SOS CHILDREN'S VILLAGES INTERNATIONAL

European Commission

Alternative Child Care and Deinstitutionalisation

A case study of Indonesia

Authors: Claire O'Kane and Sofni Lubis

01/10/2016

Table of Contents

Table of Figures

Acknowledgements

Executive Summary

The European Commission Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries across three continents to help inform the EU's future strategy for provision of support for children in countries outside Europe. This report is a case study of one of the six countries, Indonesia. A companion report provides a summary of alternative child care across Asia. The EU considers that de-institutionalisation of children through prevention of family separation and encouragement of suitable family-type alternative care solutions is a case of social investment for the best interests of the child. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

The main fieldwork took place between 5th September and 14th September 2016. 73 people (32 women, 15 men, 20 girls and 7 boys) were consulted through 21 interviews and 8 focus group activities. The arrangements for visits and interviews were primarily made by the staff of SOS Children's Villages, Indonesia and the national researcher. The visits were carried out by the international researcher and the national researcher in Jakarta and Bandung in West Java.

Indonesia is a large archipelagic country with more than 17,500 islands. It is administratively divided into 34 provinces, 415 districts and 93 municipalities[1]. It is the 4th most populated country in the world with 237.5 million people, including 81.3 million children (BPS, Census 2010). Indonesia is classified as a lower middle income country. However, growth over the past decade has primarily benefitted the richest 20% and left the remaining 80% of the population behind (World Bank, November 2015). Almost half of Indonesian children, 44 million children live in families with an income of less than $2 / day (SMERU, BAPPENAS, BPS and UNICEF 2011). In the context of decentralisation of the government system the social welfare system has been highly unregulated and heavily reliant on private, faith-based organizations for the delivery of services (Better Care Network and Global Social Service Workforce Alliance, 2014).

Research conducted in 2006 by the Ministry of Social Affairs (MoSA) in partnership with Save the Children and UNICEF found that Indonesia's child protection system was over-reliant on residential care with an estimated 8,000 mostly unregulated facilities housing over 500,000 children (Save the Children, DEPSOS RI[2] and UNICEF, 2007). The majority of the institutions are run by religious or community based organisations, with only a small minority of institutions being run by the MoSA. Use of residential care as a primary and formal form of intervention in cases of personal, social or economic crisis is very entrenched in Indonesia (Save the Children, DEPSOS RI and UNICEF, 2007). However, despite government, religious and community based agencies over-

---

[1] http://www.otda.kemendagri.go.id/images/file/data_dan_informasi/seputar_otda/total_daerah_otonom.pdf

[2] DEPSOS is The Department of Social Affairs. In 2010, all the ministries` names were changed so now DEPSOS is known as The Ministry of Social Affairs

reliance on institutional care, the majority of children who are not living with the parents are living in informal care arrangements with relative caregivers. Over 2.15 million children under 15 years are not living with their parents. Of these 88% are being taken care of by their extended families (Save the Children, DEPSOS RI and UNICEF, 2007).

Poverty and hope for a better education are the primary drivers for children being placed in residential care (Save the Children, DEPSOS RI and UNICEF, 2007). Factors increasing risks of parental separation included: low educational level of parents, poverty, lack of birth registration, discrimination based on HIV, single parents, and disability (PUSKAPA UI & UNICEF Indonesia, May 2014). There are increased risks to family separation and being place in an institution if a child is living in a single parent family, particularly if they are living with single mothers (Save the Children, DEPSOS RI and UNICEF, 2007; PUSKAPA UI & UNICEF Indonesia, May 2014). A child being born out of wedlock increases risks of parental separation, and some unwanted babies resulting from affairs or rape have been placed in institutions (Lubis et al, 2016). Migration of a mother, father or both parents for work is also a risk factor for family separation (Lubis et al, 2016).

Indonesia ratified the UN Convention on the Rights of the Child in 1990. Following the ratification the Government began the process of aligning its policies and laws to a child rights based framework, rather than a charity-based welfare framework (Martin, 2011). The past ten to twenty years have been marked with the enactment of various laws and regulations pertaining to children's rights to care and protection with increasing efforts to protect children from abuse, violence, neglect and exploitation (Martin, 2011; SMERU, BAPPENAS and UNICEF, 2012). However, despite child protection system developments, and legal emphasis of the role of parents and the families in the Child Welfare Law (1979) and the Child Protection Law (2002) there were insufficient efforts to support and strengthen families and there was continued over reliance on institutional care.

In 2004 the UN committee raised concerns about the scale of institutional care and recommended that the Indonesia government undertake a comprehensive study to assess the situation placed in institutions, including their living conditions and the services provided (Committee on the Rights of the Child 2004). In December 2004 tsunami killed more than 160,000 and displacing at least 500,000 in Aceh Province (Martin, 2013). Following the Committee recommendations and the increasing scale of concern relating to children's care and protection resulting from the tsunami, the Ministry of Social Affairs, Save the Children and UNICEF recognised the need to work urgently towards a better understanding of the situation of children in residential care not only in Aceh and in a post emergency context, but nationwide including diverse contexts to be found across the archipelago. As a result these agencies decided to undertake a major piece of qualitative research into child care institutions across 6 provinces of Indonesia. The research "Someone that Matters" was instrumental in providing an evidence base to support a paradigm shift from institutional care to family based care.

This report describes some key elements of the child care reforms that have been undertaken by the MoSA working collaboratively with Save the Children, UNICEF, Muhammadiyah and other agencies. Following the "Someone that Matters" research government officials from the MoSA and Save the Children identified five key areas of change for child care reform: 1) Evidence based advocacy, 2) Policy and legal reform, 3) Capacity building and engagement of key duty bearers and stakeholders in change process, 4) Initiating a shift in human and financial resource to support transformation towards family and child centred services, and 5) Establish good models of interventions that are child and family centred and support family based care (Martin, 2013).

In 2011 National Standards of Care for Child Welfare Institutions (No. 30/HUK/2011) were published and disseminated. The National Standards of Care supported mechanisms and processes which:
- strengthen the regulatory framework, accreditation of social welfare organisations and gatekeeping mechanism to prevent unnecessary family separation;
- support use of individual case management, care planning and reviews which are guided by CRC principles and the importance of permanency planning;
- support family reunification to return children from institutions to their families whenever in their best interests;
- monitor the quality of care provided in residential care;
- help transform the role of residential institutions to function as centres for services for children and their families;
- (in principle) support family-based alternative care for children through foster care, guardianship, and adoption.

As part of the child care reform process there has been an increasing focus and collaborative efforts by the MoSA, Save the Children, UNICEF, Muhammadiyah, the National School of Social Work, and the two key national social work bodies, the Indonesia Association for Social Work Education (Ikatan Pendidikan Pekerjaan Sosial/Kesejahteraan Sosial Indonesia - IPPSI) and the Indonesia Association of Professional Social Workers (Ikatan Pekerja Sosial Profesional Indonesia - IPSPI) to develop professional social workers who can work with children and families using individual case management to assess and support children's care, protection and other rights. Furthermore, Child and Family Support Centres (Pusat Dukungan Anak dan Keluarga/PDAK) were piloted first time in October 2010 in Bandung by Save the Children in collaboration with government authorities using professional social workers to undertake individual case management with children and families. Starting in 2007, the Indonesia Government introduced a major conditional cash transfer program, the Family Hope Program *(Program Keluarga Harapan - PKH)* seeking to reduce the gaps in very poor families' access to health and education services. In addition, in mid 2009, the Directorate of Social Services for Children launched a new program called the "Social Welfare Program for Children" or Program Kesejahteraan Sosial Anak (PKSA) targets cash transfers to 5 categories of vulnerable including: neglected children under the age of 5 years, street children and neglected children above 5 years, children in contact with the law, children with disabilities and children in need of special protection.

Twelve key lessons learned relating to the care reform and paradigm change are identified:

1. Child care reforms are complex and require a system wide care reform process and a long term approach
2. Weaknesses in coordination and opportunities for improved laws and multi-sectoral planning for systems that protect children
3. Evidence based advocacy as a driver of change
4. The relevance of National Standards of Care and the necessity to ensure sufficient socialisation and implementation
5. The necessity of gatekeeping mechanisms to prevent unnecessary institutionalisation and using individual case management to support family reunification
6. The importance of champions and fostering partnerships to overcome resistance and to be part of the paradigm change
7. Transformation of child care institutions, rather than closure of institutions has increased "buy in" from key actors and increased support to families
8. Demonstrating child and family support services and the need to scale up social services for children and families and effective referral systems
9. Insufficient human and financial resources and the imperative to scale up and strengthen a competent social work workforce
10. Benefits of and barriers to social protection schemes
11. The need for increased public awareness on institutional care as a last resort and the importance of family based care and protection
12. Insufficient investments in prevention efforts to support children, parents and relative caregivers in families and communities

Child care reform in Indonesia is extremely complex. Considering the immense size and diversity of Indonesia it is understandable that the child care reform process is relatively slow, particularly in terms of practical implementation of standards, regulations and policies that have developed from the centre. Unnecessary institutionalisation of children continues to be a common practice in many parts of the country, and family reunification rates of children from institutions are relatively low (Better Care Network and UNICEF, 2015). However, among policy makers and practitioners there is increasing recognition of and commitment to support family based care and to ensure that institutional care is used as a last resort. There are increasing initiatives by government, religious and civil society organisations to implement the National Standards of Care. Significant time, process, and dedication of individuals in different organisations working at multiple levels have been instrumental to support the growing momentum towards the paradigm change from institutional care to child and family centred services. Appreciation of the significant milestones that have already been achieved by champions within government, non-government and religious organisations to strengthen system wide care reforms should be celebrated, built upon and scaled up. The journey ahead is long and increased investments in an effective social work and social service workforce, approval of the Child Care Bill, multi-sectoral coordination, prevention and social service developments, alongside increased public awareness on family based care and institutional care as a last resort are required.

Introduction

Many millions of children around the world live in residential institutions where they lack individual care and a suitable environment in which to fulfil their full potential. Increased awareness of the considerable risks these children face in terms of negative social, cognitive and physical development has prompted ongoing international debate and guidance on de-institutionalisation and development of policy and practice that gradually eliminates the use of such harmful alternative care practices. Investing for children's 'best interests' is a priority for the EU and protecting and promoting child rights is at the heart of EU external action. The EU considers that de-institutionalisation of children through prevention of family separation and encouragement of suitable family-type alternative care solutions is a case of social investment for the best interests of the child. It has therefore invested in de-institutionalization in specific geographical areas.

On the basis of its commitment to the comprehensive promotion and protection of the rights of the child, the European Commission intends to increase its knowledge of progress in deinstitutionalisation and alternative child care reforms in countries across the world, and on how current challenges might be addressed.

For these reasons, The European Commission Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries in three continents to help inform the EU's future strategy for provision of support for children in countries outside Europe.

The countries selected for study were: Chile and Ecuador in South America; Nepal and Indonesia in Asia; Nigeria and Uganda in Africa. SOS Children's Villages International engaged the services of expert researchers to carry out the desk review and case studies.

This report, a case study of Indonesia, was compiled by a combination of a desk exercise - which involved reviewing documents sourced by both a literature search and received from contacts in Indonesia – and conducting interviews with key informants during a field visit which took place in September 2016. The report should be read alongside a separate report of a desk study of de-institutionalisation in Asia and the synthesis report, *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim and scope

The aim of the research undertaken in Indonesia was to gain deep understanding of the following:
- What are the socio-economic and cultural contexts in which child care reforms are taking place?
- Why children are placed in alternative care?

- What types of alternative care are available?
- What are the structures and processes governing alternative care, including the legal and policy framework, funding, government and non-governmental structures, and services for child protection/child care delivery?
- How is the workforce (e.g. social workers and caregivers) organised, trained and supported?
- What is working and what is not working in terms of child care reforms? What are the main challenges and opportunities?

Researchers

This report has been written by Claire O'Kane, an international child rights consultant, and Sofni Lubis an Indonesian consultant appointed by SOS Children's Villages Indonesia.

Methodology

Desk exercise

A desk review was undertaken of relevant documents identified through academic data bases[3], and through online databases of major organisations working on alternative care (Better Care Network, Save the Children, SOS Children's Village, Family for Every Child, and UNICEF). In addition, source documents were provided by key informants during the field visit. The literature was reviewed by assessing the relevance of articles to the seven key questions listed in the aim and scope above.

Field visit

The main fieldwork took place between 5th September and 14th September 2016. 73 people (32 women, 15 men, 20 girls and 7 boys) were consulted through 21 interviews (see figure 1) and 8 focus group activities (see figure 2). The arrangements for visits and interviews were primarily made by the staff of SOS Children's Villages, Indonesia and the national researcher. The visits were carried out in Jakarta and Bandung in West Java by the international and national researcher.

Interviews and focus group discussions with key informants

Interviews were conducted using a standard 'research interview guide' which was prepared for all six country case studies comprising the overall Deinstitutionalisation Report. The guide was varied appropriately to suit the job responsibilities of particular interviewees, or the time available. Focus group discussions used some key questions from the research interview guide, as well as a "H assessment" format to seek adult's views on the strengths, challenges and suggestions to improve alternative care and/or family based care. Interviews and focus group discussions took between 30 and 90 minutes and the majority were for 60 minutes.

Access to informants was negotiated in advance by the relevant SOS Children's Villages Indonesia office and the national research consultant. Save the Children Indonesia staff also assisted in contacting some key stakeholders. The contact was by a letter of introduction signed by the SOS Children's Villages National Director, along with an information handout, 'Alternative Child Care in Indonesia: Information for Interviewees' and a specimen 'Consent to be Interviewed' form. This information was emailed or hand-delivered, as appropriate for the location. Interview arrangements were typically confirmed by telephone. The research instruments are provided at Appendix 1.

Interviewees and FGD participants were invited to review the information sheet immediately prior to the interview, to request for clarification if required. Consent forms were completed. We also asked for permission to record the

---

[3] Undertaken by Catherine Flagothier for the Asia desk review. Relevant documents concerning Indonesia were shared with Claire O'Kane.

interview and to take the picture of the FGDs processes. The majority of the interviews and FGDs were conducted jointly by the international consultant and national researcher. SOS staff also supported the facilitation of FGDs, and a few of the interviews.

Figure 1: Details of Interviews conducted with adults

Interviewee(s)	Location	Date
Director, Better Care Network	Skype interview	1st September 2016
Programme and Learning Manager, Family for Every Child	Skype interview	1st September 2016
Senior Advocacy Adviser, Family for Every Child	Skype interview	2nd September 2016
Child Protection Specialist, UNICEF	Jakarta	5th September 2016
Indonesia Representative for ASEAN Commission on the Promotion and Protection of the Rights of Women and Children	Jakarta	5th September 2016
Director of Centre of Child Protection Studies, University of Indonesia	Jakarta	5th September 2016
Director Family First Programme, Save the Children	Jakarta	6th September 2016 & 14th September 2016
Vice Chairmen (2) of Social Service Council, Muhammadiyah	Jakarta	6th September 2016
Secretary to the Directorate General of Social Rehabilitation, Ministry of Social Affairs	Jakarta	7th September 2016
Representative, Directorate of Family, Women, Children, Youth and Sports, Ministry of National Development Planning	Jakarta	7th September 2016
Head of Childcare institution and Chairman of Social Welfare Institution National Forum	Bandung	8th September 2016
Project Coordinator, Family First Programme, Save the Children	Bandung	8th September 2016
National Advocacy and Child Protection Staff, SOS Indonesia	Bandung	8th September 2016
Professor, National School of Social Work	Bandung	9th September 2016
Coordinator, National School of Social Work	Bandung	9th September 2016
Head of section for Social Assistance and Protection, Dinas Social (Social Affairs Office)	Bandung	9th September 2016
Care leaver	Bandung	9th September 2016
Care staff, Private Children's Institution	Bandung	10th September 2016
Head of Islamic Children's Institution	Bandung	11th September 2016
Programme Manager, NGO run Children's Institution	Jakarta	12th September 2016
Deputy Assistant, Ministry of Women's Empowerment and Child Protection	Jakarta	13th September 2016

Figure 2: Details of Focus Group Discussions conducted with adults		
Focus Group Discussion adult participants	**Location**	**Date**
Social workers (5 male, 2 female), Family and Child Support Centre (PDAK), Save the Children	Bandung	8th September 2016
Informal kinship caregivers (3 grandmothers, 1 elder sister)	Bandung	10th September 2016
13 cadre and 1 social worker (all female)	Bandung	10th September 2016
3 mothers who received family support	Bandung	10th September 2016

Group activities with children and young people

Interviews with children and young people were conducted as group activities, except in the case of an individual interview with an adult care leaver. A standard set of questions was used, which was adjusted to children's age and the time available. Although the questions were asked in the context of a group setting, children were able to share their views and experiences individually and confidentially by writing their responses. The activity included an opportunity for children to draw and write about people who were most important, and important in their lives. Another activity also enabled children to write about things they were happy about and things that made them worried or sad in their care setting, and to place them in either a 'happy box' or a 'worry/ sad box'. Children were also encouraged to share their suggestions and advice to support children and families.

The group activities with children were arranged in a similar way to those with the key informants.   The letter of introduction from the SOS Children's Village, an information sheet, and children friendly consent forms were shared prior to the group activities. In all cases, consent was sought from children before proceeding. In addition, efforts were also made to seek consent from the child's caregiver. The research instruments used with children are provided in Appendix 2.

Figure 3: Group work with children		
Group activities with children	**Location**	**Date**
2 girls and 2 boys living in informal kinship care (aged 10 – 18 years)	Bandung	10th September 2016
4 girls and 1 boy (aged 6-16 years) who had received family based care through PDAK (including 3 of whom had lived in institutional care)	Bandung	10th September 2016
10 girls living in institutional care (aged 11 – 16 years)	Bandung	11th September 2016
4 girls and 4 boys living in institutional age (aged 13 – 14 years)	Jakarta	12th September 2016

Analysis: Transcripts were made from each interview and focus group discussion. Nvivo 11 was used to code and identify emerging themes, thus enabling more systematic analysis.

Limitations: Due to time and budget restrictions field work was only undertaken in Jakarta and Bandung. Considering the immense size and diversity of Indonesia these visits only provided a snapshot of the lives of children in alternative care and the efforts towards child care reform that are underway. However, significant efforts were made to meet with the most relevant stakeholders during the field work, and each informant provided detailed and rich insights into the child care context and current issues.

What are the socio-economic and cultural contexts in which child care reforms are taking place?

Geography and Population

Indonesia is a large archipelagic country with more than 17,500 islands. It is administratively divided into 34 provinces, 415 districts and 93 municipalities[4]. It is the 4th most populated country in the world with 237.5 million people, including 81.3 million children (BPS, Census 2010). 54% of the population live in rural communities and 46% in urban settings (BPS, Census 2010). Indonesia is the world's most populous Muslim majority nation and there are over 300 ethnic groups in Indonesia, and 250 languages (BPS, 2012).

Figure 4: Map of Indonesia[5]
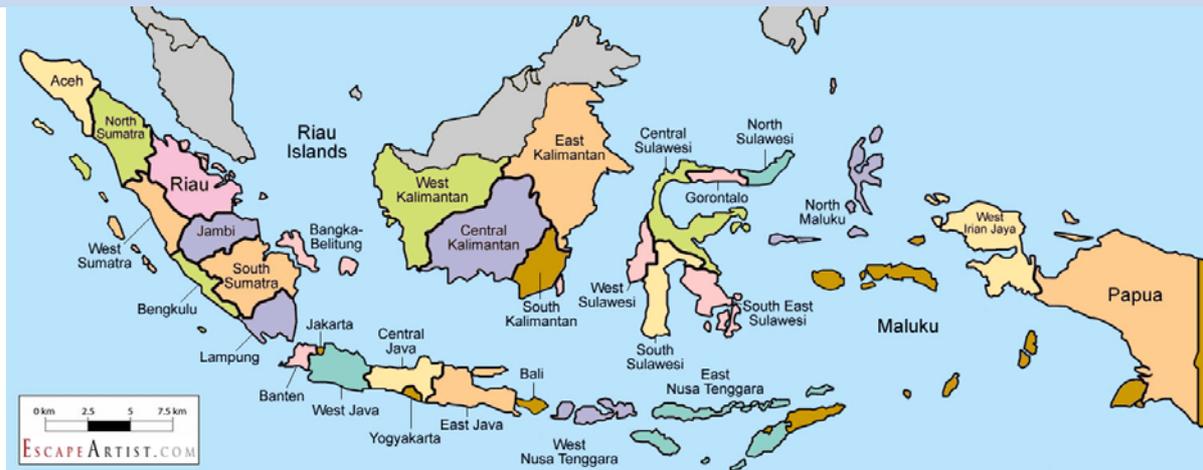
Political and socio-economic context

Indonesia is classified as a lower middle income country. There has been 15 years of sustained economic growth in Indonesia, which has helped to reduce poverty and create a growing middle class. The poverty rate more than halved from 24% during 1999 to 11.3% in 2014 (World Bank, November 2015). However, there are increasing concerns about rising inequality in Indonesia. Growth over the past decade has primarily benefitted the richest 20% and left the remaining 80% of the population behind (World Bank, November 2015). Almost half of Indonesian children, 44 million children live in families with an income of less than $2 / day (SMERU, BAPPENAS, BPS and UNICEF 2011). Provinces located in Eastern Indonesia (in particular Papua, NTT and NTB), newly formed provinces such as West Sulawesi, and Gorontalo, as well as the conflict-affected provinces of Maluku, Papua and Central Sulawesi, repeatedly feature among the worse off provinces in terms of poverty, health, education and nutrition indicators (UNICEF, 2012). Four main drivers of inequality include: inequality of opportunity; unequal jobs; high wealth concentration; and low resiliency. Shocks are becoming increasingly more common and disproportionately affect poor and vulnerable households, eroding their ability to

---

[4] http://www.otda.kemendagri.go.id/images/file/data_dan_informasi/seputar_otda/total_daerah_otonom.pdf

[5]

http://images.google.fr/imgres?imgurl=http://www.visitiskconbali.com/Indonesia_provinces_ea.jpg&imgrefurl=http://www.iskconid.org/visit-indonesia&h=590&w=1500&tbnid=Ih7DHv1L5cr4gM:&tbnh=90&tbnw=229&docid=zhSo4nXOHAkOMM&usg=__3M0HrDJTtRPN7jXbyqKAhVxPuQg=&sa=X&ved=0ahUKEwjhyvfZmaXPAhXO0RoKHUtyCD8Q9QEINjAE

earn income and invest in the health and education needed to climb up the economic ladder (World Bank, November 2015).

In the late 1990s, Indonesia emerged from decades of violence and conflict as a new democracy. In 1999, a political decentralization process included transfer of responsibility for all public services to the district and local level of government, making Indonesia one of the most decentralized nations in the world (Martin, 2013). In the context of decentralisation of the government system the social welfare system has been highly unregulated and heavily reliant on private, faith-based organizations for the delivery of services (Better Care Network and Global Social Service Workforce Alliance, 2014).

Religion

Almost 87.18% of Indonesians declared themselves Muslim in the 2010 census. 9.87% of the population adhered to Christianity, 1.69% were Hindu, 0.72% were Buddhist, and 0.56% of other faiths (BPS, 2012). Socio-cultural religious beliefs and practices influence children's care and upbringing in families and in institutions. The history of supporting residential care for orphans and neglected children in Indonesia developed during the colonial period and was influenced by Christian organisations (Babington, 2015; Save the Children, DEPSOS RI and UNICEF, 2007). Such practices also influenced Islamic practices and the subsequent rise in children's institutions that were established and run by Islamic institutions.

Education

Although the country has achieved almost universal coverage for primary school level in the last decade, there remains considerable reduction of children continuing with secondary school education. Less than 60% of children are attending secondary school.[6] Data from 2011 estimate that 2.3 million children aged 7 to 15 are out of school (SUSENAS, 2011). The mean years of schooling for children 15 and over in 2009-2010 at the national level was 7.9, with significant gender based differences, mostly related to secondary level education (8.3 male and 7.5 female) (BPS, 2012). The gap between rich and poor children in terms of educational attainment has also been increasing, despite policies to support children from poor households to access education. Only 44 percent of children from poor households are reaching seventh grade compared to 90% for rich households and the total costs of education have continued to rise between 2003 and 2009, faster for poor households in real terms (World Bank, 2012).

Health

Indonesian healthcare has traditionally been fragmented with some basic state provision for the poorest and better off citizens paying for private insurance schemes. However, in 2014 the Indonesia's government established a compulsory national health insurance system with the aim of making basic care available to all by 2019. The scheme, Jaminan Kesehatan Nasional (JKN) is implemented by a social security agency *Badan Penyelenggara Jaminan Sosial*

---

[6] http://www.unicef.org/infobycountry/indonesia_statistics.html#117

Kesehatan (BPJS Kesehatan). Under JKN, all citizens are supposed to be able to access a wide range of health services provided by public facilities, as well as services from a few private organisations that have opted to join the scheme as providers.

Health statistic	Indonesia
Life expectancy	71
Healthy life expectancy	62
Maternal mortality ratio (per 100,000 live births)	190
Under-five mortality rate (per 1,000 live births)	29
Deaths to due HIV/AIDS 100 population)	10.8
Deaths to (per 000 due malaria 100 population	3.8

Child Protection

There is limited reliable evidence of the national scale of violence against children in Indonesia (Global Partnership to End Violence Against Children, April 2016). The Ministry of Women, Empowerment and Child Protection in Indonesia, together with UNICEF Indonesia, recently commissioned a comprehensive review of existing data on violence against children (Coram International, 2016). Drawing on reports, surveys and datasets, the review showed that many children experience unacceptable levels of physical, sexual and emotional violence. Common forms of abuse include child labour, child marriage, and online sexual exploitation (Global Partnership to End Violence Against Children, April 2016). Challenges relating to free universal birth registration also compound vulnerable families' access to services, and increase protection risks.

Disasters

Indonesia is one of the most disaster-prone countries in the world, regularly experiencing earthquakes, tsunamis, landslides, volcanic eruptions, flooding, and drought (USAID, 2014). For example in December 2004, an earthquake struck the West coast of Sumatra island in Indonesia, triggering a devastating tsunami and killing more than 160,000 and displacing at least 500,000 in Aceh province (Martin, 2013). Poverty, population growth, and rapid urbanization exacerbate these vulnerabilities, along with climate change and the resulting changes in rainfall patterns, storm severity, and sea level (USAID, 2014).

---

[7] Source: World Health Statistics 2016 http://www.who.int/gho/countries/idn/country_profiles/en/

Child's drawing

What are the reasons children enter formal alternative care in Indonesia?

Research conducted in 2006 by the Ministry of Social Affairs in partnership with Save the Children and UNICEF found that Indonesia's child protection system was over-reliant on residential care with an estimated 8,000 mostly unregulated facilities housing over 500,000 children (Save the Children, DEPSOS RI and UNICEF, 2007). The majority of the institutions are run by religious or community based organisations, with only a small minority of institutions being run by the Ministry of Social Affairs. Use of residential care as a primary and formal form of intervention in cases of personal, social or economic crisis is very entrenched in Indonesia (Save the Children, DEPSOS RI and UNICEF, 2007). However, despite government, religious and community based agencies over-reliance on institutional care, the majority of children who are not living with the parents are living in informal care arrangements with relative caregivers. Over 2.15 million children under 15 years are not living with their parents. Of these 88% are being taken care of by their extended families (Save the Children, DEPSOS RI and UNICEF, 2007).

Poverty and hope for a better education

Poverty and hope for a better education are the primary drivers for children being placed in residential care. The "Someone that Matters" research revealed that 90% of the children in the institutions surveyed had at least one parent living. The majority of children were placed in residential care due to poverty and lack of basic services, in particular access to education (Save the Children, DEPSOS RI and UNICEF, 2007). More recent studies have found similar results (PUSKAPA UI & UNICEF Indonesia, May 2014). In some communities religious beliefs to send their children to an Islamic run institution also plays a role for children to get good morals and discipline.

There are increased risks for children living in remote communities to be sent to a childcare institution for education due to difficulties and extra costs of accessing schools that are far from their communities. The head of an Islamic childcare institution in Bandung described: *"The main reason for children living here is education as they are from remote areas. A lot of the parents and children are thinking it is not a social welfare institution for neglected children, but it is more like a "pesantren", an Islamic boarding school."* Children who were consulted from this institution explained how they had been brought by their parents to the institution to study, particularly because they had siblings, cousins or neighbours from their village who were already studying there or who used to study there. One 11 year old girl revealed her sadness at discovering she was staying in a social welfare institution rather than an Islamic boarding school: *"I was sad when first came here and found out that this is a child care institution not an Islamic boarding school. But I tried… and fortunately the activities are exactly the same with the activities in Islamic boarding school. But still I am sad to live here because I can only go home once in a year."*

Data indicates that more boys are more often placed in institutional care than girls (57% boys, compared with 43% girls) from the 16 provinces where a

DEPSOS survey was undertaken in 2007. The majority of children living in institution care are aged 10-17 years (Save the Children, DEPSOS RI and UNICEF, 2007), particularly as many children are placed in institutions to access education. Furthermore, providing education, rather than providing alternative care, was seen as the primary aim of the majority of the institutions assessed in the Someone that Matters research (Save the Children, DEPSOS RI and UNICEF, 2007).

A lack of gatekeeping and active recruitment by child care institutions

If a child is not living with their parents the main formal care option that is being used in Indonesia has been residential care. A lack of gatekeeping by managers of child care institutions and active recruitment processes by a number of social welfare institutions have contributed to unnecessary family separation (Save the Children, DEPSOS RI and UNICEF, 2007). A social work professor described how *"Many children sent to the child care institutions because of poverty and to gain better education. While we know that child care institution is not a place to educate children but a place to care for the children in needs care. This concept has been understood yet by the head of the community-based child care institutions. Their mindset is still to help the poor children in need of education rather than to help the children in need of care."*

Furthermore, there has been active recruitment of children by some child care institutions in communities just prior to the academic school year which acts a driver of family separation and use of institutional care (Save the Children, DEPSOS RI and UNICEF, 2007)[8] Practitioners in Bandung described how *"In Bandung City and in West Bandung there is also a recruitment scheme from some childcare institutions at the start of the academic year. They tell parents that their children can live at the institution and they will provide accommodation, health and food. This recruitment scheme is a cause of parental separation. The child care institution wants more children in their institution so they will get government and donor support."*

Increased risks for children living in single parent families

There are increased risks to family separation and being place in an institution if a child is living in a single parent family, particularly if they are living with single mothers (Save the Children, DEPSOS RI and UNICEF, 2007; PUSKAPA UI & UNICEF Indonesia, May 2014).

Puskapa University of Indonesia and UNICEF study on vulnerability and child separation (PUSKAPA UI & UNICEF Indonesia, May 2014)
In 2014 PUSKAPA University of Indonesia and UNICEF Indonesia undertook a study on vulnerability and family separation in 3 provinces namely, Jakarta city, Central Java, and South Sulawesi. Working in two areas in each province qualitative and quantitative data was collected through a random survey, focus group discussions with parents, community leaders and service providers, interviews and case studies, alongside a desk review. 389 boys and 252 girls living in 56 institutions were interviewed to collect survey

---

[8] This finding was also shared in a FGD with PDAK social workers, Bandung, September 2016.

data from 641 children aged 13-18 years who have been living in an institution for at least one month. The institutions included: Government or community owned social welfare institution *(Panti)*; ii) Islamic boarding schools *(Pesantren)* where parents pay, and iii) correctional institutions where children sent with in conflict with the law.

Poverty, cultural perceptions, single parents, large number of children, hope for better education, a better care and supervision, and a better quality of life were the main reasons for the children being separated from their parents. On average children were aged 13 years when they entered Panti or Pesantren. 64% of children in Panti and 86% of children in Pesantran were living with both parents before they entered the institution. Children with only one parent were three times more likely to send their children to a voluntary institution. For 25% family financial difficulties had led to children's school dropout before being sent to the institution. 31% had been involved in paid work before being institutionalised. Children did not mention violence as a reason for family separation, but 27% came from families where violence occurred. Factors increasing risks of parental separation included: low educational level of parents, poverty, lack of birth registration, discrimination based on HIV, single parents, and disability.

Children born out of wedlock and children of parents who migrate

A child being born out of wedlock increases risks of parental separation, and some unwanted babies resulting from affairs or rape have been placed in institutions (Lubis et al, 2016). Babies born out of wedlock face increased risks of entering care, particularly due to stigma. PDAK social workers in Bandung described how some *"some unmarried mothers give up their babies mostly due to social stigma. But if we push the mothers to care for their baby then the mother may want to care for them, but first they are usually expected to get married. Customary marriages are encouraged, even if they are not legally married (nikah siri)[9] ….When women are pregnant as a result of rape it is more complicated."*

Migration of a mother, father or both parents for work is also a risk factor for family separation (Lubis et al, 2016). Indonesia is one of the main senders of migrant workers (especially woman) in Asia together with Philippines, Thailand, Vietnam, and Sri Lanka (Bryant, 2005; Reyes & Manila, 2008). Migration across provinces in Indonesia is also very common, and data from the Indonesian Family Life Survey (IFLS) 2007 shows that more than 50% of children whose parents migrate within Indonesia are not migrating with their parents (Lubis et al., forthcoming). While the majority of children who are left behind are left in the care of grandparents and relatives, some children are placed in institutions (Lubis et al, forthcoming).

Insecurity, conflict and disaster

Insecurity, conflict and disaster have increased risks of family separation and placement of children in institutional care (Save the Children, DEPSOS RI and UNICEF, 2007). Disasters have also resulted in increased establishment and use of residential care, which contributes to secondary separation of children from their families. For example, as a result of the Tsunami in 2006 there was a significant increase in the establishment and use of institutional care to respond

---

[9] Nikah siri is a legal marriage under the Islamic law but not legal under the state law as is not registered at the Religious Affairs Office.

to children who had been separated from their parents, but the majority of children placed in the institutions had living parents (Save the Children, DEPSOS RI and UNICEF, 2007).

> **Rapid assessment of children's homes in post-Tsunami** (DEPSOS and Save the Children, 2006)
>
> A rapid assessment of children's homes in post-Tsunami Aceh was undertaken by Save the Children in collaboration with the Ministry of Social Affairs and UNICEF between December 2005 and March 2006. The research identified 207 child care institutions in Aceh province caring for 16,000 children (60% boys, 40% girls). 95% of the institutions were privately run, and 17 of the institutions had been newly established in the aftermath of the disaster. Over 2,500 children had been placed in the institutions as a result of the tsunami. However, 90% of these 2,500 children had at least one living parent, and only 10% were double orphans. Moreover, while half of the children had been placed in institutions in the immediate aftermath of the disaster, significant numbers were placed later, indicating secondary separation as a result of families struggling to care for their children, and in particular to ensure their access to education.

Violence and discrimination

Violence and discrimination has also been a reason for some children being placed in care (Martin, 2013). Some children agreed or asked to be placed in an institution due to violence, neglect or discrimination, particularly at the hands of a step-parent (Martin, 2013). For example a 14 year old girl in Jakarta living in a residential home in Jakarta described: *"I feel happy because if I did not come to KDM I might be no longer living in this world because I was beaten by my brother and my older brother called the police to save me."*

Disability

The majority of children with disabilities in Indonesia remain with their families, and some may be hidden or isolated due to stigma. However, some children with disabilities also face increased risks of being placed in institutions, particularly in institutions that are designated for people with disabilities (Martin, 2013b). There are more than 150 childcare institutions for children with disabilities (Suharto, 2016). Martin (2013b) describes how:

> *The disability of a child or his or her primary caregiver is also an important risk factor for placement in institutional care. Babies and infants with what are considered impairments (including in some cases children born with cleft palates or minor physical differences, but also children with severe impairments requiring intensive care and medical support) are handed over to the institutions by families, generally with no continued contact or plans for reintegration. Older children are placed in Disabled People's Institutions, some providing specialized services for children but the majority mixed with adults (p.44)*

What are the documented outcomes for children that have been alternative care in Indonesia?

From 2006 to 2007 Save the Children, the Ministry of Social Affairs and UNICEF collaborated to undertake an assessment of the quality of care of 37 Child Care Institutions across 6 provinces (Aceh, Kalimantan, Maluku, North Sulawesi, NTB and Central Java). The provinces were selected to ensure Indonesia's diverse socio, cultural and economic contexts were represented. The research resulted in 37 individual reports detailing the quality of care in 37 institutions (6 per province and one institution in Central Java owned by the Ministry of Social Affairs and run as a national model). Of the 37 institutions assessed 78% were privately run, 14% run by provincial govt, and 8% by district government. Quality Standards for Child Care Provision (developed by Save the Children East and Central Africa) were used to inform the study. Data collection areas included: I) Profile of the institution and the children, 2) Care philosophy of the institution, 3) Professional Practice, 4) Personal care, 5) Staffing, 6) Resources, 7) Administration. In 2007 the "Someone that Matters" report sharing the overall findings from the study was published.

Key findings from "Someone that Matters" quality of care research (Save the Children, DEPSOS RI and UNICEF, 2007):

- 90% of the children living in the child care institutions (CCI) surveyed had at least one parent, with more than 56% having both parents alive. Less than 6% of children in the institutions had lost both their parents. No information was available for 4% of the children.
- Primary focus was on providing children's basic needs (food, a place to stay, cost of education), as well as religious education (in the religious run institutions). The majority of children in institutions were at school (98%). There was minimal focus on children's care, development and protection in the majority of CCIs surveyed Children receive less stimulation, individual attention, and love. Only 2 CCIs focused specifically on creating a substitute family, and an SOS village was the only institution that had a child protection policy in place.
- Most children were brought in and placed directly by their parents or relatives and admission processes were informal with minimal to no assessment or gatekeeping. Once in the institution children had limited contact with their families, most were able to go home once a year usually during a religious festival and/or during the school holidays

- Almost all the institutions had a low ratio of staff per child, with a majority having less than 1 staff for 10 children; and few of the staff were actually assigned to caring for children.
- Children were expected to carry out a range of chores and work to contribute to the running of the institution.
- Most institutes ran quite strict regimes of rules and regulations. Physical and humiliating punishments were used.
- Children who had experienced violence, loss of a family member or abandonment were rarely provided with specific support services (except in SOS and one other CCI institute surveyed).
- Peers provided the most important and closest relationships for children in the institution.
- Due to limited funding in many institutions there were challenges in ensuring sufficient access to clean water and sanitation, and to quality food.

From 2007 – 2008 the Ministry of Social Affairs and Save the Children supported **child led research** with 60 children aged 11-18 years from six child care

institutions across Maluku and West Kalimantan (10 child researchers for each institution). Six reports, one from child researchers in each institution were published and were used by children and supportive adults to support evidence based advocacy.

> **Recurring themes from the 2007 – 2008 child led research** (Martin, 2013) included:
> - The importance of education to children. Children's conflicting feelings that they missed their families and had lots of obligations and rules to follow, but that by being in the institution they were able to access education and have a positive future.
> - Economic problems faced by children and the institutions that made it hard to sufficiently meet children's needs.
> - Children's experiences of undertaking chores and sanctions if they neglected their chores.
> - Children's relationships with adults in the institutions and at schools and concerns about physical punishment, poor teaching methods and lack of care and attention towards pupils, as well as support they received from good teachers.
> - Relationships with families, missing their families which made them feel sad, and strategies used to cope. Challenges of going home in school holidays were also explored.
> - Positive support provided by peers, as well conflicts among peers.
> - Rules and discipline, and the need to stop physical and humiliating punishments. Having boyfriends or girlfriends and risks of getting in trouble or breaking the rules which prohibited romantic relationships.
> - Children's concerns about what will happen after the graduate from school.

A study of young children living in orphanages in Indonesia identified delayed language development among children aged 12-24 months (Mulyardi and Soedjatmiko, 2009). Mulyardi and Soedjatmiko (2009) studied 40 children aged 12-24 months in 10 orphanages in Jakarta, Bogor and Tangerang and compared their language development with a sample group of 40 children of similar age who were raised in family homes.

> **Children living in institutions who were consulted during the Indonesia field work** emphasised:
> - ***The importance of mothers, fathers, siblings and family based care***. In an activity about which people are most important to the child, all 10 of the girls who were consulted in the Islamic institution in Bandung wrote about their mothers and fathers; 8 almost mentioned their siblings; 4 mentioned their friends; 3 mentioned grandparents; and only 3 mentioned "teachers" who worked in the institution. One 15 year old girl living in the Islamic institution in Bandung described the most important person as *"Mother because she cared for me since I was in her womb until now, Father because he fulfils our family needs and takes care of us."* Another 13 year old girls described the importance of *"Mother because she is the one and only woman who is generous to me, Father because he is kind, full of attention and loves me, Siblings because we can share laughter and share stories, and teachers because they taught me to be success."* For children living in a Christian run institution that focused on rehabilitating street children, 4 out of 8 children (aged 13-14 years) mentioned their parents as being the most important, with an additional girl mentioning her uncle who was head of the family. 4 out of 8 children mentioned friends as the most important persons, 3 mentioned staff from the care institution, and 2 mentioned God. A 12 year old girl described how God was most importance *"because God is always there when I am sad and I am happy."*
> - A number of children living in institutions and children who had lived in an institution and had been reunified with their parents expressed their ***preference to live with***

their parents and families. One child said *"why do you want to enter an institution while you still have parents? It is better to live with our parents"*. Another 14 year old girl suggested *"It is better to live with our parents no matter what are the conditions. Living with parents is more comfortable and peaceful."* In another institution a 12 year old girl suggested that *"We should ask parents in a persuasive way so we can stay at home."*

- Children suggested the **need for financial support to parents** so that children could stay living with their families and they also emphasised the **need for parents to listen to their children.** One child consulted shared a response that indicated the **need for alternative care arrangements**. For example, a 13 year old girl living in an institution in Jakarta shared *"I do not feel comfortable staying here, and I do not like to live with my parents either."*

- ***Children gained support and solidarity from their friends in the institutions***, who they shared the ups and downs of life with. All the children living in institutions emphasised the importance of their friends when describing things that make them happy. An 11 year old girl described how important her best friends were as *"Best friends are always there for me in sad and happy times"*. Another 13 year old girl wrote how she was happy as *"I can meet new friends. We can learn together, eat together, go to school together. We spend lots of ups and downs together."* Some children also had solidarity and support from siblings or cousins who were placed in the same institution. For example, an 11 year old girl mentioned *"I am happy because my relative`s daughter is here too so when she asked me to join her I said yes."*

- ***Difficulties in peer relations*** were also described by girls and boys living in the child care institution in Jakarta. For example, a 13 year old girl wrote *"I am sad because my friend is firm and my friends do not want to be my friends."* Another 13 year old girl mentioned *"I am sad because I always got preached by the older children and derided by my friends."* The girls in the Islamic institution said,*" our rich friends usually do not want to play with us"* and *"they underestimate us"*.

- ***Children living in the religious institution were primarily there to access education***. While valuing the chance to learn, many shared how much they missed their mothers, fathers, siblings, and grandparents.

- ***Some children were misinformed and some children face stigma***. Some girls had been told they were going to a "Pesantren", an Islamic boarding school, rather than a social welfare institution. They felt some stigma from other children as they lived in an institution, as other children thought they were orphans or abandoned.

- ***Learning new skills and learning to be independent*** through living in institutions was emphasised by a few children who were consulted. A 12 year old girl in Bandung wrote *"I can be an independent person, discipline and not lazy anymore."* A 13 year old girl in Jakarta wrote how she was happy because *"I got a big chance but I let it go like I can sew, sing, dance, play football, and become more smart because of living here."*

- ***Children have limited contact with their parents and few children mentioned how they feel abandoned by their parents.*** Children expressed their sadness and missing their parents, especially if they only have the chance to visit their parents usually only go home once in a year during the religious festival day. An 11 year old girl wrote *"I am sad because I have to live far from my families. I go home once in a year so I rarely meet my families."* Similar expressions were written by many of the other girls. Some of the girls also mentioned that their parents rarely visit them due to the financial issue and time constraint. Although not in regular basis, some of their parents communicate with the children using the caregiver`s or the head of institution`s mobile phone or the office phone. A 14 year old girl wrote *"I live here for quite a long time but I still feel sad because I do not feel at home. My parents never visit me. I feel like I am being abandoned but probably this is just my feeling. I am the eldest child in my family."* A 13 year old boy living in an institution in Jakarta wrote *"I feel sad because I have been waiting for so long to meet my parents."*

Children in alternative care in Indonesia

How is informal care used in Indonesia?

Informal Care

Informal kinship care is widespread, unregulated and largely unsupported. Informal kinship care is common practice and is usually the first option for children who cannot live with their parents. Data on children under 15 years of age was extracted from a national population survey in 2000 (Population Modul Survey (MK), 2000; see Save the Children, DEPSOS RI and UNICEF, 2007, p.22-23). There were 60 million children under 15 years in Indonesia living in households within their communities. Over 2.15 million children were not living with either parent, although 72.5% of these children had both parents alive, 15.5% had lost one parent, and only 10.1% had lost both parents. The situation of the parents was unknown for 1.9% of children. Thus, significant numbers of children under 15 years of age are being cared for by families

Grandmother caring for granddaughter

(that do not include their own parents). 58.6% of these children were living with grandparents and 29.3% with other relatives. Therefore almost 88% of children not cared for by parents are living in kinship care. The fact that over 6.5 million children under 15 are either living in single parent families or within extended families reflect the strong recognition in Indonesia of the role and responsibility of families, including the extended family for the care of children (see Save the Children, DEPSOS RI and UNICEF, 2007, p.22-23).

Informal kinship care and informal adoption of children by other extended family is a common practice in some ethnics in Indonesia, especially for ethnics in Java, Lombok, and some parts in Sulawesi. In different regions there are local terms meaning 'to adopt a child' such as: *ngalak anak* (Lombok), *mupon* (Java); *ngukut anak* (Sunda/West Java), *anak dipangku, kemenenakan dibimbing* (Minang/West Sumatera) and *mata rumah* (Maluku). In some cases a relative may adopt a relatives children if they are unable to conceive or they may adopt to help a poorer relative (Rofiq and Ganefo, 2014).

Kinship caregivers, children's and local cadre's views on kinship care, Bandung[10]
Local cadre working in communities in Bandung described that *"if a child is unable to live with their parents the first option is for children go to the relatives. Neighbours will also go to the family to see how the children are doing there."*

---

[10] Findings from focus group discussion with cadres in Bandung, September 2016

Kinship caregivers and cadres identified the benefits and challenges of relative caregivers looking after their kin. The benefits were:
- children are able to live with extended family members who have attachment with the children;
- children and relatives can care for one another and help one another including children helping with chores;
- children have a home and do not need to constantly move;
- children can maintain same culture and religion;
- children and relatives can eat together, take care of each other's health, and support children to study;
- children get supervision from their relatives;
- children feel safe and comfortable and do not have low self esteem.

Challenges and disadvantages of kinship care included:
- lack of attention as caregivers are busy working and needing to leave children alone while they work
- risks of discrimination of relative children receive different kind of attention and affection than the caregivers own biological children (if cared for by an aunty/ uncle)
- financial difficulties and challenges in meeting all material needs if the family are poor (especially for grandparent caregivers)
- challenges in relative caregivers getting children's birth certificates and accessing Family Hope Program (*Program Keluarga Harapan*-PKH) cash transfers
- some children facing difficulties due to different caring patterns and having low self-esteem
- difficulties in disciplining children and in helping them with their homework and receiving less support from school (especially for grandparents)
- Fear of who will take care of the children if they die (this was a key fear of grandmothers)

To support them in providing informal kinship care grandmothers and other relative caregivers suggested that
- Other families in the community should support them and give advice for practical caring
- Agencies should provide additional funding to help meet family expenses
- Caregivers and children should have health support including medical treatment for elderly and children
- Support in getting children's birth certificates, health insurance cards and access to schemes that support people
- Support logistics of getting nutritious food (rice, eggs, vegetables, fish etc)

Children shared some similar perspectives. A 14 year old boy who was living with his grandmother and his younger sister described *"I am so happy with my family now because everyday my sister and my grandmother give me their attention"*. Another girl emphasized the benefits of her family still being close and in contact with one another. Children living in kinship care felt sad if they or their siblings had to work too hard. They also worried when their caregivers had to work so hard to look after many children. Furthermore, a 12 year old boy living with elder sister said *"I am sad when I got home late my sister mad at me."*

Furthermore, children living with relatives expressed their sadness for children who live in institutions, they did not see this as a good care option. A 12 year old boy shared *"I am sad seeing my friends living in a child care institution. They are not being cared for by their families, or brothers or sisters in the place where they come from."*

Other forms of informal care with children living with neighbours are also practiced in Indonesia, but it is unregulated and there is little documentation about the scale or outcomes for children.

What types of formal alternative care are available in Indonesia?

Residential Care

In terms of formal alternative care options there has been a reliance on residential care. Indonesia has an estimated 8000 child care institutions housing 500,000 children (Save the Children, DEPSOS RI, UNICEF, 2007). While a few residential care institutions were established in the 1930s, there has been a proliferation in the establishment of child care institutions in the 1990s and from 2000 – 2006 (Martin, 2013).

The majority of the institutions (more than 90%) are run by private organisation, including religious or civil society organisations, with only a small minority of institutions being run by the MoSA or by the local government (Save the Children, DEPSOS RI and UNICEF, 2007). However, significant proportions of the privately run child care institutions receive government subsidies. Most child care institutions were formerly called *Panti Asuhan* meaning orphanages, but there are now called *Lembaga Kesejahteraan Sosial Anak* (LKSA) or Child Social Welfare Institutions.

> **Government run child care institutions reduced following decentralisation** (Save the Children, DEPSOS RI, UNICEF, 2007)
> Prior to the decentralisation of government in 1999, the MoSA owned and ran 66 institutions that focused on providing assistance to children. Out of these 18 were child care institutions. After decentralisation, 16 of these were handed over to the local government and the MoSA retained control and ownership of only 2 child care institutions, one in Central Java (Pati)[11] and one in Jambi in Sumatera Island. In 2006 it took responsibility for one more childcare institution from the local government in Aceh.

In addition to child care institutions for neglected children, there are another 17 different types of residential facilities recognized by the MoSA that provide services for children, either on their own or together with adults. These include

---

[11] In 2016 MOSA closed this child care institution as it was transformed into a facility for rehabilitation of people with mental health disabilities.

Disabled People's Homes, rehabilitative institutions for children considered 'naughty' or juvenile delinquents, shelters for street children and Special Protection Homes for child victims of abuse and trafficking (Martin, 2013). Although their overall numbers are much smaller, very little research has been conducted on the situation of the children in these facilities and the services they receive, except for the Special Protection Homes (Martin, 2011). It is also important to note that over 3.3 million children in Indonesia reside long term in Islamic Boarding schools *(pesantren)* across the archipelago. Managed by the Ministry of Religious Affairs, there are over 27,000 *pesantren* whose primary focus is to provide religious and in some cases also formal education (Martin, 2013).

Figure 6: Overview of the number and types of Child Social Welfare Institutions for children that are supported by the MoSA (Suharto, 2016 based on data from October 2014)[12]

No.	Cluster	Central	Province	District/city	Community	Total
1.	Children under 5 years old	1	3	0	167	171
2.	Neglected Children	3	32	14	5527	5576
3.	Street Children	1	1	0	83	85
4.	Children in Conflict with the Law	12	28	1	40	81
5.	Children with Disabilities	1	1	2	153	157
6.	Children in Need of Special Protection	6	5	1	23	35
	TOTAL	24	70	18	5993	6105

The majority of children living in institutional care are aged 10-17 years. Furthermore, the "Someone that Matters" research in 2007 found across 36 institutions assessed 55% of the children living in the institutions were boys and 45% were girls (Save the Children, DEPSOS RI, UNICEF, 2007). A more recent review of available 2014 data concerning children living in more than 5000 child care institutions undertaken by MoSA reveals similar patterns of 54% boys and 46% girls (Suharto, 2016). Only 5% of the children living in institutions are orphans and 60% of children have both parents; while 24% have no father, and 3% have no mother (Suharto, 2016). This recent data is very similar comparable to the earlier "Someone that Matters" research findings which found that only 5.6% of the children living in the 36 institutions were orphans, 56.7% had both parents, and an additional 33.2% had either a father or mother alive (Save the Children, DEPSOS RI, UNICEF, 2007). Thus, 90% of children living in institutional care had at least one living parent (Save the Children, DEPSOS RI, UNICEF, 2007).

In many of the child care institutions that were assessed there were poor staff: child ratios, with a staff: child ration of around 1: 10 in 18 of the institutions. This contributed to reduced chances for children to develop close attachments and guidance from the staff caregivers (Save the Children, DEPSOS RI, UNICEF,

---

[12] Suharto, E. (2016) PPT: Developing National System of Child Protection: Roles of MoSA and PKSA. Ministry of Social Affairs. Data on child care institutions is based on data from October 2014 linked to the PKSA scheme.

2007). Furthermore, it is only in a minority of residential institutions that efforts to create family like structures were made. SOS Children's Villages is one example of a residential establishment that creates family homes.

SOS Children's villages, Indonesia

SOS Children's Village has been working in Indonesia since 1972. Started in 1949, SOS Children's Village is an international non-governmental organization that is committed to work towards children's rights and protection. In Indonesia, there are now 8 SOS Children's Villages that accommodate 1200 children through family-based care /cottage system. In SOS Children's Village, a family comprises of 8-10 children with a foster mother that live together within a house. These families live side by side like neighbours in the SOS Children's Village. The concept of SOS' family-based care is an alternative care that replicates a family in general, where children who are not raised by their natural parents can still develop their potentials optimally. SOS provides homes to children who are either at risk of losing parental care or who already have lost parental care.

Significant numbers of child care institutions are run by Islamic religious organisations, and a number are run by Christian organisations. Muhammadiyah run over 700 child care institutions, and Nahdatul Ulama (NU) have more than 100 child care institutions under its network.

Muhammadiyah's first childcare institution was influenced by an institution run by a Christian missionary[13]

Muhammadiyah was established in 1912. At that time, lots of children who had lost their parents were abandoned and become scavengers in the *Alun-Alun* plaza in Yogyakarta. Muhammadiyah's founding father, K. H. Ahmad Dahlan brought the children to his house to feed and wash them, to teach them to read and write, and to recite the Al-Qur`an. Based on a visit to a child care institution run by a Dutch missionary in Indonesia, Muhammadiyah then established its first institution in Yogyakarta.

Muhammadiyah has 3 childcare program approaches:

1. Family Assistance: Muhammadiyah build Al-Qur`an recitation place, provide counselling, assistance or allowances of health, or education, but children go back home to their parents every day.
2. Alternative family-based care: The children are brought to live with be cared for by Muhammadiyah staff/ volunteers, and new foster care programmes are also under development.
3. Child care institution where children live and access education, health, care and support.

These three programs are implemented at the sub-district and village level. As part of the child care reform process Muhammadiyah is now supporting institutional care as a last resort, and they are developing and supporting family based care options, including foster care. At the national and provincial level, Muhammadiyah develop rules, regulation, policies, and deliver trainings for institution`s staff, family compensation staff, and Muhammadiyah staff at the sub-district and village level. All staff are voluntarily based but when they involve in a program, they may work full-time and get paid from the program. The Social Services Council (SSC) has 60 members who develop the regulation at the national level. There is also an executive team with small number of staff. This team runs the daily operational activities and get paid from Muhammadiyah.

---

[13] Based on information shared in interviews with representatives from Muhammadiyah's Social Service Council, September 2016

Prior to implementation of the National Standards of Care there was a lack of gatekeeping which resulted in unnecessary family separation, with significant proportions of children entering residential care in order to access education.

Foster Care

Informal foster care arrangements are widespread and are unregulated and insufficiently supported (Martin, 2013). Formal foster care mechanisms are under development in Indonesia. According to The Ministry of Social Affairs Regulation 30/HUK/2011, fostering is defined as temporary care. Through this regulation, the Government of Indonesia suggests that permanency planning should still be supported for children to live with their natural parents, extended families, or other suitable guardians.

A working group on foster care was established in February 2012 to discuss and develop the mechanism for foster care, the criteria for foster parents, children's eligibility to be fostered, the procedures to assess and oversee foster care placements and to provide 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 (*Dinas Sosial*), and training needs and tools for foster parents and foster care providers (Martin, 2013).

In Bandung city, since 2013 Save the Children have also initiated a foster parent forum with community members who are interested to be foster parents for children, but the regulations and guidelines for formal fostering are not yet understood, despite the Ministerial Decree on foster care, guardianship and adoption which was adopted in 2013.

Muhammadiyah, with some support from Save the Children has been actively involved in developing foster care guidelines and an action plan has been made to discuss these guidelines with the Ministry of Social Affairs and other relevant Ministries.

Draft foster care guidelines developed by Muhammadiyah

The draft foster care guidelines are based on the CRC principles (right to live, best interests, non-discrimination and participation), and they support efforts to prevent separation of children from their biological parents, while also promoting zero tolerance for violence against children. Married couples as well as single people older the age of 25 years can apply to become foster parents. The draft foster care guidelines provide details about proposed procedures and mechanisms for:

- the selection and training of foster parents;
- assessment of children to determine which children may be eligible for foster care;
- placement of foster care (taking into consideration religion and cultural ties, prevention of separation of sibling, maintain family association);
- monitoring, follow up and reviews;
- parenting programmes for foster carers;
- financing and other support;
- division of responsibilities for government authorities at central, provincial, and district/ city levels.

The initial steps for establishing and piloting formal foster care are under the government. Piloting intends to support developments in infrastructure, human resources, finance and internal coordination for foster care. Muhammadiyah have also prepared some training for foster care social workers, and Muhammadiyah is preparing for a pilot project on foster care in 3 provinces (West Java, DKI Jakarta, and Banten). This program is supported by the Ministry of Social Affairs, Save the Children, Family for Every Child, Core Asset, LAZIS and Muhammadiyah.

Guardianship

In Indonesia guardianship is established under two legal systems, the religious court system and the civil law system. Under both systems an individual is appointed to act as a child's legal representative, particularly in relation to decisions concerning marriage or inheritance if a child's own parents have been declared legally incompetent or if their whereabouts is unknown (Martin, 2013). In the aftermath of tsunami there were lots of discussions about guardianship, and the importance of ensuring protection of children's rights and inheritance (Martin, 2013). Working with the local courts to resolve the conflict of law between the religious and civil systems became a priority in Aceh. The Child Protection Law amendment in 2014 also reinforces the court decision to be a recognised guardian of a child.

In practice formal guardianship remains a relatively new form of formal care that requires increased piloting and monitoring. However, UNHCR recently welcomed the new system of guardianship that is being managed by the Ministry of Social Affairs together with IOM, employing social workers through Quantum, an organization specializing in childcare to provide care and home based schooling to unaccompanied and separated children (UNHCR Progress report, mid 2016, Indonesia).

Leaving care and adoption

Leaving Care at 18 years of age

Once children living in institutions reach 18 years, orwhen they graduate from senior high school they are usually sent back to their families. The majority of child care institutions have limited procedures in place to support care leavers (Save the Children, DEPSOS RI, UNICEF, 2007). In many children's institutions there tends to be limited preparations for the child to leave care, and limited following up and monitoring of children after they have left the institution. However, some child care institutions set up informal "leaving ceremonies" when children complete their studies or leave the institution.

SOS Children's village youth house

SOS Children's Villages have more systematic preparations for youth to prepare for independent living. They have a youth house separately for girls and for boys from the age of 14 years and adult "educators" who provide guidance. The young people still have care and services, such as clothes, shelter, food and education; but they are also expected to do some vocational training and cleaning to increase their independent living

---

skills. At the age of 18 years if children are still continuing their education they are given some money to rent their own room and the financial contribution from SOS is reduced over time, such that by the age of 21 years the financial support is phased out. Each young person has an individual plan, and the educator will support the young person to make a plan for themselves. Monitoring and support is also provided. Furthermore, a bank account is established for each child when they live in an SOS village, and the money in the account is given to the child once they leave. Some children return to visit or stay with SOS "mothers" and other close friends during religious holidays.

A female careleaver from SOS described how: *"SOS shaped me to be an independent person. They supported me until I graduated from the university by paying my university fee and at the same time they taught me to be independent by cutting my monthly allowance. At the beginning I could not believe I only receive 150.000 IDR (<$12) for my monthly allowance so I started to work part-time. My wage was 40.000 IDR ($3) per day and I spent 5.000 IDR for my lunch. It was hard at the beginning but then I am fine with it."*

In efforts to implement the National Standards of Care some other child care institutions are now establishing and maintaining individual bank accounts for children that they can access when they leave the institution. However, the extent to which children or their families are provided with material or financial assistance when they live the institution are influenced by the extent to which the institution has such financial or material resources. A representative from a City Social Affairs Office described how: *"The Social Affairs Office has a limited budget. We don't give assistance to the children who will be leaving institutions, but the childcare institution has a bank account for each child. The money comes from the donations, and when the child leaves they will get this money."*

Some caregivers and children living in institutions have expressed concerns about whether the young people will have adequate skills to get good jobs once they leave care (Save the Children, DEPSOS RI, UNICEF, 2007). Similar concerns were shared by caregivers during field work for this report, particularly young people returned to remote villages where they could not get employment in areas they had been educated in such as pharmacy or animal husbandry. Furthermore, some children raised inner questions and concerns about why they were abandoned and left by their parents in an institution. Such abandonment negatively affected children's self-esteem. A girl who had grown up in care described how:

> *I learn to forgive my past. I cannot make someone love me and to care for me. By forgiving my past, my relationship with my siblings and my mother went well. First I could never understand why my mum sent me to [the residential home], but at the age of 22 years I found out the reason… It was not easy… I had to consult with a psychologist before I can release all the anger and pain inside of me… Besides seeing a psychologist I am also seeing a pastor. I went to church and share my feelings. Finally after all the fights with myself I can stand up and forgive myself and my past.*

Adoption

National adoption

In Indonesia traditionally there have been two kinds of adoption, the first is formal based on the court system; and the second is based on customary law. In recognition that customary practice may contribute to illegal and harmful adoption practices, laws and regulations have been strengthened to ensure that all adoptions are formalised through the court.

Adoption was mentioned in the Child Protection Law 23 / 2002, which was amended to be the law 35/ 2014. 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 of Social Affairs to facilitate adoptions, and minimal data was collected on domestic adoptions. The Government Regulation Number 54 Year 2007 defines adoption as a legal action that transfers the child's civil and legal rights from his/her natural parents to the authority of the adopting parents. Adoption implies legal consequences in the form of guardianship and inheritance. Unlike fostering and guardianship, child adoption is considered permanent care. A Ministerial Decree No.110/ 2009 outlines adoption requirements. While ensuring protection, the adoption requirements and procedures are very bureaucratic thus putting off some prospective adoptive parents from starting and finalising the process.

The Indonesian Government stipulates that an adoptive child must be of the same religion as the adoptive parents. Where the religion of the child's birth parents is not known, the child will be deemed to be Muslim. The child will be released into prospective adoptive parents' foster care. The adoptive parent must complete a minimum period of six months of foster parenting the child before commencing the court process to finalize the adoption. Monitoring by an Indonesian social worker appointed by the Ministry of Social Affairs is a part of this fostering process. Furthermore, there is an obligation for adoptive parents to inform an adoptive child about their biological parents when the child reaches maturity.

Despite the regulations, concerns about illegal adoption practices and corruption, including concerns about some non government agencies that have a licence to support adoption have been raised.

Inter-country adoption

Indonesia is not party to the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.* Therefore, when the Hague Adoption Convention entered into force for the United States on April 1, 2008, inter-country adoption processing for Indonesia did not change. However, in all circumstances international adoption is only meant to be considered as a last resort (Martin, 2013); and following tsunami Indonesia banned the transfer of any child under the age of 16 from the most devastated province of Aceh, and explicitly banned any inter-country adoptions.

Discussions with local cadre about informal care

What is in the legal and policy framework that governs alternative care?

The role of the State to support abandoned children is included in the 1945 Constitution. The 1979 Child Welfare law (No.4) articulates that the primary responsibility for the fulfilment of a child's physical, psychological and social wellbeing was with the parents. At the same time it also provided that children who do not have parents have 'the right to be cared for by the State or other body', while children who are 'disadvantaged' have the right to access 'assistance in order to ensure that they are able to grow up in his/ her family (Save the Children, DEPSOS RI and UNICEF, 2007).

Indonesia ratified the UN Convention on the Rights of the Child in 1990. Following the ratification the Government began the process of aligning its policies and laws to a child rights based framework, rather than a charity-based welfare framework (Martin, 2011). The past ten to twenty years have been marked with the enactment of various laws and regulations pertaining to children's rights to care and protection with increasing efforts to protect children from abuse, violence, neglect and exploitation (Martin, 2011; SMERU, BAPPENAS and UNICEF, 2012). A monumental breakthrough and a clear indication of the country's national vision and its commitment to strengthening the child protection system is the inclusion of child protection indicators in the country's long- and medium-term development planning documents – the National Long-Term Development Plan 2005-2025 (known as *Rencana Pembangunan Jangka Panjang Nasional – RPJP Nasional 2005-2025*) and the National Medium-Term Development Plan 2010-2014 and 2015-2019 (known as Rencana *Pembangunan Jangka Menengah Nasional - RPJMN 2010-2014 dan 2015-2019*) (Ministry of National Development Planning /BAPPENAS Indonesia, UNICEF and Global Affairs Canada, 2015). However, monitoring and implementation of national plans, policies and regulations concerning children are challenging as a result of decentralisation policies, the scale and diversity of the country, and inadequate funding for child welfare issues (Better Care Network and Global Social Service Workforce Alliance, 2014; Martin, 2013; Martin, 2011).

In 1997 a Ministerial Decree by the Ministry of Social Affairs enabled the establishment of Child Protection Bodies at the national and provincial level, and the National Commission for Child Protection (*Komisi Nasional Perlindungan Anak – Komnas Anak*) was established in 1998[14] (Hitzemann, 2004). In October 2002 the Child Protection Law No.23 was adopted by the Indonesian Government. The Child Protection Law aimed to integrate some of the key principles of the UNCRC. It recognises the primacy of the parental role in relation to the care and protection of their children, while also articulating that children have the right to be protected from a range of harmful acts at the hands of their parents, guardians or anyone responsible for their care. Whereby 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 or abandonment, the law now recognised that it was also responsible for ensuring the protection of all children,

---

[14] Although the Komnas Anak was established by Ministerial Decree, it is actually run as an NGO.

including within families or any other care setting. The Child Protection Law No.23 introduced the concept of children in need of special protection (CNSP) and affirmed the government's responsibility for the protection of these children[15]. Other key pieces of legislation and policies relating to child labour and trafficking were also adopted in 2002.

Following adoption of Law no 23/ 2002, the Ministry of Social Affairs adopted a series of technical guidelines and policies to support its implementation including Guidelines for the care of children in need of special protection (2004). These guidelines defined the division of responsibility between the State agencies and the community in terms of mutual collaboration, but also acknowledged an overall responsibility on the part of the Government *"to provide an adequate institutional and legislative framework, exercise supervision and control, provide protection to all who require it, to effect initial interventions, to assist in the treatment of the child and to facilitate referrals."*

In line with the new Law No.23 DEPSOS updated its guidelines and provided sets of directives for the care of children in institutions, and the care of children 'outside of institutions' (Save the Children, DEPSOS RI and UNICEF, 2007). Various efforts were also made by the government to prevent and respond to violence, discrimination, and neglect of children (see Martin, 2011) including:
- the establishment of an Integrated Service Unit for the Empowerment of Women and Children (P2TP2A) in every province, regency and municipality;
- developing a National Action Plan for the Elimination of Violence against Children; and
- creating a system for recording and reporting of child victims of violence, discrimination, harassment, mistreatment, and neglect. At every level, the Woman Empowerment and Child Protection Bureau acts as the center for data and information gathering.

In 2003 the state body of Indonesia Child Protection Commission (*Komisi Perlindungan Anak Indonesia – KPAI)* was established through Presidential Decree No. 77 Year 2003, as a separate body from the National Commission for Child Protection. This commission is formed based on the mandate of the Law No. 23/2002 on Child Protection in order to increase the effectiveness of child protection activities. This is an independent government body and one of the national institutions in guarding and supervising the human rights implementation in Indonesia. The KPAI commissioners are selected by parliament.

The Law No. 11 of 2009 on Social Welfare state principles to guide administration and budgeting for the social services it covers, and also sets general expectations for the registration and licensing of social service providers, including sanctions for non-compliance. However, participants interviewed expressed concerns that sanctions for non-compliance had never been made.

---

[15] Children in need of special protection included: 1) Children in emergency situations; 2) Children in contact with the law; 3) Children from minority and isolated group; 4) Children being exploited economically or sexually; 5) Children who are trafficked; 6) Children who become victims of substance abuse including narcotics, alcohol, psychotropic substances and other addictive substances; 7) Children who are victims of kidnapping, sale and trading; 8) Children who are victims of both physical and/or mental violence; 9) Disabled children; 10) Children who are the victims of abuse; and 11) Neglected children.

In 2010, a National Plan of Action on Violence against Children was also adopted by the Ministry of Women's Empowerment and Child Protection (Decree 2/2010) and enacted into law. The Law Number 6 Year 2014 on Village increases the mandate and authority of villages to develop their own policies and budgets, which could include allocations of budget for community based child protection monitoring, prevention and response (see Moore, 2014). However, increased inter-agency coordination at every level is required to ensure efficient use of resources and effective referral mechanisms to prevent and address child protection and care concerns. Moreover, increased capacity building of stakeholders is required to ensure actions which are based on the best interests of the child (see Moore, 2014).

A range of other legislation has ensued, including the Law on the Elimination of Domestic Violence (2004); the Law on Anti-Trafficking (2007); the Juvenile Criminal Justice System Law No. 11 (2012); and the Revision of the Law on Population Administration (2013).

Despite such child protection system developments, and legal emphasis of the role of parents and the families in the Child Welfare Law (1979) and the Child Protection Law (2002) there were insufficient efforts to support and strengthen families and there was continued over reliance on institutional care. In February 2004 the UN Committee on the Rights of the Child concluding observations included concern regarding the high number of children who are placed in institutions and the increasing number of children who were being abandoned by their parents. The Committee on the Rights of the Child recommended that the Indonesia government undertake a comprehensive study to assess the situation placed in institutions, including their living conditions and the services provided; and that they develop programmes and policies to ensure that institutions are used as a measure of last resort (Committee on the Rights of the Child 2004)[16].

In the aftermath of the tsunami that hit Aceh in December 2004, the MoSA in collaboration with Save the Children carried out a rapid survey of child care institutions in Aceh province (DEPSOS and Save the Children, 2006). The survey results indicated a high dependence on institutional care by families and communities affected by the disaster even if parents survived the disaster. The research revealed that few of the children entering residential care were orphans and that over 85% of the child victims of the tsunami had at least one parent alive (DEPSOS and Save the Children, 2006). The research also identified how aid for children's care and protection was being directed towards child care institutions, rather than towards family based care and protection, and additional institutions were being established (DEPSOS and Save the Children, 2006).

Considering the UN committee recommendations and the increasing scale of concern relating to children's care and protection resulting from the tsunami, the MoSA, Save the Children and UNICEF recognised the need to work urgently towards a better understanding of the situation of children in residential care not only in Aceh and in a post emergency context, but nationwide including diverse contexts to be found across the archipelago. As a result these agencies decided to undertake a major piece of qualitative research into child care institutions across 6 provinces of Indonesia (Save the Children, DEPSOS RI and UNICEF,

---

[16] CRC/C/15/Add.223

2007). The research "Someone that Matters" was instrumental in providing an evidence base to support a paradigm shift from institutional care to family based care (Martin, 2013).

From 2009 – 2011 collaborative efforts were made to develop National Standards of Care. The process of development took two years due to the consultation process, debates and discussions regarding use of institutional care as a last resort and how to use the standards to reform institutions to support family based care. 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). The National Standards of Care were formulated by the Ministry of Social Affairs through a consultative process with practitioners, academics, managers of child care institutions and policy makers. The Standards were designed as a part of the policies to improve the quality of services offered by child care institutions *(Panti Asuhan)*, and the standards support the transformation of the role of these institutions to function as centers for services for children and their families. The National Standards take into consideration and are aligned with the UN Guidelines on Alternative Care.

The objectives of the **National Standards of Care** are:
1. Fulfilling children's right to receive care in their families.
2. Providing guidance to the Child Welfare Institutions in carrying out their role as the last alternative in the care of children.
3. Developing direct services to support families that face challenges in the care of their children.
4. Supporting family-based alternative care for children through foster care, guardianship, and adoption.
5. Facilitating the competent authorities in developing management systems for Child Welfare Institutions that meet the needs of children and their families, including in making decisions about children's care, issuing authorization to operate for Child Welfare Institutions, as well as monitoring and evaluating the performance of Child Welfare Institutions.

Pocket book of National Standards of Care

In recognition of the need for improved gatekeeping and an improved social work workforce to support implementation of the standards and family based care, regulations supporting the accreditation of social welfare institutions, and the professionalization of social workers have also been developed by the Ministry of Social Affairs (Martin, 2013) including:

- Ministerial Regulations on the Certification of Professional Social Workers and Social Welfare Officers (TKS); and
- the Ministerial Regulation on the Accreditation of Social Welfare Organizations.

These initiatives also to implement Social Welfare Law number 11/2009 that stipulated certification and accreditation.

The Child Protection Law was amended in 2014 thus creating the Law No.35 Year 2014 on The Changes on The Law No.23 Year 2002 on Child Protection. This amendment of the law regulates guardianship as a form of temporary care, and it mentions the development of government regulation on care. The Ministry of Social Affairs has developed the regulation which should be signed off by the President before the end of 2016.The Indonesian government has also recently agreed a National Plan of Action for Child Protection (2015-2019) and a National Strategy for the Elimination of Violence against Children (2016-2020). These plans and strategies seek to address some of the root causes of children's vulnerability, and to strengthen parenting skills and availability of services to increase the care and protection of children in families.

A **Child Care Bill** has been drafted that provides more details about how to support family based care, including fostering, guardianship and adoption, and how to strengthen parents role in child care, including support for parenting skills. The Bill was developed by civil society organisations coordinated by Bahtera in Bandung with support from Save the Children. Additional lobbying by the Alliance for Family Based Care (led by Muhammadiyah) with the Ministry of Women Empowerment and Child Protection to pass this Child Care Bill is underway. The draft bill is currently being discussed by the People`s Representative Council as part of an advocacy strategy to speed up the ratification process to enable the Law on Child Care.

What are the structures responsible for governing and delivering alternative care?

In Indonesia there is fragmented and divided responsibility for child care and child protection among   different Ministries and government bodies, and coordination is complicated by decentralisation (Martin, 2011; Boothby and Stark, 2011; Better Care Network and UNICEF, 2015; ECPAT et al., 2014). Due to decentralisation processes, the central authority has a relatively limited role in service delivery, with its main responsibilities being policy formulation, establishing minimum standards of services and promoting inter-agency collaboration (ECPAT et al., 2014). Increased inter-ministerial

coordination and increased multi-sectoral coordination among government and non-government agencies at all levels is required to reduce the gap between policy rhetoric and implementation on children's alternative care and on parenting skills.

As stated in the Presidential Decree 45/2015, the Ministry of Social Affairs is primarily responsible for social rehabilitation, social security, social empowerment, social protection, and interventions for poor people. In this new structure, within the ministry there is one directorate that is responsible for children`s care that is the Directorate of Children Social Rehabilitation under the Directorate General Social Rehabilitation. Previously the MoSA programmes for children were primarily framed in response to "problems" and the services were mostly directed to children through residential institutions (Martin, 2011; Martin 2013). While many of these residential institutions were run privately, the state government provided funding to institutions, initially through its Fuel Subsidy scheme (*Subsidi Bahan Bakar Minyak – Subsidi BBM*), a subsidy program enacted since 2001, to compensate for the rise in the price of fuel; and more recently through cash transfer programs to vulnerable groups, including children. For implementation of such cash transfer programmes MoSA recruited *sakti peksos* social workers, but they are placed under the local government Social Affairs Office *(Dinas Sosial).*

In the past decade significant efforts have been made by the MoSA to support the paradigm change to reduce the reliance on institutional care and to increase support for family based care. The MoSA has worked collaboratively to socialise members of the Social Affairs Office (Dinas Sosial) about the National Standards of Care to increase regulation and gatekeeping to prevent family separation, to promote quality care, family reunification, and family based care options. In accordance with the MoSA Regulation (No. 107, 2009) on the Accreditation of Organisations in the Social Welfare Field, MoSA have been actively involved in establishing the Accreditation Board for social welfare organisations. The MoSA works in collaboration with the Social Affairs Office (Dinas Sosial) to implement the accreditation process. Furthermore, two child care institutions run by the MoSA as "models" have been used to demonstrate and learn from piloting efforts to implement the National Standards. MoSA has also supported collaborative work with Save the Children and Social Affairs Office to pilot and demonstrate Child and Family Support Centres.

While increased funds are now being allocated to support children living in their families, the MoSA has continued to provide considerable funding through residential care institutions. Furthermore, the capacity of the Ministry to support and supervise services for children and their families at the local level is limited. With over 500 Regencies and Municipalities to support and limited capacity at the local level to administer and oversee social services, the relationships and lines of responsibility between central and local government have remained ill-defined, and in some cases, even contentious (Martin, 2011).

Law No 32 of 2004 on Local Governance reaffirmed the Central Government overall responsibility for ensuring the application of minimum standards in social welfare in the context of the local autonomy while local government is responsible for the provision and delivery of social services through their **provincial and district/city offices.** Each province has a provincial and a

district/city Social Affairs Office (Dinas Sosial) which has a section or directorate responsible for social services for children. In most provinces, social welfare service structures do not extend below the district level (ECPAT et al., 2014). Furthermore, in many provinces and cities local government officials who are responsible for social services for children, are often also responsible for services for elderly or other vulnerable groups.

Responsibilities of the Social Affairs Offices which are outlined in the National Standards of Care include:
- Assessing and providing permits to social welfare organisations that aims to deliver social welfare following accreditation protocols;
- Regular monitoring and evaluation (at least once a year) to see if the services provided by the child welfare institution conform to the National Standards of Care;
- Using individual case management as a tool to: assess the child and their family, to ensure gatekeeping and to prevent unnecessary family separation; plan and implement a care plan for the child and family to ensure care and protection in their best interests;
- Preparing a letter of agreement for children who fulfil criteria to enter a child welfare institution;
- Monitoring how child welfare institutions provide care;
- Responding to referrals from child welfare institutions to support family based care and/or family reunification;
- Identifying substitute families through fostering, guardianship or adoption for children and monitoring the care of children in substitute families.

In addition to the Ministry of Social Affairs, other ministries have a role in care as part of a broader child protection remit particularly the Ministry of Women's Empowerment and Child Protection which is in charge of national policy and coordination for child protection (Better Care Network and UNICEF, 2015). The Ministry of Justice and Human Rights, the Police, the Ministry of Labour, the Ministry of Health and the Ministry of Education and Culture each have their own particular mandates that touch on child protection without having clear role assigned in relation to the implementation of the Child Protection Law or even in relation to each other (Martin, 2011). The Ministry of Religious Affairs also have responsibility for formal and informal Islamic schools management in Indonesia, including *pesantren* (Islamic boarding schools).

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. As part of this mandate, it is responsible for coordinating the implementation of the Convention on the Rights of the Child. The Ministry participates in joint programming with other ministries for coordinated delivery of services for children. It is also instrumental in issuing policy guidelines for child protection to sub-national counterparts. Moreover, the Ministry has recently been actively involved in developing programmes to support parenting. However, it lacks sufficient resources and institutional standing to perform the function of general coordination across all government authorities when implementing cross-cutting child protection programmes (BAPPENAS, UNICEF and Global Affairs Canada, 2015). The National Task Force on Child Protection is led by the Ministry of National Development Planning/BAPPENAS. Furthermore, formal responsibility for delivery of the new strategy for the Elimination of Violence against Children (2016-2020) lies with the Coordinating Ministry of

Human Development and Culture (which oversees all relevant line ministries), the Ministry of Women Empowerment and Child Protection, and the Ministry of National Development Planning/BAPPENAS.

Established in 2003 the **Indonesia Child Protection Commission (KPAI)** has a high level mandate to monitor and make recommendations to the President on the implementation of the Child protection law, but its role is mostly to disseminate the content of the law to the broader public (Martin, 2011). The commission's secretariat and budget are under the Ministry of Women Empowerment and Child Protection; as a result, the integrity of the Commission's 'independence' has been brought into question (BAPPENAS, UNICEF and Global Affairs Canada, 2015). Furthermore, the Commission has no mandated authority on issues related to policy budgeting or technical aspects of policy implementation.

Indonesia has been likened to a welfare society (Martin, 2013). More than 90% of residential care institutions for children are privately owned and many are run by local religious organisations (Save the Children, DEPSOS RI, UNICEF, 2007). While regulation of institutional care establishments are improving, in many provinces such regulation is weak and significant proportions of institutions providing alternative continue to be unregulated by the local or central government.

Indonesia's care reform process engaged a wide range of stakeholders, including the national, provincial, district, and local governments, NGOs, UN agencies, faith- based organizations, donors, universities, social workers and professional organizations, community workers, volunteers and allied workers, faith communities, and children and families (Better Care Network and Global Social Service Workforce Alliance, 2014). Save the Children has played a significant role in collaborating with the Ministry of Social Affairs to drive child care reforms, alongside Muhammadiyah, UNICEF and other agencies. Muhammadiyah is leading the Family Based Care Alliance bringing together a range of religious and social civil society organisations that are concerned with child care reforms. Save the Children, Muhammadiyah and UNICEF have been actively involved in evidence based advocacy, supporting deinstitutional care pilots, building the capacity of the social welfare workforce, raising public awareness, and demonstrating also child and family support options. Other international and national non-government, including religious organisations are also involved in broader child protection system developments.

Focus group discussion with mothers

What are the mechanisms and processes used to implement alternative care, deinstitutionalisation and family based care in Indonesia?

In 2007 the Ministry of Social Affairs, with support from Save the Children, UNICEF, Muhammadiyah and others began to redirect its services towards supporting family based care, whilst also establishing the elements of a regulatory system for residential care and developing a more comprehensive framework for the provision of alternative care. Following the "Someone that Matters" research government officials from the MoSA and Save the Children identified five key areas of change for child care reform.

Key areas of change for child care reform (Martin 2013):

1. Evidence based advocacy

To put the issue on the map through research and advocacy to identify and publicize the problem and its implications, creating greater public awareness and political will from key actors, including policy makers in the government, social service providers in particular faith based organizations, relevant professionals and academics, and community actors, including staffs and children in institutional care.

2. Policy and legal reform

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.

3. Capacity building and engagement of key duty bearers and stakeholders in change process

To use research and advocacy processes to build the capacity of key duty bearers and strategic partners to understand the problem and act upon it: a team of 'champions' from inside that can drive the change process needed in all sectors (policy makers and government sectors, service providers, professionals and practitioners, and children and young people in alternative care).

4. Initiate a shift in human and financial resource to support transformation towards family and child centered services

To work with the organizations running residential services and the government 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.

5. Establish good models of interventions that are child and family centered and support family based care

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 developing an Indonesian model of de-institutionalization, with gate-keeping mechanisms in place and the adoption of family reintegration protocols.

This section of the report describes some of the main mechanisms and processes that have been instrumental to practical implementation of child care reforms supporting alternative care, deinstitutionalisation and family based care. Further analysis and lessons learned regarding what is and is not working, challenges faced and recommendations relating to these child care reforms are shared in later sections of the report.

Evidence based advocacy by champions in different settings

Evidence from the "Rapid Assessments of Children's Home in post-Tsunami Aceh", a "Rapid assessment of Islamic Boarding Schools (Dayahs) in post-tsunami Aceh", and from the "Someone that Matters" research has been pro-actively used by the Ministry of Social Affairs, Save the Children, UNICEF, Muhammadiyah, Social Affairs Offices, and academic institutions to drive advocacy for legal and policy reforms and practice developments. For example, in 2006 the Rapid Assessment findings were immediately used by the Head of the Directorate for Children's Services to redirect proposed assistance by foreign governments towards the provision of educational stip-ends and scholarships for tsunami affected children; and an inter-agency working group on Family Based Care was set up to review funding for institutions and ways to re-direct assistance to support family based care (Martin, 2013). Despite the principle of family care being recognised in the Child Protection Law, the "Someone that Matters" research revealed that policies, services, budgets, attitudes, competencies, mechanisms and infrastructure at all levels had been supporting institutionalisation (Martin, 2013). Thus, internal discussions and advocacy were undertaken within the Ministry of Social Affairs to develop and implement National Standards of Care, and to divert resources to increase support for family based care both in development and humanitarian contexts. The research evidence provided a clearer understanding of the situation that enabled practical discussions between the MoSA and the local Social Affairs Offices regarding approaches to assistance to vulnerable children (Martin, 2013).

Findings from the "Someone that Matters" research were published and printed both as an overall report, and as a series of separate institutional reports in order to mobilise management and staff from each institution. This strategy supported advocacy work at central, provincial and at the level of the institutions to improve the situation for children. Separate advocacy meetings were also conducted to present and receive feedback from influential national organisations who ran significant numbers of residential institutions in the country, including Nahdlatul Ulama (NU) and Muhammadiyah, the first and second largest Islamic organisations. Muhammadiyah pro-actively engaged in the child care reform process in order to improve services and outcomes for children, and they supported the engagement of a National Forum of heads of organisations to be actively engaged in ongoing data collection and child care reform processes (Martin, 2013). Muhammadiyah have been a champion among religious organisations to work on change supporting increased investments family based care both within their organisation, while also being involved in external advocacy contributing to the development of new policies and standards

on care, and piloting of the National Standards of Care to ensure gatekeeping and increased care of children in families.

Child led advocacy

Children's involvement in the child led research supported by the Ministry of Social Affairs and Save the Children (2007 – 2008) also supported children's active engagement in advocacy initiatives in key institutions, at local, provincial and national levels. Six child led research reports were published in May 2008 and copies were given to children and the institutions to support local action and advocacy initiatives. A photo exhibition of photos taken by the child researchers were also displayed. The child researchers had identified agencies and people that they wanted to share their research findings with, including lobbying with the Minister of Social Affairs. At the local level children's concerns regarding discipline, rules and other matters were also discussed and space was provided for child care institution managers to discuss and identify ways to improve the quality of care. Tensions relating to changes in power dynamics between children and adults in the institution had to be carefully managed to ensure children did not face risks for speaking out about negative aspects of their care.

Developing and Implementing National Standards of Care

The **development and use of National Standards of Care** (No. 30/ HUK/ 2011) have enabled mechanisms and processes which:

- strengthen the regulatory framework, accreditation of social welfare organisations and gatekeeping mechanism to prevent unnecessary family separation;
- support use of individual case management, care planning and reviews which are guided by CRC principles and the importance of permanency planning;
- support family reunification to return children from institutions to their families whenever in their best interests;

- monitor the quality of care provided in residential care;
- help transform the role of residential institutions to function as centres for services for children and their families;
- (in principle) support family-based alternative care for children through foster care, guardianship, and adoption.

By 2015 sensitisation on the National Standards of Care had been undertaken with staff from 1,447 institutions across 31 provinces. MOSA continue to deliver National Standards of Care training in some province in 2016.

Supporting de-institutional pilot projects and family reunification

Martin (2013) describes how in 2010 and 2011:

> *In order to support the implementation of the National Standards of Care, Save the Children worked with the Ministry of Social Affairs to initiate a process of dissemination and socialisation of the standards across the country, while also conducting more intensive piloting of the standards with six child care institutions in West Java and Yogyakarta as part of its Deinstitutionalization pilot. (p.77)*

As part of the implementation strategy a National Monitoring Team was established by the MoSA consisting of the: Director of Children's Services; senior members from the Directorate of Children's Services, from the National School of Social Work, the University of Indonesia, the National Commission on Child Protection, and Muhammadiyah's National Forum of Child care institutions (Martin, 2013). A provincial monitoring team was also established in the pilot provinces. It was chaired by the Head of the Social Affairs Office (Dinas Social) and included staff from Dinas Social, members of the local Forum of child care institutions, and from the School of Social Work and universities in the area. The monitoring teams implemented training and socialisation about the standards with local officials and the child care institution staff, and supported implementation of the standards. Save the Children provided technical support to both teams (Martin, 2013).

At the outset there was often resistance and a negative response to the National Standards by many childcare institution managers, as they were fearful that the standards meant their institutions would have to close, and they were often unsupportive of proposed changes concerning positive discipline of children. Thus, the de-institutional pilot projects with child care institution managers who were willing to engage in the process of implementing the National Standards of Care were also an important strategy to learn from and to increase momentum for their practical implementation.

The deinstitutionalisation pilot project in Bandung, West Java[17]
In 2010 piloting of the National Standards was undertaken in 3 institutions in Bandung West Java in
1) Wisma Putra, a "model" child care institution that was run by the Ministry of

---

[17] Informed by interview findings with Save the Children, Dinas Social and child care institution staff in Bandung, September 2016; and by existing documentation in Martin (2013).

Social Affairs
2) In Bayi Sehat a childcare institution run by Muhammadiyah that was specialised in caring for babies and young children
3) In Nugraha child care institution that was run by a civil society organisation

As part of the de-institutional pilot project and systems each institution was supported by social workers. Two social workers were seconded by Save the Children to the city Social Affairs Office in Bandung, and one to the West Java provincial office. The institutional care staff and social worker used the National Standards to review the quality of care provided. An individual case management approach was used to re-assess each child and their family to identify the reasons the child had been placed in care, and to identify and follow up with family reunification wherever appropriate. The assessments revealed that the majority of children placed in Wisma Putra and Nugraha had parents and were primarily there to access education. Thus, family reunification processes for many children were supported. In Bayi Sehat some young children had been abandoned or had been placed there due to neglect since they were babies. Through the pilot process gatekeeping mechanisms to ensure a proper assessment of children seeking to enter institutional care was established and maintained. Furthermore, efforts to identify and support vulnerable children living with their families were also taken forwards, alongside broader efforts to redirect roles and systems towards more child and family centred services. A staff member from Nugraha described how:

> Previously the institution was considered as a first care option for children in need of care, but after the standards institutional care became the last option as children are better off to be cared for by their parents.... Before the standards there were 185 children in the institution, now after there are 40, 21 girls and 19 boys... and around 100 children are being supported in the surrounding area. We provide monthly school allowance, capital for the family depending on their need, for example we provide a sewing machine or something to support husbandry.

A similar piloting process was supported in 3 institutions in Yogyakarta in 2011 (2 run by civil society organisations and 1 run by the government).

De-institutional pilot project by Muhammadiyah and UNICEF in 7 institutions in East Java

A de-institutional pilot project was also undertaken by Muhammadiyah in collaboration with Unicef in East Java from 2009 - 2011. In 7 institutions that were run by Muhammadiyah the National Standards were implemented and using a case management approach the gradual return of children to their families was facilitated. Based on these experiences from 2014 to 2015, UNICEF and Muhammadiyah developed Standard Operating Procedures (SOPs) on the Placement of Children in Social Welfare Institution Children and Reunification of Children to Families. These Standard Operating Procedures support implementation of government policy and have been positively received by the Ministry of Social Affairs. The SOPs further reinforce the role of social workers to undertake case management to ensure effective assessments, planning and monitoring, including a key focus on monitoring children's development.

Lessons learned regarding the differential costs of supporting children in families, as compared to caring for children in institutions has also been used by Muhammadiyah to support internal advocacy for increased support of family based care. A Social Services Council Chairman described how: *"We counted the expenses for children living in child care institution and children living with their families. There was a huge difference. The cost of the children living in child care institution is higher than those live with their families. This droved us to start to support the children living in with families as we can support more children with the money we had."*

As part of the family reunification process individual case management is being used by social workers to assess and to prepare parents for their child's return. Parenting skills and family support such as scholarship support, skill training or small capital to start their business have been provided to enable children to reunify with their families. However, some childcare institution managers described how the family reunification is one of the most challenging aspects of implementing the National Standards, as some parents are not ready for their children to be returned, especially as challenges relating to access to education continue. Furthermore, while the majority of children prefer to live with their parents, some children also faced concerns about their education opportunities.

More recently there have been increasing initiatives by institutions run by religious organisations (including Nadhatul Ulama, as well as Muhammadiyah), civil society organisations, and by the Ministry itself to implement the National Standards to support deinstitutional care and family reunification processes.

Transforming MoSA run child care institutions into rehabilitation centres for adults[18]

The MoSA are currently supporting processes to transform their existing two model child care institutions in Java to become rehabilitation centres for adults, as it is recognized that it is more appropriate for children to receive family based care, and the Minister identified an increasing need to support victims of drug abuse. The child care institution in Batu Raden (Central Java) will be transformed into a rehabilitation centre for narcotic users, and the child care institution in Pati (Central Java) will be transformed into a rehabilitation centre for adults with mental health problems. A step by step process using individual case management with each child living in the institution has been undertaken to support family reunification, 80 out of 130 children have already been reunified with their families and their families have been provided with family assistance. The MoSA is working in collaboration with the Ministry of Civil Government to support the family reunification and family assistance process. Negotiations and agreements between directorates within MoSA have also been necessary to transfer material and human resources for the new focus on establishing rehabilitation centres for adults.

Accreditation of child welfare institutions

Accreditation of Child Welfare Institutions to ensure increased regulation and monitoring is integral to the National Standards of Care. An Accreditation Body was established in 2013, and processes are currently underway to identify and recruit new members of the National Accreditation Body. The Accreditation process is supposed to involve detailed assessment of the quality of care provided by the social welfare institution, including observation and discussions with staff and children. Social Welfare Institutions usually have 6 months to prepare for and to make any identified quality improvements in order to successfully complete the accreditation process. While the initial phases of accreditation followed due protocol during the piloting phase, there have been some reports that the quality of the current accreditation processes are variable depending on the extent to which the assessors have been properly trained and have sufficient time to undertake the assessment. The quality is also compromised by budget constraints as there are extremely limited funds to support monitoring teams in 34 provinces.

---

[18] Information is from an interview with a government official from the Ministry of Social Affairs, September 2016.

Accreditation Body for accreditation of Child Welfare Organizations[19]

The Social Welfare Institution Accreditation Body in Indonesia is known as *BALKS Badan Akreditasi Lembaga Kesejahteraan Sosial.* There are currently 19 active assessors working on accreditation assessments spread out in 6 regions which are Sumatra Regions (Padang), Java, Bali and Nusa Tenggara Region (Yogyakarta), Central Region (Bandung and Jakarta), Kalimantan Region (Banjarmasin) and Sulawesi Region (Makassar). By 2015, 303 child care institutions had been accredited.

In 2015 there were 158 social welfare organizations (LKSA) who went through the accreditation process with BALKS, of whom: 11 social welfare organizations received grade A as they fulfilled more than 85% of the National Standards of Care; 75 social welfare organizations received grade B as they fulfilled 68% - 85% of the National Standards of Care; 64 social welfare organizations received grade C as they fulfilled 50% - 70% of the National Standards of Care; and 8 social welfare organizations were not eligible to be accredited.

Key challenges in conducting the Social Welfare Organisation Accreditation (identified by those who are actively involved in the accreditation process):
- The BALKS system and regulation is still under the MoSA, and is highly dependent on the availability of human resources, facilities and other term and conditions available in the MoSA.
- Awareness and the interest of the Social Welfare Institutions to follow the Accreditation program is relatively low. The accreditation is running without any appreciation for those who follow the Standards, and without any clear sanction for those who do not follow as it is written in the Ministry of Social Affairs Decree No.17 Year 2012 on Social Welfare Institution Accreditation.
- The BALKS members are still dominated by academia while BALKS need practitioners who understand and have expertise in assessment methodology and management.
- There is limited involvement and participation from the MoSA and Social Affairs Offices as well as local organizations.
- There is a need for more advocacy with the Social Affairs Offices staffs to promote obligatory accreditation of Social Welfare Organisations in their geographic area.

Increased human resource investments and multi-organisation collaborations among the government, non-government organizations and BALKS are needed to improve the work of the accreditation body.

In Bandung city where deinstitutional care pilots were initiated, 19 child care institutions had been accredited by 2015, and an additional 14 institutions are currently in the process of getting accreditation. Increasing numbers of social welfare institutions are coming forward to request and undertake the accreditation process. However, in some districts the Office of Social Affairs is not always ready to promptly follow up with the requests. As described by a SOS staff member:

> *We have accreditation in Jakarta SOS has A, in Flores we have done the process, but we have not yet got the results, and Lembang is still in process. In 5 other SOS villages the process not yet started, although we*

As part of the accreditation process and in efforts to apply the National Standards of Care a number of organizations have reviewed and made improvements to: gatekeeping mechanisms; care planning and review systems including support for family reunification; support provided to children and families living outside of the institution; and some have increased opportunities for children's participation in decisions affecting them. However, some institutions face challenges in meeting all the standards, particularly when financial constraints contribute to the challenges faced. For example, some child care institutions struggled to have sufficient care staff to meet the standards concerning staff: child ratios. Furthermore, staff described challenges in supporting family reunification processes due to insufficient readiness of the parent, child, or both parties.

Gatekeeping and prevention of family separation

Prior to the National Standards the majority of child care institutions had no gatekeeping mechanism in place, thus contributing to unnecessary and inappropriate use of residential care for many children. The establishment and piloting of a regulatory system for institutional care with a focus on gatekeeping and prevention of family separation is integral to implementation of the National Standards. Further to socialisation on the National Standards and as part of the accreditation process, increasing number of Social Welfare Institutions are ensuring application of criteria regarding which children are eligible to enter an institution. Moreover, in collaboration with Dinas social, a individual case management approach is increasingly being used to carry out an assessment of each child referred to the Institution in order to understand the issues faced by the child and the situation of the family as well as identify, plan and implement the best possible solutions. The assessment is usually carried out by a staff member within the institution, in collaboration with social workers from the Social Affairs Office/PDAK. Based on the assessment from social workers, the Social Affairs Office decides whether a child fits the criteria to enter the institution, or alternatively whether the child can be supported to stay with the family (e.g. by providing scholarship support). Social Affairs Office may also decide the child / family is not eligible for support (for example if they are not poor / vulnerable).

Desire to be accredited is a source of mobilisation for a number of child care managers to become familiar with and to make efforts to apply the National Standards of Care. For example, a manager of an Islamic child care institution who had attended their first socialisation on the standards described some of the immediate efforts their organisation was going to take to establish gatekeeping mechanisms, and to support family reunification processes:

> *This CCI wants to get accreditation and last month we had our first training with Dinas Social and Save the Children. Before we got the training all children could enter our institution….. After the training from Dinas Social and Save the Children we will follow the rules… We will try to follow the standards regarding who is eligible to enter…. and we have asked Dinas Social for help from Sakti peksos (social workers) in order to*

follow up from the training. We can ask Dinas Social to come to the meeting with the parents so that they can present about the family reunification.

Social workers and use of individual case management

To support family reunification processes and to demonstrate social services that support children and families from a centre base, as compared to an institutional base, Save the Children collaborated with the Ministry of Social Affairs and with the Social Affairs Office (Dinas Sosial) to pilot Child and Family Support Centre (PDAK). The first PDAK Child and Family Support Centre was established in Bandung (West Java) in 2010, and there are now 9 PDAKs across 4 provinces. The Family and Child Support Centre model uses professional social work responses to support appropriate care placements and protection responses for children at risk. They support de-institutional care processes, gate-keeping mechanisms, family reunification, family support, and prevention of family separation. Use of individual case management and the strengthening and use of multi-sectoral referral mechanisms are key to increase the care and protection of children in families. Supporting reintegration of children from residential care to families has also been integral to PDAK social workers workload. More details on the PDAK model are included in the later section on services.

Use of individual case management by social workers assigned to the Social Affairs Office, and by para social workers within institutions are also integral to efforts to support quality care while in alternative care and de-institutional care process. In contexts where the National Standards of Care are being applied individual case management is used both to prevent unnecessary use of institutional care, and it is being used for children living in alternative care in order to assess and develop individual care plans.

Shifting human and financial resource to support transformation towards family and child centered services

Prior to the "Someone that Matters" research human and financial resources to provide social services to children were all targeted to institutional care efforts. As part of the paradigm change there have been some efforts to shift financial and human resources to increase support to children and families in communities. Key changes have included:

- Improvements to **targeted social assistance support for vulnerable families through increased budget allocations away from residential facilities to family strengthening programs.** From the government subsidy that is provided to child care institutions, 40% of these funds are now intended for use with children living with families outside of the institution. Especially in locations where de-institutional care processes have been piloted (supported by Save the Children, Muhammadiyah or UNICEF) there are increased numbers of children receiving support from institutions. For example, in West Java in 2014, 1350 children were supported at home by 26 child care institutions in 5 districts using the MoSA fund.
- **Relocation of government social workers from a child care institution base to Social Affairs District/City Offices** (Local government office) so

that they are more available to support vulnerable families for community and family based work.

Prevention

Article 26 para (1) Law No. 23 of 2002 stipulates that upbringing, caring and educating and protecting a child is the obligation and responsibility of parents. In the Ministry of Social Affairs the Directorate's Strategic Plan for Social Services for Children 2010 – 2014 placed families and their role in the care and protection of child at its core (Martin, 2013). The plan supported: Social assistance to vulnerable children and families; widespread awareness raising on children's rights and roles within families; development and modelling of family centred interventions including outreach and support to children in families; implementation of standards by service providers; and increasing the professionalism and skills of the social workforce.

There are increasing efforts being made by the government and non-government agencies in to support prevention of family separation, alongside complementary efforts to prevent vulnerability to poverty and risks to violence, abuse, neglect and exploitation. In addition to gatekeeping mechanisms (described above) and use of individual case management approaches by social workers (which will also be described in more detail below), key initiatives supporting the prevention of children from their families include:
- Social protection schemes;
- Parenting education initiatives;
- Strengthening families resilience to shocks and emergency preparedness;
- Community based child protection mechanisms;
- Increasing access to education;
- Traditional practices supporting vulnerable children and families.

Considering the enormity and diversity of Indonesia significantly more human and financial resource investments are needed in prevention efforts.

Social protection schemes

Starting in 2007, the Indonesia Government introduced a major conditional cash transfer program, the **Family Hope Program** *(Program Keluarga Harapan - PKH)* seeking to reduce the gaps in very poor families' access to health and education services. Managed by the Ministry of Social Affairs, PKH provides quarterly payments to poor households with pregnant or lactating mothers, with newborn, toddlers or school aged children, that are conditional on participation in locally provided health and education services. Initially a pilot program in 7 provinces, PKH became a national programme in 2013. In 2015 it reached 3.5 million of the poorest households costing USD 7,6 million (MoSA, TNP2K et al, 2016); and in 2016 it plans to expand to reach 6 million households (Suharto, 2016). PKH is supported by the World Bank. PKH was designed to target poor families through conditional cash transfers which are given temporarily over 6 years in order to: minimize the dependency of cash transfers; and to open up the opportunities of other poor people who have not received PKH because of the limited budget (MoSA, TNP2K et al, 2016).

In mid 2009, the Directorate of Social Services for Children launched a new program called the **"Social Welfare Program for Children"** or *Program Kesejahteraan Sosial Anak* -**PKSA.** The program was introduced as a model chosen to articulate the paradigm shift within the sector, moving away from institutionalization and residential care child protection approach towards family-based interventions. PKSA was designed as a gradual conditional cash transfer program that combines a model of youth savings accounts with constructive assistance to the children and families from appointed social workers to increase their access to services and support (Martin, 2013). PKSA targets 5 categories of vulnerable children recognized by the MoSA: neglected children under the age of 5 years, street children and neglected children above 5 years, children in contact with the law, children with disabilities and children in need of special protection (PUSKAPA UI & UNICEF Indonesia, May 2014).

In 2016 PKSA targets 147,000 vulnerable children, of whom 65% of PKSA recipients are based in children's institutions and 35% are living with families (Suharto, 2016). This represents an increased proportion of targeted support to children living with families compared to 2012 (when *23% of PKSA recipients were living with families).* This means that more than 50,000 vulnerable children living in families are being supported with cash transfers which supports prevention of institutionalisation. PKSA is financed by the Central State budget, but is directly implemented by the MoSA. MoSA recruit social workers and/or Social Welfare Institutes to identify children who fit criteria for PKSA using an individual case management approach. In addition to PKH, and PKSA, some poor families can also access a scholarship programs, Assi*stance to Poor Students program*, the *Bantuan Siswa Miskin-* BSM), a cash transfer program that was introduced by the Ministry of Education and Culture and the Ministry of Religious Affairs in 2008.

Parenting Education

The 1979 Child Welfare law (No.4) emphasised the primary responsibility of parents for fulfilling children's physical, psychological and social wellbeing. In 1981 the National Board on Family Planning developed the **under five Family Education Program** (Bina Keluarga Balita, BKB) which was intended to reach each village and locality to improve parental knowledge about child development. Integrated Service Posts (Taman Posyandu) which were reliant on trained cadres (volunteers) were established to strengthen the parents' capacity to raise young children. In more recent years challenges to the sustainability of this program have arisen due to decreasing number of people willing to serve as cadres; and due to decreased frequency of cadre training conducted by the government, especially since the introduction of regional autonomy policy where BKB program has received less priority (Better Care Network, undated). As part of the PKH "Family Hope" programme there are also "Family Development Sessions" for parents that contributes to parenting education.

New parenting education programme, PUSPAGA by the Ministry of Women's Empowerment and Child Protection[20]
The Ministry of Women's Empowerment and Child Protection have just initiated a new

---

[20] Information shared during interviews with a representative from the Ministry of Women's Empowerment and Child Protection, September 2016.

> **parenting education programme PUSPAGA,** *Pusat Pembelajaran Keluarga (*Family Learning Centres) to strengthen parenting skills based on the CRC for parents of all children from zero to 18 years. *PUSPAGA* has recently been established in 2 provinces Aceh and North Sulawesi with *PUSPAGAs* in 12 districts. The local government have demonstrated commitment to support this *PUSPAGA* programme. Each *PUSPAGA* has two professional staff, either psychologists or graduates of social work, counselling, or early childhood development. They are provided training on parenting with the principles of the CRC. Parents or caregivers can be referred to PUSPAGA, and counsellors can also undertake outreach work to identify and follow up with parents that need their support.

International NGOs including Save the Children, SOS, Plan International and World Vision have implemented various parenting education programmes (World Bank, 2015). Most parenting programs have targeted mothers, but there is increasing awareness of the need to also engage fathers, grandparents, relatives, and other caregivers.

> **Positive Discipline in Everyday Parenting supported by Save the Children in Indonesia[21]**
> A model of Positive Discipline in Everyday Parenting by Joan Durrant from Manitoba University has been implemented by Save the Children Indonesia in two districts in West Java province (Bandung Barat and Cianjur) since 2015. A group of master trainers has been developed who can train key relevant staff and volunteers who work directly with parents in Indonesia. Positive Discipline in Everyday Parenting is a set of principles that can be applied by parents and caregivers in a wide range of situations working with children of all ages from infancy to adolescence. Positive discipline is: non-violent solution-focused respectful based on child development principles. Parents and caregivers, particularly mothers are involved in 10 parenting sessions, and engagement of fathers and other relatives is also encouraged through follow up home visits. Through the parenting sessions parents learn how to set goals, create a positive home climate, understand how children think and feel, and problem solve in challenging situations.

Parenting skills have been integral to the support provided to parents and caregivers supported by the PDAK social workers, and by other government social workers who have supported family reunification processes.

> **SOS family strengthening programme, Indonesia[22]**
> SOS family strengthening programme was started in Indonesia in 2005 to provide capacity building for parents from vulnerable families to care for and protect their children. Family Strengthening Programme (FSP) educators are employed who share information and skill sharing opportunities with parents and caregivers so that they can access basic services and strengthen their knowledge and skills in parenting, financial planning, and job search. Some scholarship or material funds are also sometimes provided. In some locations, especially in Yogyakarta, Flores and Bali FSP teams have been established in communities to increase self help and support to families. Family Development Plans have been developed and FSP teams could monitor FDP processes and progresses in accordance with the needs of each family.

---

[21] See http://www.positivedisciplineeveryday.com/

[22] Based on findings from an interview with SOS staff, September 2016; and some complementary written progress report on FSP by SOS in 2015.

Strengthening families resilience to shocks and emergency preparedness

There is increasing awareness among government and non-government agencies about the need to enhance community and family resilience and preparedness for emergencies and other shocks, and to ensure children's care and protection in emergencies. UNICEF, World Vision, and SOS are currently developing Standard Operating Procedures for minimum standards on protection for children in disaster areas. Moreover, Save the Children is collaborating with the government to develop innovative models and community based systems to integrate child protection, social protection and disaster risk reduction to ensure that every family are prepared to be resilient to shocks and to care and protect their children. The concept of a disaster or shock is broadly approached, in order to better understand and build children and families preparedness and resilience to shocks or disasters that may affect them at any time. Building upon existing government efforts which support community based efforts to prepare for, and to respond to shocks and disasters, Save the Children is currently undertaking an assessment which will inform the development and implementation of pilot activities in Cianjur district in West Java Province in 2017 and 2018 to ensure more child focused efforts to ensure child sensitive responses, preparedness and resilience.

Community Based Child Protection Mechanisms

Plan Indonesia supported the establishment of more than 230 *Kelompok Perlindungan Anak Desa (KPAD) or* Village Child Protection Committee. Advocacy based on Plan's KPAD model has influenced national level plans by the Ministry of Women's Empowerment and Child Protection to adapt and scale up a model of integrated community based protection in each of the provinces. The adapted model is primarily reliant on volunteers. Functional community based child protection mechanisms (CBCPM) are often effective in preventing different forms of violence and they can also be effective in supporting family based care and protection (Plan International 2014). However, particular sensitisation and training of CBCPM members may be required to ensure that they prevent family separation and unnecessary institutionalisation of children (Plan International 2014). Moreover, CBCPMs often face challenges in responding to significant protection concerns unless effective referral mechanisms, and access to services, including social workers are available; and a reliance on volunteers has been a constraint to sustain CBCPMs (Plan International 2014).

> **Piloting integrated child and family welfare services, UNICEF[23]**
> UNICEF is also currently piloting a model of "integrated child and family welfare services" in 5 districts in 3 provinces Java, Central Java, South Sulawesi. Building upon existing structures and human resources, UNICEF are working with Sakti Peksos government social workers, para social workers at the sub district level, and community volunteers to strengthen their capacity on case management and support to families. Given the limited capacity of the community volunteers and para social workers, the PKSA social workers become mentors. Renumeration of the para social workers is supported by the Ministry of Social Affairs. Outreach and case work with families is undertaken to understand and to reduce risks and vulnerabilities affecting families. Assessments are undertaken to identify how and why children are placed in institutions, and to intervene to prevent

---

[23] Based on findings from an interview with a UNICEF representative, September 2016.

Save the Children is also supporting Community Based Child Protection work in West Java in 5 sub districts of Cianjur Districts and in 2 sub districts in West Bandung, Yogyakarta provinces and Sumba District in NTT province as part of its broader "Family First" programme. It supports child protection committees and cadre to: identify vulnerable children; support parenting groups and home visitation; strengthen family resilience; prevent and respond to child protection and care issues and make referrals to social services or other services

Increasing access to education

Lack of access to education has been identified as a key driver of institutional care in Indonesia. Thus, increased advocacy with the Ministry of Education and Culture and with provincial authorities is needed to increase accessible secondary education, particularly in rural and remote areas. In addition, other creative solutions may be found to support family based care and access to education.

Innovative effort by Save the Children and MoSA to increase access to schools in a remote rural village to prevent institutional care[24]

During the deinstitutionalisation piloting process in Bandung it was identified that each year a significant number of children were brought to live in children's institutions from one particular remote mountain village in Cianjur West Java Province at the start of each academic year due to difficulties in costs and time to access primary, junior or high school. Save the Children staff visited the region and the remote village to talk with the local government and other relevant stakeholders to better understand the challenges faced and to identify potential solutions. Save the Child discussed the situation with colleagues from the Ministry of Social Affairs and they agreed to establish a prevention programme in this remote location. Initially 450 children were provided with government assistance (PKSA program) to continue education in their area. Building upon a good traditional practice, discussions with community members in the communities where the junior or high school are based are providing free accommodation for children attending the secondary school from remote areas. Host families provided an empty room, while Save the Children provided a mattress, as well as good parenting education to the family. Children were hosted by other families for the week days, but they brought their own rice and vegetables with them from their home, and they returned home to their own village for the weekend. In addition, the sub-district head instructed the head of village not to issue recommendation to send children to institution.

Traditional practices supporting vulnerable children and families

Indonesia has many diverse ethnic groups and rich traditional practices that may contribute to the care and protection of children in families and the prevention of unnecessary family separation. For example, a review of the data of separated and unaccompanied children in the aftermath of Tsunami indicated how prevalent informal kinship care is, thus illustrating the importance of extended family care and the resilience of families even in adversity (Martin, 2013). For example, an SOS practitioner described how *"In Bali it is in the culture, no*

---

[24] Based on findings shared during interviews with Save the Children staff, September 2016.

children from ethnic Bali become street children. If they are neglected in the community there is another family in the same village will take care, for example to get support to school so the child can remain in the village."

Islamic organisations including Muhammadiyah and their women's wing Aisyiyah have also supported families and prevented family separation through informal support, local donations, advice, and guidance, including guidance of family planning and reproductive health.

A Professor from the University of Indonesia described how:
> *Every community, every customary community has its own mechanisms. For example, the Javanese we have a mechanism to support the poor. "Arisan" has been found to be more effective than social protection. It is indigenous, it is basically us. Arisan is informal banking, we put money in a pot and we decide who gets it, and sometimes we decide to use the money to help the needy. ...*

Increased efforts are need to identify, understand and build upon traditional beliefs and practices which support the care and protection of children in families, including increased understanding of informal kinship care and informal adoption.

Consultation with children

Service Provision

Traditionally social services for children are often provided informally through private, mostly faith based organisations. Other than residential care services, social service provision for children and families is relatively new in Indonesia and generally insufficient. Services that have been developed are primarily based in larger urban centres, and are lacking in smaller towns, rural and remote locations.

Key services that have been developed include:
- The Child and Family Support Centre   (*Pusat Dukungan Anak dan Keluarga*- PDAK)
- Special Protection Home for Children, (*Rumah Perlindungan Sosial Anak*- RPSA)
- P2TP2A (*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak* =Integrated Services Center for Women`s Empowerment and Children).
- Children's Social Services Helpline *(Telepon Pelayanan Sosial Anak -* TePSA)

Many of these services encompass efforts to establish and strengthen multi-sectoral referral mechanisms, but increased coordination among relevant stakeholders is required.

The Child and Family Support Centre (PDAK)

The Child and Family Support Centre (*Pusat Dukungan Anak dan Keluarga* – PDAK) was initiated as a pilot project in Bandung municipality in West Java in 2010 (October) by Save the Children in partnership with the Ministry of Social Affairs and Social Affairs Office of West Java Province. The PDAK is client focused and provides a mechanism for formal responses to acute care and protection of children through a case management approach (Martin, 2013; See https://youtu.be/5sBHh9Exsgk). The PDAK model uses professional social workers using an individual case management approach and referrals to prevent family separation, support family based care and protection, and to support family reunification of children from institutions. The social workers conduct comprehensive assessment of the child and his/ her family and available community resources. They work collaboratively with children, family members and any other significant actors (e.g. teachers, health workers, religious leaders etc) to develop relevant care plans (Martin, 2013). The PDAK social workers work with families to improve care and protection of their children through parenting skills, counselling, material support, skill training, referral to services and linkage with social assistance, legal advice, access to education or health services, or support to get identity papers.

Building upon the lessons learned in Bandung the PDAK has now been scaled up and 9 PDAKs are operational in 9 districts across 4 provinces: West Java, Yogyakarta, Lampung and East Nusa Tenggara (NTT). Each PDAK has a team of 3-16 social workers, including Save the Children staff members, and social workers who are seconded to the Ministry of Social Affairs and social workers from the local offices of Social Affairs (Dinas Sosial). Supervision is provided to each of the social workers by other experienced social work consultants from

schools of social work. The PDAK staff also works with the National School of Social Work to provide practice-based training in child- and family-centered work with vulnerable families, and the National School of Social Work also provides technical support and advice to the social workers.

In 2011, the Mayor of the city of Bandung established a coordination team to work with PDAK, to provide policy guidance and to act as a referral network, bring together key stakeholders to support the provision of responses to children and their families (Martin, 2013). The referral mechanism is led by the City's Social Affairs department and includes key departments (education, health, civil registry, women's empowerment and family planning, the Forum of Social Welfare Institutions, the provincial child protection network, a provincial level network focused on providing economic support to poor Muslim families, and Save the Children (Martin, 2013).

As shown in the table below, a significant focus of the PDAK work focuses on prevention and family support, and a significant focus has also been on support family reunification of children living in institutions to their families. Support to children living in kinship care, and some emerging work supporting foster care of children with non-relatives and adoption are also being supported. The cases encompass complex issues and concerns including efforts to prevent and respond to intra-familial violence, sexual abuse, neglect, discrimination and poverty.

Figure 7: Overview of the status of cases dealt with by PDAKs across 4 provinces (Save the Children Indonesia):

Location	Time establishment	Number of children managed	Case Status	Key Performance Indicator						Total	%
				Prevention	Reunification	Foster care with extended families	Foster care with other families	Adoption			
1. Kota Bandung	Oct-10	499	open	21	15	6	9	3	54		
			end	83	115	17	18	9	242	296	59%
2. Cianjur	Jan-14	110	open	63	3	19	0	6	91		
			end	9	0	0	0	0	9	100	91%
3. Yogya	2012	140	open	19	4	8	6	0	37		
			end	21	31	9	1	0	62	99	71%
4. NTT	Mar-15	191	open	59	3	19	2	2	85		
			end	36	10	8	2	0	56	141	74%
5. Lampung	May-16	135	open	44	15	3	0	5	67		
			end	14	3	0	0	0	17	84	62%
6. Kab.	May-16	10	open	8	0	0	0	2	10	10	100%

Bandung			end	0	0	0	0	0	0		
7. Kab. Bandung Barat	May-16	12	open	11	0	0	0	0	11		
			end	0	0	0	0	0	0	11	92%
8. Kota Cimahi	May-16	3	open	2	0	1	0	0	3		
			end	0	0	0	0	0	0	3	100%
Total		**1100**		**390**	**199**	**89**	**38**	**27**	**743**	**720**	**65%**

Home visits are integral to the work of PDAK social workers. Furthermore, efforts to provide family and community based support to parents of children with disabilities are also being supported in Bandung.

Supporting community based services for children with disabilities in West Java Save the Children

As part of the PDAK work since 2012 Save the Children has been implementing community based services for children with disabilities in 6 districts in the Greater Bandung area of West Java. Working in partnership with professional physiotherapists and a local community based Forum of Parents of Disabled Children, community based rehabilitation support services are being developed and strengthened to increase caregivers capacity to care for these children, to optimise children's development and well-being, and improve children's access to education and other services.

PDAK have also encouraged the local government to establish Standard Operating Procedures for case management in NTT and Lampung provinces to increase professional and sensitive handling of cases from village level to the provincial level.

Special Protection Homes for Children (RPSA)

In 2004, the Ministry of Social Affairs established the first of 18 **Special Protection Homes for Children** (RPSA-*Rumah Perlindungan Sosial Anak). RPSA is a protection home that is highly confidential from public whom might harm the children, physically and psychologically.* RPSA are residential facilities located mostly at provincial capital level to act as i) emergency shelters for child victims of violence and exploitation for less than 30 days, and ii) to provide a protective home for up to six month while case management, therapy and other intensive interventions can be implemented by a range of experts, such as psychologists and social workers, or lawyers, before the children are returned home to their families (Martin, 2013).

The first RPSA was established in East Jakarta under the direct responsibility of MoSA's Directorate for Children's Services. By 2009 ten RPSAs were established, and by 2013 18 were established. A rapid review of RPSA that was undertaken by Save the Children in 2009 revealed that the diversity and complexity of child protection issues that were being responded to by social workers and other professionals in these Special Homes. As described by Martin (2013)

> *The RSPAs provided services for babies abandoned in hospitals, teenagers pregnant as a result of sexual violence or commercial sexual exploitation, victims of trafficking, of intra-familial violence and neglect, children with*

disability or server 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. (p.57)

The RPSAs had insufficient numbers of experienced professional social workers or psychologists who were equipped to address the complexity of the cases, and they also had insufficient logistic and operational support services. As children were often referred to them from locations outside their area, often considerable distances away, staff also struggled to do effective assessments with children's family members and to work with parents or caregivers to prepare an enabling protective environment (Martin, 2013). Furthermore, the RPSA staff had very limited capacity to follow up children once they had been returned to their family, thus increasing children's exposure to risks (Martin, 2013).

Integrated Services Centre for Women's Empowerment and Children (P2TP2A)

Following the adoption of the National Plan of Actions in 2002 to eliminate trafficking of Women and Children, and Commercial Sexual Exploitation of Children, the Ministry of Women's Empowerment and Child Protection, the Ministry of Health and the Head of Police concluded a joint agreement (Surat Keputusan Bersama-SKB) for the Establishment of Crisis Centers in Government Hospitals at national and local levels, in particular Police Hospitals. PT2PTA P2TP2A (*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak)* are Integrated Services Center for Women`s Empowerment and Children that have been established in police hospitals and public hospitals. The P2TP2A is a crisis oriented service accepting referrals (from individuals, police, hospital, government, community, NGOs, it but does not have any outreach services. Emergency protection and medical services to victims are also provided at more than 300 women and child service units, located in police stations around the country. The quality of the P2TP2A services are varied in every district and city, and there is insufficient coordination with other initiatives and some lack in responding the cases referred to them due to the lack in quality and quantity of the human resources. Services to support child and adult victims of sexual violence remain limited in coverage and quality, and women and girls continue to face discrimination in accessing a number of social services. Birth registration, for example, is especially difficult for single mother (BAPPENAS, UNICEF and Global Affairs Canada, 2015).

Social Service for Children Hotline (Telepon Pelayanan Sosial Anak-TePSA)

To provide comprehensive act to protect the children becomes one of the MoSA responsibilities.   One of it was releasing Children`s Bestfriend Hotline (Telepon Sahabat Anak-TeSA) in 2006. The toll free number was 129. However, TeSA did not run well as the network is often bad.   Therefore the MoSA then released a new special hotline for children named Social Service for Children Hotline (Telepon Pelayanan Sosial Anak-TePSA). This telephone hotline encompassing a Complaints Service, Telecounselling and Referral was launched by the MoSA in August 2015.   The number is 1-500-771. The hotline is one of the child protection integrated instruments under the MoSA responsibility.   It is still relatively unknown and unused, but it should support opportunities for children

to raise their concerns, to receive counselling and to refer children to relevant services.

Consultation with children

How is the workforce (e.g. social workers and caregivers) organised, trained and supported?

In the past there has been a reliance on voluntary social workers and para social workers who have limited training. The number of qualified social workers in Indonesia remains small, and the majority of graduates are working in administrative or management positions in bureaucracies at national, provincial and, to a much lesser extent, at the district level (Martin, 2013). Some Social Affairs Offices have a relatively structured network of volunteer community social workers (*Pekerja Sosial Masyarakat - PSM*) or para social workers (*Tenaga Kesejahteraan Sosial Masyarakat - TKSM*) who may take on responsibilities to identify and support vulnerable families and children. However, the degree to which they are active varies from province to province (ECPAT et al, 2014). A network of community social workers (PSM) was established by the Ministry of Social Affairs in the mid 1980s, and these community volunteers tried to identify

and help solve "social issues" in the community. They were provided with limited training in social welfare and were given small funds, primarily to hold meetings. More recently the MoSA developed and promoted a system of sub-district social workers (TKSK), but these are not qualified professional social workers. There is supposed to be one TKSK per sub-district and they are involved in collecting social data and to support the administration of social assistance (Martin, 2013). The TKSK may be identified as para social workers as few are qualified social workers, but some have a diploma or vocational high school qualification in social welfare (Martin, 2013).

In 2011 MoSA recruited 600 social work graduates to be government social workers (*Satuan Bakti Pekerja Sosial - Sakti Peksos*) to be based with local service providers, including residential care institutions and local Social Affairs offices (Martin, 2013). These social workers had a remit to support and supervise social assistants (*pendamping social*) who provide support to families, mainly through the provision of conditional and unconditional cash transfers.

Prior to the child care reforms very few qualified social workers had competencies or experience in working directly with children and families outside of the institutions; further minimal field practice was incorporated into social work education programs (Martin, 2013). The need for an improved social work workforce both in terms of quality and quantity was recognised as critical to the successful implementation of the child care reforms and the paradigm shift towards provision of child and family centred services (Martin, 2013). Thus, as part of the child care reform process there has been an increasing focus and collaborative efforts by the MoSA, Save the Children, UNICEF, Muhammadiyah, the National School of Social Work, and the two key national social work bodies, the Indonesia Association for Social Work Education (*Ikatan Pendidikan Pekerja Sosial Indonesia –* IPPSI) and the Indonesia Association of Professional Social Workers (*Ikatan Pekerja Sosial Profesional Indonesia –* IPSPI) **to develop professional social workers** who can work with children and families using individual case management to assess and support children's care, protection and other rights.

At the beginning of 2009 a new law on Social Welfare (No.11) was adopted which recognised the need for professional social workers, para social workers, social volunteers and social educators; as well as the need for a system of certification and accreditation (Martin, 2013). In April 2009 Save the Children convened a **Working Group on Social Work** bringing together senior social work educators, practitioners and policy makers to discuss the implications of this Law on social work practice focusing on children and families (Martin, 2013). The group determined to input into the drafting of Ministerial Regulations in relation to certification processes, and members worked collaboratively to map the existing social work system in Indonesia, while also learning from other social work systems in other countries (Martin, 2013). The Ministerial Regulation on the Certification of Professional Social Workers and

Social Welfare Officers (*Tenaga Kesejahteraan Sosial - TKS)* was adopted in 2009 (No. 108/HUK/2009).

Throughout 2010 and 2011 collaborative efforts by Save the Children, IPSPI, IPPSI, schools of Social Work and the MoSA were undertaken to discuss and agree on **core competencies for social work education** at the degree/bachelor level and how to integrate these into the national curricula (Martin, 2013). IPPSI finalised the **national curricula**, and also developed a common syllabus for field work practice that could be applied across 35 Schools of Social Work or Social Welfare (Martin, 2013).

The Working Group on Social Work continued to support the development and establishment of the **Social Work Certification system,** as well as a **supervisory system for social workers** (Martin, 2013). By August 2011 members of the Social Worker Certification Body (Lembaga Sertifikasi Pekerja Sosial - LSPS) were appointed. By 2015 there were 485 certified social workers (Sudrajat, 2016).

At the same time, partnerships between Indonesian universities, international academic institutions, and international agencies including Save the Children, UNICEF and Muhammadiyah supported complementary pilot projects to further build the capacity of the social service workforce at various levels.

Partnership between Save the Children, 8 Indonesian Schools of Social Work, BPSW, the Hunter College School of Social Work, and the Ministry of Social Affairs (Martin, 2013)

From 2009 – 2010 Save the Children partnered with Building Professional Social Work in Developing Countries (BPSW), Hunter College School of Social Work (New York), 8 schools of social work in Indonesia, and the Ministry of Social Affairs to develop modules on child protection and child and family-centred social work practice. The 8 schools of social work included: the National School of Social Work, the University of Indonesia, UNPAD, Widuri, Muhammadiyah University, UIN State Islamic University in Jakarta, and UIN Yogyakarta, and STPMD in Yogyakarta. The modules were targeted at senior social work educators and trainers, together with a practicum program.

Five modules were developed on:
1. Principles of child protection and permanency planning
2. Family centred assessments
3. Family centred case planning and participatory goal planning
4. Developing social work skills in family engagement
5. Ongoing service delivery to children, youth and families.

The modules were accompanied by a series of case studies based on real child protection situations. In 2010 intensive training was provided to 20 senior lecturers from the 8 schools of social work and social workers from the Ministry of Social Affairs. In addition a six week supervised practicum program was developed where-by trainees could undertake supervise case management work with children.

A similar collaboration was made to **partner with the University of Manitoba** to develop six modules on child development and parenting. Furthermore, an additional phase of piloting practicum training was further developed to strengthen skills in good parenting programs.

Since 2013 efforts have been made to implement national social work education standards in 35 schools of social work. Trainings have for lecturers have been supported, and reference books especially for eastern Indonesia have been provided. Save the Children have also supported recent efforts to develop skills in child protection and child abuse; child protection, child rights and code of conduct; supervision and family group conferencing with support from Save the Children Australia and Australian experts.

> **In-service training for social workers by UNICEF, Griffith University in Australia and the MoSA**
>
> Additional in-service training programs for social workers were developed by UNICEF in collaboration with the Griffith University in Australia and delivered through regional MoSA training centers. In 2011 a social worker capacity assessment was undertaken which informed the development of a child protection module that was integrated into MOSA 6 training centres and their national training centre as part of their regular programme. The module and in-service training focuses on child protection and strengthening family support.

As mentioned in an earlier section of the report, as part of the paradigm change local government social workers (Sakti Peksos) were relocated from child care institutions to local Social Affairs offices. While increasing numbers of Sakti Peksos are qualified social workers, not all are qualified or licenced. In contrast, social workers who work at the PDAK are all qualified social workers with skill training in individual case management, child development, permanency planning, child rights etc; and they have more regular access to supervision from experienced social work supervisors. Most of the PDAK social workers currently seconded by Save the Children, but for future sustainability it is intended that they will be run by government social workers. Thus, it is important to address gaps in quality, supervision, payment and work conditions between government social workers and social workers that are currently seconded by international agencies like Save the Children. Improvements to supervision of government social workers are also crucial. Furthermore, in recognition that decentralisation processes will increasingly enable local government staff to appoint government social workers locally it is crucial to ensure that qualified social workers are appointed, rather than existing tendency for local government to move staff from another technical area to cover social work.

Concerns relating to the quality of government social workers and social work supervision were shared by some practitioners:

> *There are less number of social workers at the district level. At first the "Sakti peksos" were based in child care institutions, but now they are based in Dinas Social, but they are low in number and quality. The Sakti peksos may not be alumni of social work and they don't have an understanding about case management, permanency planning, parenting skills. This is a problem when they want to work in the field, especially in child care as they don't know how to respond. They don't know that supervision should be intensive. There is low supervision of government social workers. For example in West Java 97 social workers spread over 27 cities and districts are all covered by one supervisor. There is also*

limited budget for their salary, or for transport. Lack of funds for transport also makes supervision difficult.

Innovation by Bandung City Social Affairs Office and the Forum of Social Welfare Institutions to increase capacity of para social workers[25]

In recognition of the limited numbers of social workers that were available at the local level to support individual case management with children the Bandung City the Social Affairs Office in collaboration with the Forum of Social Welfare Institutions, Save the Children and the Ministry of Social Affairs undertook an innovative initial to train 1 staff member from each child care institution in the city as para social workers. 47 para social workers have received training in assessment, family reunification, genograms and eco-maps, permanency planning, and parenting skills.

Another recent innovation in relation to developing effective qualified social workers has been efforts by the Forum of Social Welfare Institutions in Bandung to sponsor 3 youth who grew up in institutions to train as social workers in the National School of Social Work. Three 19 year old students (2 boys and 1 girl) are being paid by the Forum to study social work.

Despite all the significant efforts made to strengthen the professionalism of social workers in Indonesia, the quantity of professional social workers remains extremely limited, and there continues to be insufficient training, support and supervision to the majority of government social workers and para social workers. Furthermore, social workers need increased legal recognition in Indonesia. In this direction, the Indonesia Consortium of Social Work which includes a representative from MOSA had drafted a social work law in 2015, and has recently received information that the parliament has received the draft law and will proceed to include it in national legislation.

Data and Information Management Systems

No consolidated data is available in Indonesia on the number of children in alternative care, including children who have been legally adopted. The only data kept by the Ministry of Social Affairs on adoption relates to international adoptions that have been approved in accordance with Government regulations.

In June 2008 a national Database for Children without Parental was established by the Directorate of Children Services (in MoSA) to facilitate their monitoring and oversight. Save the Children supported efforts to develop the database, and the database format was developed to enable institutions to gather comprehensive data that could also inform care planning and case management (Martin, 2013). A national directive was also issued requiring the heads of district social authorities to issue a registration number to all child care institutions under their jurisdiction, and also enabled registration numbers to be assigned to all institutions receiving the BBM subsidy (Martin, 2013).

The database system was piloted and tested in Aceh, West Sumatra, Jambi, DKI Jakarta, West Java, Central Java, South Sulawesi, West Nusa Tenggara, East

---

[25] Information shared in an interview with a representative of Bandung City Social Affairs Office and with representatives from the Forum of Social Welfare Institutions, September 2016.

Nusa Tenggara and Maluku. The piloting included 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 and local networks of institutions (Martin, 2013). To support effective data collection training on the data base was also provided to social work graduates who had been recruited by MoSA to implement the cash assistance to vulnerable children PKSA program.

Between 2008 and 2011 data on 3,899 child care institutions from across Indonesia were entered; and in 2011 MoSA began to use the national database as the basis for providing subsidies to institutions. Currently 5,735 child care institutions receive subsidies from MoSA.

Due to insufficient budget and human resources the National Database has not been maintained or updated. It is estimated that the data entered represents only a partial picture. Insufficient data on the numbers of children living in alternative care and basic information relating to their care hinders planning and budgeting for effective program and policy developments. Concerns about insufficient data were emphasised by a representative from the Ministry of National Development Planning / BAPPENAS: *"One of our weaknesses is the data and the trends for children that need special attention, as we don't have it. There are some numbers sometimes mentioned by MOSA, but it is just predicted numbers. To have good planning and budget need data from our statistic office but we don't have it yet. So sometime it is harder to fight and take attention from the government for budgeting and regulations."*

Improved data collection on institutions supported by Muhammadiyah (Martin, 2013)

Muhammadiyah were actively involved in piloting efforts to enter data on child care institutions supported through the Muhammadiyah network. During the piloting phase 403 institutions operating under the Muhammadiyah network were registered during the piloting phase, which was a higher number that the Social Services Council of Muhammadiyah had originally expected. The data of children living in institutions run by Muhammadiyah revealed similar patterns to the "Someone that Matters" Quality of Care research, that only a small proportion of children being cared for in these institutions were orphans (6%). The data was used to support evidence based advocacy within Muhammadiyah organisation about the need to support the paradigm shift from residential care, to an increased focus on developing non-residential services for children.

Funding

The majority of child care institutions are privately run, and many are run by religious organisations.
Funding of child care institutions include: government funding, private donations, funding from businesses, social organisations, international organisations or foreign governments, funding through an institution's parent organisation, as well as income from an institution's own small business enterprise (Save the Children, DEPSOS and Unicef, 2007).

Government resources for children's care and protection are chronically low, and the Ministry of Social Affairs has only 0.4% of the national budget (Better Care

Network and UNICEF, 2015). The 2007 "Someone that Matters" research showed that 80% of the Ministry of Social Affairs budget for child protection used to be allocated to subsidies provided to institutions (Save the Children, DEPSOS RI and UNICEF, 2007). Furthermore, these subsidies were contributing to the increased establishment and use of institutional care. The number of child care institutions considerably increased in the first decade of the 21st century in part as a result of government and private funding prioritizing residential care as the main response for children deemed 'at risk' (SC, DEPSOS, Unicef, 2007;).

Since 2001 the MoSA provided funding directly to privately run and government run institutions through its BBM Subsidy scheme, a program established to reduce the impact on the poor of rises in the price of fuel (Martin, 2013). In line with the paradigm shift some of the funding allocated to institutions has now been re-directed as cash transfers to support vulnerable children in families. However, while there are have been strategic efforts to divert 40% of the government subsidies sent to institutions to support work with children in their families, a significant proportion of government spending on children's care and protection is still directed through residential institutions. The government currently provides subsidies to more 5000 child care institutions.[26]

Funding received by 36 child care institutions, "Someone that Matters" (Save the Children, DEPSOS RI and UNICEF, 2007, p. 72-75)

All of the child care institutions assessed in the "Someone that Matters" research received Government assistance, and 31 of the 36 received donations from the local community. All of the private child care institutions received government funding through the BBM subsidy and this seemed to constitute a major if not the major part of their operational funding. Apart from the BBM subsidy a number of the child care institutions also accessed funds from the local government at the district and Provincial levels through the local authority budget, the APBD *(Anggaran Pendapatan Belanja Daerah)*. Local government funds were received by both government and private child care institutions. As far as privately run child care institutions are concerned, funding from the local government budget came through the Office of Social Affairs at the District or Municipality level. The assistance varied from financial support for operational costs, for food costs, for building repairs, scholarships and other school costs as well as some support for micro enterprise.

After Government assistance, the main source of assistance for the child care institutions was community donations with 31 of the 36 institutions receiving such assistance. 5 Government institutions did not receive such donations as their budget is already secured by the Government. Community assistance took many forms from boxes of noodles, bags of rice or livestock to individual donations of cash on a one off basis or on a regular basis. In relation to the child care institutions run by Muslim organisations, the Ramadan period represented a significant time for receiving substantial donations, depending on the strength of their links with the surrounding communities.

Out of the 28 private child care institutions, 18 also received assistance from social organisations. Major companies also provided assistance to 11 of the child care institutions including a number of State owned companies such as Pertamina the State oil company, PLN the national electricity company, Bulog the national logistical agency, a number of state owned Banks including BNI and Mandiri as well as the Jayanti Group a private corporation. International assistance was provided both through foreign

---

[26] Finding from an interview with a representative of Ministry of Social Affairs, September 2016.

government donations as well as through international non governmental organisations or private individuals. The majority of that assistance was found to have been provided in Aceh in the context of the response to the tsunami.

When the annual budgets were compared to the number of children cared for by these institutions, Government institutions topped the list of the institutions with the biggest budget per child being found in 6 government institutions compared to only 2 private child care institutions. UPRS (USD 2,853 per child) and Harapan (USD 1,121 per child) had significantly bigger budgets than the rest while another four Government institutions had a budget of over USD 700 per child.

Indonesia has been described as a "Welfare Society" rather than a "Welfare State" (Martin, 2013). There is active volunteerism, especially among faith based organisations, and some Islamic run institutions are reliant on private donations.

Islamic practices that support donations to the poor and needy
Zakat, the giving of alms to the poor and needy, is one of the five pillars of Islam. People donate 2.5% of their salary to relevant charities which may include an Islamic organisation running an institution. Infaq is another religious practice that enables donations for the welfare of the poor. Tax can be deducted when giving Zakat.

As an Islamic organisation Muhammadiyah members have identified the need to change donation patterns, to encourage donations for family based care of children, rather than giving donations to supporting residential care. However, there are concerns that some private individuals may be less interested to support family based care options. A member of Muhammadiyah's Social Services Council described:

> *The head of the child care institutions worry that the people will not donate their money if Muhammadiyah start to apply family-based care. Therefore we are trying to develop a financial model on how to finance the children and to have the people continue donating their money. This issue has been discussed in every national meeting, but we realize it takes time 5-10 years to change this paradigm.*

A colleague of Muhammadiyah in Family for Every Child also noted:

> *By its nature Muhammadiyah and other organisations have this incredible gift of volunteerism to help manage an institution all out of the faith mandate, all impressive commitment, but they are not trained professionals. In terms of money flow institutions are still a mechanism through which care is funded across most of the country. But I have only seen a Muhammadiyah run institution, in some instances there is government subsidy, but most are run by donations of followers of Muhammadiyah. So funds need to be re-directed. How to do this? For example transition of funds, some funds are being transferred to community centres, drop in and family support, but still there is funding the bricks and mortar of institutions.*

As member of the international organisation Family for Every Child, Muhammadiyah has been more able to leverage international funding to support

gatekeeping and other family support projects. International donors have also been targeted by Save the Children, UNICEF and the Ministry of Social Affairs to support the child care reform process. Save the Children's strategic focus on Families First, and recognition of the Indonesia programme as a signature programme within the Save the Children International programme has also enabled it leverage increased donor funding.

How do cultural attitudes and norms affect the care of children?

In many ethnic groups across Indonesia there are traditional practices and beliefs that support the informal care of children in the extended family by grandparents, aunts, uncles or elder siblings if the child is unable to live with their own parents. Many parents and relative caregivers prefer to ensure care of children in the extended family, and some caregivers and children expressed fears about placing

Girls drawing

children in institutions. For example, a grandmother who was caring for her granddaughter shared *"We do not trust the institution, for us this is the last option. It is frightening if we have to put children in the institution."*

A 14 year old boy who was living with his grandmother wrote *"I feel sorry when I see the children in a child care institution whom are not cared for by their fathers, mothers/ aunties."*

However, if children are considered to be need of services or guidance, there is sometimes an assumption that institutional care may be the best place for them. In particular there is a mindset that children can access education through institutional care. A professor described *"when families in different circumstances feel that their children may be able to achieve something better in pesantren (Islamic boarding school) or panti (children's institution) not only to get free care, but to get a scholarship. This was also the model that government supported as funding for assistance was provided through the panti. It is only recently that assistance was given directly to families through the PKSA cash transfers."*

Some families believe that institutional care is a better option for children to access education, to receive religious education and good morals, and to meet other basic needs. One practitioner described how *"some members of the public really want children to go to institutions, especially for religious education, as well as for the perceived care and discipline. People talk about children being brought up in a disciplined way when they live in an institution."*

As described earlier, in contexts where parents cannot access education in their own localities they may be more inclined to think it is better to send their children to an institution to access education. A social worker in Bandung said *"we need to talk about family based care when parents know more about parenting skills, but when there is no education provision in their area it becomes a dilemma for parents, especially in remote areas."*

As part of Islamic religious practices people are willing to donate to orphanages to support child care institutions. Due to existing donation behaviours, a colleague from Muhammadiyah described how *"the head of the child care institutions are worry that the people will not donate their money if Muhammadiyah starting to apply family-based care... For the institutions that have gained trust from the communities they do not worry the communities reluctant to give donation. The concern comes from the head of the child care institutions in the village that are still new and still has not gain trust from the communities"*

What is working and what is not working in terms of child care reforms in Indonesia? Key lessons learned, challenges and opportunities

This section of the report describes key lessons learned in relation to what is working, what are the challenges faced, and what are opportunities to move forwards to further the paradigm change? Twelve key lessons learned have been identified. Within each of the 12 lessons learned, analysis about what is working, challenges faced, and some opportunities to move forwards are identified.

Twelve key lessons learned include:
1. Child care reforms are complex and require a system wide care reform process and a long term approach
2. Weaknesses in coordination and opportunities for improved laws and multi-sectoral planning for systems that protect children
3. Evidence based advocacy as a driver of change
4. The relevance of National Standards of Care and the necessity to ensure sufficient socialisation and implementation
5. The necessity of gatekeeping mechanisms to prevent unnecessary institutionalisation and using individual case management to support family reunification
6. The importance of champions and fostering partnerships to overcome resistance and to be part of the paradigm change
7. Transformation of child care institutions, rather than closure of institutions has increased "buy in" from key actors and increased support to families
8. Demonstrating child and family support services and the need to scale up social services for children and families and effective referral systems
9. Insufficient human and financial resources and the imperative to scale up and strengthen a competent social work workforce
10. Benefits of and barriers to social protection schemes
11. The need for increased public awareness on institutional care as a last resort and the importance of family based care and protection

12. Insufficient investments in prevention efforts to support children, parents and relative caregivers in families and communities

Child care reforms are complex and require a system wide care reform process and a long term approach

While the child care reform process is slow due to the size and complexity of the country and the limited investments in social welfare, the commitment to a paradigm change and a multi-component child care reform process is showing positive results. The child care reform process is focusing on long term efforts to change systems, laws, regulations, human and resource allocations to support family based care, improved gatekeeping and regulations, development of services and practical demonstration, individual case management, advocacy and public awareness, and redirection of human and financial resources toward child- and family- centred services.

When asked about lessons learned from the care reform process in Indonesia a representative from Ministry of Social Affairs said: "*I always mention that the child care reform is a system, it can't be done by focusing only on one thing. It has to be a system, so the process can be very long. To make sense we cannot just change one part of the system, we need to change all parts of the care system.*"

Child care reform processes are complex and take a lot of time, investments and patience to implement. While some key regulations and National Standards of Care have been developed at the central level, it is a slow process to ensure adequate socialisation and implementation of these standards and regulations at the local levels, particularly in a country the size of Indonesia which has been reliant on institutional care for many years. As described in a publication by the Better Care Network and Global Social Service Workforce Alliance (2014): "*While both policy and workforce development have been critical to improving care for children, the concrete change in practice is still slow compounded by the size of the country, the number of institutions, complex decentralization policy, and the very limited number of social service workers.*" (p16).

Long term commitments by Save the Children to the Family First Signature Programme and secondment of senior staff to the Ministry of Social Affairs:

Save the Children's commitment to the Family First signature programme for family based care in Indonesia has enabled increased human and financial investments in care reform processes. See: https://www.youtube.com/watch?v=t2A0-EyVYaU&list=PL31VPFI_z_Y9u1jX8JG4yQgK3e-z4kJsJ&index=1

Long term commitments to the paradigm change by Save the Children working in close collaboration with the Ministry of Social Affairs and other key agents of change including Muhammadiyah, academics, associations of social work, UNICEF, etc have been critical to the successes achieved so far. The secondment of two senior staff from Save the Children (one international and one national) by Save the Children into the Ministry of Social Affairs over a 5 year period from 2006 to 2011 was instrumental in supporting change and strengthening the technical capacity of national level officials and other actors (Better Care Network and Global Social Service Workforce Alliance, 2014).

Current efforts to advocate for the Child Care Bill as an overarching umbrella law are important to increase the mandate for the child care reforms. As emphasised by a lawyer from Muhammadiyah: *"In Indonesia for everyone to work together it must be legalized under one law. Programs, organisational structure, human resources, budget all must be legalized by a law. Ministry cannot make the budget for a program if there is no law. This is why Muhammadiyah are really eager to push the parliament to pass the Bill on Care."*

Due to decentralisation complexities arise when district legislation is not harmonised with national law. Thus, ongoing advocacy is also required with the local government to ensure the adoption of provincial and district level government regulations and decrees that result in resource allocations, structures and mandates to support family based care and protection and monitoring of children's care. UNICEF is working with the Ministry of Social Affairs to map available social welfare workers, child protection services and sources of administrative data for child protection in two provinces to inform the development of a social welfare reform initiative in these locations over the period 2016 to 2020 (Bappenas, UNICEF and Global Affairs Canada, 2015). Findings from this mapping can be used to support the development of local regulations on child protection, and the inclusion of child protection issues in local planning.

Things that do not work are trying to move ahead by only focusing on one component, for example focusing on de-institutional care without providing alternative family and community based care services. Simultaneous efforts to develop social services, including social protection, and to support families as part of gatekeeping and family reunification efforts are crucial.

A long term approach has been necessary not only to change mindsets, laws, mechanisms and skill sets within the government, but crucially to also change mindsets, behaviours, practices and regulations within faith based organisations and civil society organisations who have been the primary actors running child care institutions. Senior leaders in Muhammadiyah described how: *"Our main challenge is to change the mind set of all staff that quality of care for children is an important thing. Now around 40% of the staff at the national level have a good perspective and understanding on the quality of care for the children. However we still need an intense job to change the mind set of all Muhammadiyah staff at the provincial level, sub-district and village level."*

Weaknesses in coordination and opportunities for improved laws and multi-sectoral planning for systems that protect children

Weaknesses in coordination for children's care and protection among the Ministry of Women's Empowerment and Child Protection, the Ministry of Social Affairs and, and other relevant Ministries have been a constraint to integrated child protection system developments. While significant child protection system developments have taken place in Indonesia, particularly in the last decade, there is often fragmented efforts. For example, some child protection system developments encompass a relatively narrow focus on systems to protect children from violence, abuse, neglect and exploitation without giving adequate

attention to family based care and support, prevention of family separation, and alternative care.

Furthermore, a disconnect between central government and local government policy developments compounds challenges to develop and implement integrated and functional systems that protect children and support family based care. A professor mentioned that "*The Government is trying very hard, but there is a bit of disconnect between central government and provinces…. provinces formulated at central government without any due process of ownership of the provincial government.*" Roles and responsibilities are often unclear, due to the lack of a clear authority for the management and delivery of child protection services at provincial and district levels.

Children's care and protection is the responsibility of multiple actors including parents, relatives, religious and traditional elders, teachers, health workers, doctors, social workers, lawyers, police and other professionals. Multi-sectoral efforts are needed both to address the root causes of family separation (such as poverty and lack of access to education); and also to ensure families access to social services and other forms of support.

Strategic opportunities to strengthen multi-sectoral and integrated planning for child protection are being supported by the Ministry of National Development Planning (Bappenas). A representative from Bappenas described how "*our president gave a new direction for holistic thematic, integrated and spatial planning. We have to look at what is the priority and then work across sectors as one issue cannot be solved by one Ministry. We also have to map what other Ministries are doing.*" As child protection has been prioritised by the Government in the National Long Team and Medium Term Development Plans provides an important opportunity to strengthen multi-sectoral planning, budgeting and coordination. Indonesia's national vision is broadly aligned with the United Nations Partnership for Development Framework (UNPDF) 2016-2020, where child protection indicators are integrated into several outcome areas: 1) Social services, with a focus on violence prevention and the elimination of harmful practices such as child marriage 2) Sustainable livelihoods and poverty reduction, with a focus on reforming the child-sensitive social protection system 3) Governance, with a focus on access to justice for all, including child victims, witnesses and offenders (Bappenas, UNICEF and Global Affairs Canada, 2015). However, what is not yet explicit is how family based care and prevention of institutionalisation are integrated into these efforts. Ensuring more integrated child care and protection system developments will be critical to the scale up and sustainability of the child care reforms. Furthermore, constraints concerning insufficient data management system concerning children living in institutions or other forms of alternative care will need to be addressed to ensure effective planning and budgeting by government Ministries.

Current efforts by the Ministry of Women's Empowerment and Child Protection to work in an integrated way with other Ministries and Departments at Central, provincial and district levels to support parenting scheme PUSPAGA will complement such efforts. Civil society organisation and faith based organisations also need to increase multi-sectoral planning and implementation.

Evidence based advocacy as a driver of change

Research and evidence based advocacy has been a driver of change for child care reforms in Indonesia. A number of different stakeholders from the central and local government, academia, faith based organisations and other civil society organisations emphasised the significance of the "Someone that Matters" research on the quality of care. A representative from the ASEAN Commission for Women and Children in Indonesia commented that "*From Save the Children's research in 2007 it says it is better for children not to stay in an institution, but it is better to live with families. The Ministry has been trying to fit with the research to strengthen families and to prevent, rather than strengthen institutions.*" A representative from Muhammadiyah also described how:

> *Before 2008 before the Someone That Matters research was conducted, the Ministry of Social Affairs mindset was still institutionalisation. After the study was done they started to have a new concept to develop family-based care. Muhammadiyah has joined from the beginning in developing family-based care by supporting policies related to this concept in Ministry of Social Affairs... and we also presented the result of Someone that Matters in our congress to show that if we establish a child care institutions the cost is very expensive, but that the newest trend is family-based care which is less expensive and can cover more children in need of care.*

Evidence from "Someone that Matters" have been strategically used to influence child care reforms among government and non-government agencies at central, provincial and local levels. The evidence from "Someone that Matters" has been particularly effective as a result of the collaborative approach to designing and implementing the research engaging the government, academia, religious organisations, schools of social work, child care managers and children. A UNICEF representative shared how: "*It is important to develop evidence in the very beginning and develop ownership from the beginning including engaging government and community and all key stakeholders. It is only through this that it will be sustained.*" Furthermore, the child led research was also important to support child led advocacy on priorities affecting children.

The research "Someone that Matters" was instrumental in providing an evidence base to support a paradigm shift from institutional care to family based care (Martin, 2013). However, Babington (2015) argues that the prevailing explanation for Indonesia's policy change on institutional care as a last resort, aligning Indonesia with its obligations under the UNCRC represents only a partially accurate picture. Babington describes additional political, economic, cultural and religious discourses which shaped government policy, including government interests to reduce subsidies to children's institutions due to the Asian financial crisis in 1998, and the scale of the tsunami disaster in 2004 (see Babington, 2015). Babington (2015) also describes how the focus on transforming institutions to provide services to support families, rather than on closing institutions was also influenced by efforts to engage and work in partnership with large Islamic organisations which supported hundreds of children's institutions.

The relevance of National Standards of Care and the necessity to ensure sufficient socialisation and implementation

The development and implementation of the National Standards for Care (No 30/HUK/2011) have been instrumental to the child care reform process in Indonesia. The National Standards of Care support increased regulation and monitoring of the quality of care within child care institutions, improved gatekeeping to prevent unnecessary institutionalisation, and improved mechanisms to transform institutions to function as centres to provide support to children living with their families. Broader efforts to redirect government funds and human resources to support children outside of the institution have also provided incentives to managers of child care institutions to identify and support vulnerable children living with their families.

Socialisation of the National Standards of Care among government officials at central, provincial, and district levels, as well as among managers and staff of child care institutions is essential to their proper implementation. The National Standards of Care are detailed and thus time and processes are needed for officials and child care institution managers to understand, internalise and apply the standards. Significant efforts have been made by the Ministry of Social Affairs, Save the Children and other agencies to disseminate the National Standards of Care and to support socialisation on them among government and private agencies. A pocket book version of the Standards was also developed and distributed.

There are increasing numbers of social welfare organisations who are approaching the authorities to undertake accreditation, and who are using their own resources to try to implement to try to implement the National Standards of Care. Save the Children's Director of the Family First programme described how:

> the importance of family based care has increased among the government and NGOs. I see this is incredible because there are so many positive reactions right now and also some initiatives which are conducted by many organisations to learn about family based care and other components. For example, Kediri is one district in Java that have completed the socialisation of National Standards of Care with 150 participants. This is from their initiative and their own budget. The organisation Muslimat Nadhatul Ulama invited one of national trainer to support the socialisation. Muslimat Nadhatul Ulama is the largest institutional and oldest Muslim organisation. Before they just focused on institutions, but now they want to learn about the National Standards of Care and they want to follow the National Standards of Care... This is just one example, there are so many initiatives in the current situation.

However, increased socialisation among government, religious and other civil society organisations, including NGOs working on related child protection issues are required. Some practitioners and child care managers suggested that increased socialisation on the National Standards of Care was particularly required among concerned government officials at the provincial and district level, so that the Social Affairs Office staff are more knowledgeable and

prepared to implement their roles and responsibilities vis-a-vis the National Standards of Care. A head of a childcare institution suggested:

> *It is better for the government to socialize this standard for the internal staff and other city/district offices before they socialize it to the LKSA (Social Welfare Institution for Children) ... The important thing to note is that the Social Affairs District Office is not ready to do the socialisation and they just give the book to the LKSA While it is clear in the standard that children who will enter the institution must have a recommendation letter from the Social Affairs Office they do not always understand and support this.*

The scale of the country, the high number of institutions to reach (more than 90% of which are run privately) and insufficient budget within the Ministry of Social Affairs creates significant challenges to adequate socialisation and implementation of the National Standards of Care. A representative from the Ministry of Affairs explained that *"implementation of the National Standards is underway. The problem is the budget. We have a huge number of institutions... In our notes we have put 5735 institutions...this figure is based on the institutions that get subsidies, others we don't know about. Even we can't cover all of these numbers as the process can be long."*

Concerns regarding weaknesses in the scale and quality of the accreditation process, particularly in the recent phases of work have also been shared, as some of the assessors are not following the accreditation processes in a proper way. A practitioner described how *"The assessor should also look at organisations providing care to children in families. This is an area that needs to be improved... But I got a report from East java, that an assessor just asked how many children are in this institution."* The majority of local institutions are owned and run by private institutions, and this also makes it more challenging for the government to register and regulate each institution.

Ongoing concerns expressed by the Committee on the Rights of the Child in 2014 regarding use of institutional care:
UNCRC Concluding Observations (13 June 2014)[27] CRC Committee welcomes the strengthening of family's role in child care through the introduction of several programmes aimed at the reduction of poverty as well as the adoption of the National Standards for Child Care in 2011... However, the Committee is concerned about: a) poor families who may still be unable to care for children's basic needs and find themselves obliged to give up the care of their children; b) The low number of family based placements of children and the continued widespread use of institutionalisation; c) very limited requirements to receive a licence to run an alternative care institution; d) The lack of compliance by most institutions with the standards introduced by the National Standards for Child Care, the absence of any compliance monitoring; frequent incidences of violence within institutions, as well as children living in institutions lacking the possibility to meet their families. e) Lack of an adequate system of disaggregated data collection on children living in institutions.

Some concern was also shared that there have been no sanctions for institutions who do not follow the Standards. As described by a professor: *"There is still no*

---

[27] Indonesia's combined third and fourth report on the implementation of the Convention on the Rights of the Child. CRC/C/IDN/3-4, 18th October 2012

legal case against bad care in an institution. The law says very clearly that needs assistance, but even if all laws are being broken then no case is taken."

The necessity of gatekeeping mechanisms to prevent unnecessary institutionalisation and using individual case management to support family reunification

The establishment of the gatekeeping mechanism is significant and is instrumental to prevent unnecessary family separation. The "Someone that Matter" research found that previously gatekeeping mechanisms were lacking and children were generally allowed to enter the institution without any efforts to identify if the institutional care option was necessary or appropriate. Furthermore, active recruitment processes were undertaken by many child care institutions which contributed to unnecessary separation of children from their families (Save the Children, DEPSOS RI, UNICEF, 2007). As a result of the National Standards of Care, a representative from the Ministry of Social Affairs described: *"The big change for me is that children can't be separated from their families there is gatekeeping."* There are increased efforts being made both within privately run and government run child care institutions to assess children and to apply criteria relating to which children are or are not eligible to enter a child care institution. As described by a child care institution staff member who had been part of the piloting process in Bandung: *"The biggest change is in the gatekeeping. Before we didn't know about gatekeeping and every child who came here entered. Now there is an assessment and Dinas Social decides who enters and or whether they get support in the family… in some cases children can enter and in some cases they do not enter but get family support. In other cases Dinas Social says the childcare institution cannot support the family as they are not poor, but they must say it in a polite way."*

Pro-active efforts to ensure gatekeeping have been undertaken by Dinas Social staff in Bandung city. Recognising that many children enter institutions in order to access education, at the start of the academic year Dinas Social staff are increasing discussions with child care institution managers to ensure gatekeeping and assessments so that only children that are eligible enter and to do so they must have a recommendation letter from Dinas social.

Pro-active efforts to prevent family separation and institutionalization by Muhammadiyah

Proactive efforts to work with children who are at risk of parent separation have also been made by Muhammadiyah in a project supported by Family for Every Child in Bandung. They have looked at waiting lists of children who may be placed in the institution and they have undertaken outreach work with 120 children aged 6-18 years in families to assess their needs, and to provide family support to the families and to the children by strengthening their access to health and education services.

The establishment of gatekeeping mechanisms and use of individual case management is also support re-assessment of children in institutions and family reunification processes. A social worker from Bandung described how *"Now after the standard when a child is brought to enter the institution then a social worker will do an assessment of the child's situation. They then select children who are eligible. If children are already in the institution they do a reassessment to see if children can be reunified with their families."* Use of individual case management

has been critical to the successful assessment, preparation and follow up to support family reunification processes. A Save the Children representative described some successes of the de-institutional piloting:

> *In Bandung the good achievement is in Nugraha childcare institution. The indicator is first that they can reduce the number of children in institution... They can also strengthen the programme outside of the institution, providing support to the families. Also because now they have a gatekeeping system in the institution, to conduct an assessment of children that is supported by a social worker, so that they can assess to see if the child needs institutional care or not. I think one of the important things in the standards of care is for institutions is to have gatekeeping mechanisms so that they can determine from the beginning whether children need institutional care or not. If not then children should be supported in the family and they have also looked at how can institutions can support them in the family.*

As described earlier, some significant steps have been made to transform child care institutions to become centres to provide services to support children and families. There have also been recent efforts by MoSA to transform child care institutions into rehabilitation centres for adult drug abusers or those facing psychotic episodes. When transforming government run child care institutions, for example into an institution for rehabilitation of adult drug users bureaucratic challenges have been faced due to the requirements to work in close coordination among the local government, different Ministries, and among different directorates within MoSA. However, the advantages of long bureaucratic processes were also recognised by a representative from the Ministry of Social Affairs who emphasised: "*While the process for these government run institutions is long it has advantage as I can have process with children. I can have discussions with children, families, social workers, with local offices, as they all need to coordinate with all local departments. We give thanks for the time as we also need the time to prepare the families, and we need to change the budgets.*"

The importance of champions and fostering partnerships to overcome resistance and to be part of the paradigm change

In recognition of the strong culture of institutionalisation both by government and religious organisations to respond to children's vulnerability, it has been essential to identify and mobilise champions within different organisational settings to support the paradigm change towards family based care and protection (Martin, 2013). Champions and role models in different settings including the Ministry of Social Affairs, the Local Social Affairs offices, in religious organisations, national academia, Schools of Social Work, in civil society organisations, and international agencies including Save the Children and UNICEF have played a significant role in initiating internal and external discussions of the importance of child care reforms, using evidence based advocacy to support the paradigm change, and practically developing and demonstrating new laws, regulations, standards, pilot demonstration projects etc.

Champions have been critical to help overcome resistance both within their own organisations, and within external organisations. Furthermore, partnerships and informal collaborative efforts among Government, international and national civil society organisations, religious leaders and other child care institution managers have support positive change processes and more sustainable efforts. For example, in Bandung the District and City Office of Social Affairs has worked collaboratively with a Forum of Social Welfare Organisations. The heads of institutions who have been implementing the National Standard of Care (NSC) are champion. They have been involved in training other institution managers and they have acted as peer educators sharing experience, challenges faced and solutions in implementing the NSC.

A representative from the City Office of Social Affairs emphasised the advantages of informal approaches and collaborative partnerships to support implementation of the National Standards of Care: *"If you want changes in child care institutions don't approach it in a formal way, but use the informal way as it is more effective. Through informal visits from the government to the child care institutions it is more effective, so that we can understand what their organisation needs and they also have an understanding of the government programmes."*

Transformation of child care institutions, rather than closure of institutions has increased "buy in" from key actors and increased support to families

In the Indonesian context there has been a strategic and practical focus on transforming child care institutions to increase services for children and families, rather than on closing institutions. Some of the rationale for this strategy was described by one of the pioneers of child reforms in Indonesia:

> *The idea that you go into a country like Indonesia and JUST de-institutionalise is not possible or realistic and it may not EVEN be desirable. Institutional care is the way it is done RIGHT NOW for children, trafficked women, people with disabilities, vulnerable groups… It is important to really emphasise that you are talking about a transformation of services for children and families and you are talking about the services that are on the ground. This means services at local, district and provincial level to support families and prevent separation and to ensure that there are alternatives, and that residential care is only used as a last resort and shortest time. This is especially challenging in a country that is so poorly regulated and decentralised. Institutions are there to stay in*

Indonesia, and not just because of their sheer numbers, but because they represent an incredible mobilization of local and national social resources to deliver services for vulnerable children throughout the country. The philanthropic and religious values that have led these organizations and individuals to respond to concerns about children's welfare are an important reflection of Indonesian society's significant social engagement, and recognition of personal and communal responsibility for the well-being of vulnerable members of society.

Transforming child care institutions to provide support to families and children in communities, rather than attempting to close institutions has enabled increased "buy in" to the child care reform process from religious organisations and child care institution managers and it is enabling existing infrastructure and human resources to be redirected to better support care of children in families. For example, representatives from Muhammadiyah described how they were supporting efforts to *"change the function of the institution into a family and children's service and support center. We support all the children and families needs such as parenting counselling, parenting training, access to family empowerment program, and parenting skill."*

Transforming a NGO run institution in Bogor, West Java to become a community centre[28]

In efforts to implement the National Standards of Care a child care institution in Bogor, West Java, staff re-assessed the situation of 50 children in their institution and looked at the possibility for family reunification. Over a two year period they reunified all the children to their family and they provided some family assistance such as paying school fees. They then transformed the institution to a community centre which now provides vocational training for young people in farming, and they also established a library in each community. The organization now have 4000 target beneficiaries who are supported in families.

The shift in government subsidies to social welfare organisations allocating 40% of the subsidies to support children living outside of the institution has also provided an incentive to organisations to transform their services, skills, and mandate to reach out to and to provide more support to children living with families.

However, debates concerning the ongoing focus on institutions and most strategic resource allocations to support child care reforms continue to be debated. It is recognised that staff who have worked in residential institutions for children for a long time, may not always be the best staff to retrain as family and child social workers or para social workers. Furthermore, increased re-allocation of budgets away from institutional care to support social services for children and families are still needed.

---

[28] Information from an interview with Save the Children's Director of the Family First programme, September 2016.

Demonstration of child and family support services and the need to scale up social services for children and families and effective referral systems

The development and demonstration of social services for children and families such as the PDAK Child and Family Support Centre run by Save the Children in collaboration with the government have effective to demonstrate a non-institutional model of support to children and families. Social workers based in PDAK have piloted and demonstrated how individual case management can be used to:

- prevent family separation and violence against children;
- respond to concerns relating to violence, abuse, exploitation, discrimination, and family separations and increase children and families access to services;
- support family reunification of children from institutions;
- strengthen parenting skills; and
- strengthen children's and families networks of support.

The establishment and functioning of effective referral mechanisms is fundamental to successful use of individual case management by social workers, as social workers often need to make referrals to other government, private and religious agencies to ensure children or family members access to: education support, health services, birth registration, legal advice, economic support, vocational skill training, or other services.

PDAK social workers in Bandung described how they have listened to the views of children, parents and other key relatives to understand concerns and strengths and to work with families to identify and support solutions. Children have been reunified with their parents and parenting skills have been strengthened. In order to address some of the root causes of family separation, referrals and follow up have enabled families to access education support, economic assistance, and/or skill training.

Improved parenting skills mentioned by mothers who had accessed PDAK services[29]:

Mothers who had received parenting education described how their attitudes and behaviour towards children had changed as a result of the parenting skills:

Mother 1: There was training about parenting and it helps us, it makes us know what to do... Before if something happened with me and my husband and if we argued my children became the victim, now it is not like this anymore... I try to keep calm for my children.. and now it is coming to be a habit not to hit.

Mother 2: Before sometimes I hit or pinched my daughter, but now I know it is not right, so we try to be patient.

Mother 1 shared how "The social workers we met with are already good social workers... They are friendly and they can help to solve problems depending on what the problems are." Mother 2 agreed that the social workers were friendly and helpful, but described how she would have liked more regular visits from the social worker.

---

[29] Shared during focus group discussions with mothers in Bandung, September 2016.

Social work is complex and time consuming. PDAK social workers described some of the common challenges they face which include:

- Low level of education of parents, limited understanding of child development and weaknesses in parenting skills often with a reliance on corporal punishment, and complications of trying to ensure care and protection of children in families which have not been harmonious.
- Time taken to support individual cases and challenges if there are not sufficient referral mechanisms in place to address the multi-sectoral needs of the family.
- When parents are not sufficiently prepared to be reunited with their children, often due to their poor economic situation or limited room in their house, which are compounded by difficulties in addressing economic strengthening of families, referrals are needed to agencies who can provide capital or sufficient skill training that leads to improved livelihoods.
- Dilemmas faced by parents when education is not accessible, as this makes them favour use of institutional care.
- Fear of engaging legal enforcement agencies to address protection violations due to fear of stigma and discrimination and perceptions that family violence is a private issue.
- Ongoing practices by some Social Welfare organisations to actively recruit children to the institution.

The successful scale up of PDAKs by Save the Children and the government from initially having one PDAK in Bandung, to now having 9 PDAKs across 4 provinces shows promising results. However, increased and ongoing efforts are required to ensure sustainable handover to the government to run the PDAKs, with opportunities for Save the Children to transition into technical support, mentoring and monitoring to ensure the focus on quality practice.

Insufficient human and financial resources and imperative to scale up and strengthen a competent social work workforce

A competent social work workforce including professional social workers, as well as para social workers who are accessible in communities and districts are fundamental to the development of social services for children and families and support for ongoing de-institutional care processes. A representative from the Ministry of Social Affairs described how *"We need professional social workers who can be a model to show the best practice as art of the care reforms. When we have these people including within communities I am sure the process will be quite smooth… The professional process of work with children is paramount for me. Especially in certain cultures if parents support types of violence saying this is usual or ok to slap children as it is important for their life. So we need strong people in communities, in government processes, in many places and areas."*

As described earlier significant efforts and achievements have been made in recent years through collaborative efforts by the Government, Save the Children, UNICEF, Muhammadiyah, schools and associations of social work to strengthen professional social work practice in the Indonesian context. However, significantly more efforts are needed to scale up training and supervision of professional social workers and para social workers with competencies to support the care and protection of children in families and communities. There

are currently insufficient human and financial resources to support effective implementation of the National Standards and the development of the child care and protection system across the country. Inadequacies in the numbers, capacities and mandate of social workers impede the provision of preventive services and family support (Better Care Network and Global Social Service Workforce Alliance, 2014; Martin, 2013).

Benefits of and barriers to social protection schemes

Access to various social protection schemes including Family Hope Program (PKH) and Social Welfare Program for Children (PKSA) for vulnerable children is an important strategy to reduce poverty and to support families to care for and meet the needs of their children. Reviews have found that PKH has had a positive impact by increasing health care visits and expenditures by very poor households. The cash transfers, however, were found to be insufficient to cover the full cost to families of fulfilling the corresponding condition, and the actual value of the benefit has been decreasing, as no adjustments were made for increases in the cost of living (World Bank, 2012b). A 2014 assessment of the programme found the PKSA's basic approach effective, but in 2011 it only reached around 3 per cent of its target group of 4.3 million disadvantaged children. Institutional factors have limited the programme's effectiveness. These include difficulties in providing systematic geographic coverage due to the centralized governance structure of the programme, which struggle to integrate with local government structures, as well as human resource constraints and weaknesses in data which affect the targeting process. The findings emphasise the importance of an expanded, and well-trained, social welfare workforce that ensures that any services for vulnerable children, such as cash grants, are accompanied by quality care and support, such as counselling, home visits and follow-up parenting programmes (MOSA and UNICEF, 2015).

Furthermore, a study on vulnerability and situations affecting family separation undertaken by PUSKAPA UI & UNICEF Indonesia (May 2014) in 3 provinces covering 56 institutions identified barriers to accessing the Family Hope (PKH) and PKSA benefit package. For example, barriers to access included a lack of legal documents showing evidence of address and birth registration. Similar barriers were highlighted by mothers, grandmothers and other relevant caregivers during field work for this report. Some mothers were unable to access health services as their identity cards were issued in another province. Moreover, despite being the primary caregiver for their grandchildren, grandmothers were not able to access cash transfers as the children's names were not included on their family cards. Thus, improved targeting is needed to ensure that cash transfers reach the most marginalised children and families, including elderly headed households, single headed households, child headed households and migrant worker families. A representative from Save the Children mentioned how *"In regulations kinship care is included and thus we suggest that children in kinship care should be included in the family card. However, this needs advocacy with the Ministry of Home Affairs as they think it is just the parent."*

The shift towards more comprehensive social protection systems represents a significant opportunity to develop a more integrated child sensitive welfare system that recognizes the relationship between poverty and other dimensions

of vulnerability. Ongoing and increased efforts to develop and strengthen child sensitive social protection schemes are needed.

The need for increased public awareness on institutional care as a last resort and the importance of family based care and protection

A UNICEF representative emphasised that *"If people do not realise that institutional care of children is harmful it will continue. We need behavioural change that family is the best place for children to stay and we need to support families. We need to apply the principles of the CRC which Indonesia has ratified."* The need for increased public awareness on institutional care as a last resort, and the importance of family based care and protection has been recognised by religious and civil society organisations.

Launch of public awareness campaign on families first and institutional care as a last resort

In July 2016 the "Alliance for Family Based Care" which is led by Muhammadiyah and supported by Save the Children launched a public awareness campaign to strengthen understanding and practices that support family based care and protection. A short advocacy film has been developed and distributed which highlights the dangers of institutional care, and shares key messages about the importance of children's care and protection in families. The film seeks to change beliefs and practices that contribute to unnecessary separation of children from their families. The campaign also seeks to change religious donation practices, so that members of the general public who currently donate to children's institutions may change their donation patterns to instead donate funds which support family based care and service provision.

Insufficient investments in prevention to strengthen the resilience of children, parents and relative caregivers

There are 81.3 million children in Indonesia (BPS, Census 2010); and 44 million children live in families with an income of less than $2 / day (SMERU, BAPPENAS, BPS and UNICEF 2011). The majority of children who are not living with their parents are living in informal care arrangements, primarily with their grandparents, but also with other relative caregivers. To ensure children's care and protection in families, and to prevent unnecessary family separation it is imperative that there are increased investments in prevention efforts to strengthen the resilience of children, parents and relative caregivers (see also ECPAT International et al., 2104).

The representative from the Asean Commission of Women and Children emphasised that *"There is more focus on response rather than prevention. Prevention is still lacking by the Government and civil society organisations. Community Based Child Protection Mechanisms support prevention and referral, but the community still do not know about available services."*

Prevention efforts should support integrated parenting schemes based on child rights principles. The new PUSPAGA program by the Ministry of Women's Empowerment and Child Protection provides a good opportunity to pilot and strengthen integrated parenting initiatives that are focused on parents of children of all ages. However, in addition to reaching mothers increased efforts

are needed to reach Prevention efforts should support integrated parenting schemes reaching mothers, fathers, grandparents, other relative or alternative caregivers.

Prevention efforts should also encompass child sensitive disaster risk reduction and emergency preparedness efforts to reduce the vulnerability of children, families and communities, and can build upon the current efforts being piloted by Save the Children in collaboration with the government.

In addition, increased efforts are needed to understand and build upon existing traditional beliefs and practices which enhance the care and protection of children in families, while also addressing traditional harmful practices (such as corporal punishment of children). Moreover, good practice lessons learned from pilots to develop integrated community based child protection mechanisms should be scaled up with links to functional referral mechanisms at city and district levels.

Conclusions and Recommendations

Child care reform in Indonesia is extremely complex. Considering the immense size and diversity of Indonesia it is understandable that the child care reform process is relatively slow, particularly in terms of practical implementation of standards, regulations and policies that have developed from the centre. Unnecessary institutionalisation of children continues to be a common practice in many parts of the country, and family reunification rates of children from institutions are relatively low (Better Care Network and UNICEF, 2015). However, among policy makers and practitioners there is increasing recognition of and commitment to support family based care and to ensure that institutional care is used as a last resort. There are increasing initiatives by government, religious and civil society organisations to implement the National Standards of Care. Significant time, process, and dedication of individuals in different organisations working at multiple levels have been instrumental to support the growing momentum towards the paradigm change from institutional care to child and family centred services. Appreciation of the significant milestones that have already been achieved by champions within government, non-government and religious organisations to strengthen system wide care reforms should be celebrated, built upon and scaled up. The journey ahead is long and increased investments in an effective social work and social service workforce, approval of the Child Care Bill, multi-sectoral coordination, prevention and social service

developments, alongside increased public awareness on institutional care as a last resort are required.

Key Recommendations:

1. **The EU should support investments in child care reforms and multi-sector efforts to strengthen integrated child care and protection systems in Indonesia** which support family based care and protection of children, including strengthening of the social work workforce, social services for children and families, and foster care developments.

2. **Government and non-government stakeholders should develop a National Strategy for Care Reforms to take forward their mandate to ensure coordinated efforts by multi-sector stakeholders to develop integrated child care and protection systems** which support family based care and protection of children. Current efforts by the Ministry of National Planning and Development to support multi-sectoral planning for child protection system developments can be built upon to enhance multi-sector planning. Multi-sectoral coordination at provincial and district levels is also essential to ensure effective referral mechanisms.

3. **The Ministry of Social Affairs should increase socialisation of local government officials about the National Standards of Care** so that they are better prepared to support their implementation; and they should increase human and financial investments in the Accreditation of the Social Welfare Institution and monitoring processes.

4. **In line with the paradigm change in Indonesia, the Ministry of Social Affairs should increase funding allocations to support children in family based care and further reduce funding allocations for children institutional care.**

5. **The Government of Indonesia should ratify the Hague Convention** on the Protection of Children and Co-operation in Respect of Inter-Country Adoption.

6. **The Family Based Care Alliance should continue collaborative efforts to lobby for the Child Care Bill and take forward the public awareness campaign on families as a first resort and institutional care as a last resort**, including public awareness about the importance of giving donations for family based care rather than institutional care. More organisations could be encouraged to join the Alliance to support this advocacy.

7. **Collaborative efforts by government, non-government, associations and schools of social work should continue to strengthen and scale up training, supervision and certification and licensure for social workers and para social workers.**

8. **Government and non-government agencies including Save the Children, Muhammadiyah, SOS and UNICEF should continue to expand the continuum of care options, including efforts to adopt and**

implement foster care guidelines and piloting of formal foster care schemes.

9. **Child and Family Support Centres (PDAK) should be strengthened and scaled** up by Government agencies using individual case management and strengthening referral systems for multi-sectoral support at provincial, district and other levels. Save the Children should transition into a mentoring role to ensure quality and sustainable service developments by the government.

10. **The government, non-government agencies and donors should increase investments in prevention and support to families at local levels** including elderly headed, single headed and child headed households. Efforts to strengthen linkages between community based child protection mechanisms and broader child care reform efforts is also encouraged.

11. **The Government should refine and strengthen child sensitive social protection** to ensure that they reach the most marginalised families, including elderly caregivers who are caring for children, other relative caregivers, migrant parents, single parents, families with children with disabilities and parents from the poorest families. Increase percentage of subsidies that are directed to children outside of institutions.

12. **The Ministry of Women's Empowerment and Child Protection should ensure coordinated efforts among government and non government agencies to strengthen and scale up parenting skills based on child rights principles** and ensure that the parenting programmes reach and engage mothers, fathers, grandparents and other relative caregivers, caregivers in institutions and/or in any other care settings.

13. Government, non-government and donor agencies should support **participatory research on traditional practices and mechanisms which support the care and protection of children in families and communities** in order to identify and build upon existing strengths and to address harmful traditional practices.

14. **Increasing efforts should be made by all professionals to consult and involve children, parents and caregivers** in decisions affecting them, and to ensure decision making in the best interests of the child. There should also be increasing efforts to **support meaningful children's participation in prevention and policy matters concerning them.**

15. The Government, Save the Children and other non-government agencies should continue to pilot and scale up good practices **to integrate disaster risk reduction, emergency preparedness, social protection and support for family based care** to minimise vulnerability, overcome shocks and build resilience.

References

Babington, B. K. (2015). *For the benefit of children alone? A discourse analysis of policy making relating to children's institutions in Indonesia: 1999 – 2009.*

Bappenas Indonesia (Ministry of Planning, UNICEF and Global Affairs Canada (2015). *Championing child rights and child protection in Indonesia.*

Better Care Network and Global Social Service Workforce Alliance (2014). *Working paper on the role of social service workforce development in care reform.* Washington, DC: IntraHealth International.

Better Care Network (undated). *Indonesia's combined third and fourth report on the implementation of the Convention on the Rights of the Child.* CRC/C/IDN/2-4, 18th October 2012.

Better Care Network and UNICEF (2015). *Making Decisions for the Better Care of Children: The Role of gatekeeping in strengthening family based care and reforming alternative care systems.*

Boothby, N. & Stark. L. (2011). Data surveillance in child protection systems development: An Indonesian case study. *Child Abuse & Neglect* 35 (2011) 993–1001.

BPS (2010). *Results of 2010 Population Census.*

BPS (2012). *Trends of selected socio-economic indicators in Indonesia*, February 2012.

Bryant, J. (2005). *Children of International Migrants in Indonesia, Thailand, and the Philippines: A review of evidence and policies.* Innocenti working paper.

Coram International (2016). *In-Depth Study on Violence against Children in Indonesia.* Final draft.

DEPSOS and Save the Children (2006). *A Rapid Assessment of Children's Homes in post –Tsunami Aceh.* DEPSOS, Save the Children and UNICEF.

ECPAT International, Plan International, Save the Children, UNICEF and World Vision (2014). *National Child Protection Systems in the East Asia and Pacific Region: A Review of mappings and assessments.*

Gale, C. (2013). *Case Study: Bandung Indonesia: Pusat Dukungan Anak dan Keluarga (PDAK): Child and Family Support Centre Model.*

Global Partnership to End Violence Against Children (April 2016). *Indonesia as a pathfinder to end violence against children.* Discussion Paper. Draft April 2016.

Hitzemann, A. (2004). *Institution Building and Mainstreaming Child Protection in Indonesia.* UNICEF supported Child Protection Bodies (LPAs): Final Evaluation report.

Indonesia's combined third and fourth report on the implementation of the Convention on the Rights of the Child. CRC/C/IDN/3-4, 18th October 2012.

Kusumaningrum, S. et al (2011). *Building a Social Protection System for Children in Indonesia:* An Assessment on the Implementation of the Ministry of Social Affairs' Social Assistance Program PKSA and Its Contribution to the Child Protection System.

Lubis, S., Kusumawardhani, N., Marlina, C., and Saraswati, T. (2016). *Residential Childcare in Indonesia: Case Study of SOS Children's Village in Indonesia.*

Lubis, Sofni., Rizky, Mayang., Kusumawardhani, Niken., Warda, Nila., Wahyu, Yudi Fajar M., Arfyanto, Hafiz. (forthcoming). Kesejahteraan Anak yang Ditinggalkan Ibunya Bekerja Sebagai Pekerja Migran: Studi Kasus di Dua Kabupaten di Indonesia. *SMERU Research Institute*

Martin, F. (2011). *Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSA).* Save the Children and the Indonesia Minister of Social Affairs, 2011.

Martin, F. (2013) *Changing the Paradigm: Save the Children's Work to Strengthen the Child Protection System in Indonesia 2005 - 2012.* Save the Children.

Martin (2013b). *Strategic Plan for Save the Children's work in Indonesia to support a paradigm shift towards family based care* (Second Phase) 2013 – 2020. Save the Children.

Ministry of Social Affairs (2011). *The National Standards of Care for Child Welfare Institutions.* No.30/HUK/2011, Decree of the Minister of Social Affairs of the Republic of Indonesia.

Ministry of Social Affairs and UNICEF (2015). *Rapid Assessment of the Indonesian Conditional Child Welfare Programme (PKSA),* August 2015

MoSA, TNP2K et al (April 2016). *Powerpoint: Conditional Cash Transfer (Program Keluarga Harapan, PKH).* International Workshop: Conditional Cash Transfers as a tool to address Child Labour. Manila, 11th April 2016.

Moore, K. (2014). *Evaluating the effectiveness of CBCPMs supported by Plan Indonesia.* Plan International.

Plan International (2014) Plan (2014) *Protection in Action: An evaluation of the effectiveness of community based child protection mechanisms supported by Plan in Asia.* Written by Kunera Moore and Claire O'Kane.

Population Modul Survey (MK) 2000, PBS. Data extracted for the Inter-Agency Family based care Working Group.

PUSKAPA UI & UNICEF Indonesia (May 2014). *Understanding Vulnerability: A Study of Situations that Affact Family Separation and the Lives of Children in and out of Family Care.*

Reyes, M. M., & Manila, U. (2008). *Migration and Filipino children left behind: A literature review.* Miriam College – Women and Gender Institute (WAGI) for the United Nations Children's Fund (UNICEF)

Save the Children, DEPSOS RI and UNICEF (2007). *Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia.* Written by Martin, F. and Sudjarat, T. Save the Children.

SMERU, BAPPENAS, BPS and UNICEF (2011). *Child poverty and disparities in Indonesia: Challenges for Inclusive Growth.*

Stark, L., Bancroft, C., Cholid, S., Sustikarini, A. and Meliala, A. (2012). A qualitative study of community-based child protection mechanisms in Aceh, Indonesia, Vulnerable Children and Youth Studies: *An International Interdisciplinary Journal for Research, Policy and Care*, 7:3, 228-236.

Sudrajat, T. (2016) Powerpoint Indonesia Families First Signature Programe, Direct Response, PDAK

Sudrajat, T. (April 21 2015). *Save the Children Powerpoint Presentation Indonesia Signature Child Protection Programme.* Presentation shared in Africa wider Children without Appropriate Care Programme Learning Event, Addis Ababa.

Suharto, E. (2016). *PPT: Developing National System of Child Protection: Roles of MoSA and PKSA.* Ministry of Social Affairs.

SUSENAS (National Socioeconomic Survey, 2011). *Inequalities in Education,* May 2015.

UNHCR Progress report (2016). *Indonesia: Progress under the Global Strategy beyond Detention 2014 – 2019, mid 2016.*

UNICEF Indonesia Issue Briefs (undated) *The Significance of Child Protection Systems: Key Findings from a Strategic Mapping Exercise in Six Provinces of Indonesia.*

UNICEF (2012). *MDGs, Equity and Children: The way forward for Indonesia.* UNICEF Indonesia, Issues Brief, October 2012.

USAID (2014). *Factsheet: Indonesia: Disaster Response and Risk Reduction.*

World Bank (2012*). "Social Assistance Program and Public Expenditure Review 5: BSM."* Jakarta, Indonesia: World Bank

World Bank (2012b). *"Social Assistance Program and Public Expenditure Review 6: PKH."* Jakarta, Indonesia: World Bank.

World Bank (November 2015). *Indonesia's Rising Divide: Executive Summary.*

World Bank (2015). *Parenting Education in Indonesia: Review and Recommendations to Strengthen Programs and Systems.*

Appendix 1: Research instruments used with key informants

Participant Information Sheet

Claire O'Kane
International Researcher
c/o SOS Indonesia

My name is Claire O'Kane and I have been asked by SOS to conduct a study on alternative child care in Indonesia

I would like to invite you to participate in this study. So that you can make an informed decision about participation, this information sheet will provide you with more details.

Please do not hesitate to ask me any questions or, to request any additional information you might need before deciding whether or not to participate.

1. <u>What is this study about?</u>
This aim of this study is to gain an understanding of the alternative child care system in Indonesia.

2. <u>Why you have I been contacted?</u>
You have been contacted because of your professional knowledge, interest and understanding of child care reform in your own country.

3. <u>What would my participation include?</u>
We are requesting your participation in an interview or a focus group discussion (FGD). The interview / FGD will be about alternative child care in your country. The interview/ FGD should last no more than 90 minutes in total.

We are particularly interested in understanding the situation of children in alternative care, where they are and the reasons a decision was made to place them there. We are also interested in understanding the services available to help prevent children being separated from parental care and services available to support children to live with their own parents or relatives. In addition we would like to understand the child care reforms that have taken place in your country over the past 5 years and what you think were the successes and challenges of the programme.

4. <u>How do I inform you of my decision to participate or not to participate?</u>
Before the interview/ FGD you will be provided with a form to read with questions about your willingness to participate. If you are happy to go ahead with the interview/ FGD, we will ask you to kindly sign the form. If you give your consent to participate you can also choose whether or not to answer particular questions during the interview.

6. <u>Confidentiality</u>

If you do not want your name mentioned in the evaluation report you can indicate this on the consent form.

7. <u>Data collection and access to the information gathered</u>

If you provide your consent we would like to digitally record the interview. Copies of the interview will not be available to anyone other than the researchers.
Thank You.

Consent Form for Professionals and Carers

Please answer the following questions to the best of your knowledge

I CONFIRM THAT:

- I have understood what my participation involves and how the information I provide will be used   YES □   NO □

- I understand that my participation is completely voluntary and I am free to withdraw as a participant at any time   YES □   NO □

- I agree that the information I provide can be used in a research report   YES □   NO   □

- I agree my name can be used in the research report   YES   □ NO □

- I agree to the recording of this interview   YES   □   NO □

I hereby fully and freely consent to my participation in this study
Participant's signature: _____ Date: _____
Name in BLOCK Letters: _____

To be returned to: Claire O'Kane, International Researcher c/o SOS Indonesia

Research Guide

<table>
<tr>
<td colspan="2">

Introduction:

1. Introduce myself and research aims

2. Introduce topics to be discussed

- Context - socio-economic and cultural context.
- Where are children (forms of alternative care) and why (drivers)
- Structure and Process i.e. legal and policy framework, standards and funding,
- Government and non-governmental structures for child protection/child care delivery
- Process and practices - workforce and carers,
- What is working and what is not working, key challenges and opportunities

3. Explain use of information collected during interviews

4. Guarantee of anonymity

5. Request tape recording of interview

6. Ask for reading and signing of Consent Form

7. Give brief explanation of definition of child care/system being used for this study and also formal and informal care

</td>
</tr>
<tr>
<td>

The principle elements of the child care system

</td>
<td>

Principle Question: What factors are relevant to the development of the child care system and its implementation?

</td>
</tr>
<tr>
<td>

1. Overview of Alternative Care

</td>
<td>

1. Please could you tell me about the different types of formally arranged alternative care that there are in Indonesia?
2. Do you have any current data about how many children are in formal alternative care?
3. Please could you tell me about informal care in

</td>
</tr>
</table>

	Indonesia, *for example to what extent is care by relatives a cultural practice?* 4. Do you know how many children are in informally arranged alternative care?
2. Deinstitutionalisation	1. Do you know how many residential children's institutions currently exist in Indonesia? 2. What proportion of children's institutions are owned and managed by the State and what proportion are owned or managed by other non-state organisations? 3. How are the non-state organisations funded? 4. Can you describe any government plans to close large residential institutions? 5. Can you describe the various elements of the child care reform that are underway? 6. To what extent does your agency play a specific role in supporting child care reforms? Please describe
3. Quality of care	1. To what extent are the National Standards of Care for Institutions being implemented in different parts of Indonesia? 2. Please can you tell me about the quality of care in large residential institutions – to what extent do they meet any state set standards? 3. Is there a system of registering and inspecting state and non-state managed alternative care and if so does it work– please give details? 4. To what extent are the relatively new guidelines on foster care being implemented? 5. Please can you tell me about the quality of care for children in formal family-type alternative care i.e. foster care etc.- – to what extent do they meet any state set standards
4. Drivers and necessity	1. Please could you tell me about the principal reasons children are separated from their parents and/or brought to live in alternative care? 2. Which children face increased risks of family separation and being placed in institutional care? Why? 3. To what extent do you think children are being placed into alternative care unnecessarily? And if so why? 4. To what extent does disability, religion, ethnicity, gender or other factors influence family separation and alternative care?
5. Well developed regulatory	1. We have already spoken about standards but are there also laws, policy and national plans that guide those working in alternative care? And if so does they adequately allow for:

framework and disseminated policy/ understanding of policy aims and, how to achieve expected results	• preventing separation of children from their parents e.g. through family support • family reintegration • placement in suitable alternative care when necessary • and permanent alternatives i.e. adoption 2. Are laws, policies and national plans related to child protection and child care being adequately distributed, understood and interpreted across the country by those responsible for implementation? 3. Who participated in the development of child care policy?
6. Oversight and coordination	1. Is there one main body/department responsible for overall coordination and management of child care policy being developed and implemented? **If yes** please could you tell me about its role? **If no** do you think there should be one coordinating body?
7. Adequate structures and processes for delivery	1. Which other government departments have responsibility for child care and do they also have responsibility for carrying out deinstitutionalisation policy? Do they work well together? 2. To what extent is there coordination and joint planning among the Ministry of Social Affairs, the Ministry of Women's Empowerment, and the Ministry of National Development Planning to support family based care and protection of children? 3. To what extent are child care reform efforts linked to national, municipal and local efforts to develop and strengthen the child protection system in Indonesia? 4. To what extent are Kelompok Perlindungan Anak Desa (Village child Protection Committees) playing a role in prevention of family separation and prevention of deinstutionalisation? 5. What is the role of the judiciary in supporting child care and child protection?
8. Services for prevention of separation and child remains in safe and	1. What services provided by the state or non-state providers contribute to helping prevent children being separated from their parents in different parts of Indonesia? 2. What kinds of support or services are working well to support families and/or to prevent institutionalisation? Can you share 1-3 examples of key good practice

caring family environment	initiatives concerning prevention of separation, family support or family based care in Indonesia? 3. Are there any kinds of services or support that are not working effectively? Why? 4. Do you think there are enough services that are helping to prevent separation? Why? 5. Are there enough places for children who need to be placed in alternative family-based and family-type care i.e. foster care/kinship care/small group homes?
9. Re-integration of children from care back to biological family and ageing out of care	1. What services provided by the state or non-state providers are helping families so that children can return to their family? 2. Do you think there are enough services that are supporting reintegration? Why? 3. To what extent are young people given assistance when they age out of alternative care?
10. Adoption as a permanent solutions	1. To what extent does the adoption system work in Indonesia? (national and international) 2. Are there enough families coming forward to adopt children within Indonesia? If yes/no - why
11. Able and sufficient work force	1. Are there enough professional staff to deliver the different parts of child care system and any child care reform? Who are they? 2. To what extent is there sufficient and effective social work training in Indonesia?
12. Case management mechanisms	1. Are child protection/child care staff using case management mechanisms i.e. assessment of families and making individual children's care plans when needed? 2. To what extent is case management applied in different parts of Indonesia? 3. Are there any plans to scale up use of individual case management in different parts of the country? Please describe 4. What are the main opportunities and challenges in scaling up individual case management?
13. Data management and	1. Is there a national system for gathering information of children separated from parents who are now in different types of formal and informal alternative care? If yes what

accountabili ty	data is collected and by whom? 2. What challenges are faced when collecting data and what efforts are being made to overcome such challenges?
14.Attitudes and cultural practices	1. Do you think that social attitudes and practices (of public and practitioners) are assisting or obstructing child care reforms and any deinstitutionalisation process?
15. Non-governmental Influences	1. What do you think have been the principle influences (the drivers) on the government and child protection sector in developing and implementing child care reforms and a deinstitutionalisation policy? 2. Who are the key players in the child care reform in Indonesia?
16. Scale of achievements & Future opportunities and advice to others	1. Overall on a scale from 1 to 5 where would you rate the achievements of implementation of child care reforms in the past 5 years. 1 is excellent and 5 is poor. Why? 2. What are the main lessons learned from child care reform in Indonesia? 3. What do you think could happen in the future to scale up and sustain child care reforms and to support quality care and protection of all children in families? 4. What are the main opportunities and the main challenges to achieving this positive agenda for change? 5. What is your advice – your 3 top tips to other governments or non-state actors who want to support child care reforms and family based care and protection?
17. Additional information	1. Is there any further information you would like to provide regarding factors we have not already discussed and achievements.

Appendix 2: Research instruments used with children and young people

Children's Consent Form

Lembar Pernyataan Partisipasi

Siapakah kami?

Nama saya adalah Sofni. Saya berasal dari Medan dan bekerja di Jakarta. Saat ini saya bekerja untuk SOS Children`s Village Indonesia untuk mengetahui lebih banyak tentang system pengasuhan anak di Indonesia.

→ SOFNI

Nama saya adalah Claire dan saya bekerja sebagai konsultan hak-hak anak. Saya berasal dari UK. Saya mengunjungi Indonesia untuk Organisasi SOS Children`s Village Indonesia untuk mengetahui lebih banyak tentang situasi pengasuhan anak di Indonesia.

←--- CLAIRE

APA YANG INGIN KITA BICARAKAN DENGAN KAMU?

Pada kesempatan ini kami ingin mengetahui ceritamu dan teman-temanmu dalam kelompok kecil ini. Kami ingin mendengar pendapatmu dan pengalamanmu tentang tempat tinggalmu. Kamu mungkin juga ingin bertanya kepada kami. Tapi kamu boleh tidak bercerita tentang hal pribadi jika kamu tidak mau. Kamu boleh memutuskan apa yang mau kamu ceritakan dan apa yang tidak mau kamu ceritakan. Berikut adalah beberapa hal yang akan kita ceritakan …

Siapa yang penting bagimu?
Misalnya, siapa saja orang yang penting dalam hidupmu dan jika kamu sedang susah kepada siapa kamu mengadu?

> Apa yang kamu sukai tentang tinggalmu dan apakah kamu mempunyai kekhawatiran tertentu?
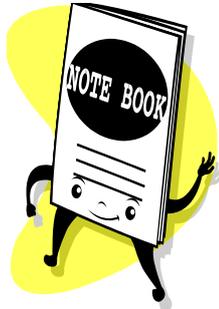
SIAPA YANG AKAN TAHU TENTANG APA YANG SUDAH SAYA KATAKAN?

Jika kamu setuju, kami akan mencatat beberapa hal. Catatan ini hanya untuk mengingatkan kami apa yang sudah kita bicarakan. Kami tidak akan menggunakan nama kamu dalam laporan apapun.

OK SAYA MAU MELAKUKANNYA !

Jika kamu bersedia untuk bercerita dengan kami hari ini, kami ingin kamu menuliskan nama kamu dalam lembar pernyataan di bawah ini.

Lembar Pernyataan Partisipasi Saya
Nama saya adalah ....…………
 dan saya senang kita bertemu dan saya bersedia untuk bercerita banyak kepadamu tentang diri saya dan pengalaman-pengalaman saya.

Tanda tangan saya ....

Tanggal...

Terima kasih! ☺

Group Work with children

Aim:

To understand the experience of children's entry into care, their experience in care and their experience leaving care

We would like to **find out the** following:
- The experience of children when they went into care
- The experience of children in care
- The experience of children leaving care
- The experience of children receiving support services (that may have prevented family separation?)

We would particularly like to know if they participated in making choices about their care – did they have a say?

Number of children, ages and groups
We would like to meet
2 groups of children in institutional care
2 groups of care leavers
1 group of children accessing family services
1 group in foster care (if applicable)

Group size should be 6 - 10 children maximum
Age groups should be divided into 10- 14 year olds and 15 – 17 years. The care leaver group might be older (e.g. 15-19 years old)
The group with children 15 – 17 years and care leavers should be divided into groups of girls and groups of boys.

Code of Conduct
We will use the SOS protection policy for reporting cases of concern
We will ask that other adults are not in the room for the group work with children
We have prepared a consent form for the parents/carers of children
We have prepared an information leaflet to be given to children before they participate

Methodology for Group Work

Introduction – who we are, why we are there, what is the purpose of the group

Consent – explain importance of consent and having choices – administer consent forms

Warm up game (5 minutes) –everyone sits on a chair in a circle. One person stands in the middle. The person in the middle says "stand up and swop seats if……" For example stand up and swop seats if you are wearing something blue or your name contains the letter S.

OR – provide card, scissors, coloured pens, stickers etc. and each person makes their own name badge. After they finish they say their first name and one thing they really like.

Group Agreement – prepared big sheet of paper with some suggested rules for the meeting

Everyone has the right to:

- Be listened to
- Say what you think
- Disagree with others
- Ask questions
- Make mistakes
- Choose not to talk or do something
- Have fun

Everyone has the responsibility to:

- Listen to others
- Respect the views of others
- Protection yourself by keeping things private

The researcher to add participant's ideas

Any Questions before we start – ask children if they have any questions

Activity One: **All About Me**– 15 – 20 minutes

Activity Two: The Path= 20-40 minutes

Activity Three: How we can help other children – 10 - 15 minutes

Summary – thank you and explain what happens next and ask if any questions

<u>Activity One – Who I am close to</u> (15-20 minutes)

Draw a circle/ flower and put your name in the middle of it.

Draw a bigger circle around your first circle (or petals) and put the people who are most important to you

Draw another circle around those two circles (or a circle around the flower) and put the other people who are also in your life

<u>Activity Two: The Path</u> (20-40 minutes)

For children in care use version A (this version can be used for children in residential care or foster care)
For children who have left care use version B
For children living with their families getting family support use version C

Version A: Finding out about children's experience when they first went into care/ their experience living in care

1. On a large roll of paper ask the children to draw the building that represents where they live now . Ask them to then draw a path that leads into the building from where they lived before they came into care.

2. On the path from their home to the care house ask the children to think - who helped you on your journey from their home to the care house. Ask them to drawn these people on the path. Now place a HAPPY BAG and a WORRY BAG on the path. Ask the children to think about what made them happy when they went on this path and what made them worry. Ask the children to write words that represented how they felt on pieces of paper and put them in the Happy and the Worry bags (this is confidential and they fold the pieces of paper and put them into the bag)

3. By the place where they now live is a HAPPY BAG and a WORRY BAG. Ask the children to write on post-its what makes them worry in this new home and what made them happy. Ask them to write their ideas on pieces of paper and put them in the Happy and the Worry bags (this is confidential and they fold the pieces of paper and put them into the bag)

4. Encourage them to think about and to add any feedback to the happy or worry bags regarding
   - how much say they had in decisions relating to their care and about their participation in care planning or review meetings
   - whether they have contact with their parents, siblings
   - what their friends think about their care situation

Version B. Finding out about children's experience when they left care

1. Ask the children to draw a picture of the building they lived in when they were in care and a path leading to another drawing of a building representing where they now live

2. By the building representing the place they lived in care place a HAPPY BAG and a WORRY BAG. Ask the children to think about what made them worry when they lived in care and what made them happy. Ask them to write their ideas on pieces of paper and put them in the Happy and the Worry bags (this is confidential and they fold the pieces of paper and put them into the bag)

3. Next we will look at path from the institution to where you live now – when you left the institution who helped you on your journey from the institution to her new home. Who helped you. What worried you and what helped you. Please write on post/draw answers/the people you are thinking about/ on the path.

4. By the building representing their new home at the other end of the path is a HAPPY BAG and a WORRY BAG. Ask the children to write on post-its

what made them happy when they came to their new home and what made them worry when they came to their new home. Ask them to write their ideas on pieces of paper and put them in the Happy and the Worry bags (this is confidential and they fold the pieces of paper and put them into the bag)

5. Encourage them to think about and to add any feedback to the happy or worry bags regarding
    - how much say they had in decisions relating to their care and about their participation in care planning or review meetings
    - whether they have contact with their parents, siblings

Version C: Finding out about children's experience of accessing family support

1. On a large roll of paper in the middle of the paper draw the family support centre (PKSA). Ask children to draw their families home near or far from the centre depending on how close or far the centre is from their home. Ask them to then draw a path that leads from their home to the PKSA.

2. On the path from their home to the family support centre ask the children to think - who helps you in your family. Ask them to drawn these people on the path. Now place a HAPPY BAG and a WORRY BAG on the path. Ask the children to think about what made them happy when they get support from PKSA and what made them worry. Ask the children to write words that represented how they felt on pieces of paper and put them in the Happy and the Worry bags (this is confidential and they fold the pieces of paper and put them into the bag)

3. By their family home where they now live is a HAPPY BAG and a WORRY BAG. Ask the children to write on post-its what makes them worry in their home and what made them happy. Ask them to write their ideas on pieces of paper and put them in the Happy and the Worry bags (this is confidential and they fold the pieces of paper and put them into the bag)

4. Encourage them to think about and to add any feedback to the happy or worry bags regarding
    - how much say they had in decisions relating to their care
    - whether they have contact with their parents, siblings
    - what their friends think about their care situation

Activity Three: How we can help other children – 10 minutes

Ask the question:
If other children are going to be moving into/ from a residential home/ foster care, what would it help them to know?
OR –
What kind of support do you think should be available to other children and families so that children can be well cared for and protected in their own families?

Please ask the children to write a short letter to another child/ young person to give them advice.