. In March-April 2010 intensive residential training was conducted over two weeks with 20 senior social work lecturers from the eight schools of social work and social workers from the Ministry of Social Affairs. The training was conducted by a team combining international experts from Hunter and BPSW with national experts.



Trainers and participants of Permanency Planning and Child Protection training.

In addition to the training, there was a six week supervised practicum program whereby each of the trainees was able to work with one child (or more in the case of siblings) in seven selected institutions, with the families and relatives of the child, and with the staff and management of the institutions. The trainees were to complete a minimum of 84 clinical hours during the process, although most completed more in order to conclude appropriately their work with the child and his or her family. They had to undertake comprehensive assessments of the individual situation of each child and family and develop with them, and in consultation with the staff of the institutions, detailed care options and plans. In many cases this was the first time these senior social workers had actual practical experience of working with children and their families.

Guidelines and protocols for the practicum and working with children, their families and the institutions had also been developed for this purpose. A workshop was held in Bandung in April 2010 for the managers of the seven institutions involved in the practicum and for the supervisors to discuss and agree on the aims of the practicum, approaches to be used, and collaboration between the trainees, management and staff of the institutions and government social workers (*Sakti Peksos*) located in the chosen institutions. This was the first time that a model for a supervised practicum process was developed and tested in Indonesia. Previously there had been no agreed practicum procedures or process and no requirements for supervision.

The trainees worked intensively with 22 children (13 girls and 9 boys) and finalised child and family assessments, as well as care and intervention plans developed with the children, their families and the institution. In May 2010 the trainees were gathered together with the training team for a three day workshop to present their work and learning. The workshop provided a forum to discuss experiences and challenges faced in the process. It also enabled shared

learning about the relationship between theory of child development, child rights and child protection, and the reality of the social interventions and services provided in Indonesia, including the direct implications of children's institutionalization.

The trainees were encouraged to develop follow up plans at both personal and institutional levels, including how they would integrate the material, training and practicum process and experience into their faculty's curriculum. Many have done so, either integrating all of the modules or some into their teaching and their school's curriculum.

The first modules and trainings had provided the sound understanding of child protection and care issues, and the strength based approach to working with both clients and service providers, needed for social work practice with children and families. Following this up with more advanced modules addressing specific interventions and skills needed to work with children and their families was essential. One identified area of need was to build the skills of social work professionals to work with families to strengthen positive parenting practices by parents and caregivers and prevent intra-familial violence. A new set of modules and training program were developed in late 2010, working in partnership with an international expert on child development and good parenting from the University of Manitoba, Professor Joan Durrant.

A similar process was used to the good parenting and child protection process. Six modules on child development and parenting were developed:

- Module One: Foundations, including identifying the target groups, the ecology of caring for children and optimizing children's development
- Module Two: Parents, Children and Positive Discipline, including concepts and approaches relating to 'good parenting',

- discipline and 'positive discipline'
- Module Three: Optimizing Developmental Health: Prenatal development
- Module Four: Optimizing Developmental Health: Infancy
- Module Five: Optimizing Developmental Health: Early Childhood
- Module Six: Optimizing Developmental Health: Middle childhood and adolescence

In 2010, Joan E. Durrant, consultant from University of Manitoba was invited to contribute a series of modules on Child Development and Parenting to the Social Worker training program. The purpose of the consultancy with Save the Children Indonesia was to provide Social Workers with information that would help parents understand how to support their children's learning, and prevent parents' use of physical and emotional punishment, by encouraging their use of positive discipline in very challenging circumstances. The process of development of the modules is as follow:

### **Phase 1**

The first phase of the process was a conversation between the consultant, CP Adviser and CPI representative for SEAP to have an orientation of the project and set out a plan for consultancy to it. It was decided to develop a set of modules on child development and parenting that would build social work competencies in strengthening parenting skills.

A face-to-face meeting was organized in Jakarta in July 2010 with a selected group of senior social work academics and practitioners to ensure that the modules would be contextualized appropriately, and that they would meet the needs of social workers in Indonesia.

An outline of five modules for their review was sent prior to the meeting. Initial revisions to the outline were made based on

the group members' feedback. The modules would provide fundamental information on child development and parenting, and facilitate participants' own problem-solving skills. The content would help participants to integrate macro- and micro-level factors affecting parenting into their assessment and intervention plans.

At the Jakarta meeting, the consultant presented the content of the draft modules to the group over five days and engaged in continuous discussion of the content and sequencing of the modules, and co-produced a final outline which consultant would follow in developing the training program.

### **Phase 2**

Throughout the summer and early fall of 2010, the teaching materials were developed for the modules. The focus was on the impact of separation and trauma on child development, and the micro and macro factors affecting parenting capacity. Each module involved lecture, role-play, video, and problem-solving exercises requiring participants to apply the information to cases typical of the families involved in the deinstitutionalization project. The teaching materials were sent to the expert group, who provided feedback and suggested revisions.

A full training was organized for December 13<sup>th</sup> – 17<sup>th</sup>, 2010 in Bandung. All participants were requested to complete a pre-training assignment requiring them to become familiar with the living conditions of the parents with whom they would be working. The consultant then visited an institution for infants, children and young people in Bandung to help her become more knowledgeable about the children's experiences. The training was delivered over five days to 20 social work educators from the main schools of social work (STKS, University of Padjajaran, STISIP Widuri, University of Indonesia, UIN Jakarta, UIN Yogyakarta, and STPMD Yogyakarta and staff from the Ministry of Social Affairs, including a number of previous participants in the Child Protection and Permanency Planning

process. Case managers and caseworkers from the Pilot Child and Family Centre in Bandung were also involved in the training and the practicum (see Section VI. I). A staff member from another Save the Children program working to strengthen the role of local community health clinics with mothers of babies and infants (FRESH -*Future Resilience and Stronger Households*) also participated in the training and the practicum to ensure shared learning and development across programs.

Based on the learning during the Bandung training including the information gathered by participants through the pre-training assignment and the information obtained at the institution, the material and the cases for the modules to reflect the realities of the parents' and children's lives and experiences were engaged and enriched.

### **Phase 3**

From June to August 2011 the training participants completed a practicum, each working with one family whose child would be returning home from an institution. Using information from the modules, they assessed the families' parenting contexts, skills and challenges. Their goal was to more fully understand the practical dimensions of supporting good parenting, to increase the effectiveness of their own teaching. They also were developing their skills in integrating their knowledge of child development and parenting into their case management plans

Mid-way through the practicum period, in July 18<sup>th</sup> – 20<sup>th</sup> 2011, a three day case conference was held in Yogyakarta. Each participant presented his or her case. The consultant facilitated the application of information from the modules to understanding the key aspects of the case. Participants collaborated on identifying the parents' and children's strengths and challenges, information gaps, and potential intervention points at the macro and micro levels. All cases were complex and required intensive discussion. The consultant identified some common themes and helped

the participants to place the cases into the ecological framework that underpinned the modules on child development and parenting.

The program participants then returned to their practicum placements to complete their assessments and intervention plans under the supervision of the expert group. Through these processes the material and knowledge of positive parenting practices in Indonesia and ways to support them is also increasing. The consultant finalized the modules, integrating learning from the case conference, and submitted the teaching materials to Save the Children for their use in social worker training.

### **Key findings and learning**

The initial pilot had been devised with the National School of Social Work (STKS Bandung) in mind, in recognition of the fact that participation by other schools of social work might be difficult as the focus of the teaching in those schools was primarily academic. As this work evolved in parallel to the work being done to reform the social work system, it became clear that other schools and faculties were interested in the modules and trainings. The process was opened more widely to support participation from eight leading schools of social work, as well as staff from the Ministry of Social Affairs.

Having a practicum program created a range of technical and ethical challenges, in a context where professional and accountable services are not available and clients are vulnerable to bad practices or even abandonment by those who have legal responsibility for them. Providing senior social work educators with an opportunity to put into practice the skills they had learnt by working with children and families was an essential step. At the same time, the lack of previous experience and the fact that virtually no casework was being done created ethical issues around the practicum program. Working with a child and his or her family for a limited period, without being able to follow through was not acceptable.

On the other hand, the solutions identified through care and intervention plans would require much longer-term support, and that support was rarely available.

A partial solution identified during the first practicum, which took place mostly with children living in institutions, was to 'partner' the trainee with a government social worker (*Sakti Peksos*). The *sakti peksos* has been placed in the institution for a period of 2-3 years as part of the KEMENSOS program to deliver Cash Assistance to vulnerable children (PKSA). Therefore one criterion used to select the institutions was that it had at least one social worker who would be willing to work directly with the trainee on the case, and who would take over the case plans and ensure implementation.

This worked in some cases but not in others, depending very much on the quality and willingness of the *sakti peksos*. The *sakti peksos* also had very little case handling experience and their position in the institutions was weak, and in some cases unsustainable as the institution's management did not want them there. In some cases the trainees had to work alone as the *sakti peksos* showed no interest, or they identified another member of staff in the institution to work with. In a few cases, the trainee undertook to continue following up the case even though the practicum was over, but that came with its own set of challenges.

One field practice challenge for the trainees under the Good Parenting program was the dilemma they sometimes felt about working with parents or caregivers who were often facing very difficult challenges, including chronic poverty and severely limited living conditions. Social workers in Indonesia are used to providing material assistance and addressing inter-personal relationships dynamics, family functioning and psychological problems is rarely taught.

The lack of integrated services ensuring families can receive interventions that address their situation at multiple levels resulted in the trainees having to use their skills to find solutions wherever they could. The complexity of some of the cases they handled highlighted the fact that interventions to strengthen families' care capacities would often require a range of resources and skills. This reality could be overwhelming for some of the social workers when so few services or formal support systems for vulnerable families are available.

Despite clear limitations and challenges, it was palpable during the workshops that followed the practicum program how affected the trainees were by their experiences, and how much learning they had gained. They had engaged with their clients, were able to demonstrate how they had used the tools and techniques and, in some cases, the impact of their approaches. It was clear that for many it was the most direct experience they had had of applying the skills they were teaching.

This bodes well for social work practice with children and families in Indonesia. Many of these senior individuals could have easily rejected the challenges and remained in their comfort zones. That they engaged honestly and actively with this learning process is to their great merit. Sharing their experiences with their peers during the practicum workshops and getting quality support through supervision was an essential part of the process. As child and family centred social work practice evolves in Indonesia, it will be crucial to develop a positive and effective supervision system at all levels to provide these social workers with the personal and professional support they need to address such complex issues.

## VI. PILOTING CHILD AND FAMILY CENTRED RESPONSES

One of the recommendations made to the Indonesian government by the UN Committee on the Rights of the Child was to reintegrate institutionalized children into their families whenever possible. The research conducted in institutions had shown that most children in them had parents and families. In most cases, these families had neither abused nor abandoned the children but they had certainly struggled to care for them, particularly ensuring their access to education. Poverty, a lack of adequate social safety nets and limited access to social services were clearly playing an important role in children's institutionalization.

The reasons these families were unable to access education in the first place were less clear, however, particularly in light of comprehensive government strategies adopted over the last decade to improve access to primary (*Sekolah Dasar- SD*) and junior (*Sekolah Menengah Pertama- SMP*) levels of education. Through an amendment of the Indonesian Constitution and the 2003 Law on National Education the government had made it mandatory for a minimum of 20 percent of the state budget to be spent on education. Education spending has more than doubled since 2000 and has now reached over 20 percent of total national expenditure.

The introduction of a school grants program in 2005 (*Bantuan Operasional Sekolah- BOS*) to eliminate or at least reduce school fees should in theory have enabled most families to access education for free or much reduced costs. Between 2008 and 2009, the Government also introduced an Assistance to Poor Students program, (*Bantuan Siswa Miskin- BSM*), a cash transfer program from the Ministry of Education and the Ministry of Religious Affairs targeting poor students who fulfil certain conditions regarding enrolment, attendance and good behaviour in school. BSM, however, only reaches two percent of all children 6-18 years old (World Bank, 2012).

In practice many schools continue to charge a range of fees, including 'building fees' and examination fees, which can make the cost of education prohibitive. Other associated costs can also create formidable challenges for children from poor and deprived households, including transportation, the purchase of books and exercise sheets (LKS), school equipment, uniforms and shoes. There are also other access issues affecting children from poorer households, especially in rural and more isolated areas. Although there is at least one elementary school in all villages across Indonesia, there are only a handful of junior high schools and even fewer senior high schools, and they are mostly located in towns/cities. This creates transportation needs for children living in areas where distance and other physical challenges are significant (such as mountains or a lack of roads or bridges), often rendering these schools inaccessible or requiring additional boarding costs.

Although lack of access to education is clearly one of the most visible push factors for children's institutionalization in Indonesia, research has also indicated that a range of social issues often compound economic factors. A lack of adequate support for caregivers, remarriage and paternal abandonment, family violence, a lack of civil documentation and legal protection, child labour and exploitation, mental and physical health issues are all important risk factors. Single parent households also often correlate with reduced incomes and care support, as well as social isolation that can increase vulnerability in the face of crises, whether natural or man-made.

The push and pull factors to children's institutionalization are therefore complex and diverse, and require responses that address a range of needs for support by these children and their families. While reintegrating children into families is possible when parents and other caregivers are willing

and able to provide care, it often cannot be done safely without support. In many cases, improving access to financial assistance or livelihood opportunities can achieve this. In others, psycho-social support to these families will be needed. In some cases, it will require delivering a mixture of financial and psycho-social interventions, depending on the needs of each child and the situation of his or her family.

The research also highlighted that available residential care services, either through the childcare institutions or the Special Protection Homes (RPSA), are unlikely to provide effective or durable solutions to the issues faced by children with acute protection issues, or with alternative care needs. Childcare institutions (*Panti Asuhan*) do not respond to the needs of these children and at best offer a place to stay while they can access education. The RPSAs can provide a temporary safe place for the child, and in some cases 'treatment' to respond to concerns about the child's immediate mental well-being. These institutions, however, have no capacity to address core protection issues where they are located, to ensure children's safe reintegration into their families, or the provision of alternative family care.

In some areas of the country, NGOs and community-based organizations have developed services to address the needs of groups of vulnerable children at the community level. Innovative programs have been introduced to respond to the plight of street children, domestic child workers and children involved in other forms of child labour, as well as trafficked children, including women and girls involved in commercial sexual exploitation. In a few cases, organizations like Aisyiyah have developed family support interventions at the community level, involving small and short-term financial assistance combined with psycho-social support to families in crisis.

Although these initiatives are important they have tended to be small scale and

project based, often at the mercy of donors' changing interests. As a result they are usually ad hoc and can only serve a relatively small population that fit the criteria of the particular project. Beneficiaries are narrowly identified as "trafficked children", "street children" or "child prostitutes" and the complex reality of the range of issues children and their families face is often not recognised or cannot be responded to.

Many of the organizations providing these services have done so without any support from the authorities, and as a result some have come to see the latter as a hindrance rather than as a key source of support and mandate. A few have collaborated with national and local authorities, recognising the need for an integrated approach and their own limited capacity to replicate more widely a successful model. Although in some cases that collaboration has been fruitful, in others the authorities have seemed only too happy to have others take on the responsibility for them.

Aside from its focus on supporting residential based services for vulnerable children, the Ministry of Social Affairs has not developed any model of child and family centred services at the community level. Attempts at initiating more community level support activities (see for example the *General Guidelines for the provision of services to children outside of institutions 2004*) had begun but continued to be seen and implemented as an additional function of the institutions, rather than as an alternative approach to social services delivery. The Ministry has not worked with district governments to establish mechanisms for local social services provision to at-risk populations, either through public services or through contracting private organizations to deliver them. It has not assigned responsibility for making crucial care decisions in relation to children deprived of parental care, nor for responding to the safety needs of children being abused, neglected or exploited. It has not developed comprehensive strategies to strengthen families' ability to care for their

children through a range of interventions at the community level.

The Ministry of Women's Empowerment has promoted the establishment of local networks at provincial and district levels to coordinate services for women and children victims of violence (*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak- P2TP2A*), but these operate mostly to support better sharing of information between government and local service providers. They do so without establishing any mechanism through which a package of appropriate social welfare services can be made available and delivered to vulnerable populations to prevent, as well as address, the range of risk factors they face.

Of all social services, systems to meet the needs of families rendered vulnerable by chronic poverty, social exclusion, violence, human and natural disasters are the weakest at the local government level. At a time where mechanisms to oversee and manage the delivery of health and education services at local government level had seen some big improvements, very little focus and investment was being placed on developing the structures, resources and skills needed to deliver psycho-social and financial support to the most vulnerable members of society. Almost all of the national social protection programs to address the impact of chronic poverty have had to establish parallel infrastructures and mechanisms at the national level to deliver these programs at the local level, often with limited integration into the local government systems, budgets and structures.

The Ministry of Social Affairs, for example, under its Cash Transfer programs to vulnerable groups (PKSA), relies on about 600 newly graduated social workers (*Sakti Peksos*) that it has hired directly and placed in childcare institutions and non-governmental organizations at local level to support the delivery of this program. Until recently, most local social authorities had no say in the placement of these *Sakti Peksos* or their activities. Even now, these social workers

only coordinate with the local social authorities where they are based but report directly to, and are hired and fired by, the Ministry at national level. They are not part of local government and as a result do not contribute to strengthen the capacity of the local government to deliver or manage these services long-term.

Compounding this problem, most local social authorities are unable to recruit the social workers and other personnel they need to fulfil their responsibilities, including overseeing the delivery of social services in their areas. In many cases, no specific social authority is assigned with this responsibility at the district level, and social welfare is part of a broader mandate held by an office addressing a range of religious, social and economic issues, without the staff or structures to address the needs of vulnerable members of the community.

This situation is particularly problematic for children facing acute care and protection risks, as it means that local authorities are generally not in a position to take responsibility for the decisions that need to be made to ensure their safety and well-being. They also do not have the resources and mechanisms to ensure that responses for these children are provided and are appropriate. Although this situation has improved in districts and municipalities where coordination networks have been established, the provision of services to these children still depends on the availability and the goodwill of local NGOs and childcare institutions.

In most cases, the local social affairs office simply 'passes on' the case to one of these agencies and there is no further government responsibility for that child's well-being. Where local NGOs do not have services that address the specific needs of a child, these needs will go unmet. As a result, responses to the situations faced by these children will tend to be one dimensional and time limited. Many child protection issues involve people living in different districts, sometimes provinces, yet service providers will rarely

have the capacity or the mandate to work in these different locations to ensure services are delivered not just to the child but also to the family and the community.

Decisions about children's safety and placement in alternative care, whether temporary or longer-term, entail a transfer of parental responsibility to an individual, a family or an institution, and have legal implications that necessitate responsibility-taking. Under Indonesian law the government and its local representative, the local social authority, is responsible for the protection of these children and it must have in place the structures, mechanisms and mandates to enable it to fulfil this role.

Whether it runs the services provided to these children or contracts the services to a properly accredited local service provider, it continues to be responsible for ensuring the children receive appropriate and effective care and protection responses. This means having the staff, budgets and mechanisms at the local social affairs office that can supervise responses, ensure decisions are taken, and that overall responsibility for the well-being of that child is maintained. With their primary focus on overseeing central

government programs and channelling funding, the social authorities at district level are rarely in a position to do this, and they are often unaware that this is their responsibility.

The lack of models for non-residential services directed at families, and of mechanisms at the local level to ensure services and mandates could be implemented safely and effectively, posed a challenge to reintegrating children safely within their families, let alone working to prevent children being institutionalised in the first place. It was therefore imperative not only to challenge the paradigm of residential care as the primary child protection response, but also to test and develop new models that could show how child and family centred social interventions could be delivered at the local level. These models needed to strengthen the capacity of the local authorities to fulfil their responsibilities towards children facing care and protection issues. They also needed to develop sound, accountable partnerships with local service providers to ensure a continuum of appropriate services is available at the community level, based on actual assessment of needs conducted with the child and his/her family.

## A. Bandung Centre for Child and Family Support (PDAK) (2010- ongoing)



### **What was done and why**

The policy work conducted to shift the paradigm of child welfare services and the skills developed through the research and the trainings on social work practice with children and families had established the political will as well as the skills needed to begin testing alternative non-residential models of interventions.

In 2010 the Save the Children team initiated a new pilot project in partnership with KEMENSOS and the social affairs authorities at the provincial level in West Java and in Bandung Municipality. The Child and Family Support Centre in Bandung (*Pusat Dukungan Anak dan Keluarga- PDAK*) was a first step in testing and building a mechanism to enable the local authority to play its role in relation to children who face acute care and protection issues. It sought to demonstrate how professional child protection interventions in individual cases could occur outside a residential care setting, using a case management approach.

The Centre responded primarily to care or protection issues that had already been identified or brought to the attention of the local government, local service providers or local community members. In that sense, this model was focused on remedial interventions rather than primary prevention, although it also played an important role in tertiary prevention (preventing the recurrence of harm or a concern) and to some extent secondary

prevention (working with at risk groups to address risk factors in order to prevent harm).

The pilot enabled a team of professional social workers to test interventions and to learn and demonstrate how multi-service responses can work by ensuring case planning, referral and follow up in these individual cases under a continuous mandate and, if needed, across districts and provinces. It also sought to develop best practice procedures and protocols for case management and casework, including referral practices between responsible agencies, professional practice and responsibility taking. These procedures were tested and reviewed according to the needs of ongoing cases, in turn providing a basis for practice based knowledge and expertise in child protection responses that could be shared and used by other agencies.

The Centre also provided a training space in case management and social work interventions for educators, new graduates and students of social work. It built on the work conducted through the modules and field practice program by providing a more permanent opportunity for supervised field practice and the application of skills learnt through the trainings.

While the Bandung Centre is client focused and provides a mechanism for formal responses to acute care and protection

needs through a case management system, a different model of a community support centre for families was also planned, this time in a rural context. The model would be tested in Yogyakarta, Central Java, and would provide more preventive services for children and families in need of support, without the need for referral or for a specific child protection issue to have been identified. It is to be a walk-in centre run by community members that can make use of existing resources at that level but also link families to resources and programs at other levels. It can provide information, care support or relief, peer group support, training and other forms of support identified by the community. Work on this model had just begun in 2012.

### **The approach taken**

In 2010 the Save the Children team began comprehensive consultations with the Directorate of Social Assistance and Rehabilitation Services in KEMENSOS and the Offices of Social Affairs at both provincial (West Java) and municipality level (Bandung City). Discussions took place with senior social workers that had been involved in the development of social work modules and training. STKS was to act as a source of technical support and advice, while the Centre would provide a forum for practicum and social work skills development for its graduates and lecturers. The Bandung Forum of Social Welfare Institutions (*Forum Komunikasi Panti Sosial - FKPS*), a network including all childcare institutions in Bandung that had been a key partner from the Quality of Care research to the piloting of the National Standards of Care, was also involved as a major partner for this new pilot.

The aim was to ensure that the Centre in Bandung would be an opportunity for key partners and stakeholders to continue the learning and development of good practices in relation to child protection approaches and interventions. As such, it would need to be integrated as much as possible within the plans and systems of these stakeholders, rather than

stand alone as a project. PDAK would need to be overseen the social authorities but with overall supervision from the Ministry. This would reinforce the mandate of the teams intervening in cases and encourage social authorities to work together.

KEMENOS would provide overall supervision and guidance, supporting coordination with other relevant agencies at the national level and outside the province. The provincial Office of Social Affairs would ensure technical supervision but also support to district social authorities, ensuring cooperation when needed across districts, providing mandates and operational support, and assigning relevant staff to work as part of the PDAK team. The City Office of Social Affairs would have direct supervisory authority for PDAK, would establish a Coordination Team to work directly with the Centre to ensure effective referral and responses to cases, and would provide both the mandates and resources needed to fulfil its responsibilities.

At the beginning of 2011, following discussions and a recommendation by the Governor of West Java province to the Office of Social Affairs that PDAK be established, a formal agreement was signed between KEMENSOS, the West Java Provincial Office of Social Affairs and Save the Children (27/RS-KSA/KEP/2011). The MOU emphasizes the role of the Centre as part of the implementation of children's rights and of the provincial Midterm Plans for West Java province (RPJMD). It sets out roles and responsibilities in relation to PDAK and mechanisms for supervision and reporting on progress.

Although the formal MOU was not signed until early 2011, the Centre was established and began working in August 2010. A team of 13 social workers was recruited, comprising a Case Manager and three senior caseworkers, each supervising three other caseworkers. The head of the clinical programme at STKS and lead researcher in the Quality of Care research, Kanya Eka Santi, was recruited as technical adviser to provide direction and supervision on intervention approaches and

to support the development of tools and protocols to be followed in case management. A database officer was recruited to develop and manage the case management database and work with caseworkers to ensure proper data is entered and confidentially maintained. The Centre was provided office space by the West Java social authorities and staff from *Dinas Sosial* at district and provincial level, including senior officials in charge of services for vulnerable children.

In 2011, the Mayor of the City of Bandung established a Coordination Team to work with PDAK (463/KEP.957-Dinsos/2011). It provides overall policy guidance to PDAK but also acts as a referral network, bringing together various stakeholders to support the provision of responses to children and their families. Head of this team is the Deputy for Economic Affairs and Development Administration of Bandung Municipality and supported by the Head of Social Affair Office as vice chairman). The members include:

- The City's Social Affairs department as the leading sector
- The department of Education
- The department of Health
- The Civil Registry department
- The Department of Women's Empowerment and Family Planning (BPPKB)
- The Centre for the Empowerment of Women and Children set up to coordinate responses to victims of violence
- The provincial Child Protection Network (LPA)
- The Forum of Social Welfare Institutions (FKPS) in Bandung
- The Child Rights Advocacy Organization (LAHA), a Bandung based NGO providing legal aid in child protection cases, including children in conflict with the law
- The Independent Network of Volunteers (JARI), a local NGO providing legal and psycho-social assistance to victims of violence
- A provincial level network focused on providing economic support and empowerment to poor Muslim families (*Pos Keadilan Peduli Umat*)

- The West Java Islamic Donations Centre (*Rumah Zakat Regional Jawa Barat*) that manages and delivers financial assistance to vulnerable members of the community using religious donations by Muslim communities
- Save the Children

The team in PDAK established a case management system prioritizing referrals from three sources in the initial stage:

- 1) Social Affairs authorities
- 2) The local forum of child welfare institutions (FKPS)
- 3) Save the Children's EXCEED program, a separate child protection program funded by USDOL that works to rescue and reintegrate children who are trafficked and involved in exploitative child labour.

The decision to focus on cases referred by these agencies was to ensure PDAK would develop systematic ways of working with agencies operating at different levels. Working with *Dinas Sosial* would strengthen the role of and responses by mandated local authorities and enable the development of mechanisms for them to fulfil their responsibility for children's care and protection. By establishing a direct response mechanism with the FKPS, PDAK ensured comprehensive assessments of the needs of children placed or due to be placed in institutions where care and protection issues have arisen.

This also means it can support the piloting of the National Standards of Care and the Deinstitutionalization pilot (see sections IV.1B and VI.2). It supports children's safe reintegration into their families by conducting comprehensive assessments of the needs of the children and their families, and providing follow up in those cases. Working with EXCEED also enables the PDAK team to provide technical support in responding to the complex protection issues faced by the children it serves, including by working with EXCEED's local partners. EXCEED also provides important financial support to PDAK.

In some instances cases are received from other agencies or identified by the PDAK team. An assessment of the severity of risk factors forms the basis of deciding whether the team should intervene. All decisions are taken in consultation with the local office of Social Affairs, but whenever an issue or case requires a decision or the direct involvement of the social authorities the PDAK team will attempt to involve them.

Case management procedures were developed, and agreement reached on the referral protocol and coordination. A formal referral form is now in use in each case, providing key information about the reasons for and purpose of the referral, background information on the child and interventions or services already provided and by whom, and the name of the caseworker and senior caseworker responsible for the case. The referral form is to be signed by all parties, constituting agreement and acknowledgement of responsibility by each party. The case management process generally follows the steps outlined below:

The team conducts comprehensive assessments of the child and his/her family situation, including the extended family and other significant individuals as well as community resources. It develops plans of actions involving both the child and the family, ensuring the participation of other actors who may be vital to their implementation including teachers and schools, health personnel, social authorities, religious leaders and the management and staff of institutions. It facilitates access to services through a referral network of service providers, or in some cases providing the services directly. It follows the child and the family until it is clearly agreed by all sides that services are no longer needed, and it monitors afterwards to ensure no repetition of the problem occurs. It actively works with local officials in the Social Affairs Office, supporting them to take responsibility under their mandate, identifying issues and responses that are needed from them, and building their capacity to establish

the structures and mechanisms they will need longer term.

In addition to the case management work, the PDAK team conducts family tracing; provides psycho-education and counselling, conflict resolution and parenting skills; supports children and families to obtain civil documentation including birth certificates; intervenes to assess and address violence and safety issues; provides support and accompanies child victims of violence through court processes; and supports access to a range of financial assistance and livelihood opportunities through its partner agencies in the referral system. This has included scholarships, vocational training or livelihood building opportunities, medical and legal services, cash assistance through the government PKSA, mental health services, and the provision of temporary shelter services.

Building on the skills gained through the Good Parenting training program (see Section V.2), the PDAK team also provided a two day training in Good Parenting to 20 parents and caregivers, enabling them to learn about child development, the importance and role of care and attachment, and positive discipline skills. The program received a very positive response from the parents.

As of June 2012 PDAK had conducted case management interventions with 159 children and provided family support services to almost 235 children and their families. It had been able to conclude services for 31 cases (20 girls and 11 boys) and had 82 active cases (42 girls and 40 boys), including 12 at initial assessment stage and 70 cases where services and monitoring are ongoing. The cases referred by institutions related to children being considered for placement where issues beyond access to education have been identified, or children already placed in the institutions but facing difficulty that the institution does not feel able to handle. Institutions had referred a majority of cases, highlighting the fact that these institutions are often the first contact point for families or organizations coming across child protection issues.

## Lina, 14-year-old girl

The case of Lina was referred to PDAK by LAHA, a local NGO providing legal aid in cases involving child protection issues. Lina was 13 at the time and six months pregnant as a result of being raped by her stepfather.

Lina's mother stated she did not know about the sexual violence until she started to suspect that Lina was pregnant. Lina's mother had confronted her husband, who first denied it but finally admitted to raping Lina, although 'only one time'. She reported him to the police and he was arrested. Due to the pregnancy Lina was pulled out of school and the family moved. Her psychological condition was worrying. Her mother reported that she had been a talkative and happy child but now she was quiet and sullen and she would rarely eat despite her condition. She was clearly stressed and did not want to talk.

As the team began to work with Lina it became clear that the sexual violence had begun when she was in elementary school and prepubescent. Her stepfather was often alone with her in the house and would hit her and threaten that if she did not comply or tried to tell anyone he would leave the family behind, not pay for their education and take her cell phone away. Although her mother said she did not suspect the sexual violence until the pregnancy, in May 2011 Lina's brother, who slept in the same room as her, reported the stepfather entering the bedroom at night and touching Lina's private parts. When Lina's mother confronted the stepfather he hit both her and her son.

In September 2011 her mother discovered the pregnancy. Lina had come home from school and her stepfather immediately forced her to undress and serve him sexually. Lina tried to run away and managed to do so long enough to send a text message to her mother with the

words, "Mama, help Lina, father is doing things..." But her stepfather soon caught her and dragged her back to the house where he raped her. When her mother called her he threw the phone out. She arrived home not long after the violence had taken place but when she asked her husband he said nothing had happened and Lina said the same.

Her mother continued to ask until Lina finally admitted that he had forced her to have sex. Lina's mother bought a pregnancy kit and the test revealed that Lina was pregnant. Her mother reported the case to the police immediately and Lina was sent to stay at her grandmother's to avoid questions by the neighbours. The stepfather continued to threaten Lina and now also her mother. He threatened to kill her and her children once he got out of jail and also that he would not provide for them.

When the PDAK team began working with Lina she was experiencing a lot of stress, had difficulty sleeping and would remember the violence she had experienced at the hands of her stepfather, and also the physical and verbal violence against her mother. She would not talk about it but would often send a text message to her mother while she was at work. Usually the message only contained the word "mama". When her mother called her, however, she would refuse to talk. Once a relationship was established with the caseworker Lina was able to share her fears about the pain of giving birth and about testifying in the legal case. She was able to talk about what would happen after she gave birth and she stated that she wanted the child to be given up for adoption.

Lina was also bored as her social world had shrunk significantly after she was pulled out of school and her mother and grandmothers, who were afraid of gossip,

often kept her inside the house. She had been placed briefly in a church-run institution in Jakarta for young women and girls pregnant as a result of sexual violence, but she had been unhappy there and had asked to go back to Bandung to be close to her family.

The team began working with Lina and her family, providing psychological support, facilitating discussions about care options for Lina's baby, and providing material support. A major focus has been supporting a better relationship and communication between Lina and her mother. Lina and her brothers had spent their early years in the care of their grandmother and other family members while their mother was domestic worker in Malaysia.

In 2007 she had come back and met and married Lina's stepfather against the wishes of her children. Although there was clearly a lot of love and care between Lina and her mother, tensions and mistrust remained and relations between Lina's mother and her older son were also strained.

The team facilitated discussions and planning for the future, helping Lina think through what she wanted to do and what the options, challenges and possible solutions were. After Lina gave birth to a little girl in February 2011 she began bonding with her and her mother decided not to give the baby up for adoption. Lina's grandmother did not accept this so Lina's mother decided to take the baby to stay with her at the house where she was employed as a housekeeper. Lina would stay with her older brother in a house she had rented for them and would visit the baby daily for breastfeeding.

This was a stressful period for both Lina and her mother, with frequent tensions and conflict between them. After an initial period when she was happy to participate in the care of her baby, Lina grew impatient with the restrictions on her life imposed by this situation. She began to direct her anger at the baby, who increasingly reminded her of the sexual violence she had experienced. Her mother frequently found fault with Lina and could be quick to criticize and often angry with her. During that period, the team provided intensive monitoring and psycho-social support through regular visits and meetings. The team also supported Lina to see a psychologist, after she expressed an interest, to process more intensively her traumatic experiences and their impact.

In addition to material support to address immediate needs for the care of the baby, the team has worked with Lina to support her decision to go back to school. Lina was enrolled in a special course to enable her to catch up with her studies, which she quickly completed. Returning to her education proved an important step for Lina and she is clearly excited about it. Although the relationship between Lina and her mother remains strained at times, both are working hard at finding ways of getting along.

The financial stress of taking care of the baby has taken its toll on Lina's mother, however, and the team is currently working with members of the network to support the family's access to scholarships and financial assistance. Meanwhile, the legal case is still ongoing and LAHA is continuing to provide assistance with this.

### **Key findings and learning**

Most of the cases referred to and handled by the PDAK team can be categorised as acute or needing formal and timely responses to address major safety, permanency and

well-being concerns. In line with PDAK's mandate, these cases generally entail a range of decisions and interventions by a number of actors and service providers. Many of the

cases relate to violence against children, in particular sexual violence committed by a father or stepfather, or even by the head of an institution. Some also concern violence against women and its pervasive impact on both the mother and her children.

Most cases highlight the complex relationship between intra-familial violence and children's care needs, and the importance of responses that can effectively address both at the same time. A number of cases relate to children's unclear care status, with children being left behind by parents going abroad in search of work, and the lack of an effective system to make the decisions needed to provide the child with a stable and secure environment. Some cases highlight the disastrous impact of discrimination and stigmatisation, either as a result of sexual orientation or HIV/AIDS status, including teenagers who are rejected by their families and communities and are often pushed into unsafe behaviours and situations as a result.

In some cases, law enforcement authorities are involved and legal proceedings are ongoing but in most cases the violence, abuse and exploitation are kept under wraps within the family or the community, unless it also violates some key social norm, such as pregnancy outside marriage. One of the challenges for the PDAK team is that legal interventions to address violence against children continue to be weak or inappropriate. Resistance to seeing violence in the family as a crime rather than a private matter is obviously problematic, but recourse to the legal system is often not an option for vulnerable children and families and in some cases creates its own safety and protection issues.

The team has supported children's involvement in legal proceedings but has also responded in cases where the legal authorities are not involved when they should be, or are responding inadequately. Bearing in mind PDAK's objective to support the implementation of laws to protect children's rights, this can be a difficult balancing act. It

raises issues of legal responsibility that are still not clearly defined. However, the pilot is addressing those challenges and identifying practical ways of resolving them.

As it brings together all the agencies with responsibility for children's safety and wellbeing it can start to sort out what this means, including who is responsible, what decisions have to be made and by whom and what interventions are likely to be effective and appropriate. Until this happens, it will continue to operate in a system filled with grey areas and a lack of accountability. This is not an ideal way to address difficult issues relating to children's safety and care, and it puts considerable pressure on often relatively inexperienced social workers. Although supervision by more senior caseworkers is a key part of the system under PDAK, young social workers still have to make sensitive decisions and manage difficult relationships on a day-to-day basis, often without the benefit of recognised practices or clear demarcations of responsibility.

The PDAK pilot is also testing a new relationship between service providers and legal authorities, one based on accountability and formal processes. Service providers that have previously operated within an almost entirely unregulated system now have to answer questions about their services. They have to recognise that they are not alone in bearing responsibility for deciding the fate of a child placed in their institution. This is proving challenging not only for them but also for the team and partners seeking to establish more accountable ways of working. In some cases the PDAK team found that it was treading on sensitive vested interests, including with some important partners.

Among other things, the team has uncovered sexual violence perpetrated by the manager of an institution that is part of the network of one of its partner institutions and has supported the children through legal proceedings against the perpetrator. It has questioned the practice of some heads of

institutions deciding which babies should go to which families, and has started to insist on more appropriate procedures and assessment for foster care and adoption placements.

The lack of clear systems of legal responsibility and recognised mandates for social workers has meant that the team continuously negotiates access, mediates conflicts, overcomes distrust and appeases those used to making decisions on their own or away from scrutiny. In some cases it has not been able to do so, even with the power of the local authorities behind it. Local government officials have also found it hard to play a more proactive and regulatory role and the team has had to get them on board, highlight their mandates and responsibilities, support their taking action and ensure they are in a position to carry out important follow-up. Some local officials from the Social Affairs offices at both district and provincial levels have more than risen to the occasion while others have not.

One of the aims of the PDAK pilot is to develop more effective and accountable ways to make critical decisions about children's safety and care by those who have the legal responsibility to do so. This will entail the establishment of structures, mandates and competent staff within the local social affairs office who can work with social workers

and para-social workers to take appropriate decisions, assign legal mandates and authority, and ensure the quality of services delivered to these children and their families.

This can only happen through the development of new structures and ways of working in the social affairs offices, focused on fulfilling their legal responsibilities and mandates towards children and families at risk. This is the next step in the work of PDAK that was already ongoing by the middle of 2012. The team is working with social affairs authorities and key local social service providers to review the existing structures, budgets and human resources available in those offices to identify whether they are sufficient and suitable to fulfilling their mandates towards vulnerable children and families. It is facilitating discussions on the mechanisms required to move from more effective coordination between actors to ensuring effective services and interventions are in place to respond to child care and protection concerns.

This process can deliver important learning and possibly even a model for the establishment of a child protection system at the local level that links up to a national system of child protection, with the clear mandates, mechanisms and resources needed to fulfil children's right to care and protection.

### **Dewi, 16 year old girl**

Dewi is the second of four children. She currently lives with her maternal aunt and is not in school. She dropped out of Junior High School just before graduating the previous year, after missing many days and often running away from home. A member of the community referred Dewi's case to PDAK in February 2012 on behalf of her mother, Siti. The team met with Siti at the aunt's home shortly after.

Dewi's father used to work as a ship's officer and was often at sea for months at

a time. He now runs a shop in Bandung. One night a week earlier, Dewi's father reported to Siti that Dewi was not in her room, although it was already very late. They did not know where she was and she had a history of running away. Dewi finally came home the next day after her father had gone to work. She was accompanied by a friend of hers, well-known and liked by the family. As Dewi was changing in her room, her friend explained to Dewi's mother that Dewi had shared with her that her father often came into her room

at night and touched her inappropriately. Siti immediately asked her daughter, who confirmed it and then told her mother all that had happened.

Beginning in December 2011 (two and a half months earlier) her father had started to come to her room at night while she was sleeping. She would wake up and realize that he had unfastened her clothes and lowered her panties. He also kissed her on the lips and when she protested, he said he was only trying to rub some oil on her because she had not been feeling well. This occurred almost every night. At the end of January she had found herself alone with him one day in the shop and he had grabbed her tight and touched her in ways that made her feel very scared and uncomfortable. She tried to run but he stopped her. He later apologized and asked her not to say anything to anyone.

After hearing this, Siti asked Dewi to move in immediately with her aunt and her family, who lived in another part of town. Dewi was very close to that aunt and had often stayed with her since she was small so she felt comfortable there. Siti was distraught and did not know what to believe. She wanted to confront her husband about it, but was worried about his reaction. She knew he could get angry quickly and he had been violent towards her in the past. She talked about reporting him to the authorities and divorcing him but she was also worried about the financial implications. She did not work and her husband's income was the only source of support for both her and her children. She worried about what would happen if he were to be prosecuted. He would get very angry and would certainly refuse to support his children. As a result she felt the only way out would be to resolve this informally through the family, but she did not know how to proceed or even have that conversation with him. She asked for help to look for a solution.

The PDAK team began working with Dewi and her family, focusing first of all on safety issues. By the time the matter had been reported to them, Dewi's father had already become suspicious of his daughter not staying with them and kept trying to pick her up from her aunt's and asking questions about her being there. Placing her in a location where he would not be able to threaten her was crucial, but she also needed her family's support. Case conferencing began with the key stakeholders to decide on a way forward, and temporary shelter was provided for Dewi for a few days while her father was confronted with the accusation. The team worked with Dewi at that time to develop a full history of her life and experiences and identify what she would like to see happen.

A full assessment of the family and of the risk and protective factors was conducted, involving Dewi, Siti and other key members of the family, although not her father at that stage for safety reasons. The assessment revealed that in addition to the more recent allegations of sexual assault, Dewi's father had always treated her differently. He often belittled her and spoke of her as being a liar and untrustworthy in front of others. He had always harboured suspicions that she was not his child as he had often been at sea at the time she was conceived, and would suggest that 'losing her' would not be such a terrible thing. Dewi felt scared and very uncomfortable in his presence. After a while her older sister who lived with them but was married also began to admit that she sometimes did not feel at ease in his presence, and that he often looked at her in a sexual manner, although according to her he had never attempted to touch her.

The team worked with a partner agency in the referral network to provide Siti with legal advice. The legal situation was complex. An individual complaint would need to be made to the police for an investigation into

the sexual assault. The lawyers advised Siti that the proceedings would be lengthy and costly and the outcome by no means certain. Dewi's father is known as a religious man and many members of his family find it hard to believe he could do such a thing. The only evidence would be the word of his 16-year-old daughter, and the judicial system in Indonesia is far from being child friendly. The family wanted him stopped but did not want the case brought to court. On the other hand, safety concerns for Dewi, and for her siblings and mother, should be addressed and the seriousness of the allegations required the involvement of the authorities.

With the support of PDAK team members, Siti confronted her husband about the allegations. Although he admitted that what Dewi reported had happened, he suggested that he had only done this once and it was to 'test her', as he suspected that she was a 'loose girl' who was already sleeping with boys. During family conferencing he recognized that what he had done was wrong but also proceeded to partially put the blame on his wife by suggesting that it had happened because she refused to satisfy him sexually.

While the case is ongoing, a formal agreement was developed and reached with Dewi's father. In it he undertook not to approach her or contact her, as she had demanded. He gave his formal consent for her care to be temporarily transferred to her aunt and her family, although he would continue to bear financial responsibility. Meanwhile the team is also working with Siti, who has decided she wants to proceed with a divorce, to identify possible livelihood options for her. Support for Dewi to finish junior high school has been provided so that she can enter senior high school and finish her education. The team is also continuing to work with her to address the emotional and psychological impact of her experiences.

The team has also undertaken a comprehensive assessment of Dewi's father and his own personal history, including through meetings with him and other close members of his family. Initial findings indicate a childhood history of sexual violence by his father towards his mother, and possibly towards him. Discussions about safety issues in relation to continuing contact with his other children are ongoing. The team is also looking at services that could be provided to him to enable him to address the issues at the core of his behaviour.

## **B. Preventing Separation and Reintegrating Children into Families: Piloting deinstitutionalization in Indonesia (2010- ongoing)**



### **What was done and why**

In 2010 Save the Children began to focus more on developing and testing non-residential models of interventions with children and families. It had initiated a Pilot Child and Family Support Centre in Bandung to respond to acute care and protection needs, was disseminating the newly drafted National Standards of Care, and was in the process of strengthening the basis for alternative family based care options in laws and policies.

It needed next to develop and test mechanisms to support the reintegration of institutionalised children into their families. The National Standards of Care provided a clear policy framework for this but implementing it was going to be challenging. The children in those institutions faced very different family situations and contexts: most were facing issues of access to education; others were facing a mixture of economic and psycho-social issues; and a smaller group of children were in need of alternative care and/or protection. Officials and communities had also come to rely on institutions as 'the solution' and, more often than not, there were no other services provided at the local level.

Indonesia was highly decentralised, the child welfare system was unregulated, the government was only beginning to shift the priority it had previously given to residential

care solutions, and the social work system and skilled workforce needed to support children in their families or alternative care families was only starting to be set up. Changing laws and policies and shifting the BBM subsidy and other financial assistance towards families were crucial first steps towards a paradigm shift but the central government was not in a position to direct and manage a massive process of transformation of childcare institutions.

The Quality of Care process and the comprehensive and participatory processes used to develop National Standards of Care had built momentum for change and the political will needed among key stakeholders, including major service providers. Heads of institutions and local and national networks of institutions were engaging in this process and recognised that this was not just a challenge but also an opportunity for them. Working with these key leaders to test and 'operationalize' the new paradigm was essential to its successful implementation. Save the Children started consultations on developing and testing a model for de-institutionalization in Indonesia in 2010 and into 2011. With support from the Open Society Institute (OSI - now Open Society Foundation), it proposed and agreed on a pilot project with three institutions, to work with them over a period of five years.

The Pilot would test and provide important learning on effective mechanisms and interventions to achieve three key objectives:

- 1) The reintegration of children and/or placement into alternative family-based care;
- 2) The provision of family support interventions to ensure appropriate reintegration and prevent re-entry into institutional care;
- 3) The transformation of institutions and redirection of their roles and systems towards more child and family centred services.

Through the pilot selected institutions would be supported to develop and implement a process of deinstitutionalization involving the reintegration of children into their families or placement in suitable alternative family based care through adoption or fostering; a transformation of services provided by the institution, including the establishment of clear gate keeping mechanisms; and establishing outreach support services to children in their families. This initiative would shed light on the challenges of children's reintegration into parental or kinship care, or the placement and supervision of children in alternative family care.

The social authorities, working together with the institutions, would need to exercise important gatekeeping functions to ensure that only eligible children, i.e. satisfying set criteria, were admitted into institutions. Admission to institutions would also be more stringent, following the "family-first" principle in accordance with the National Standards of Care. Placement in care would entail periodical reviews, reflected in formal care plans. Options for return and reintegration of eligible children would be based on proper assessments of children's best interests and needs, rather than the needs of institutions. Recruitment practices would be revised and preventing institutionalization through the provision of family support services would become a priority.

Developing the 'know-how' of deinstitutionalization is part of the overall effort to put the government of Indonesia's newly adopted family-based care policies into practical effect. It would entail working with local social authorities to ensure alternative family based care options were available for children who may need them. Local government has to start promoting those options, recruiting potential foster and adoptive families, establishing mechanisms to work with the managers of institutions and qualified social workers to link children in need of alternative care with families able to provide that care.

Oversight for children's placement in alternative care and for the services they receive are part of the responsibilities of local social authorities, and these duty bearers need to work with service providers and communities to ensure mechanisms are in place to enable them to do so. Together with the ongoing process of regulating institutional care and strengthening the social work profession, this model would potentially facilitate the transition of children's services from residential to family-centred services at the community level. In addition to providing the evidence, the good practices and lessons learnt from testing and documenting the deinstitutionalization model, practical guidelines, protocols and training programs would need to be developed and tested by staff of institutions and social work practitioners.

Cost analysis and assessments of human and financial resources to support such a transformation could also be produced as part of this project and later used by the government and social service providers to plan and cost effective interventions for children and their families. Effective costing of interventions for children has been a major obstacle to the reform of social services away from residential care, as government planners have been unable in the past to produce costing for non-residential services. The cost of food-per-day-per- child system

used by KEMENSOS to allocate funding for children's services does not reflect the reality of delivering a range of services, let alone doing so for children and families living across vast areas rather than residing in one institution. This project will enable real costing to be provided for family support services, including essential operational costs for service providers to deliver those services in terms of human resources and infrastructure needed.

### **The approach taken**

Implementation of the deinstitutionalization pilot began in 2012 in Bandung with three institutions, each one presenting different learning opportunities. One is a typical government run institution with a traditional focus on access to education for children of poor families. Another is a baby and infant home run by Muhammadiyah that cares primarily for younger children who have been abandoned or are facing acute protection issues. It provides long-term care for them, with a majority of children staying there for the duration of their childhood, but it also occasionally supports the placement of babies and infants into foster care families. Unusually, this institution also runs an important program to support children's access to education through outreach services, providing a potentially important model for this. The third institution is run by a local Islamic organization with a focus on providing access to education to children from its neighbouring community, where most families face socio-economic challenges.

The deinstitutionalization pilot and the piloting of the National Standards of Care (see Section IV.1C) and the Child and Family Support Centre (PDAK) are integrated to ensure the mechanisms established are mutually supportive and make best use of mandates as well as available resources and expertise. The National Standards of Care provide the legal and policy framework for the transformation of the role and of the services delivered by institutions, so

piloting the standards in the three selected institutions was a priority. The Monitoring Team established at provincial and district level provides overall supervision and guidance on the process of deinstitutionalization in those three selected institutions. A decision by the head of the West Java provincial social authority, also the head of the Monitoring Team, provides the mandate for the piloting process and confirms the selection of the three institutions (4663/KEP.167/BALINSOS/2011).

The pilot is still in its first year and in this initial phase the focus has been on ensuring agreement and common understanding between all stakeholders about the purpose of the pilot and the aims of deinstitutionalization. Training in the National Standards of Care, in child protection and permanency planning, and in good parenting was conducted for all staff of the selected institutions, for the government social workers placed in the institutions across West Java, and for local officials from the social affairs offices at provincial and district level. Separate processes are being conducted with the children in those institutions to present the National Standards and explain the purpose of deinstitutionalization and what it entails.

The research in institutions, including the child-led research, has shown that while institutionalized children are often sad to be apart from their families they are also aware that the institution is their means to access education and this is important to them. In addition, they have often developed important bonds with their peers over prolonged periods of time. Recognising the importance of these attachments in care decisions is essential. Ensuring they understand and take an active part in the deinstitutionalization process to the greatest extent possible will also be crucial to the success of the process. This means not only involving them in the individual assessment and care planning process but also in the implementation of the overall process and decisions about it.

The team has also established systems and protocols for children's assessments, reunification and placement in alternative care, in partnership with the institutions and local social affairs authorities. This includes reviews of the criteria and systems used by the institutions to recruit and/or admit children to their services. This work is being done as an integral part of implementing the National Standards of Care, using matrices and indicators developed under that process, to ensure that procedures and forms adopted for the deinstitutionalization pilot are integrated into the longer term approaches used by these institutions rather than just as part of the pilot project.

This system change approach is also reflected by the secondment of two social workers by Save the Children to the city Social Affairs Office in Bandung and one to the West Java provincial Office of Social Affairs. The provincial social worker and a senior specialist on Gate keeping are working with the local Forum of Childcare Institutions, the West Java provincial social affairs authorities and the Ministry of Social Affairs to establish protocols for vetting and reviewing the placement of children in alternative care. This 'gate keeping mechanism' is being tested to ensure the social authorities fulfil their legal responsibility towards children deprived of parental care, including by preventing unnecessary institutionalization. It also provides an important opportunity to test the kind of mechanism envisaged by the draft government Regulation on Alternative Care.

Having social workers fulfilling those functions in the Social Affairs Offices is also an important means of demonstrating the skills needed within government to do this essential work. The seconded social workers will also work with the local Social Affairs Office to review operational structures, staffing and budgets in relation to children in need of care and protection.

The situation of all children in those institutions and their families are assessed to

identify their care needs and the potential for possible reunification with their parents or extended family members, or placement in an alternative family through foster care or adoption. Social workers from the Bandung Child and Family Support Centre (PDAK) are supporting this process. The process entails: discussions with the child and staff from the institutions to identify primary caregivers or possible caregivers within the extended family and to determine the child's preferences; family tracing; assessment of the care and protection situation through home visits and discussions with stakeholders; identification and evaluation of needs to support reunification and appropriate care for the child; and development of a care plan and process. In some cases family contact and visits by the child will be encouraged for a period, to enable all sides to get to know one another again and feel comfortable enough to discuss and think through the implications of reunification with parents or with other members of the family.

A case management process is then used to work with the child and the family throughout the reunification process, and to provide family support services and appropriate follow-up, reviewing the situation and identifying any challenges that need to be addressed. Support services are provided through the referral network established by the Mayor of the City of Bandung to work with PDAK (see Section VI.1). The case management database under PDAK is used to record agreed plans, services and interventions provided to children, and ensure continuous monitoring once a child has been returned to his or her family.

As of May 2012, 42 children (23 girls and 19 boys) had been reunified with their families or placed in foster care families. Assessments and intervention phases of another 72 children (40 girls and 32 boys) were ongoing. The assessments include not only children who are already in the institutions but also children referred to it to ensure alternative solutions, through support to the child's

family or placement in foster care, are not a possibility. A total of 29 children (11 boys and 18 girls) had received support in their families to prevent family separation during the same period. Decisions about which children should be prioritized for assessment are made in collaboration with the management of the institutions, based on the care needs identified (with younger children being prioritised) and on the likelihood of rapid and safe reunification (when access to education is the only factor for placement).

From 2012, a similar process of piloting deinstitutionalization has begun in Yogyakarta with three institutions. Building on the work conducted there to pilot the National Standards of Care, Save the Children is working with the local Social Affairs offices, social work schools, community organizations and institutions to test processes for children's reintegration into their families and for the establishment of gate keeping mechanisms to prevent unnecessary placements in institutional care. Assessments of the children's situations were being conducted at the time of writing, and plans and procedures for reviews of placements and admissions were developed. It is hoped the Yogyakarta pilot can provide learning about preventing children's institutionalization in a different context, with a focus on community level action and mechanisms to address risk factors for separation.

As well as establishing gate keeping mechanisms and supporting the reintegration of institutionalised children, the pilot is testing prevention strategies with communities where institutions regularly recruit children or where families often send their children to institutions in Bandung. Work recently started with three villages in the southern areas of West Java province (South Cianjur, South Garut and West Bandung) that were identified as major 'sending/recruitment areas' for institutions, including the three under the pilot. This work is being conducted in collaboration with the Ministry of Social Affairs, and in particular its Conditional

Cash Transfer program for vulnerable children (PKSA). Given that lack of access to education is a primary push factor for institutionalization, assessing whether financial assistance could resolve it is an important part of any strategy to prevent children's institutionalization.

The Ministry of Social Affairs has faced some real challenges in effectively targeting the PKSA. The PKSA for 'neglected children' is primarily delivered through child welfare institutions (LKSA), in particular childcare institutions (*Panti Asuhan*), which are not always ready or willing to deliver support to children in their families. The financial assistance is delivered through a bank account opened by the institution for each child, rather than through parents or caregivers. Although decisions about the use of the funds for the child are meant to be taken in consultation with the child and the caregivers, in reality this is not likely to happen, given the limited contact most parents have with their children once they are institutionalised. Working with KEMENSOS, institutions and communities would therefore potentially ensure that the PKSA is used effectively to keep children in their families, including by ensuring they can access education locally.

In December 2011 the team conducted an assessment of the 'sending/recruiting' areas, talking to local community leaders and village secretaries, school personnel and families as well sub-district authorities (*Kecamatan*). The assessment provided insight into the challenges faced by those communities in



Meeting with a family to discuss reunification

securing access to education for their children, and the role recruitment by institutions plays in this. The fact these areas were major 'sending/recruitment' areas was confirmed by local residents and officials, despite sub-district authorities having adopted a policy that only senior high school students could be sent to the cities as facilities for elementary and junior level schools were available in their areas. Since 2000 at least 239 children have been sent to institutions in the cities of Bandung, Cianjur and Subang.

Two main factors were identified for this. Only two villages had senior high schools and their locations were very distant. For some families that meant it would cost more in transport for their children to attend these schools than going to institutions. The quality of education was also a factor for one of the villages. Although it had a vocational senior high school (SMK), the school did not have sufficient skilled teachers. The second important factor was that individuals under the Muhammadiyah network had been recruiting children from those areas every year to be sent to institutions in Bandung. For poor families, the main reason given for agreeing to this was the security of knowing the costs of living and education for their children would be covered and that they would not have to bear heavy transport costs (which can be as much as USD5 a day).

One important finding from discussions with one of the key people responsible for recruitment in those areas was how difficult it had been to circumvent the local policy stating that children below senior high school should not be sent to schools outside their area. The reason they had persevered against that policy was demands from the institutions. These prefer to recruit elementary school age children, rather than junior or high school age children, as taking in younger children means that they will stay longer and the institutions do not have to keep recruiting.

The team also discovered that local families in those areas had long found their own

solution to ensure access to education for their senior high school age children. A practice called "*Mangkalan*" has been used since 1967, when the first vocational high school was set up in one village. That village now has three of the main high schools serving those two sub-districts, including the vocational high school where agriculture, administration and mechanics are taught. The cost of high school education is heavy, and for families not living nearby the additional burden of transport puts it out of their reach. As a result, hundreds of young people are lodged with local families while they study. These informal foster care arrangements (*Mangkalan*) are done on a volunteer basis. The young people contribute what they can and there is no regular tariff or payment for the stay. Over 100 young people attending the local senior high schools were living in approximately 50 'foster' families.

Following the assessments and discussions with the local communities, the team went back in January 2012 accompanied by representatives of the institutions in Bandung that receive the PKSA and local social affairs officials. The PKSA was explained using participatory processes, including explanation of its objectives of supporting children's education in their communities and preventing long-term separation from families. Representatives from the institutions explained why family care was important and that their role was shifting to supporting children in their families rather than on a residential basis. A selection process was conducted and 89 families with children of junior high school age were identified as candidates to receive PKSA. A workshop was then conducted with the selected families to explain the purpose of the assistance and how it would be delivered, including the role of child welfare institutions in that process.

During those consultations it was decided that the PKSA assistance would be delivered to a bank account opened by the families on behalf of the child and the money managed

by them in accordance with set criteria. This process is, in effect, developing a new way of providing conditional cash transfers to vulnerable families with the express objective of preventing family separation. Learning from this process will help determine whether this model results in more effective targeting of PKSA, and whether conditional cash transfers like PKSA can also be used to effectively prevent children's institutionalization.

Alternative care models, like the *Mangkalan* foster care arrangements, potentially provide important family based models to address access to education issues that result from the shortage of senior high schools in the country. Understanding the model and working with these foster parents and young people to identify its advantages and disadvantages has also become a key part of the prevention strategy in West Java. The team organised a one-day workshop with 20 of these foster families in July 2012 to discuss care arrangements and approaches. Discussions were also facilitated on the importance of attachment, child development and parenting strategies. The foster families were enthusiastic and shared their experiences and the challenges they face in providing care for these young people.

Many of the young people in their care were still in contact with and regularly visited by their families, but a few came from areas too far away or where transportation costs were too high for the family to visit. The needs of the young people were discussed, as well as support needed by foster parents to provide appropriate care. The team is planning to work with these families to learn from this model of foster care and identify what systems and support mechanisms should be put in place to ensure it provides a safe and appropriate care solution for these young people.

In some cases, reunification into family care is not an option, or not in the child's best interest. The identity of babies and infants placed in institutions is often not known as they were abandoned at birth or shortly

thereafter. Some children were rejected or abused by families while others were left behind by parents who migrated in search of work and who may or may not return. For these children reunification means an alternative family, either temporarily through foster care, or more permanently through adoption.

Although the Child Protection Law recognises foster care as a form of alternative care and the draft Regulation on Alternative Care provides a firm basis and system for it, there remain many challenges in finding and supporting formal foster care arrangements for children who need them. This is particularly so for older children and children with medical conditions, physical or mental disability, as well as children born under circumstances that carry social stigma, such as babies of mothers with HIV/AIDS or babies whose parentage is mixed, including those born as a result of sexual violence experienced by migrant workers abroad.

Finding a family that is willing and able to care for these children is far more challenging. Indonesia's strong cultural and religious emphasis on families is primarily on the bonds created by blood ties. This emphasis is reaffirmed in religious laws that differentiate clearly between biological children and children who are not. Differential treatment for stepchildren or children who have been taken in is a recurring theme in child protection cases. This being said, Indonesian families have always embraced into their families children who, for one reason or another, could not be taken care of by others yet who are not related. The findings from the MK Population Study show that there are significant numbers of children who are living with families that are not biologically theirs and yet where they belong as a child (see section IV 2 A).

The vast majority of these children are likely to be in informal foster care or adoptive arrangements. It is vital both to ensure these children are in safe and stable care situations and to encourage more families to take on

this critical role with children most at risk. If the child protection system is to move away from residential care there must be families willing and ready to take on children who may have undergone difficult and painful experiences, and whose care can be challenging. The needs of these children will also vary from short-term emergency care to longer-term commitment. These families, though, will need the support systems and access to resources that will enable them to fulfil that role effectively and appropriately.

The Deinstitutionalization pilot in West Java is also moving to develop a foster care system to ensure this option is available. A mechanism for the placement of children in foster care and the recruitment and assessment of potential foster parents was developed and established by a working group that includes provincial and city social authorities in West Java and Bandung, the Ministry of Social Affairs, the National School of Social Work (STKS), the local Family Planning agency, the provincial and city civil courts, local NGOs and representatives of childcare institutions.

In February 2012, the team supported a workshop with these actors to share understanding about foster care and the draft regulation on Alternative Care and its provision on foster care; and to learn about foster care systems in different countries and discuss foster care practices and needs in Indonesia. Representatives from local childcare organizations, including *SOS Villages-Kinderdorf* and *Yayasan Pembinaan Asuhan Bunda* (YPAB) presented the mechanism they use to place children in foster care arrangements.

A working group was established in February 2012 to discuss and develop the mechanism for foster care, the criteria for foster parents and children's eligibility to be fostered, and the procedures to assess and oversee foster care placements and for providing support to foster families. A team of 16 people was selected and assigned the mandate from the Head of the West Java Social Affairs

office. All participated in a major capacity building workshop where they heard about the experiences and practices of Families Australia, a major foster care agency in Australia, from the head of that organization. Complex questions were discussed, including on relationship and contact between foster children and their biological families, and the provision of support and incentives to foster families.

Consultations with a foster family and with a women's organization already providing family support services, *Aisyiyah*, were also held to discuss how potential foster families could be identified and the challenges in doing so. One clear barrier identified is that informal foster care in Indonesia tends to be longer-term, at least until a child has become a young adult or become independent. The concept of taking in a child for a short period of time is very new, and finding families willing to make that kind of commitment might prove more difficult.

The Foster Care working group has met a number of times to discuss a draft Manual for Foster Care Services in West Java Province. The Manual explains the purpose of foster care; sets out the criteria for becoming a foster parent and eligibility for a child to be fostered and the mechanism and rules to be followed to place a child in foster care; and identifies agencies providing support and services to foster families. Agreement has been reached on the mechanism and system for foster care, including registration of potential foster families, procedures for matching child with family, placement process and supervision, and support services for the child and family. Discussions were ongoing about the role and responsibilities of the Social Affairs Offices at district/municipality and provincial levels, and training needs and tools for foster parents and foster care providers.

A Forum of Foster Families in West Java was also established in June 2012 with the participation of ten foster families, to share and learn from their experiences and provide



services to families. The criteria and procedures for admission have been amended and a joint team composed of the staff of the institution and members of the PDAK team are now conducting family assessments for children referred to the institution.

In the private institution providing residential services for children from poor families living in close proximity, it was essential to explain to those families and to the community the purpose of deinstitutionalization and the shift of services from residential to non-residential. Preventing children entering residential care while others are being reintegrated is critical if the process is to be successful. Unless local families understand that they can receive services without having to place their child inside the institution, children will continue to be referred and the institution's management will find it hard to refuse them.

For the Baby and Infant home, an important challenge has been the exposure to existing practices in terms of children's placement in foster families. For a well established institution whose head is both a key ally of the process and also one of the most influential actors in the national forum of childcare institutions, suddenly having social workers reviewing procedures and introducing more formal ways of placing babies in families can be challenging. The lack of clarity about adoption and foster care procedures and continuing conflicting feelings about adoption and the ability of families to care appropriately for non-biological children also constitute important barriers to children's placement in alternative family care.

Although the gatekeeping mechanism in the Office of Social Affairs has started to operate and vet placements of children in alternative care, institutions are using it in some cases but by-passing it in others. The capacity of the Social Affairs office to supervise placements and ensure the process is followed remains limited. The Monitoring Teams at provincial and city levels are composed of some of the most experienced and senior staff from

the social authorities to ensure effective decisions can be taken, but these individuals already have very busy schedules and responsibilities. Involving them is essential because they will be the ones in a position to take this work further and integrate it within the plans, budgets and structures of the social authorities. That child protection has already been introduced as part of the strategic thinking and planning of the Head of West Java provincial authority shows just how important this approach is. In the future, however, the Monitoring Team will need staff assigned specifically to this work to enable them to supervise placements and the quality of services from hundreds of alternative care providers.

One of the lessons from the deinstitutionalization pilot so far is that the diversity of children's situations, from care, protection or social-economic perspectives, will entail different responses and approaches that often cannot be delivered within a short time frame. Without services or resources accessible to the child's parents or caregivers, reintegration can be problematic. A child may regain a family but the reason he or she was institutionalised in the first place remains unaddressed. The deinstitutionalization process needs to go hand in hand with the development of community level financial and psycho-social services that can prevent separation and support safe and stable reintegration. In some cases, this will mean a child's reintegration will be progressive, starting with a process of reconnection, supporting contacts and family visits, while also identifying the sources of support and resources available to them. In other cases the reintegration process will be able to go ahead in a relatively short period of time, provided the right form of support is available.

Conditional cash transfers such as the *Hope For Families Program (Program Keluarga Harapan-PKH)* or the PKSA cash assistance to vulnerable children may be powerful ways of ensuring children are able to access education by enabling families to cover

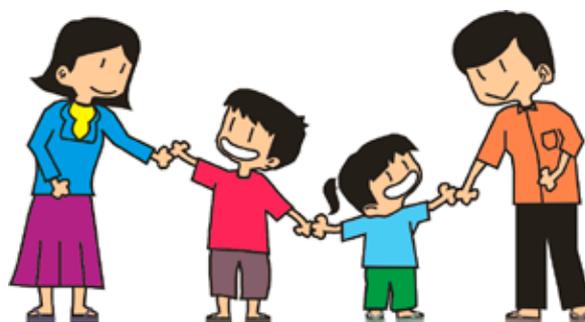
costs associated with going to school that constitute major barriers for poor families. In order for it to work, however, this social assistance needs to be effectively targeted and empower caregivers to make the right decisions about their children's education. The risk of providing cash assistance through institutions, as in the case of PKSA, is that it strengthens the institutions rather than the families' ability to care.

Although it is critical for KEMENSOS and the local social authorities to provide financial support to social service providers so they can deliver the services needed at community level, PKSA sends mixed messages and may not be the right way to develop or finance these. By seeking to address a range of vulnerabilities through the provision of cash, without also ensuring that appropriate services are available to address the psycho-social needs of those children and their families, the program may compound problems rather than empower families to deal with them. Directing cash assistance instead to families known to face a range of risk factors in care terms, such as single parents, grandparents, etc, may empower these caregivers to do their essential job successfully. The prevention of institutionalization work may provide some important lessons about the types of family support that can strengthen parents and caregivers in the face of adversity.

Different approaches may also be needed for teens and young people wanting to access senior high school education (SLTA), including vocational schools (SMK). The small number of these schools and the higher cost of accessing them means that, for children of poor or deprived families, accessing these schools while remaining in their families may not be an option. Older teens have different care needs than younger children, and for them the issue may not be reintegration into their families but creating

a safe and stable care environment and supporting the maintenance of family and community ties that will reduce risk factors and strengthen their resilience. Learning from the *Pemangkalan* foster care system may provide some ideas about ways of supporting young people to access education while also learning to develop the independence and social responsibility that living in a family and community entails.

Other models will also be needed, including smaller group homes and independent care living for young people transitioning to adulthood through higher education or employment. Getting welfare organizations to think about and develop such models is an important part of the transformation of their role. This means being proactive and developing models that address the needs of vulnerable children in a range of ways, rather than 'one solution to all'. Child welfare organizations can become important providers of care services, including family preservation services, foster care, adoption and even small group residential facilities for teenagers who need a place to stay while they access school. Whatever services they provide, however, they will need to do so with the support and under the supervision of the government authorities legally responsible for the protection and well-being of these children.



Drawing from the Child and Family Support Centre in Bandung public information leaflet.  
Drawing by Frila Elnando Noor

## **VII. CHILD PROTECTION SYSTEM BUILDING: THE MODEL USED IN INDONESIA AND ORGANIZATIONAL LESSONS FROM IT**

The work that began in 2005 with the secondment of two Save the Children child protection advisers in the Ministry of Social Affairs is ongoing in 2012, with a much bigger team working in West Java province, Yogyakarta province and at the national level in Jakarta, under a comprehensive Family Based Care program. Save the Children is currently planning the next phase of this work to consolidate the shift of paradigm and support its implementation from 2013-2020. Although the team will continue work at the national level to strengthen the legal and policy framework for children's care and protection, and to shift funding and resources towards these children and their families, it is also likely to increase its focus on learning from, and testing, community level mechanisms, services and approaches.

It will also work more comprehensively on strengthening preventive strategies and services to address risk factors that lead to family separation, institutionalization and child protection concerns. An effective child protection system does not wait for the child to be harmed to respond. Instead it identifies, mobilises and strengthens resources available to children and their families at community level to reduce and mitigate risks factors. It achieves that by strengthening the capacity of parents and families to ensure their children's development and well-being, and by working with children and key individuals and networks in their lives and communities.

Some of the challenges faced in adopting a systems approach in Indonesia have also provided valuable learning for Save the Children, and this has shaped some of the strategies and approaches it has adopted. A few of those lessons from this work are highlighted below.

### ***A systems perspective means a long-term investment in processes and people***

The team seconded to the Ministry of Social Affairs in 2005 was composed of an international adviser and an Indonesian child protection specialist. Seconding two members of staff was a considerable investment on the part of the organization, and one that had a long-term vision at its core. Part of the role of the international adviser was to mentor and build the capacity of the Indonesian child protection specialist to eventually take over this work. The international adviser brought experience and expertise from a range of countries and in the international framework for child protection and child rights. Part of the role of the Indonesian specialist was to assist the international staff in understanding the Indonesian context and provide the local expertise that was just as critical to success.

The team worked together for five years and in 2010 the international adviser was able to hand over responsibility and leadership for this work to her Indonesian colleague. She continues to provide occasional support on a consultancy basis. Many of the key individuals involved in this work from the start have continued to be involved in a number of ways, sometimes directly, often indirectly through providing support, advice and time even when they have changed position or moved on.

The two advisers were based in the Directorate of Children's Services for almost three years and moved back to the Save the Children office in 2008. Being based within the Ministry had both advantages and disadvantages. It meant having the ability to provide direct technical support to the

Director and his staff on an ongoing basis; understanding developments and being aware of strategic opportunities; being involved in day to day discussions and learning directly through observing practices and processes; exchanging views and contributing to meetings and policy exchanges that may not otherwise have been possible.

It was also an important basis to establishing the partnerships and relationships that would enable trust, engagement in and ownership of this work. It is through developing relationships, sharing experiences and challenges, learning and developing at a personal and professional level together that new perspectives, new approaches and new commitments are built. Working in the Ministry, conducting the research, advocacy and policy work and testing interventions together provided opportunities to learn from one another, appreciate different contributions by different people, recognise limitations and respect differences of opinions or perspectives.

### **Responding to needs without losing strategic focus**

A drawback of being in the Ministry was that it was, at times, hard to not to get involved in issues that were of lesser strategic significance, or even outside the scope of work for the team. A delicate balance had to be reached between availability to Ministry colleagues to provide input and technical support on issues important to them, and establishing boundaries to ensure the team could get on with the strategies and plans it had developed with the Ministry. It made it somewhat harder on the team to work with and engage with other Ministries and departments that had an important role in the child protection system. As advisers to KEMENSOS, the role of the team was to support the Ministry to fulfil its mandate towards children and less to ensure other key agencies played theirs. As the work progressed, however, it was clear that implications for other actors also needed

to be addressed, and the team increasingly started to engage with these other actors.

One of the unexpected drawbacks to being seconded to the Ministry was that the team was at times disconnected from the broader Save the Children program in Indonesia, and often had to find ways of explaining and advocating on behalf of its work with colleagues in the country office. This became particularly challenging in 2008 when Save the Children's presence in Indonesia underwent a major restructuring process, including merging the Save the Children US and Save the Children UK country programs to which the team reported. This became an important factor in the decision by the KEMENSOS advisers to move out of KEMENSOS and into the Save the Children office.

### **Working at multiple levels to support system change**

The approach to strengthening the national child protection system taken by the team was partly determined by being seconded to a major Ministry at the national level, as well as the systemic nature of the problem identified. The role of KEMENSOS as the primary national authority in charge of social welfare services for children meant that it had a critical role in setting the agenda for such services nationwide and providing the legal and policy framework for them. At the same time, as the main financial contributor to childcare institutions it was essential that it reconsidered its role and was in a key position to initiate and support the shift needed. This entailed approaching system reforms by starting with the national, formal framework, rather than starting at community level.

A number of national and international NGOs such as Plan International, World Vision, and Child Fund had been working for several years on community-based child protection mechanisms in Indonesia. Save the Children also had a number of community-based programs addressing child protection

issues, including anti-trafficking and physical and humiliating punishments in schools. What was lacking, however, was an appropriate framework for the national child protection system that would integrate these initiatives by ensuring the policies, mechanisms, mandates, resources and services were properly positioned to support community and family level interventions. The team's approach was thus to fill that gap by adopting at the outset a multi-level strategy to system change.

Although the first three years were mostly focused on filling the knowledge gap and building the evidence and political will needed to foster change, the strategy also paralleled the work to develop and test alternative approaches with children and families at community level. This approach ensured that changes being initiated at the national level would not only begin to be reflected in practice on the ground, but that learning could be drawn from those pilots to feed back into the national level legal and policy work.

Doing this was not without challenges, however, particularly funding. In a context where 'number of beneficiaries reached' is a major criterion for most donors, adopting such an approach meant finding the funds to work at all these levels at the same time, rather than one at a time. Fragmentation in donor funding and interests results in many looking for programs that can deliver direct services to specific groups of vulnerable children on a significant scale, and a few interested in research work which often does not extend to taking the next step of development of new interventions on the basis of the findings. Yet the work conducted by Save the Children over the seven year period demonstrated that what was needed was a process of change capable of operating at multiple levels in a complementary and mutually reinforcing way. Initiating a process of deinstitutionalization in Indonesia, for example, without also developing the social welfare workforce needed to implement this process, would have undermined any realistic

chance of seeing this process through effectively and on a sustainable basis.

### **Sharing the learning from both national and international perspectives**

Having a team with an international and a national staff meant that both could contribute their particular expertise to the shared learning process, and complement one another. It also strengthened Save the Children's ability to advocate effectively by providing both an 'internal' and an 'external' perspective. Being a national adviser means being far better placed to understand context, appropriate ways of engaging within the socio-cultural context, and having more shared history and knowledge. Being an international adviser means being a foreigner, someone that can bring potentially useful knowledge and understanding from other countries and cultural contexts, but who is not expected to ever fully comprehend or abide by local cultural norms and expectations.

At times the national staff can be more effective by engaging through shared knowledge and identity, but this too can have its drawbacks, as that person is often expected to behave, act and relate in set ways. Expectations about the international adviser are less tightly set. Coming with expertise from other countries means that in some circumstances the international adviser's voice may be more likely to be heard or considered. On the other hand, being a foreigner is also why at other times that voice will be dismissed at the outset, particularly when it touches upon sensitive issues relating to culture or religious matters. In a context where Save the Children was trying to initiate major changes in beliefs, attitudes and approaches, having both voices and perspectives proved invaluable. The two advisers were able to complement one another and offer both perspectives in support of that change.

It also offered an important mechanism for language and cultural exchanges. It was

critical that the international adviser be fluent in Indonesian in order to be effective, but being fluent rarely confers the subtle understanding of the language that comes with being a native speaker. Similarly, the national adviser's command of the English language would not allow full understanding of the meaning and conceptual scope of more technical terms in English. Both advisers being able to discuss, explore, and search for appropriate words, definitions and translations was particularly important in a context where complex concepts were being explored and debated. Direct translations often lose critical meaning and this can be problematic when trying to support effective discussions and reflections about the meaning, value and understanding of these concepts. For example, there was no agreed word in Indonesian to correspond to the English word "attachment", and the team facilitated important discussion with social work educators and practitioners to decide on and support the use of the most appropriate term.

Having advisers who could understand and discuss different terminologies and concepts and facilitate discussions about appropriate translations of such concepts with Indonesian colleagues was a key part of the learning process on all sides. It enriched it significantly and, most importantly, it enabled the participants to be clear about what was being said, discussed and meant. Language discussions became a key part of the work of the KEMENSOS team, particularly relevant during the development of policies and laws, and also during the development and implementation of trainings and tools.

### **Getting the right team while building local capacity**

As the work on the paradigm shift moved from research and policy development towards testing models of interventions, it became important for Save the Children to expand the team and recruit local child protection experts who could support

the implementation. This presented the dilemma of wanting to work with the best practitioners but not wanting to take them away from the organizations where they worked and could have a greater long term impact. In addition, many of the key partners were working within the government and were civil servants, important where job security is scarce.

It was also critical to keep these experts where they were because that was where the changes needed to happen. As a result, the team had to resort in many cases to finding more flexible ways for them to be involved in the work, using 'secondment' and short term consultancies, and negotiating agreements with the respective agencies to enable these key Indonesian partners to learn from and contribute to this work while remaining within their own organizations and agencies.

This often created headaches for Save the Children's Human Resource team in Jakarta and potentially left the program vulnerable to these key staff moving on to other things. It also meant occasional delays in the implementation of the programs, as the staff were not always available or the organizations were not always ready to release them at the time. In practice, however, the learning and capacity building opportunities, the flexibility of the program, and the shared commitment developed through this work proved enough to keep these important partners engaged in a number of different interventions.

As the piloting work increasingly requires teams on the ground to implement the interventions, finding and recruiting staff with the requisite skills and expertise in child protection without moving them away from organizations and agencies also doing important work is likely to become more challenging. The Child and Family Support Centre in Bandung (PDAK) and the reforms of the social work system form part of the strategy to develop a larger and younger child protection workforce with the skills and expertise needed. Ensuring the system has budgets to recruit and keep qualified

personnel, without creating unrealistic expectations through wages that cannot be matched by local agencies and organizations, is crucial to the sustainability and effectiveness of the child protection system in the future.

### **A systems approach but project-based funding**

Although an increasing numbers of donors refer to a 'systems approach' to child protection, getting adequate funding for it proved extremely challenging. Much of the work conducted over the last seven years was made possible thanks to repeated core funding by Save the Children UK and some members of the Save the Children Alliance, in particular Save the Children Sweden, Save the Children US and Save the Children Australia. The work was only possible thanks to the incredible public response to the 2004 Indian Ocean earthquake and tsunami and funding provided through the Disaster Emergency Committee (DEC), a joint fundraising body for aid charities in the UK. Joint funding from the Ministry of Social Affairs provided important support to this work and highlighted the commitment of the Indonesian government to integrating the learning and models into its strategic priorities and plans.

One of the challenges of fundraising for system-based work is that the changes sought are long term and often translate into changes in policies, laws, structures, skills and mandates, rather than the immediate or easily measured changes in children's situations that donors understandably prefer. Although system change is far more likely to be sustainable and to reach greater numbers of children than any grant-based intervention, it does not provide direct services to children and communities and as a result numbers of beneficiaries can be small, particularly in the initial phase of research and advocacy work. When interventions or services are provided it is generally done on a pilot basis to enable key partners, in particular the government, to test and develop models of interventions that

are effective and appropriate. Developing new models; building the knowledge, capacity and mechanisms to implement them; and developing the baseline and data collection system needed to measure impact and effectiveness are all resource and time intensive, and rarely come with large scale outputs.

Developing a systems approach on the basis of short-term grants that often have a particular issue of focus (e.g. trafficking or sexual abuse) or groups of children of interest to that donor (e.g. street children or children with HIV/AIDS), is very challenging. The focus of donor interest also changes periodically and 'fitting' longer-term strategies into that often entails losing sight of what is at stake, or of the flexibility needed to respond to strategic opportunities and challenges. Thankfully some donors have recognized the need to support the process-focused work that system change entails. The Open Society Foundation is supporting the deinstitutionalization pilot and IKEA will be supporting new work to test community-based mechanisms to support families caring for children with disability.

Getting more donors and members of the public who are key contributors to understand why system change is important and how it happens should be a focus area for global advocacy. Few people working with donors to develop grant-making proposals are aware of what system change entails in their own country, let alone in another. It took at least 40 years for the UK, as with many other Western industrialised countries, to reform its child welfare system away from primarily residential based services, which is an indication of the complexity of the process and the vested interests at stake. That it is still in the midst of major reforms of its child protection and social work education systems should also be food for thought.

It reflects the fact that no single country has found the perfect solution or the perfect model, even less one that can be transposed to a very different country context. Given that context, the work done in Indonesia is

just beginning. While it is hoped that children in Indonesia will not have to wait 30 years before they are able to grow up and develop in safe, stable and loving environments that

support their well-being and agency, it is important to recognise just how much remains to be done while still acknowledging how much has been achieved.

## **Yudha, 20 year old boy from West Kalimantan**

Yudha is the youngest of seven children. He has three brothers and three sisters. They are all Dayak Belangin. Of the seven siblings, three are Catholic and four are Protestant, including Yudha. Yudha has lived in a childcare institution for seven years.

### **Yudha's family**

Yudha's father worked in the fields and his mother helped. Their fields were deep in the forest so his parents frequently used to overnight there. The area of forest that belonged to his parents was not big and they practiced shifting cultivation. Besides working on the land, Yudha's father was also known as a shaman and knew how to treat the sick. Yudha says he liked to see people coming to his father for treatment.

Yudha says his parents were poor and unable to fully educate his brothers and sisters. One of his brothers graduated from high school but had to work at the same time. Yudha's other siblings never graduated from primary school, although some got as far as grade 4, some grade 6. The brother who graduated from high school now lives and works in the city, rarely returning home to the village. His other brothers and sisters are married and live in other villages. Only Yudha still lived with his parents.

### **Life before the Institution**

When he was small Yudha spent a lot of time with his parents at their fields in the forest. He still remembers living in the forest with his parents, watching over their fields. He liked playing in the fields

while helping root out the weeds from among his parents' rice plants. He spent approximately three years living in the forest at the family fields.

One day when Yudha was five he left the forest and returned to his village. He stayed there for one week. On the way back to the family fields his mother took ill with a fever. By the time they had reached the fields in the evening his mother was still feverish. After three days she had not recovered. Yudha's father then resolved to take her and Yudha back to the village. She still had not recovered by the time they arrived there.

Yudha says that his mother's illness was "strange". The fever would not break and suppurating red boils appeared on her body. Once at home, his father treated mother. "My dad is a shaman, so he treated mum himself," explained Yudha, who spoke haltingly as he tried to hold the grief in. His mother died at twelve noon. "When Mum died I didn't know. I was sleeping beside her. Then I heard my brother crying so I started crying too but I didn't understand that mum had passed away". Yudha was five when his mother died.

After his mother died his father became sickly and did not return to the fields. He stayed at home with Yudha. Both Yudha and his father now had to be supported by his siblings even though none of them had regular jobs. Yudha's father would sometimes do a little work in the rubber plantations, while his siblings worked the family fields in the forest.

### **Starting at Elementary School**

In 1994 Yudha started elementary school at the age of seven. His father was at his wits' end as he could not afford to pay the school fees and buy Yudha's uniform.

*“Seven days after mum died, dad told my brothers and sisters that as he was old and sick they were going to have to look after me from then on.”* But Yudha's siblings were in precarious financial straits themselves so they were only able to help out with food. There was nothing they could do to help with his school expenses. In the end he had to go to school shoeless and without a uniform.

*“My older brother in the city promised that he would buy me shoes. I waited and waited but they never came. But I still had to go to school.”* Yudha did not know whether his school fees were being paid or not. All he thought about was how to keep going to school. *“At the time I wasn't embarrassed as lots of my friends didn't have uniforms either and went to school in sandals,”* he replied when asked how he felt about having to go to school without a uniform.

Yudha's school was located about three kilometres from his house. He walked to school with his friends along the edge of the fields. The road was very bad. During the dry season it was very dusty, while during the wet season it became muddy and slippery. However, this was not enough to prevent Yudha from going to school, even though he did not have any shoes.

When Yudha was in grade 3, he finally got a pair of shoes. His brother had bought them as a reward for his good grades at school. He had promised to buy him shoes when he started at school, but never did. Then he promised to do so again if Yudha progressed to the next grade and came in the top three of his class but he never showed up. Yudha gives

the following reason for this: *“My brother lives far away and it costs a lot to get there so he has to keep working all the time. I feel sorry for him.”* It was only during the second quarter of grade 3 that the shoes finally arrived. However, *“the shoes were too small but I kept wearing them anyway. There were already holes in them after two months,”* Yudha recalls, while nodding his head sadly.

When Yudha was in grade 5 at elementary school he was home one day and there was nothing to eat in the house. He was desperate. Then one of his older siblings arrived with rice, saving Yudha from starvation. *“I really remember that day as I saw that dad hadn't cooked anything. He just sat there dreaming, like he was in a daze.”* Because the family fields were not being looked after properly they did not produce enough rice to feed the family. When the rice they had grown ran out they had to buy more.

Grade 6 of elementary school was time for Yudha to sit his final examinations. The exams were held in the city as the school that Yudha attended did not provide for this, so Yudha went to the city with his classmates and teacher. Besides him, a total of six students from his class sat the exams. The examination fee was USD 5, which was paid for jointly by Yudha's siblings. Besides the examination fee, Yudha also brought USD 3 with him as he would have to stay overnight. Yudha, his classmates and the teacher slept in the school where the examination was to be held. *“I was embarrassed to ask my siblings for any more help.”*

In Yudha's village local people were doing quite a lot of unofficial gold mining. Yudha also looked for gold in the nearby river with people from the neighboring village after he returned home from school. He didn't feel that he had to do this, rather he felt sorry for his siblings and

embarrassed that he always had to ask them for assistance. He would normally make around 20 cents (USD) per day from the gold he found in the river – “enough to buy rice, enough to feed myself and dad.” If he was not looking for gold, Yudha would collect vegetables from the forest and sell them to neighbours. This would earn him between 2 and 5 cents (USD), which he would spend on groceries or snacks.

### **Going to the institution**

After his elementary school examinations Yudha's second eldest brother, who lived in another village, came to Yudha's house and said, “*Would you like to continue on at school? If you do, I can bring you to the institution in Tebas*”. Yudha was overjoyed at the suggestion as he really wanted to continue at school. “*I wanted to go to school in the city, like my brother, and then find a job in the city.*” At the time, he didn't know that it was a childcare institution.

Yudha's brother had heard about the institution from a clergyman who used to visit his village doing missionary work. The clergyman told him about the Tebas institution which took in indigent children. He immediately thought of his brother and went back to the village to tell him about it.

After Yudha heard from his brother about the institution, he waited impatiently for him to take him there. “*I waited for my brother for one week, but he didn't come. I went nowhere as I was afraid that he would come to take me and I would miss him*”. After a week waiting for his brother, Yudha decided that he was not coming and that it was safe to go outside again so one day he went with some friends to the river to fish.

While they were fishing someone came and told Yudha that his brother had arrived. “*I was really happy. I didn't even take time to eat the fish I'd caught, I just wanted to go as quickly as possible.*” Yudha then walked to his brother's house, which was some four

kilometres from his father's house. “*At the time, I really felt sorry for dad, as I'd left him behind. There was no one to look after him. I cried but I really wanted to go to school. I told dad that I wanted to become a servant of God, but would come home to visit him.*” Yudha's father also cried as Yudha took his leave.

Before travelling to the Tebas childcare institution, Yudha stayed at his brother's house. After a week there he was getting restless as his brother was showing no sign of taking him to Tebas. Instead he kept saying they would have to wait until he had enough money. Yudha became desperate to get to the institution as school had already started. “*I was really upset and asked to be allowed to go back home to dad.*”

The following day his brother found enough money and invited Yudha to come with him to the institution. They set off early in the morning and finally arrived at Tebas at 6 p.m. The journey from Yudha's village to Tebas took approximately eight hours and cost around USD 10.

### **Life in the Institution**

When they arrived the woman who headed the institution, Mrs. N, welcomed Yudha and his brother. “*When I met her, she asked me, 'Do you want to go to school?' I answered, 'Yes, Mam.' 'Do you have any parents?' 'Just my dad.'*”

After one day in the institution Yudha was enrolled in junior high school. In reality, the enrolment period was over for that year as school had already started and Yudha was worried that he would not be accepted. The next day, he met Mrs. N who said, “*You just stay here and work in my place. I'll give you what I can, OK?*” This was how Yudha was invited to live and work in the head of the institution's house.

Yudha's enrolment in junior high school went smoothly as Mrs N had a friend

working there and many of the children from the institution went to school there. The enrolment fee was USD 20. *“Everything was paid by Mrs N. I was also given a uniform, bag and books.”* Since then, Yudha has been in the care of the institution and living in Mrs N’s house. His daily activities there, besides going to school and participating in the activities organized by the institution, consist of keeping Mrs N’s yard clean.

*“At the beginning I cried a lot, thinking about my dad and brother. My brother brought me here. The next day when I returned home from school, he had gone. He didn’t even say goodbye to me.”* According to Mrs N, *“When he first arrived at the institution, I told him to stay with me in my house. I told him to help me around the house. I felt so sorry for him; he was so small and thin. He would often feel down or cry by himself so I would rub his head and tell him to treat myself and my husband as his own dad and mum.”*

With the passage of time, and with being kept busy with his schoolwork and the activities in the institution, Yudha began to adapt. He no longer cried and began to make new friends.

### **His father’s death**

Yudha was not able to return home for a year and a half after he came to live at the institution. One Christmas he wanted to go home but did not have enough money, and there were also lots of things going on in the institution. Then a preacher informed Yudha that his father had passed away.

*“I was really sad. Why hadn’t my brother told me? I wanted to go home, but I didn’t have any money.”* He continued, *“When mum died, I was still small and I was sleeping beside her. When dad died no one told me. I didn’t even know he was sick and dying. I cried non-stop for a week.”* When asked what was it that most grieved him about his father’s

death, Yudha replied, *“I have no parents left. Other people still have their mums and dads.”*

Mrs N recalled that Yudha’s grief over his father’s death lasted for a relatively long time. *“He was always crying and was withdrawn.”* But time heals everything and Yudha eventually stopped crying. Mrs N and Yudha’s friends did their utmost to bring him out of himself, especially his friend called Morry. Now Morry is his best friend.

### **Working with Mr. P’s family**

As Yudha became a teenager his needs changed but the services provided by the institution remained relatively constant. Among other things he needed additional money for school, including for snacks, transport and fees. The distance between Yudha’s school and the institution was approximately five kilometres. Every day he cycled as far as the highway on a bicycle provided by the institution. From there he would catch a minibus the rest of the way. The minibus fare was USD1 each way, meaning that he needed USD 2 per day. However the institution did not provide that money and also did not pay for the maintenance of the bicycle, such as repairing punctures. This was Yudha’s responsibility.

Yudha attended school from 1 p.m. until 5 p.m. During break time he would need something to eat. This was also not provided by the institution. In order to cover these additional expenses Yudha worked in the house of a man named Mr P. Yudha’s main job was looking after Mr P’s citrus grove and he worked there with his friend Morry. Yudha’s main tasks in the citrus grove were to clear away the grass, spray the trees with insecticides and pick the fruit at harvest time.

He worked for Mr P three times a week but it depended on what was going on at the institution: *“Nothing was definite, it all*

depended. It could be any day. If I wasn't scheduled for chores in the institution, then I could go out to work." Usually Yudha worked from 6 a.m. until 9 or 10 a.m. Besides maintaining the citrus grove, he also looked after Mr. P's house whenever he was away. As Mr. P was a Dayak community leader he was often called away. When looking after Mr. P's house, Yudha's duties were as follows:

1. Hosing down Mr. P's two pigs
2. Feeding the chickens and the ducks
3. Cleaning out the pigsty and chicken coops

The amount of money Yudha received in return for his work was not fixed. "It all depended. It could be USD 1.5 to 2. The amount of time worked was also not fixed. "Yeah, it wasn't fixed. If I needed something, I could ask for three days work. If I didn't need something, I might only work once in the week." If he needed something urgently he would normally be paid more: "I once said I needed to make photocopies and was given USD 3."

Besides working for Mr. P, Yudha was also frequently given chores by his wife. "If I was asked to do something for Mrs. P, she'd give me 50 cents (USD) straight away after I did the job." Normally, Mrs. P would ask Yudha to clean out the animal pens. This work was incidental in nature, and would generally come up when they had no time to clean the pens themselves. Yudha would try to do some work in Mr. P's citrus grove every week. If he didn't work, then he would find it difficult to ask for money.

If Yudha did not work during a particular week he would not be brave enough to go to Mr P's house. It had happened in the past that he didn't work for a full week. When asked why he did not work, he said he "couldn't be bothered." As a result of not working he had no money for his minibus fare. In order to make up the shortfall, he

borrowed money from a staff member. "I borrowed USD 1 from A," he responded when asked where he got the money for his minibus fare.

Besides borrowing from A, Yudha said he also frequently asked Morry to buy snacks for him. "Morry is more economical and doesn't eat so many snacks," he explained, when asked why Morry had money but he didn't, even though both of them worked for Mr. P. "If I buy something, I buy a drink and a snack, sometimes bread, but Morry doesn't." Yudha regards Morry as his best friend so when it is time for them to perform chores in the institution he asks the staff to schedule him at the same time as Morry.

### **Going Home**

In 2004, after sitting the junior high school examination, Yudha returned to his home village. He had asked permission from Mrs N and it had been granted. She paid for his trip home: "Mrs N gave USD 10 for the fare home." Yudha was ecstatic at the prospect of returning home and being reunited with his family. At home, Yudha only met with his elder brother who had originally brought him to the institution but did not get to see his other brothers and sisters. He was very sad that his father was no longer alive. He did not visit his father's grave, but rather spent all his time at his elder brother's house. "I didn't want to go home as it would only have upset me by reminding me of dad," he said. None of Yudha's brothers and sisters came to meet him.

After a week at his brother's house Yudha returned to Tebas. His brother gave him the USD 10 for the fare. Yudha wanted to get back to the institution as quickly as possible as he was afraid he would be late registering for school.

In addition, as the examination results had not yet been announced he was afraid there might be other things he would have to take

care of. Furthermore, Mrs N had warned him not to spend too long at home. *“Don’t spend too long in your village, OK? You haven’t got your exam results yet and you have to register for school again.”*

### **Failing the Final Examination**

Yudha sat for the Final National Examination (UAN) in grade 3 of junior high school. Of the seven students that took the examination, two failed. One of them was Yudha, who failed mathematics. When asked why he had failed Maths, he replied, *“Maths is difficult. I didn’t like studying maths.”* He added that the teacher frequently failed to show up for class. Yudha also admitted he was a reluctant maths student as there was no one in the childcare institution to whom he could turn for help except for the other children, who also didn’t understand maths. *“It was no big deal... it’s really difficult. Mrs N understands,”* he said when asked how he felt about not passing the UAN. As he had not passed the first time around, Yudha had to repeat the Maths examination the next time around.

### **Enrolling in SMEA (Economics High School)**

Before he knew whether he had passed the repeat Maths examination or not, Yudha was enrolled in the High School focusing on Economics (SMEA). SMEA was not his first choice; however, the staff at the institution had urged him to enroll in SMEA as it offered better employment prospects so Yudha agreed and followed his friends who had already enrolled there. *“My friends told me that if I wanted to get a job quickly, SMEA was the place to go. Also, lots of my friends from the institution had enrolled in SMEA so I did the same.”* Another reason he enrolled in this SMEA was that it was close to Tebas. In reality, he wished to enroll in a Technical High School (STM), but the nearest one was in Singkawang.

Enrolment in SMEA costs USD 20, which was paid in full by the institution. During his time at SMEA, however, Yudha was held back one year. He was not happy there. *“It didn’t suit me, I was bored. It’s also difficult to get jobs.”* He decided to transfer to the Technical School in which he had been interested all along. When asked why he wanted to go to STM, he replied, *“I want to be independent. I want to know all about engines so that I can get work quickly. There are lots of garages. Who knows, maybe one day I’ll have my own workshop.”* In addition, an STM had opened in Bekut, which was close to where Yudha used to go to junior high school. He would be able to get to the new school by riding his bike as far as Tebas and walking from there. The school transfer went relatively smoothly, with Yudha organizing it himself. He got his junior high school certificate from SMEA and then enrolled in the STM in Bekut. The institution supported the move and paid for the transfer fee USD 20. He has been enrolled there since July 2005.

### **Leaving the institution for a time**

In June 2006 Yudha decided he would leave the institution. *“I wanted to be free and to work,”* he explained. When he left the institution he worked in a citrus plantation owned by a Chinese family. He also lived on the plantation. He was paid USD 5 per week. *“If you worked hard, you could earn more as it depended on the number of trees.”* Describing his work, he said, *“I worked from 7 to 9 a.m., or 2 to 4 p.m. on Sundays, as I would be going to church in the morning. I learned how to drive a tractor when I was there.”*

After leaving the institution he teamed up with some women who also worked in the plantation. They all lived in a shed that was provided for accommodating the workers on the plantation. Although Yudha had left the institution by this stage he still went

back to the church there, as it was not too far.

During this time Yudha did not attend school. When asked whether it was freedom that he had been seeking, he replied, “No, I had to work.” As a result he was ready to return to the institution when Mrs N came to pick him up. His main motivation in returning, however, was that he wanted to continue school. Now that he is back at school, though, he is very happy as the school is arranging to get all their students driving licenses.

### **Children’s activities in the institution**

Yudha is on the chores roster in the mornings twice a week. The chores he was required to do were as follows:

- (a) Prepare afternoon meal. The children were required to boil water and cook rice, vegetables and side dishes.
- (b) Clean the auditorium that also serves as a dining room.
- (c) Clean the kitchen.

He is quite an expert at cooking. When he does the morning chores he cooks from 7 to 9 a.m. His co-worker on morning chores is Morry. When on duty they boil

water, cook rice and spinach, and fry fish. He is a real expert at frying. The fish that he fries is always delicious and never burnt, even though he cooks on a big wood fire. When cleaning the kitchen he does not mind sweeping the floor, even though it is made of crumbling old concrete blocks. In addition to the regular chores he also collects firewood once a week.

### **Yudha’s wishes**

Yudha hopes that everyone will pray for him as he wants to become a servant of God. He also wants to become a livestock trader.

### **Other people’s comments about Yudha**

Mrs. N: *Yudha gives up easily and is always changing his stance, never the same. He also keeps his problems bottled up inside him. He doesn’t tell anyone else so he’s often found moping and crying by himself. He likes to help others. He likes to give. He has money because he works.*

E (a child in the institution): *He is shy, quick to smile, but he doesn’t say much.*

Morry (his best friend): *He is good fun. He likes to help and he doesn’t get angry easily.*

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