

A photograph of three young children, likely of Indonesian descent, smiling and looking at the camera. The child in the center is wearing a red and blue striped shirt and dark pants. The child on the left is wearing a red shirt with a patterned collar. The child on the right is wearing a white tank top. They are all holding small pieces of food, possibly fruit or snacks. The background is slightly blurred, showing an indoor setting with a window and some furniture.

Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSAs)



Save the Children

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2011

Save the Children's vision is a world in which every child attains the right to survival, protection, development and participation.

Save the Children's mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

Our values:

Accountability

Ambition

Collaboration

Creativity

Integrity

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

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This report was written by Florence Martin.

It is based on the results of research carried out as a joint collaboration between the Ministry of Social Affairs (Kemensos), Save the Children in Indonesia and a team of Social Workers and Social Scientists from STKS Bandung and the University of Indonesia.

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This research report by Save the Children in Indonesia Child Protection team supports the paradigm shift of child protection in Indonesia and it provides interesting learning on how *Rumah Perlindungan Sosial Anak (RPSA)* or Child Protection Homes play a role in responding to child protection concerns. The study reviews the effectiveness of RPSAs in terms of dealing with Child Protection issues.

RPSAs face serious challenges in achieving their effectiveness. As a single actor in all process of interventions, it is hard for RPSAs to apply good case management for the cases are naturally complex and dynamic. Comprehensive and synergised responses are required in child protection interventions in order to conduct appropriate assessment, intervention planning and referral. The goal of changes for children should be achieved in the child ecology environment together with changes among significant other key people in the family, school and community. RPSAs should become part of a broader framework of responses to support children in need of special protection, established at the community level and focused on working directly with children in their families and communities. RPSAs will be more effective as short-term facilities concerned with children's immediate safety and preventing further harm from occurring.

Save the Children hopes that this research will support efforts to improve child protection response for children and families who are facing serious child protection concerns. We hope that through better understanding of what is really happening to these children and what response should be developed, the government will be able to ensure that a generation that needs special protection will have appropriate support. We are happy to continue to support the government to develop broader systems of child protection.

I want to thank Mr. Makmur Sunusi, Ph.D and Dr. Ir. Harry Hikmat, M.Si for their support, leadership and cooperation with us during the last six years. My thanks also go to the Child Protection team and research teams including the field researchers for their effort and contribution to this research.

This is the fifth research that Save the Children has conducted on Child Protection. It is hoped that this research will also influence policies and services that are designed for child protection homes. We believe that research is a strong strategy in initiating change in public policy.

Jakarta, 15th August 2011



Delailah Borja

Country Director

Save the Children in Indonesia

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- CPI** : Child Protection Initiative
- Dekon** : *Dana dekonsentrasi* (De-concentration fund for provincial government)
- IOM** : International Organization of Migration
- Kemensos** : *Kementerian Sosial* (Ministry of Social Affairs – MOSA)
- KPAI** : *Komisi Perlindungan Anak Indonesia* (National Child Protection Commission - State body)
- NGO** : Non Government Organization
- PKH** : *Program Keluarga Harapan* (Family Hope Program)
- PNS** : *Pegawai Negeri Sipil* (Civil Servant)
- PPT** : *Pusat Pelayanan Terpadu* (Integrated Services Centre)
- PSBR** : *Panti Sosial Bina Remaja* (residential based vocational training centre for drop out children from school – under MOSA)
- PSKW** : *Panti Sosial Karya Wanita* (Residential based institution for sexual exploitation woman including children – under MOSA)
- PSMP** : *Panti Sosial Marsudi Putera* (Residential based rehabilitation centre for children in conflict with the law – under MOSA).
- RPK** : *Ruang Pelayanan Khusus* (Special assistance office – under Indonesian Police)
- RPSA** : *Rumah Perlindungan Sosial Anak* (Special protection home for children in need special protection – under MOSA)
- SDC** : Social Development Centre (Residential based service/boarding house for street children – under MOSA)
- SKB** : *Surat Kesepakatan Bersama* (Join Agreement)
- UN** : United Nations
- UPT** : *Unit Pelayanan Teknis* (Technical social service unit – under MOSA)

Acknowledgments

Over the last six years, the Directorate General for Social Rehabilitation in the Ministry of Social Affairs of the Republic of Indonesia has undertaken a comprehensive review of the services and approaches it uses to support children facing protection challenges, including abuse, neglect and exploitation. This important process has only been possible thanks to Mr. Makmur Sunusi, Director General for Social rehabilitation, who has shown remarkable leadership and determination in working towards reforming and strengthening the child protection system in Indonesia. Dr. Sunusi has consistently supported and encouraged critical debate and learning, and this research was only made possible thanks to his guidance and support. This research is also the result of a close collaboration with Mr. Harry Hikmat, Director of Child welfare. Mr. Hikmat not only who commissioned this research but challenged the research team and his own team in the Directorate to review and learn from existing practices to ensure services respond effectively to children's needs in Indonesia. It is hoped that this report can contribute to this debate and assist the Directorate of Child welfare in this critical process of appraisal and learning.

This report brings together the hard work and findings of a remarkable team of social workers and colleagues, who have carried out the fieldwork under the leadership of Kanya Eka Santi. It is their work and their tireless commitment to learning and improving services for children in need of protection that is highlighted in this report. It is a real privilege to work with them and I have no doubt that the future for children in need of protection in Indonesia is brighter thanks to their contribution and involvement.

This research process initially began as a contribution to an annual review meeting of the heads of the Special Protection Homes. It was expanded to a series of more in depth case studies and learning, in the hope that by sharing lessons learnt and reviewing the development of practice and responses in these institutions, these institutions would be in a better place to share best practices and identify challenges. This would not have been possible without the collaboration of the management and staffs of the RPSA, who have supported this process and engaged with it openly, demonstrating their clear commitment to learning and improving services for the children they serve. We thank them and hope that this report enables them and the Ministry of Social Affairs to continue their important work in strengthening responses for the most vulnerable of children in Indonesia.

Finally, we thank warmly our colleagues in Save the Children in Indonesia and Save the Children at the international level, in particular the team in the Child Protection Initiative (CPI), whose hard work and support have made this work possible.

Over the last 10 years, Indonesia has undertaken a major review of the way it protects children against abuse, neglect and exploitation and delivers social services to vulnerable families and communities. Following ratification of the UN Convention on the Rights of the Child in 1990, the Government began the process of aligning its policies and laws on a child rights framework rather than a charity-based welfare one. A Child Protection Law (Law No 23) was enacted in 2002 that introduced the concept of children in need of special protection (CNSP) and affirmed the government's responsibility for the protection of these children.

The Ministry of Social Affairs (Kemensos) has increasingly recognised the need to shift child protection interventions away from primarily residential-based solutions towards child and family centred services at the community level. Indonesia has one of the highest numbers of childcare institutions in the world, an estimated 8000 institutions, the vast majority of which are run by non-governmental faith-based organisations. Support for these institutions, particularly financial support through the BBM funds and the Decentralized Funds (Dekon), has been the primary intervention by the Ministry, in its capacity as the Government agency responsible for services for neglected children (*anak terlantar*) and children in need of special protection (*anak yang memerlukan perlindungan khusus*). It has also developed and piloted 18 different types of model interventions (UPT) aimed at responding to a range of 'social problems' faced by vulnerable children. All, except one of these models of children services, have been residential based.

The Ministry first established the Protection Home for Children (RPSA), in 2004 on the outskirts of Jakarta, in Java. It is focused on providing services for children defined as being in need of special protection under the Child Protection law, in particular child victims of abuse, neglect or exploitation including victims of trafficking, children affected by natural or man made emergencies, children in contact with the law and children from particularly isolated and vulnerable minorities. Since 2004, Kemensos has been encouraging the local government and more recently, private social service providers, to establish more RPSAs. When this research project first started in 2009, 15 RPSAs were already operating or were in the process of being established. As the main model of intervention being promoted by the Ministry for children in need of special protection, the RPSA can provide particularly rich learning about what interventions and approaches work best to support children in these complex and dangerous situations.

The context for this study

Save the Children in Indonesia has been working with the Ministry of Social Affairs since 2005 to support a review its policies and interventions in relation to children in need of protection. Through the secondment of two advisers in the Directorate of Children's services it supported a series of research

projects, data collection, policy review and analysis to foster a stronger evidence base about approaches and services available to children who are at risk or have faced abuse, neglect and exploitation.¹ This work raised some fundamental questions about the way the child protection system was operating in Indonesia, in particular the fact that it was overwhelmingly based on residential care interventions, with little direct support available to children and their families in their communities. The research also showed that the system was almost entirely unregulated and often not equipped to serve the children that were most in need. Instead, children were unnecessarily separated from their families while these were left unsupported to care and protect for them. Meanwhile, children that did need care and protection outside of their families, either as a result of abuse, wilful neglect or exploitation, were not receiving it. Instead of the system and services meeting the needs of vulnerable children, it was found too often that it was the children who had to meet the needs of the services. While responsibility for protecting children was recognised in law through Law No 23 on Child Protection (2002), no clear mechanism had been developed that could assign clear mandate and responsibility to act.

As a result of this work, the Ministry of Social Affairs has initiated an important and fundamental reform of policy to ensure a clearer framework is established that recognises the crucial role and responsibilities of families to protect their children.² It has also acknowledged the ultimate responsibility of the State to support that role through the provision of both financial and psychosocial services to families that aim to be not only remedial but also preventive. This process of reform entails a rethinking of old models and approaches, reviewing the evidence for what has worked and identifying what has not. It also implies a shift of resources, both human and financial, to enable the delivery of very different services. While changes of policies are complex processes in themselves, they represent only the first step. Recognising what services and skills must be available, at what level, with what mandates and powers, to ensure the effective implementation of that new framework is the crucial next step.

This research project was developed as a contribution to this, in collaboration with the Directorate of Children's Services and the management and staffs from 5 of the RPSAs. Through an assessment of the services and the presentation of case studies and interventions at a particular time in point, it hopes to foster reflection on the capacity and effectiveness of the RPSA model to provide crucial protection to vulnerable children in Indonesia. While it often provides a critical analysis, its aim is not to criticize or highlight problematic interventions by individual RPSAs or their staffs but rather to recognise real challenges and support the Ministry and other social service providers to reflect and find the most effective and appropriate interventions.

¹ Martin, F and Sudrajat, T (2006). *A Rapid Assessment of Children's Homes in Post-Tsunami Aceh*. The Ministry of Social Affairs and Save the Children; Martin, F, Nugroho, S and Sudrajat, T (2007). *A Rapid Assessment of the Islamic Boarding Schools (Dayahs) in Post-Tsunami Aceh*. NAD Department of Education, Save the Children and Unicef; Martin F and Sudrajat, T (2007). *'Someone that Matters': the Quality of care in Childcare Institutions in Indonesia*. The Ministry of Social Affairs, Save the Children and Unicef;

² Strategic Plan of Child Protection, 2010-2014. Directorate of Child Welfare, Ministry of Social Affairs .

II. The Child Protection Context in Indonesia



The Child Protection Law

In the late 1990s, Indonesia emerged as a new democracy following the collapse of the New Order regime. Human rights were high on the agenda and a number of international human rights conventions were ratified³. Key pieces of legislation and policies of relevance to children's protection were adopted. In 2000, Indonesia ratified ILO Convention No.182 on the Elimination of the Worst Forms of Child Labour (Law No.1, 2000). National and international concerns at the issues of child labour and trafficking in the context of the Asian economic crisis resulted in the adoption of a Presidential decision (Keppres No.59/2002) listing 13 categories of child labour as worst forms of child labour, effectively banning them. Two National Plans of Actions addressing child trafficking were developed, a National Plan of Action (RAN) on the Elimination of Commercial Sexual Exploitation for Children (Keppres No. 87/2002) and a National Plan of Action on the Elimination of Trafficking for Women and Children (Keppres No. 88/2002).⁴ A year later a new Employment Law (Law No.13, 2003) raising the minimum age of employment for children was passed⁵.

In 2002, Indonesia also enacted a Child Protection Law (Law No 23) that aimed to integrate some of the key principles of the UN Convention on the Rights of the Child it had ratified in 1990. This law brought concepts of child protection and child care under a child rights framework, instead of a charity-based welfare one. It recognised the primacy of the parental role in relation to the care and protection of their children and defined that role as much broader than simply providing for the basic needs of children. It referred to parents and families' responsibility in '*caring for, maintaining, educating and protecting children*' as well as to their role in '*ensuring the growth and development of the child in accordance with his/her capabilities, talents and interests*'.⁶ It also articulated, for the first time, 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 including "*discrimination, exploitation of an economic or sexual nature, neglect, harsh treatment, violence and abuse, injustice and other forms of mistreatment*."⁷ 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, including within families or any other care setting.

The Child Protection Law introduced for the first time the concept of "special protection" (*perlindungan khusus*), the "obligation and responsibility of the Government and other State institutions to provide special protection", including certain responses and remedies to children in particular circumstances. It identifies eleven circumstances where children are entitled to such protection from the State:

- 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;

3 Indonesia ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1984, the Convention on the Rights of the Child in 1990, the Convention Against Torture in 1998, and the International Convention on the Elimination of All Forms of Racial Discrimination in 1999. More recently in 2006, it ratified the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.

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

5 Also of relevance to child protection, in 2004 Domestic Violence legislation was enacted (Law No. 23, 2004) and in 2006 a law on the Protection of Victims and Witnesses (Law No. 13, 2006).

6 Law No 23 (2002) on Child Protection, Article 26.

7 Law No 23 (2002) on Child Protection, Article 13.

- 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;
- 11) Neglected children.⁸

The law articulates a role for the community and community based organizations in the delivery of special protection to children, but it also expressly recognizes that it is the direct responsibility of the State to ensure that responses are available and provided. Following adoption of Law no 23, the Ministry of Social Affairs (Kemensos) adopted a series of technical guidelines and policies to support its implementation. *The Guidelines for the care of children in need of special protection (2004)* define the division of responsibility between the State agencies and the community in terms of mutual collaboration but also acknowledge 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”.⁹ They qualify the role of the community in relation to children with special protection as mainly “preventative” while also referring to its role in creating “a conducive environment for the proper growth and development of children, so that children in need of special protection can quickly recover.”¹⁰ The question of what infrastructures, resources and mandates were needed on the ground to ensure children in need of special protection would be accessing effective services was left unanswered. The law itself did not establish any system or mechanism to support implementation. It did not assign new responsibilities for child protection or clarify existing ones, and the only body it created, the National Child Protection Commission (KPAI), has primarily an advocacy and awareness-raising role. It can monitor and make recommendations to the President on the implementation of the law but its role is mostly to disseminate the content of the law to the broader public. As a result, the responsibility for child protection has remained fragmented and divided between Ministries and agencies. The Ministry of Social Affairs is responsible for social services and interventions for children and their families, including children in need of special protection. The Ministry of Women’s Empowerment is responsible for overall policy coordination for child protection, in addition to its mandate on women. The Ministry of Justice, the Police, the Ministry of Labour, Health and Education 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.¹¹ Following the adoption of the National Plan of Actions, however, some of the Ministries, started to set up their own mechanisms and, in some cases, more coordinated services run under the

8 Law No 23 (2002) on Child Protection, Article 59. It is important to note that Law No 23 uses the term ‘special protection’ more broadly than in the UNCRC. The latter uses the term ‘special protection and assistance’ in Article 20 in relation to children deprived of a family environment, highlighting the fact that in addition to the right to protection afforded to all children, these children are especially at risk and therefore require particular attention and assistance. As the Committee on the Rights of the Child, “Unfortunately it is often children deprived of family protection who are the most common victims of the worst forms of mistreatment and abuse”. (Report on the twenty-fifth session, September/October 2000, CRC/C/100, para. 668, quoted in Hodgkin and Newel (2002) Implementation Handbook for the Convention on the Rights of the Child. UNICEF.)

9 Guidelines for the Care of Children in Need of Special Protection (2004) Kemensos Chapter III.A. 2

10 Guidelines for the Care of Children in Need of Special Protection (2004) Kemensos Chapter III.A. 2

11 This state of affairs was reinforced by the renaming in 2010 of the Ministry for Women’s Empowerment as the Ministry for Women’s Empowerment and Child Protection, which was done without addressing any of the issues of respective roles and responsibilities, at the risk of increasing even further competition and duplication in that field.

authority of the central government. In 2002, the Ministry of Women's Empowerment, the Ministry of Health and the Head of Police concluded a joint agreement (SKB) for the Establishment of Crisis Centers in Government Hospitals at national and local levels, in particular Police Hospitals. The aim of the centers was to provide integrated services for women and children who were referred or sought services in the hospitals as a result of violence. The Police Department also developed Special Assistance offices (Ruang Pelayanan Khusus -RPK), in police stations at the Provincial and Regency levels, managed under the Women's Police Units (Polisi Wanita) to provide services to women and children victims of crimes, including trafficking. Other initiatives to respond to victims of violence included the establishment of shelters and safe houses, and the development of more integrated units providing health services (PPT). While these initiatives certainly improved responses to victims of violence, including children, they remain ad hoc and limited in outreach and capacity, falling short of the provision of integrated social services that must be delivered for children and families under the authority of the local government, as required by Indonesia's legal and political framework.¹²

The impact of decentralisation on the delivery of social services

In 1999, a radical political decentralisation process took place in Indonesia that included transfer of responsibility for all services, including social services, to the Regency/Municipality (District) level of government, with a smaller representation at the Provincial level. The capacity of the Ministry of Social Affairs to support and supervise services for children and their families at the local level was always very limited, both as a result of insufficient resources and a lack of effective mechanisms to ensure the implementation of national standards and policies at the local level. The rapid process of decentralisation further undermined Kemensos' capacity and its role in relation to the provision of social services across the country. 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. Kemensos has seen its role as being primarily about general guidance rather than working with the local government to ensure the establishment of systems and responses that can deliver adequate and appropriate social services for children and families at the local level, including preventive and protective services. Apart from the financial support it provides to local government authorities through its Deconcentration (Dekon) Fund, it has focused on developing broad guidelines for the provision of children's services, mostly residential based, as well as piloting its own 'best practice' models of childcare institutions.¹³ The Protection Homes for Children (RPSA) were established as part of this piloting of "model interventions" mandate. Kemensos also continues to provide considerable funding directly to private social service providers, primarily residential care institutions, through its BBM Subsidy scheme, a subsidy program enacted since 2001, to compensate for the rise in the price of fuel.¹⁴ More recently, though, the Ministry has begun to recognise the need to focus more of its assistance to vulnerable families, particularly financial assistance, as a means of supporting children. It participates in a major social protection programme called the Family Hope Programme (Program *Keluarga Harapan*, PKH) that was enacted by the government with World Bank

12 By 2009, the Government stated that it had established for the care of women and children victims of violence, particularly trafficking, the following: 29 Safe Homes and Trauma Centers (RPTC), 1 Social Protection Home for Women (RPSW), 121 Centres for Integrated Services for the Empowerment of Women and Children (P2TP2A), 305 Units of Assistance to Women and Children (UPPA), 42 Women Crisis Centers, 42 Integrated Health Centres (PPT) and 6 shelters in the Embassies and Consulates of the Government of Indonesia abroad as well as 15 Protection Homes for Children (RPSA).

13 The two 'pilot' childcare institutions run by DEPSOS are located in Pati, Central Java and Jambi, Sumatera.

14 For an analysis of the impact of the BBM subsidy on the rise of institutional care in Indonesia see Martin and Sudrajat (2007). *Someone that Matters: the quality of care in childcare institutions in Indonesia*. Save the Children UK, Kemensos and Unicef, Chapter III.

support since 2007 and piloted in seven provinces across Indonesia. PKH provides conditional cash transfers to poor families in return for certain health and education outcomes for their children.¹⁵

Regency level authorities, on the other hand, have been slow to see the delivery of social services as part of their mandate and when they have, they have generally relied on traditional models of philanthropy rather than accountability, channelling resources through local charities. While they have been eager to assert their new independence, many have continued to rely almost exclusively on central government to fund and respond to social issues, particularly when these are seen to involve 'cross-border' issues beyond their own district. While Kemensos 'socialized' the Child Protection Law with social authorities at the provincial and regency levels, it did not initiate any major review of structures, mandates and resources that would be needed at those levels to deliver services for children in need of special protection. The implications of the Child Protection Law assigning direct responsibility for child protection on the Government has not been sufficiently recognised. As a result, the Government has sought to rely primarily on the pre-existing services provided by mostly residential care institutions and some of the programs provided by local Non-Governmental Organisations, located primarily in and around the main urban areas.

The Ministry of Social Affairs took on this new mandate for children in need of special protection as an extension of its services for 'neglected children' (*anak terlantar*). While its *Guidelines for the care of children in need of special protection (2004)* state outright that "the obligation and responsibility of ensuring the protection of children rest with the government, state agencies and the public"¹⁶, it proceeds by simply listing all Ministries and Government agencies that have a role in child protection without further clarifying what that role might entail. Equally problematic is the fact that it spells out an important 'framework model' for intervention in such cases that requires mandated and authorized social workers and child protection officers to act, never explaining where these come from or who they might be. Instead, it is clear from the list of 'community' mechanisms that the Guidelines goes on to identify, that it would be 'the Institutions that provide services directly to children, their families, and the community, including child protection services' that would be the actual implementers. Among those listed, apart from the schools and play groups, it is primarily the childcare institutions that are likely to be the main actors as few of the other services are available at the community level in Indonesia, particularly outside of major economic centres or urban centres.¹⁷ The fact that only a handful of these institutions and organisations in the country have at this stage trained social workers working for them and that almost none of them are mandated to act officially by the Government raises some serious questions about how the Ministry hopes to see this framework implemented.¹⁸ The only mandated actors referred to in this context are the police and the judiciary.

In some cases, local privately run service providers are already responding to cases of children who had been abused, trafficked, maltreated and severely neglected, whether they have a mandate to act

15 Hutagalung, S.A., Arif, S. & Suharyo, W. I. (2009). *Challenges for the Indonesian Conditional- Cash Transfer Programme – Program Keluarga Harapan (PKH)*. SMERU Research Institute, Jakarta, Indonesia. Working Paper Issue 04.

16 The list it provides of responsible government agencies is comprehensive and includes the following: the Department of Social Welfare, the Department of Health, the Department of National Education, the Department of Religious Affairs, the Department of Manpower and Transmigration, the Office of the State Minister for the Empowerment of Women, The police, The Prosecution Service, The courts, the Legislatures at the central and local level, the Local government agencies.

17 The institutions listed in the guidelines as 'providing services directly to children, their families, and the community, including child protection services' were: Play groups and crèches, Schools, Childcare institutions (PSAA), institutions for children with learning difficulties (PSPA), Shelters for homeless/street children, Rehabilitation centers, family counseling centers (LK3), Protection homes/shelters, trauma centers, crisis centers, integrated crisis centers (PKT), hospitals, special service rooms (RPK), police and disaster management centers (Satlak PBP).

18 Martin and Sudrajat (2007). *Someone that Matters: the quality of care in childcare institutions in Indonesia*. Save the Children UK, Kemensos and Unicef.

or not. Innovative programs were introduced by some of these local NGOs, in particular responding to the plight of street children, domestic child workers and other forms of child labour, trafficked children including women and girls involved in commercial sexual exploitation. A small number of childcare institutions have also been willing to provide services to these severely affected children. Panti Bayi Sehat in Bandung, for example, run by the head of Muhammadiyah's national forum of childcare institutions, has led the way in recognising the immediate needs of some of these children. As a result though, it has come to be relied on heavily by both local and national social welfare authorities that often do not know what to do with cases of children facing serious safety and care issues that have come to their attention. Most childcare institutions, however, have recognised that they do not have the facilities or capacity to care for children with particular needs. Their focus is almost entirely on providing access to education for children from poor families rather than responding to the needs of children facing acute and serious care and protection issues.¹⁹

Most of these important interventions, however, have tended to be small scale and generally at the mercy of donors' interests and attention spans. As a result they are often ad hoc and can only serve a relatively small population that fit the criteria of the particular project, thematically and geographically. Beneficiaries are narrowly identified as "trafficked children", "street children" or "child prostitutes" and the complex reality of a continuum of protection issues they face is often not recognised or cannot be responded to. Many of the organisations providing these services have also done so without any support from the authorities, and in some cases, have come to see the latter as a hindrance, or part of the landscape to manage, rather than as a key source of support and mandate. A few have collaborated with the national and local authorities, recognising the need for an integrated approach and their limited capacity to replicate a successful model. While in some cases that collaboration has been fruitful, in others the authorities have seemed only too happy to have others take on their responsibility.

The lack of an overall framework and system under which services are provided for children who are facing abuse, exploitation or neglect means that only a handful of the children across Indonesia facing these realities are reached or able to access any type of services. Instead, the cases that come to the fore tend to be the most egregious cases picked by local media or non-governmental groups and even then, generally only cases that can be acted on by the Police. For the vast majority, located far from government or non-governmental services, they have been left to suffer and find ways to cope on their own, running away often their only option, making them more vulnerable to violence and exploitation. It is in this context that the role of the RPSA and its capacity as a model intervention to respond to the issues faced by children in need of special protection needs to be considered.

¹⁹ Martin and Sudrajat (2007). *Someone that Matters: the quality of care in childcare institutions in Indonesia*. Save the Children UK, Kemensos and Unicef.

III. The Development of the RPSA Model



The 2002 National Plan of Action on the Elimination of Trafficking provided for an inter-departmental coordination team to be set up at all levels of governments including local government. While it was primarily meant to be coordinating efforts, it became clear to the various responsible Ministries that some operational mechanisms to respond to the needs of women and children victims of violence would need to be established. As a result, a joint Ministerial Decision (SKB) was adopted in 2002 between the Minister of Social Affairs, the Minister of Health, the Minister of Women's Empowerment and the Head of Police on Integrated Services for Women and Children Victim of Violence.²⁰ This important document established for the first time the respective roles and responsibility of each agency, including in relation to what services they must provide or ensure the availability of at the local level. Under Article 7(3) of that document, Kemensos is entrusted with a number of critical tasks. It is to ensure the availability of the human resources needed, in particular social workers trained and experienced in assistance to victims of violence. Secondly, it was tasked with establishing Protection Homes and Trauma Centres (Rumah Perlindungan dan Pusat Trauma) for victims of violence.

In 2004, Kemensos established its first Protection Home for Children (RPSA-Rumah Perlindungan Sosial Anak) in East Jakarta. Managed directly by the Ministry's Directorate for Children's Services, its staffs were taken from its senior staff. It was located within a brand new multiservice complex of residential services for children, run by Kemensos. The idea was to bring together services for vulnerable children and persons under one roof, to ensure a maximizing of technical resources. It was to become the national model that would showcase what was possible as well as respond to particularly high profile cases that needed national responses. The concept for the RPSA was developed by Children's Directorate in consultation with key child protection activists and experts from non-governmental organisations.

The model comprises two main elements:

- 1) A *Temporary Shelter* that acts as the first line of response for children whose safety, health and well-being are immediately at risk, either as a result of violence or abuse, or in the context of other special protection issue. The child is expected to remain there no longer than 30 days while an initial assessment is made. During this period, the particular issue would be addressed, a referral made to other appropriate services or the child would be admitted to the second unit of the RPSA.
- 2) A *Protection Home* that uses a case management approach to respond to cases that need more intensive interventions by a range of professional experts including psychosocial support from a psychologist or social worker, or the provision of legal assistance in relevant cases. This is also where the trauma centre is located and therapy provided by a psychiatrist and a psychologist. A child is meant to receive services from the Protection Home for no longer than 6 months. After this, the child will either be returned to his/her parents or guardian, be placed for adoption or in an alternative family or be referred to other service providers.

The RPSA takes a professional social work approach, using bio-psychosocial assessment as the basis for determining the range of issues faced by the child but also the risks and protective factors in their environment and networks. A case management approach is to be used together with counselling and therapy as interventions in cases that require it. The aims of the interventions are set out as follows:

²⁰ SKB: Menteri Sosial RI No 75/HUK/2002; Menteri Kesehatan Nomor 1329/Menkes/SKB/X/2002; Menteri Negara Pemberdayaan Perempuan RI No. 14/MenegPP/Dep.V/X/2002; Kepala Kepolisian Negara RI No. B/3048/X/2002.

- 1) Providing immediate assistance and safety to the child in an emergency, particularly in relation to children who are facing violence and ill treatment;
- 2) Ensuring protection for children in need of special protection;
- 3) The rehabilitation and mental recovery of the child from the trauma and pressures that he or she has experienced and return of the normal social functioning of that child;
- 4) Advocacy, to ensure the child is defended while a criminal case may be ongoing or in the context of a social intervention;
- 5) The reunification and reintegration of the child with his or her family, or within an alternative family or in a childcare institution.²¹

While the emphasis of the guidelines is on a professional social work approach, it is worth noting at this stage that the emphasis of the interventions and changes expected are almost entirely focused on the child. The child is deemed a victim of violence, trafficking or neglect, but apart from supporting a possible legal case being taken against the perpetrators, the Manual says little about what other interventions may be required with the individuals who have committed or condoned the violence. Instead, the child is seen as the focus of the problem. Apart from identifying potential sources of support in his or her environment, no intervention or action is identified or recommended in that context. This is the case even though the very source of the problem, such as family violence or the trafficking of the child, is often likely to be located there. Instead, services provided by the RPSA aim to support the child overcome his or her trauma before potentially reintegrating that boy or girl into that same environment when it is deemed 'safe'. What actions or interventions are needed for ensuring the environment is safe, beyond possible legal action against a perpetrator, is not specified. Family reintegration is seen as an important objective, but again no direct intervention with those families is provided for, beyond assessing their willingness to receive the child again. In reality, even in cases where the perpetrator has been charged or incarcerated, the changes and upheaval this has caused within the family or community are likely to have created particular tensions and difficulty for the child. The Manual states that, where the assessment shows that reintegration is not possible, an alternative family, or placement in residential care should be provided as the solution. The RPSA model, therefore, posits changes in the child as being the primary aim of its interventions to resolve the protection issue, whether it is violence, abuse or exploitation. It says so explicitly when it states that one of the main aims of the case conferencing process is "the identification of the stages of changes that are expected to take place in the child."²² This pathological approach to violence against children does not seem to recognise the need to go beyond support for the child and to address the root causes of the problem in the child's environment.

Another important element of the RPSA model to highlight is the fact that despite relying theoretically on a social work approach, it only identifies one post as having to be filled by a professional social worker, the head of the Case Management team.²³ While other professionals such as a psychologist, a psychiatrist or a lawyer are to be recruited on a part time basis to support the work of the RPSA, other staffs that will be responsible for the day to day case management and for the bulk of the assessments and the interventions are not required to be trained social workers.

21 Ministry of Social Affairs (2007). Implementation Manual for the RPSA, Social Protection Home for children. p.18. Directorate for Children's Services.

22 Kemensos (2007) Manual of RPSA. p.22.

23 Kemensos (2007) Manual of RPSA. p.29

Finally, the Manual of Implementation for the RPSA states explicitly that these institutions can be set up not only by the social authorities but also by non-governmental organisations or even private individuals, if they are so inclined.²⁴ The only requirement is that the private agency or individual has both professional and functional staff (no clarification is provided about this) and a suitable location and facility. In addition, it has to obtain the consent and permission from the local social authorities, but no substantive requirements in order to do so are identified. This raises some important questions about the responsibility of the Government in ensuring children in need of special protection receive the services they are entitled to, and in particular, through what mechanism it can transfer its own responsibility to others. Without a mechanism that can ensure services are delivered in accordance with the mandate and powers of a State agency, the question arises as to where the powers and responsibility of a private individual or organisation running such services come from. The absence of any substantive licensing requirement at this stage for running children services raises some important questions as to whether the Government is fulfilling its legal responsibility towards these children.

24 Kemensos (2007) Manual of RPSA. p.38-40.

IV. Research Methodology and Aims



By 2009 there were already 10 RPSA established in Indonesia with another 5 being planned by the Ministry of Social Affairs. Although all of these institutions are government run, Kemensos had already begun discussions with some local private social service providers to encourage them to set up RPSAs. To support a review of the model and ensure that lessons-learned were gathered before further replication, Save the Children initiated a rapid assessment of RPSA Bambu Apus in Jakarta, to contribute to a review meeting organised by the Directorate of Children's Services in Bali on 5-8 May 2009. At the meeting, the survey team presented some of the initial findings and participated in the discussions with the Ministry and staffs of the RPSA about lessons learnt. In order to provide a more comprehensive opportunity for a review of the work of the RPSAs and the services provided to children, Save the Children agreed to conduct more comprehensive assessments, adding another four RPSA to the research. This report brings together the major findings from these five assessments.

The five institutions assessed are as follows:

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

The aims of this research project was to provide a profile of the RPSAs, of the children receiving services through them, of the range and quality of services provided and their appropriateness in relation to the needs of these children. This was to include a review of the availability and capacity of staff, relevance of competencies, mandate and resources to respond to the issues faced, as well as collaboration and referral processes used by the RPSA to respond to issues faced by children and staffs. While the research project was certainly not be comprehensive enough to be taken as an evaluation of these institutions, it was hoped that it would provide an overall picture of the work being carried out and the extent to which they appeared to serve the needs of their target population. Recognising the wide diversity of situations between the RPSAs selected, however, some having operated for some time while others were more recently established, the aim was not to compare them or the quality of their services. Instead, it sought to draw some overall conclusions and lessons learnt on the RPSA model, together with recommendations to support policy and practice in that context.

The fieldwork for this research took place from April – October 2009 and analysis of data and report writing was finalised in January 2010. The methodology used was qualitative, using a multiple case study approach and purposive sampling. Interviews were conducted using an interview guide with the management, staffs and clients of the RPSA as well as other key stakeholders such as staffs from local social authorities and teachers. A team of 2 to 3 professional social workers was assigned to each institution and conducted fieldwork over a period of 5 days. Field observations and review of documentation including case records was also conducted and research findings were checked through triangulation. A team leader worked with the field assessment team to ensure consistency in methodology and support cross case studies learning. As the majority of the RPSA were located as part of another institution or within a compound with other institutions, a review of the situation and services provided by these institutions were also in some cases needed. The RPSA Baturadden in Central Java, for example, is located within a Respite Home for Children (Panti Sosial Petirahan Anak or PSPA) that provide residential services for children who are facing challenges at school. Similarly, RPSA Bima Sakti in Batu, East Java was established within an existing PSPA and in many instances the line between the two institutions is confusing as staffs and resources are often shared. As a result, two assessments were also

conducted separately in both of these PSPAs to understand the role and services provided within them. This report, however, only focuses on the findings relating to the RPSAs, except where the links between these institutions and the services provided are such as to warrant clarification.

Limits of the research

This study was conducted as a rapid assessment of each institution at a given point in time and as such is inherently limited in terms of the comprehensive nature of the findings. The complicated and sensitive nature of the cases meant that the team needed considerable time to establish trust with the children and understand their situations. Although records were reviewed to identify possible patterns and developments in terms of the types of cases being handled and services provided, the lack of comprehensive data recording systems in almost all of the RPSA made this particularly challenging. Some of the clients were also no longer in the RPSA and were staying in other institutions or locations. This research, however, benefited greatly from the support and collaboration of the management and staffs of the RPSA assessed, as well as the children receiving services in those institutions. They gave their time, shared their experiences and recommendations generously with the research teams, enabling them to make the most of their limited time in the field. Crucial support from the Directorate of Children's Services in Kemensos also ensured that this research could be carried out optimally despite the many challenges. While cross-case studies analysis was carried out, the fact that only five institutions were assessed as part of this research and the very different circumstances in each of the institutions in terms of cases and services as well as institutional set up means that only general conclusions can be drawn for RPSA as a whole. Nonetheless, bearing in mind that the five institutions selected illustrated a broad range of contexts and situations, including national and local government ownership, rural and urban settings, single standing institutions or integrated within a broader compound of multi-disciplinary services, well established or recently set up, the findings can give an important indication of some of the challenges and strengths of the RPSA model. The aim and hope, as always, is to enable critical thinking and well informed discussions among all key stakeholders to support Kemensos' essential role and responsibility in the protection of children in Indonesia.

V. Profiles of the Institutions and the Children They Assist



A. RPSA Bambu Apus, East Jakarta.²⁵

RPSA Bambu Apus was the first of these institutions to be established by the Ministry of Social Affairs' Directorate of Children Services. It is located in the sprawling suburbs of Jakarta, in the east of the city on a large and modern compound. It began operating in 2004 and is under the direct management of the Directorate's Sub-Directorate of Organisations, Protection and Social Advocacy. Its funding and permanent staffs are recruited from Ministry and have civil servants status (Pegawai Negeri Sipil-PNS). Its director is appointed by and usually from the Ministry and, as a direct result, the post holder has already changed three times since the institution began operations. Previously, the Director also combined this post with other functions in the Ministry although the present post holder does not.

The RPSA was established as part of a multiservice complex run by the Ministry with a range of other residential services located on the same site. In addition to the RPSA, the compound also houses a residential home for the vocational training of adolescents who have dropped out of school (PSBR), a residential rehabilitation centre for children in contact with the law (PSMP) and, more recently, a new pilot model of residential services for street children, called a Social Development Centre (SDC). While located on the same premise and sharing some of the facilities, each of the institution has its own staff and management. The children from each institution also reside in different buildings although access from one institution to the other is not restricted.

Vision and Mission

Its stated Vision and Mission highlights the particular role of this institution as a pilot model for the Ministry, "a centre for the protection, assistance and social rehabilitation of children in need of special protection" that can act "as an example for similar institutions in Indonesia and across Southeast Asia by 2020."

Its primary aims are:

- 1) The protection of children so they can return to their functions as children in the home, at school or in other social contexts;
- 2) The mental and physical recovery to enable children to overcome the difficulties faced as a result of the stress and/or trauma they have experienced.
- 3) The development of appropriate social relations with people in the community; the attainment of conditions of life and environment that support social functioning and prevent the reoccurrence of acts of violence, abuse and exploitation towards the children (RPSA documentation, 2009).

Staffing

RPSA Bambu Apus had 27 staffs at the time of the research, 10 men and 17 women. The majority of staffs were there on fixed-term contracts (honourer- 9 women and 8 men) and another 10 staffs had civil servants status (PNS- 8 women and 2 men). Some of the staffs were working in more than one institution at the same time.

²⁵ Report of RPSA Bambu Apus (2010).

Table 1. Number, Gender and Status of Staffs

No	Employment status	Female	Males	Total
1	Civil Servants	8	2	10
2	Honourer	9	8	17
	Total	15	12	27

A majority of staffs had worked there since the RPSA had been established in 2004 and came with degree level or equivalent educational qualifications (SI-D4).

Table 2. Age and Gender of Staffs

No	Age	Female	Males	Total
1	21 - 30 years	2	6	8
2	31 - 40 years	10	5	15
3	41 - 50 years	3	1	4
	Total	15	12	27

The RPSA has a significant number of social workers (6) but these were among the younger staffs, all in the 21-30 years old bracket, and had relatively short histories of clinical experience, despite the complexity of the cases they were asked to handle. In fact, only one of the social workers was found to have enough relevant experience to be fully operational and the RPSA was found to be relying heavily on her services. Surprisingly, no senior social work supervisor was available to support them in their work and no supervision provided. Supervision plays a critical role in clinical social work practice and the lack of such support and guidance in an institution dealing with such complex cases is concerning.

Table 3. Positions of Staffs in the RPSA

No	Position	Total
1	Head of RPSA	1
2	Secretary (also acts as public relations and staffing officer)	1
3	Social Workers	6
4	Carers	3
5	Psychologist	1
6	Recreational staff	2
7	Data and information management	1
8	Utilities and maintenance staff	2
9	Consultants on finance and services	3

10	Cook, driver and gardeners (2 staffs)	4
11	Security officers	3
	Total	27

The RPSA, on the other hand, relied on 3 consultants to provide guidance for financial matters and services that were all retired civil servants, including a former Director General for Services and Rehabilitation and a former head of the Sub-Directorate on Organizations, Advocacy and Child Protection.

The facilities

The facilities at Bambu Apus are modern and extensive. Regular renovations have been carried out with support from a considerable budget provided by the Ministry of Social Affairs. The institution has three buildings with a maximum capacity at any one time of 40 children (30 girls and 10 boys). The main building at the front serves as the office and includes separate offices for the head of the institution, the treasurer, while the social workers and administrative staff share a room. The same building also contains the bedrooms for children who are considered already “normative”. According to staff of the RPSA, “normative” means that the children have been able to adapt to the RPSA environment and to integrate in the life of the institutions and with the other children.

There are 8 separate bedrooms for boys and girls, with a lunchroom located in between. Three of the bedrooms were occupied by girls (2 in each room) and one other room was occupied by one of the social worker and her baby. Another room was occupied by one of the carers. In the boys’ section, 3 of the rooms were occupied, with one boy in each. Another four of the rooms were occupied by the social workers, the cook and an administration staff. Another two rooms were used to store music instruments. The use of these bedrooms by staff was considered temporary, as there were no children coming in at the time. The building also contained four bathrooms, three reserved for the children and one for the staff.

The second building is located on the side of the main building and contains five bedrooms. Five babies were living there, two together with their mothers and the others were staying a room with a carer. Another baby was staying with his/her mother who was a client in the main building.

The third building is called the ‘bottom’ building because it is located about 200 meters from the main building at the end of a slope. This building is considered the safe house. The children staying there are children who have faced cases that are considered particularly serious and who are deemed by staff to need a safer environment because of the risk that they might run away.

Table 4. Infrastructure and facilities

No	Facilities	Number
1	Guest rooms	2
2	Dining rooms	2
3	Bedrooms	23

4	Bathrooms	14
5	Kitchen	2
6	Storage	3
7	Study room (uses the dining room)	-
8	Health room	1
9	Recreational room	1
10	Library	1
11	TV rooms	2

Of note is the fact that, despite considerable facilities, no separate room was made available for consultation with clients, either for counselling or private meetings with the child and potentially his or her family. When asked about this, some of the staffs said that such a room was being planned as part of the renovations. One of the social worker, however, said that such a room existed previously but was not provided any longer because of the stigma that was attached to it. According to her, children felt uneasy about being called in to meet in a room that was clearly labelled as “the counselling room”. This raises some important issues about how social workers are best able to work confidentially with individual children in a context where most have had traumatic experiences. There are certainly good reasons for not having one room identified with ‘counselling’ as this can be associated with stigma but social workers not having safe and confidential spaces to meet with the children and their families raises questions as to what work they are able to carry out to respond to their individual needs beyond providing a ‘safe’ environment. The lack of a separate office for the social workers to work from also raises concerns about the extent to which confidentiality can be maintained in that environment so that information shared by the children or by other services is not made available to staff who do not need to have it.

The Children

At the time of the research, RPSA Bambu Apus provided services to 26 children and young persons (19 girls and 7 boys), including 5 babies and infants.

Table 5. Clients by age and gender (April 2009).

Age Range	Boys	Girls	Total
< 5 years	4	1	5
5 - 9 years	2	-	2
10 - 14 years	1	4	5
15 - < 18 years	-	10	10
≥ 18 years	-	4	4
Total	7	19	26

The youngest client at the time was a 3 months-old boy and the oldest was a 19 year-old girl. The parental status of these children varied but a majority of children had both parents. Fourteen children had both parents, including 3 children whose parents were divorced, and another 3 children were born out of wedlock and were raised by single mothers. One child was an orphan, having lost both parents and the parental situation of the remaining 8 children was unclear, either due to separation or lack of information.

As can be seen in the following table, a majority of the children came from other provinces, some from very distant areas of Indonesia, highlighting the role that this RPSA plays at the national level as a referral point for the Ministry of Social Affairs.

Table 6. Geographical areas of origins of the clients

Areas	Boys	Girls	Total
Same Sub-district (Bambu Apus)	3	1	4
Other Regency or Municipality (Indramayu, Majalengka, Bogor)	-	4	4
Other Provinces	1	13	14
a. Eastern Nusa Tenggara (NTT)	-	1	1
b. Tegal	-	1	1
c. Banyumas	-	1	1
d. Kalimantan Barat	-	5	5
e. Lampung	1	1	2
f. Western Nusa Tenggara (NTB)	-	1	1
g. Aceh	-	2	2
h. Medan	-	1	1
Not known	3	1	4
Total	7	19	26

Of particular concern is the fact that the location of origin, and therefore the whereabouts of families or communities for 4 children, including 3 boys, were unknown.

Despite its role and position as the State's primary service provider for children in need of special protection, it is interesting to note that the great majority of children were referred to the RPSA not by government agencies or local authorities but by non-governmental bodies and private charities.

Table 7. Agency/Individuals that referred the child to the RPSA

Cases	Boys	Girls	Total
Born in the institution (not referred)	3	1	4
Identified through community health centre (Puskesmas)	1	-	1
Parent(s)	-	1	1
NGOs, social organisations and other private institutions	3	14	17
Social authorities and other government agency	-	3	3
Total	7	19	26

As provided by its mandate, the majority of children had been in the institution for less than a year, although a significant number had been there considerably longer.

The children who stayed longer than a year were identified by staffs as having faced particularly serious trauma, and therefore as requiring longer term assistance. At the time of the research, 14 of the children (5 boys and 9 girls) had received services between 2 weeks up to 5 months and another 12 (2 boys and 10 girls) had received services for longer than six months. This highlights the fact that many cases did not fall under the time limits of 30 days for the shelter, or 6 months for the protection home as stipulated by the RPSA Manual.

Table 8. Length of stay in the RPSA (as of April 2009)

Length of Stay	Boys	Girls	Total
< 1 year	7	12	19
1-< 2 year	-	7	7
Total	7	19	26

In that context, it is worth noting that the RPSA's annual case load, since it began operating in 2004, has evolved considerably from year to year. It is not clear whether this reflects the changing capacity of the institution in providing services, fluctuating number of reports and referrals or more or less effective outreach to communicate the services available. This information should be collected by the RPSA and Kemensos to allow an analysis of needs and responses over the longer-term as well of effectiveness.

Table 9. Annual Case Load of RPSA Bambu Apus between 2004 - 2009

Year	Boys	Girls	Total
2004	2	1	3
2005	43	55	98
2006	16	42	58
2007	58	42	100
2008	23	60	83
2009	7	19	26

Types of protection issues faced

The complexity and diversity of cases handled by the RPSA highlight the reality of experiences faced by children in need of protection. Cases rarely involve only one issue and experiences of abuse, particularly at the hands of parents or families, often combine with neglect to create a particularly painful and traumatic experience for the child. As a result, it is often difficult to typify one case as being primarily about “abuse” or “neglect”, and similarly the exploitation of children either for labor or commercial sexual purpose may or may not entail a trafficking element. Nonetheless, the broad categories can be used to provide a sense of what categories of cases are being handled in the RPSA.

Table 10. Cases by type of protection issue(s) primarily faced by child - April 2009

Cases	Boys	Girls	Total
Neglect	5	6	11
Trafficking	-	9	9
Abuse (sexual, physical or emotional)	1	4	5
Separation or abandonment	1	-	1
Total	7	19	26

The majority of cases, as can be seen in Table 10, are categorized under neglect, bringing together a range of complex situations and protection issues. For examples:

- 1) A girl of 12 brought by her mother to the institution as she was 7 months pregnant. According to the mother her boyfriend did not want to take responsibility for the pregnancy. Sexual violence was also suspected in this case.
- 2) A baby abandoned by his mother in the hospital soon after birth. Another baby born was born in the RPSA and left by his mother shortly after birth.
- 3) A number of children with physical and mental disabilities are also referred under this category as in the case of an 8 year old boy with epilepsy who experiences severe communication difficulties, possibly as a result of his mother’s abuse of drugs. A 16 year old boy who is deaf and mute, had recently been brought to the RPSA by the police after finding him on the streets.

- 4) A number of babies born in the institution are also categorised as neglected either due to the age of the mother or the circumstances of the birth. 3 babies were born while their mothers were staying at the RPSA, including a 5 months old boy who is the child of a 19 year old girl staying in the institution as a result of neglect. An 8 months old girl and a 7 months boy were also born to two young mothers (23 and 14 respectively) who were victims of trafficking and were staying at the RPSA.

Children and young person identified as victims of trafficking were generally referred to the RPSA by agencies working on this issue, including IOM and Save the Children. The children referred had often faced physical and sexual violence as a result of the exploitation. Physical and sexual abuses cases included both instances of intra-familial violence as well as other forms of violence. In one case, for example, an 18 year old girl was referred to the RPSA after being sexually abused by her step-father. In another case, a 12 year old girl was referred to the RPSA after being raped by a neighbor.

Separated children in the RPSA include children whose identity, the situation and whereabouts of their families or community of origins, are unknown. In one case, the identity of an 8 year old boy who is both deaf and mute could not be ascertained, despite attempts at tracing his family or relatives, including through televised public broadcastings.

The diversity of these cases and situations and the seriousness of the protection issues faced by the children highlight the complexity of the issues faced by staff in the RPSA but also the need for a range of interventions to ensure appropriate and effective responses. One of the key issue raised by this assessment is the extent to which the RPSAs have the needed resources, including trained and specialised staff to respond appropriately and effectively.

Wati (12 years) and Ana (19 years), two girls from Pontianak, West Kalimantan.

Wati, a 12 year old girl, was brought to the RPSA two months earlier by Mrs D, the head of a local organization, based in the city of Pontianak, in West Kalimantan. Wati was brought to the RPSA to be schooled and receive treatment as she had been raped by a neighbour. According to Wati, her aunt reported her condition to the Mrs D who then informed her that she would be brought to the institution in Jakarta for a period. She said that the perpetrator had been arrested and jailed but that she had agreed to be brought to Jakarta as she wanted to be able to continue her education in a safe environment. Wati stated that when the conditions are “safe again”, she would like to return to Pontianak to continue her education. She said she missed her family a great deal and she cried a lot when looking at their pictures. During the two months she has been here, her parents and sibling have already called twice. Wati was brought to Jakarta and the RPSA by Mrs D, together with another child, Ana.

According to staffs in the institution, Ana worked as a sex worker (PSK) and initially she was due to be placed in another residential institution in South Jakarta that was established to provide services to adult female sex workers (Panti Sosial Karya Wanita- PSKW). After a few days in the RPSA, however, she seemed to have integrated well and the institution decided that she could stay there as Ana did not want to move. Although Mrs D and the staffs of the RPSA identified her a sex worker, Ana herself did not. She admitted she had been “naughty”, “yeah, like smoking, hanging outside until late at night...”.

She once ran away from home, worked in the palm oil plantations a long way away from Pontianak until she got a boyfriend but she said she didn't do anything wrong. "After all", she says, "her mother was busy and wasn't looking after her." She met "Auntie D", the head of the organisation through her mother. She was told that she would be brought to Jakarta, although she did not know where to. After meeting with the staff at the RPSA upon arrival, Mrs D told her that she would be going for a short while but would return soon after to get her. She waited until the next day but Mrs D. never returned. After a while Ana felt she already got used to the RPSA and did not want to be moved again to another institution.

Lili, a 15 years old child domestic worker from Java.

Lili was referred to the RPSA after she ran away from her employer in Malaysia who used to beat her. The police in Malaysia found her and took her to the Indonesian Embassy. After arriving back in Jakarta, Lili was brought to a doctor and then referred to the RPSA. One of the carers in the institution said that Lili found it hard to explain where she came from and who she was. When asked she answered that she was from Palembang (Sumatera), even though the staff felt that this was unlikely because Lili speaks in a strong Javanese dialect. Lili visibly finds it hard to communicate and share information. The staffs at the RPSA suspect that she may be from a place with a name similar to Palembang, but that is located in Java.

The reasons Lili ended up in Malaysia are also quite complex. She was often hit by her stepfather. One instance she can remember well is when he beat her up with the handle of an iron blade used to cut grass, as a result one of her teeth broke. (Lili shows her half broken teeth as she recounts the event). According to her, her mother did not do anything to protect her, she just watched. In fact, Lili felt that her mother was very infatuated with this man (which she refuses to call her father and who seems younger than her mother), because she was very dependent upon him. After a while Lili became very tired of the violence and she decided to run away. She did not know where to go and she ended up facing a lot of difficulties on the road. Finally, she met a police officer who brought her to the boat to go to Malaysia.

In Malaysia, she worked as a farmer raising Swallows (for bird's nest). Her job was to give the birds food and to clean the nests. But she soon found out that her boss there also liked to hit. After about two months, because she could not stand it any longer, she decided to run away again. She was picked up by a policeman who brought her to the Embassy. Lili knew that she was going to be placed in an institution and actually felt she would not be able to stand it. She promised herself that she would leave after 3 days but was not able to do so even though she tried to escape twice. She explains that one of her friends used to tease her about it, "you are going to become an idiot, you said only a week and now it is already a month!" But her plans of escape always fell through at the end because she never had a clear plan. She did not know where to go once she had managed to get out of the institution. She kept running away and going where the drivers of the motobikes for hire park, looking for a way out. It is there one day she met one of the staff of the institution. The staff brought her back. She cried all the way to the institution and well into the evening, until she says, she realised that what she had done was wrong. She asked for the forgiveness of the head of the institution and the staffs and she promised to try not to run away again. After that, she slowly got used to the RPSA. According to her, that is because the care staff have taken her along on day trips, including a recreational trip to Ancol (an amusement park in Jakarta).

Lili recognises that she never got a formal explanation of why she was being placed in the RPSA and what the purpose was. After she became a little calmer, the care staff invited her to talk, asked about her background and about the experiences she had faced. Lili now feels quite close with one of the care staff. She feels able to talk about things openly and that she can always contact the carer if she needs something, including when she is sick.

While there was a lack of clarity and explanations in Lili's case about why she was being placed in the RPSA, in other instances children were actually lied to by the people who brought them there. This is what happened in the case of Andi, a 13 year old boy.

Andi, a 13 years old boy from Lampung, Southern Sumatera.

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

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

Andi often had problems with his health, which he thinks has to do with his kidneys. He finds it really painful to sit at times and also to pee. As a result he often played truant at school in Lampung. Nevertheless, he says that he still managed to study on his own and as a result he was able to pass the elementary school exam. During the Ramadan in 2007, Andi was invited to stay with his brother who lives in Batam. He thought this was a good idea because he was fed up with being hit by his stepmother and he expected that his brother would treat him better. In reality, after he got to Batam, his brother, often for no reason at all, also hit him. Even though Andi worked in the tomato fields to help him, without even having to be asked, he kept getting hit all the times, one time with a big metal stick. His brother also did not fulfill his promise to put Andi through school. During this period Andi continued to be in touch with his sisters who works in Brunei and she often sent him some pocket money.

About a year and a half after he arrived in Batam, Andi decided to run away because he couldn't take being hit by his brother any longer. With the money he had received from his sister and saved, 500,000 rupiah (5USD), he went to the airport to try to get back to Lampung. At the airport, he was picked up by a security guard who asked where he was going and told him that he couldn't go anywhere without an adult, as he needed an identity card to fly. Finally the security guard brought him to the police. There he met a Mrs. Sri, a policewoman who dealt with cases relating to children. As a result, Andi explains, he ended up in the local newspapers. He was even interviewed on TV. His brother who used to beat him was arrested and when they met, he kept crying and begging Andi to tell them to let him go. Andi thought 'let him go to jail!' but after a while he felt bad that he should be responsible for one of his own family going to jail. After this, Andi was brought to the police hospital to be examined and receive treatment and the government even paid for him to go to Jakarta for more treatment. He went there accompanied by Mrs. Sri and was taken to the RPSA. Mrs. Sri had told him that he would be taken to his family in Tanjung Priuk (an area of northern Jakarta) later that day. She promised to come and get him in the evening to take him there but, when the time came, she phoned and said she could not come because it was raining.

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

In the RPSA, he befriended a 19-year-old girl who was also staying there. She told him to be patient. The staff also tried to get him to talk and share his feelings and problems. Slowly he started to accept his situation. Initially he really wanted to go home to Lampung so that he could get on with his study but he now accepts that he has to stay in the institution until he recovers. His aunt from Cibinong has been calling regularly since he has been there and she is proposing for him to go to stay with her but the staff at the institution say it is better for him to stay there for now so that he can get medical treatment and an education. But while his health has got better recently, he still has not been sent to school.

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

B. RPSA Jambi, in the municipality of Jambi, Central Sumatra.²⁶

The Ministry of Social Affairs established this RPSA in Jambi in 2007. As in the case of Bambu Apus, it is considered part of the Ministry's Unit of Technical Assistance (UPT), national models of social services run and entirely funded by the central government to promote best practice and learning that can be shared with local government and social authorities. It is located within the municipality of Jambi and was established on the site of another residential institution for children, PSAA Alyatama, a Government childcare institution that provides residential care services (board and education) for neglected/ poor children. In 2005, the Directorate General for Services and Rehabilitation in Kemensos issued guidelines to its UPTs, recommending that they transform into multi-services units (as in the case of Bambu Apus) to provide a range of interventions to children facing different risks.²⁷ As a result, RPSA Jambi was established as an addition to the PSAA. The RPSA relies heavily on the childcare institution for its facilities and resources, although it has its own separate budget.

Vision and Mission

Having been established by the Ministry, its vision and mission are the same than for RPSA Bambu

²⁶ Report of RPSA Jambi (2010)

²⁷ Directive from the Directorate-General for Services and Rehabilitation No. I I3/PRS/III 2005.

Apus. Its specific aims are also very similar:

- 1) to protect children so that they can carry out appropriately their social function;
- 2) to recover physically, mentally and socially from the impact of stress/trauma;
- 3) to overcome difficulties that have arisen as a result of the stress and trauma;
- 4) to develop relations with other people in their environment;
- 5) to create an environment that support social functions and prevents the reoccurrence of acts of violence and abuse against the child.

One striking difference, however, is that RPSA Jambi has recognised the need to focus services on the child within the family rather than in the institution, in order to best ensure the child's effective recovery. Staffs at the institution stress that they are adapting the services to the specific contexts and needs of children in Jambi. Being located within a childcare institution has meant that they have been able to rely on the childcare institution for residential services, so that the RPSA has prioritised services targeted to families and communities.

Staffing

RPSA Jambi had 11 staffs at the time of the research (April 2009), including 7 men and 4 women.

Table 11. Age and Gender of Staffs

No	Age	Female	Male	Total
1	21 - 30 years	2	2	4
2	31 - 40 years	1	2	3
3	41 - 50 years	1	3	4
	Total	4	7	11

Eight of the staffs are civil servants (PNS) (6 men and 2 women) and another three are civil servants trainees. Two of the trainees are seconded staffs from the Provincial Social Affairs Office in Jambi (Dinsos Propinsi) and the third is an ex-client of the childcare institution who is now employed as a security officer for the RPSA. Males hold the majority of the senior positions in the RPSA, with only one woman working as a non-technical staff, the protection home officer.

Table 12. Positions of Staffs in the RPSA

No	Position	Total
1	Head of the RPSA	1 (Male)
2	Program Manager	1 (Male)
3	Case manager	1 (Male)
4	Treasurer	1 (Male)
5	Coordinator with other institutions	1 (Male)
6	Protection Home Officer	1 (Female)

7	Shelter officer	1 (Male)
8	Psychologist	1 (Female)
9	Health and Medical Officer	1 (Female)
10	Social Guidance	1 (Female)
11	Security Officer	1 (Male)
	Total	11

Staffs at the RPSA had high levels of education with a majority of staff holding degree level qualifications. 8 staffs had bachelors (S1) or the equivalent D4 (5 men and 3 women). One male staff had a Master's degree (S2) and the remaining staffs (1 men and 1 woman) had high school level education. The educational background of staffs as illustrated in Table 13 shows that 4 had social work backgrounds (3 social work and 1 social welfare), one of had psychology background and another had a Medical background.

Table 13. Educational background of staffs at the RPSA

No	Type of Education	Female	Male	Total
1	Social work/ social welfare	1	3	4
2	Psychology (but not yet qualified as a psychologist)	1	0	1
3	Islamic studies	0	1	1
4	Medical (Doctor)	1	0	1
5	Counselling	0	2	2
6	High school	1	1	2
	Total	4	7	11

A majority had been employed for over 3 years (64%) with staffs having been moved from the childcare institution where they worked previously into the RPSA once it was established in 2007.

Table 14. Lengths of Employment in RPSA and the child care institution (PSAA).

No	Lengths of employment	Women	Men	Total
1	<1 year	2	1	3
2	1-2 years	1	0	1
3	3-5 years	1	2	3
4	6-8 years	-	1	1
5	More than 12 years	1	2	3
	Total	4	7	11

The facilities

The RPSA shares the facilities of the childcare institution PSAA Alyamata and as such, management of the facilities is under that institution and it relies heavily on it. Within that compound, the RPSA has been provided with one cottage within which all programmes are provided. Staffs are also provided with housing on the premise that is part of the PSAA compound and two staffs live on site. There are three bedrooms, two of which are for the use of children and one for the Protection Home Officer. Although the RPSA officially has a residential capacity of four children at any given time, (2 boys and 2 girls), there is no real possibility of separating the children, if need be, according to the needs of the child and the seriousness of the case. In addition, no proper separation is possible in the bathrooms so that boys and girls can have separate facilities and that staffs and children do not also have to share. Bearing in mind that some of the children are likely to have experienced sexual violence, it seems critical for the RPSA to be able to provide safe and comfortable environment for them at all time. The RPSA also did not have any separate room for individual meeting with clients, although it did have one guest room for visitors and families. Instead, the office of the head of the institution functioned also as the staff office and the meeting room. This raises questions about how and when social workers and the psychologist are able to work with the child individually and to what extent children are provided with the private space needed to explore securely and confidentially their experiences.

The RPSA also relies on the PSAA for its transportation and it borrows one of the cars and one of the motorbikes from that institution. While staffs stated that this did not cause any problem, it is hard to understand how services can be delivered to children and families in the communities without the RPSA having adequate transportation for daily visits and outreach. Similarly, the RPSA staffs do not have access to telephones or communication that are not also shared with the PSAA (or making use of their own private cell phones), raising concerns about confidentiality as well as efficiency.

Table 15. Infrastructure and facilities

No	Facilities	Number
1	Head of RPSA room/meeting and staff room	1
2	Guest room	1
3	Bedrooms	3
4	Bathrooms	4
5	Kitchen/dining room	1
6	Storage	Shared with PSAA
7	Prayer room	1
8	Recreational Room	Shared with PSAA
9	Housing for staff	2

The RPSA Jambi's focus on non-residential services is a very positive move and its use of the existing resources from the childcare institution is therefore a pragmatic solution. However, the client population of the RPSA is very different from that of the PSAA and children who are accessing the RPSA services should be entitled to absolute confidentiality and security. The needs of clients that may require temporary shelters for their safety in particular should be met appropriately.

The Children

In line with its focus on providing non residential services, there were no children staying in the RPSA at the time of the assessment (April, 2009). The RPSA provided services at the time to 7 children (4 boys and 3 girls). As can be seen from Table 16, three of the children had been receiving services since 2008 and the other 4 had received services for different periods in 2009. Only two of the 7 children had received temporary shelter at the RPSA, under the immediate safety mandate. One child stayed for 10 days while the other stayed for 4 days. While the limited facilities may have played a role, it is a positive example of the institution being used primarily for emergency shelter rather than longer term provision of services.

As shown in Table 16, the youngest child to receive services from the RPSA was 3 months old and the oldest was 17 years old. Interestingly, the great majority (5) came from the city of Jambi, highlighting the focus this RPSA has on providing services to children and families that are located in the area. The other two children came from the Pekanbaru area, another major city in Sumatera located north of Jambi. This provides another model of RPSA than the one provided by Bambu Apus, which is used as a national referral points for cases and as such ends up providing more residential based services. In terms of parental status, 6 of the children had both parents alive and only one boy did not know the status of his father, as he had left his family before he was born.

Table 16. The children by age, type of cases and referral date and sources.

Cases	Age	Issue	Who referred	Date of referral
A6	1 year old	At risk of neglect	Local police bureau at KU	7 October 2008
A5	16 year old	Victim of incest	Local police bureau at KU	7 October 2008
A1	16 year old	Victim of abuse	City Police of Jambi	7 November 2008
A7	7 year old	Victim of sexual abuse	Local NGO	14 April 2008
A4	10 year old	Suspect in rape	City Police of Jambi	16 February 2009
A2	3 months	Victim of neglect	Local Child Protection and Women's Bureau	20 April 2009
A3	13 year old	Arrested for theft	City Police of Jambi	19 June 2009

Types of protection issues faced

What is particularly striking about the cases in Jambi is that, unlike the situation in RPSA Bambu Apus, the local authorities, particularly the police and its Unit of Assistance to Women and Children referred the majority of children. This indicates that local enforcement officers and local NGOs working with vulnerable children and families view the RPSA as an important resource. A review of the 27 cases handled by the RPSA since it started operating in 2007 in Table 17 illustrates the extent to which it is dealing with complex protection cases that generally entails involvement of the justice system and a background of significant violence.

Table 17. The cases handled by RPSA Jambi from 2007-2009 by age, gender and type of cases

No.	Age	Sex(M/F)	Protection Issue
1.	15	F	Rape
2.	13	F	Rape
3.	9	F	Rape
4.	7	F	Sexual violence
5.	7	F	Sexual violence
6.	18	F	Abandonment
7.	7 months fetus	-	Risk of trafficking
8.	9	F	Rape
9.	15	F	Sexual violence- trafficking- child labor
10.	2 months	F	Trafficking
11.	15	M	Sodomy
12.	12	F	Rape
13.	17	F	Separated
14.	6	M	Separated
15.	12	M	Physical violence
16.	12	M	Physical violence
17.	3 months	F	Neglect
18.	15	M	Conflict with the law
19.	15	F	Physical and psychological violence
20.	14	F	Sexual violence/ runaway
21.	15	M	Conflict with the law
22.	10	M	Witness to sexual abuse of child
23.	6	F	Witness to sexual abuse of child
24.	9	M	Physical violence
25.	12	M	Witness to physical violence
26.	9	F	Physical violence
27.	3 days	F	Risk of trafficking

Staffs at the RPSA emphasized that placement in the institution was used in cases where trauma recovery was needed as well as to protect the child from potential further violence. Where it was deemed that the child could remain within the family or community, usually in cases where the perpetrator did not come from that environment, staffs felt that support could be provided directly to the child in the family. At the same time, the clear limitations in resources, not only in terms of facilities but also staffing, raise some important

questions about the capacity of the RPSA in Jambi to fulfil its mandate adequately. As the staffs themselves admit, it is not just the lack of appropriate facilities but of staffs that is limiting, and in particular those with the specialised skills to respond to severe instances of violence and to support children in the recovery process.

While 11 staffs for 7 cases seems at first like an impressive ratio, all of the staff of the RPSA also double as staff of the childcare institution. The very different focus in mandate for the two institutions and in terms of the needs of their client population should entail very different responses and specialised personnel to deliver these. In addition, the 3 staffs members seconded from the Provincial Office of Social Services only work in the RPSA when there is a client. At other times they continue to work in the Provincial office. Of the 3 social workers that could be expected to have more specialised training in responding to the issues faced by the children, only one works directly in handling cases, the Case Manager. The other two work as Director of Program and Treasurer. The person acting as a psychologist is also not yet certified as a qualified psychologist able to provide treatment. Partly as a result of these limitations and partly, perhaps, due to the confusion of roles and mandates, the focus of interventions in the RPSA remains limited to securing the immediate physical needs of the children and facilitating the criminal justice process rather than addressing the impact of seriously traumatic and impairing experiences. Some of these challenges are illustrated powerfully in the following case studies. They highlight the complexity of the issues faced by the children referred to the RPSA, as well as the limited capacity of the RPSA in responding to the longer-term impact of the violence they experienced.



The case of Nana (16 years old girl)

Nana was referred to the RPSA by the Women and Children's Unit (PPA) in the Police Station in Jambi (Poltabes Jambi). Before she was referred to the RPSA, Nana frequently experienced physical violence from her father, usually being beaten with a hanger and a broomstick. One day Nana felt she could not take it anymore, and she decided to leave home and got on an ojek (public motorcycle for hire) and went to the house of her aunt's employer. The employer is a police officer so Nana felt she would be safe there. As soon as she arrived to the house, Nana lost consciousness and had to be brought to the medical centre to receive assistance.

After a physical examination showed that Nana had been victim of serious physical violence, she was referred to the RPSA Jambi and stayed there for 10 days. The RPSA contacted the family to check on the complaint by Nana and spoke with the father to confirm the facts. The father admitted that he had beaten her but did not provide an explanation for the physical violence he had carried out.

During the period in which she was at the RPSA, the staffs carried out a number of interventions to assist Nana's recovery and with her family to prevent the reoccurrence of the physical violence. The RPSA staffs identified the following actions in the handling of Nana's case:

1. Strengthening approaches to the father whereby staffs from the RPSA 'socialised' and explained child protection when the father came to pick up Nana.
2. Provided understanding to Nana so she would be more sensitive/able to comprehend her father's situation and feelings.
3. Provided understanding to Nana so she would be ready to forgive her father and sign the letter of agreement as part of the mediation, which meant that she withdrew formal complaint against him. The RPSA staff did this on the basis that the father still had to ensure an income for his other five children and therefore a prison sentence would have been detrimental to the family.
4. Carried out "shock therapy" with the father, by getting him to agree to a letter stating that he would not repeat his actions.

After Nana was returned to her family, the team from the RPSA continued to do follow up with the family in relation to the assistance provided to her. In that context the RPSA brought food/ assistance packages and visited the house at least once a month.

The RPSA team did not carry out any assessment of the context within which the violence had taken place, including whether other members of the family had also experienced it. It is quite possible that the case Nana reported to the police was only the tip of a history of violence. In addition, the decision by the RPSA to 'ensure' Nana's safety by getting the father to sign a letter of agreement provided little guarantee that such acts would not take place again against her or other members of the family.

The case of Bagus (3 months old boy)

Bagus was referred by the Bureau of Women's Empowerment and the local Child Protection organisation when he was still in his mother's womb. According to the RPSA staff, this child was born of a mother who had experienced stress as a result of her husband taking another wife. As a result she got pregnant outside of marriage from a relationship with another man who lived in the neighbourhood. At the time of the research, the mother of Bagus was receiving care from the psychiatric hospital in Jambi.

After Bagus was born, his grandmother cared him for together with his stepsister who is 15 years old. Bagus' uncle in fact really would have liked to adopt him but unfortunately the team from RPSA Jambi did not know what procedures needed to be followed to enable this to take place. As a result, the RPSA team carried out the following interventions:

- 1) Provided financial support for the medical care of A2's mother;
- 2) Provided milk and baby toiletries and clothes;
- 3) Provided health care support when Bagus was sick.

Nevertheless, the medical assistance that provided by the RPSA is not routine in nature and as a result, when Bagus is sick with the flu or coughing, his grandmother brings him to the local community health centre (Puskesmas) without support from the RPSA.

In addition, it appeared that the RPSA staff did not yet have a comprehensive understanding about children's care needs and the alternative care system. As a result, they did not conduct an assessment to determine what care arrangements would be in the best interest of the child and whether Bagus' uncle could provide a suitable home for him. They also did not identify what kind of support, economic, social or both, could be provided to support the child's care, and if Bagus could not be cared for by his family, whether adoption might be a possibility to provide him with a more permanent and stable care environment.

The case of Hasan (13 year old, boy)

The RPSA was asked to accompany Hasan in the main city police station in Jambi while he was being interrogated as a suspect. Hasan has been arrested for stealing money from his neighbour, which apparently had happened already twice previously. Nonetheless, Hasan did this after being ordered by his parents to do so and they had also sent him to beg for money on the streets.

Hasan was then placed in the RPSA and stayed there for 4 days. In their handling of the case, staff of the RPSA said they used "shock therapy" with Hasan's parents as well as with Hasan. His parents were called upon to return the money so that the complaint against their son could be lifted. Following this, the parents were required to sign an agreement letter that stated that they would not order their child again to beg on the streets or they would be arrested. Unfortunately, after Hasan was returned to the family home, they all moved to another location that could not be traced by the RPSA.

The case of Hasan highlights the limitations of the RPSA's "shock therapy" interventions with the family. Apart from the agreement letter, the RPSA intervention in this case only entailed providing some food and accompanying Hasan when he was interviewed by the police.

The Case of Udin (10 year old boy)

The Jambi City police asked the RPSA staffs to accompany Udin, who was accused of raping his 10-year-old neighbour 'N'. The case happened after N's mother discovered spots of blood after N returned from playing. When asked what had happened, N only said she did not know what had happened but that she had been playing with Udin. A physical examination of N was conducted at a local hospital and the results stated that a blunt object caused the wound on her vagina. Udin was arrested by a group of local vigilantes at 02.00 am. This was a frightening experience and he was unable to say anything or answer any question during the interrogation that went on until 5.00 am. After further investigations, it became clear that there was no evidence of any wrongdoing on Udin's part. The chronology of the incident later showed that N fell as she was climbing a tree and she got caught by one of the small branch as she was hurrying down the tree as her mother was coming. This caused a small tear on the external part of her vagina that bled. The second medical examination done by a specialist confirmed that a sharp object caused the wound. Following this, the police held a press conference to clarify that the charges against Udin had been dropped and he had done no wrong.

During the police investigation, staff from the RPSA accompanied Udin including when he was interrogated as a suspect. The staff explained in their report of the case that they carried out "role therapy" (possibly play therapy), whereby Udin was invited to play football when he seemed too stressed during the interrogation by the police. The RPSA staff stopped the questioning and took him out for some ball playing in the yard of the police station until he seemed more relaxed and the interrogation could resume.

No follow up was conducted after the investigation was dropped, including to assess whether he was mentally and physically well or whether this potentially traumatic experience had impacted on him or his family. The staff only said that they felt Udin had felt no adverse impact as he had already started talking and smiling after the event. The experience of being grabbed in the middle of the night by a group of local vigilantes could be expected to be unsettling for anyone, let alone a child of 10. Follow up by the RPSA would have also ensured that Udin was able to return to his life and his community without difficulty. As the case already had received a great deal of publicity, the way Udin was viewed in the community could also affect his psychological and social situation.



The Case of Desi (1 year old girl) and Rudi (16 year old boy)

Desi was referred to the RPSA by the local police station at W. in Jambi, as a result of the situation faced by her parents. Desi's mother was facing imprisonment and there were concerns that she would be neglected as a result.

Desi was conceived as a result of incest between her mother who was 36 years old at the time and her 16-year-old brother, Rudi. When her mother became visibly pregnant at 7 months, she became the focus of her community's suspicion, as she did not have a husband. After an investigation, it was found that Rudi was the biological father and both he and his mother became the target of local anger. The Police found out and decided to charge the mother with indecent acts (incest) against Rudi. Initially, she was detained in the local police station but the RPSA asked the family to request a postponement of detention to ensure the baby could be cared for and breast-fed by her mother. As a result, Desi's mother stayed in the institution for 'socially vulnerable women' (Panti Sosial Karya Wanita- PSKW), that is located opposite the RPSA and Rudi receives assistance as a client from the RPSA. Desi's mother was charged with an offence likely to result in a lengthy prison sentence (15 years) and at the time of this research she was awaiting sentencing. The head of the PSKW did not have follow up plans in place for either the mother or Desi but the prosecution had apparently suggested that the various agencies work together to reduce the sentence, taking into consideration Desi's care needs.

During the one year she stayed in the PSKW, the team from RPSA did not provide any assistance or carry out any intervention with Desi's mother to address her psychological or social needs. According to the police and the staff of the institution, mother and son have confessed to the incest but are accusing each other of initiating it.

Rudi (16 years old) was also referred to the RPSA by the local police station as the biological father of Desi, resulting from the alleged incest between himself and his mother. At the time his case was referred, the investigation had already concluded and the court had found Rudi to be a victim. Rudi, however, preferred not to move to the RPSA as he felt safer staying in the police compound. This was due to the fact that both he and his mother had become the target of considerable community anger and threats, as a result of the charges of incest. At the police compound, he was also able to garden in the big backyard at the back, while awaiting the court decision.

The RPSA provided Rudi with the following support services:

- 1) Food including rice, noodles and eggs during 6 months
- 2) Once a month visits during a three months period to support him psychologically and provide motivation to be resolute while the case was ongoing.

The aim, according to staff, was to support him so he could face the trial and also start thinking about his future. The staff also said that these visits were not used for carrying out a more in-depth assessment of his needs or to provide counselling because his situation was deemed too serious.

The case of Intan (7 years old girl)

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

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

The following services and support were provided by the RPSA:

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

At the time of the assessment, the accused had been sentenced to 2 years imprisonment but was about to be freed as a result of his sentence being reduced due to pre-trial detention time. The staffs at the RPSA did not conduct any type of psychological assessment of the needs of Intan, including assisting her to address any potential trauma from her experience. Apart from not having a clear concept of what counselling may entail, staff at the RPSA were also finding it hard to make adequate time to provide assistance to a child whose location was quite far from the RPSA.

C. RPSA Purwokerto in Baturraden, Central Java.²⁸

RPSA Purwokerto was established in January 2007, as in RPSA Jambi's case to follow up on the 2005 Ministerial guidelines requesting the UPTs to become multi-services institutions. Purwokerto was already the site of another UPT, a Respite Home for Children (Panti Sosial Petirahan Anak), PSPA Satria that was established in 1976. The PSPA is among the oldest models of residential care institutions for children developed by the Government. Its role and place within the child welfare system, however, has become somewhat unclear. It focuses on children of elementary school age (9-15 years of age) who are having academic or behavioural issues at school and who come from families that are considered vulnerable either economically, socially or 'culturally'. The selection criteria refer to children who are thought to be "lazy at studying, aggressive, lacking responsibility or shy and withdrawn".²⁹ The children are recruited by the schools and sent to spend 30 days at PSPA Satria where they have to participate in a range of activities that aim to foster their discipline, motivation and skills. Surprisingly considering its focus, the PSPA only provides limited opportunities for formal education to replace the month of schooling that is lost during the stay. It is also unclear how the interventions it provides serve to improve the academic or behavioural

²⁸ Report of RPSA Purwokerto, Central Java (2010)

²⁹ Report of PSPA Satria Baturraden (2010) p.20.

challenges that were identified as the reason for sending the children there in the first place. 100 children are recruited per session and reside in the PSPA at any given time.

Following the call from the Ministry to diversify and ensure the UPTs provide a range of services at their site, RPSA Purwokerto was established on the grounds of PSPA Satria. It has been provided with its own offices and accommodation and has its own separate budget from Kemensos.

Vision and Mission

Despite the very different focus of services and client population, the RPSA was established within the grounds of the PSPA and according to staffs it uses the Vision and Mission of that institution until it can develop its own. As a result its Vision is to be “a centre of social protection and for the development of children’s behaviour.” The staffs recognise, however, that the focus of the RPSA is on children who have experienced violence and they refer to the values of the PSPA rather than the approach or aims. In that context, RPSA staffs make use of the Guidelines produced by Kemensos and emphasize the importance of confidentiality and working with the children in a way that would foster trust and openness.

Staffing

The RPSA at Purwokerto has 11 staff members (7 male and 4 female staffs) and an additional 3 support staffs (a couple who lives nearby and act as cook and cleaner and a security officer). Only the support staffs, however, live on the site. Other staffs come for their shifts daily, which includes a rotating night shift. The majority of staffs have worked there for up to 2 years, although two staffs had worked there over 12 years, including their time in the PSPA.

Table 18. Age and Gender of Staffs

No	Age	Female	Male	Total
1	21 - 30 years	4	-	4
2	31 - 40 years	-	3	3
3	41 - 50 years	-	4	4
	Total	4	7	11

Eight of the staffs have civil servants (PNS) status and are therefore on permanent contracts (7 males and 1 Females) while 3 female staffs are civil servant trainees. The female staffs are younger and in more technical positions, as carers and caseworkers, while male staffs are in more senior managerial positions.

Table 19. Positions of Staffs in the RPSA

No	Position	Total
1	Head of the RPSA	1 (Male)
2	Program Coordinator	1 (Male)
3	Administrator	1 (Male)
4	Case Manager	1 (Male)
5	Services Manager	1 (Female)
6	Technical Services Officers	2 (1 Female and 1 Male)
7	Referral Officers	2 (Male)
8	Carers	2 (Female)
	Total	11

Even though the RPSA has a significant number of staffs with social work/social welfare background and one with a psychology background, they are actually placed in positions where they do not have direct responsibility for the work with the children and the case handling. This is a recurring pattern in almost all of Indonesia's residential services for children where social work staffs are often placed in more senior bureaucratic positions rather than using their professional/technical knowledge to work with clients.³⁰ In addition, all of these staffs are also staffs of the PSPA. They combine their responsibility at the RPSA with senior positions in the PSPA, including as Head of the Institution and as Head of Program and Social Advocacy. This raises some real questions about the capacity of staffs to fulfil both roles adequately and staffs admit that this is a challenge.

Table 20. Educational background of staffs at the RPSA

No	Education	Female	Male	Total
1	Social work/ social welfare	1	5	6
2	Psychology	0	1	1
3	Agriculture	1	0	1
4	Information Management	2	0	2
5	Economics	0	1	1
	Total	4	7	11

A majority of the staff (7) have bachelor degree level education (S1) or its equivalent (D4), 3 have vocational qualifications (D1/D2/D3) and 1 staff has master's level education. Even though one of the staff has a psychology background, he is not a psychologist and the RPSA works together with the hospital in Banyumas where a centre for the management of violence cases is located.

30 See Martin and Sudrajat (2007) Someone that Matters: the quality of care in childcare institutions in Indonesia. Save the Children UK, Kemensos and Unicef.

The facilities

As this RPSA is located as part of the PSPA, it ‘borrows’ most of its facilities and resources from that institution. It uses a ‘cottage system’ with five bedrooms, four of which are assigned to children and one to the night shift staff. Even though in principle the RPSA has a residential capacity at any given time of 10 children, there is no possibility to separate boys and girls at this stage so the RPSA only takes in girls.

Table 21. Infrastructure and facilities

No	Facilities	Number
1	Head of RPSA room	1
2	Staff and Administration room	1
3	Guest room	1
4	Bedrooms	5
5	Bathrooms	5
6	Kitchen	1
7	Dining Room	1
8	Storage/clothes room	1
9	Prayer room	1
10	Recreational Room	1

The RPSA uses a room in the PSPA for case conferencing, including interviews with the child or for medical examination if the child is sick. Staffs also have access to one minibus and one Kijang that can be used for visiting families and other outreach needs.

The Children

At the time of the research, the RPSA had two clients. In the first case, a girl of 17 was sexually abused by her stepfather and became pregnant as a result. She had been staying at the RPSA for about a month. In the other case, the sexual abuse of a 10 year old by her stepfather was also suspected, although at the time of the research, the girl had been at the RPSA for two weeks and the staffs had not yet carried out the assessment.

Types of protection issues faced

Between 2007 and 2009, the RPSA Purwokerto has handled 40 cases, the majority of which concerned sexual violence against girls. It is not clear whether this reflects a particularly high prevalence of sexual violence in this area, or the particular focus of the staff at the RPSA or the agencies that refer the cases. The fact that it does, though, raises some question about the capacity of the RPSA to respond to these cases effectively, in particularly having the qualified and trained personnel that can work with the children to respond to the potential long term impact of the violence.

Table 22. Number and type of cases handled by RPSA Purwokerto between 2007-2009 (as of June 2009)

No	Type of Case	Boys	Girls	Total	%.	Note
1	Physical Violence	1	1	2	5.0	
2	Sexual Violence	-	25	25	62.5	
3	Psychological Violence	-	-	-	-	
4	Neglect and Abandonment	-	-	-	-	
5	Trafficking	-	7	7	17.5	
6	Conflict with the Law	-	3	3	7.5	Witness in a crime
7	Separation	-	3	3	7.5	Parent in jail and child does not have a place to stay.
	Total	1	39	40	100	

The two cases being handled by the RPSA at the time of the research illustrate powerfully some of the challenges, in terms of the appropriateness of the response and the services provided, in particular whether the aim and focus of the services are actually likely to support the recovery process and the child's reintegration into their community and family.



The Case of Wiwin (17 year old girl)

Wiwin is a 17-year-old girl that looks older than her age, possibly because she is already five months pregnant. Her father died when she was only two years old. Her mother is 50 years old and works as a farmer. She later remarried with a 67 years old widower who works as a becak driver (tricycle for hire). She is the youngest of 4 children, two older sisters are already married and an older brother lives in Jakarta. Wiwin's parents are poor and her daily needs were met to a great extent through the wages her siblings sent back home.

One of the social workers at the RPSA heard about Wiwin from a friend who came from the same village as her. He heard that there was a child that was pregnant and that it was the stepfather who was responsible. The social worker went to the village and met with the authorities who brought him to Wiwin's family house. "We wanted to help Wiwin in terms of her mental health and also to save her unborn child", the social worker explains. After discussing with the family and explaining about the facilities they had at the RPSA, the social worker left the family to think about it. He also contacted the siblings in Jakarta to ask whether they would be willing to put Wiwin in the RPSA. They agreed and he went back to pick her up. According to him Wiwin was already ready to leave. She was accompanied to the RPSA not only by her mother and sister but also by the head of village, who is even identified as a relative in the file. Her mother signed a letter of agreement that said Wiwin would be staying at the RPSA until the termination of services.

The first time Wiwin was forced into sex by her stepfather, he used a broomstick to penetrate her. After that he used his penis. He said he had received a divine inspiration and that he needed to communicate it to Wiwin in this way. He also forbade her to see any boy. As Wiwin explained, she had to obey him because, "as my mother said, the orders of your parents must be obeyed or it is a sin". Her stepfather said he had had a dream and a star had fallen by her head. She would become someone big.

And Wiwin did believe that she would become someone important when she was older, as she explains, like someone who can work in the local government office. Making her believe that he was possessed with the spirit of a dead relative, he told her that she would become successful but that there were some conditions that had to be fulfilled, she had to have sex with him. One Monday after the fast, he forced her with the broomstick while her mother was sleeping. After this he forced himself on her regularly, every Mondays and Thursdays after the fast. Wiwin says this took place 15 times, until the community found out. They realized she was pregnant even though she did not have a boyfriend. Wiwin herself did not understand that she was pregnant, only that she felt sick. Her stepfather was the one who was taking care of her when she was feeling sick. Finally he took her to the community nurse and asked that she helped her have a miscarriage but the nurse instead gave her medicine to strengthen her. The pregnancy became obvious and the neighbours became aware of what was happening and reacted angrily. He was apprehended and even beaten severely before being handed to the police where he was jailed.

When Wiwin asked her mother why she was angry after the beating, she answered that she loved him. Wiwin says she cannot be angry with her stepfather either. "No, I am not angry, he is my father, I am not allowed to be angry, we have to always respect parents, and he is already in jail." Her mother apparently would like to resume family life as before but Wiwin's siblings have told her that she has to choose between her child and her husband.

According to the social worker, Wiwin's mother said she regretted very much what had happened and that now everybody, including her siblings and her neighbours, hate Wiwin. Her sister in particular hates her because she feels she must have tempted her stepfather and she hurt her mother. Her mother says she herself does not hate Wiwin,

she blames the stepfather who has ruined her future. As a result she sent Wiwin to the RPSA so she can avoid the people who hate her and she hopes that she will be able to find people who can accept and support her.

As Wiwin explains, “when I was still at home, I was confused, my siblings, everybody hated me... I also felt sorry for my mother. My siblings also hate her because she did not chase me away. I didn’t go, where would I go, I am scared of getting lost ...if I went away my mother and my niece would get sick, then I would always think about it... Praise to God, the social workers came and God answered my prayer...”.

The Case of Ida (10 year old girl)

Ida is a 10-year-old girl who is tall and bright looking and hardly ever sits still. She was born in Temanggung, a rural area that is almost 3 to 4 hours’ drive from Baturraden, through very narrow and winding roads. Before entering the RPSA she was attending elementary school (third level). Ida’s father died about five years previously and her mother remarried to a widower who had 3 children of his own. As a result of this marriage they had two more children, so there are now 6 children in this family. Her mother is 35 years old and works long hours in a factory. Her stepfather is 50 and works in construction.. Their income is very modest and as a result they have entrusted the care of their last child to a neighbour.

“One day, as Ida explains, “I was playing with a friend and my mother called me and told me to go home... I didn’t want to but she made me, so I went home. In the house, there were some people, I didn’t know them, she persuaded me to go with them to Baturraden, I didn’t want to, I wanted to stay at home with my mama. My mama persuaded me, I cried, but she continued to try to convince, so yeah, I was brought here with her.”

According to her, there were two social workers from the local Office of Social Affairs (Dinsos) and also a reporter who came to pick her up, “I thought I was going to be on TV”. After handing her to the RPSA, they all left including her mother. She did not want to be left there. “I was left here on my own by my mother, I didn’t want to, I cried, I shouted, I slammed and kicked the door when they put me in the room and locked me in. I screamed and screamed, I didn’t want to be left behind by my mother, but my mother went home, that time I just screamed and cried and was locked into my room.”

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

The case record states that Ida was sexually abused by her stepfather since 2008. The abuse started with sexual penetration using his finger. It states that Ida tried to scream but that her stepfather put his hand on her mouth to shut her up. She was threatened by him not to say anything to anyone or he would kill her. After this the stepfather raped her with his penis repeatedly. The record states that this took place when Ida’s mother was working late and the other members of the family were watching TV at the neighbours but that it also happened during daytime. Ida was called to the room and the door was locked. Finally Ida’s mother found out and reported the case to the local police. Charges were brought against him and the case was being processed at the time.

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

Ida also explained that it wasn’t just her mother who was the victim of violence by her stepfather. “I was also slapped, when he found out I had been playing, I wasn’t allowed to play, when he found out he would rip apart my school books, burn them, tear my clothes, father is bad, I was never given food to go to school.”

While Ida speaks of physical violence at the hands of her stepfather she does not talk about any other forms of violence. She has difficulty focusing on anything, is constantly seeking attention and restless. She is considered ‘naughty’ and a little ‘wild’ by the staff of the RPSA, although they also point out that in the two weeks she has been in the institution her ‘tantrums’ have reduced and she gets angry less frequently. Staffs see this as a sign of progress. They point to the fact that she uses less ‘dirty’ or rude words. As one staff explains, “She is already better, before when she started to talk she wouldn’t stop and her attitude was always to go against everything, when she was told off she didn’t care, she did not follow what was asked of her.... Now, she has started, she is willing to listen a little more, even though it still seems hard, but she has started to tune it down before she starts getting angry.”

At the RPSA, counselling is carried by any of the staff and it takes the form of inviting her to talk, making her feel comfortable so that she can share her feelings. No individual staff has been assigned for this purpose and it is generally just an invitation to talk to anyone. Ida is quite bored and frequently asks to go home. All there is to do is watch TV, pray, do some crafts and speak to the adults there. There is no provision for continuing her education at the institution and the only other child there is Wiwin, who is older and pregnant. She misses her mother and her friends; she wants to be back at school.

She pleads repeatedly to go home and ask the research team to tell the staffs of the RPSA. She even wrote a couple of letters to the staffs at the RPSA, asking to be sent home. “Miss, please, tell (the staff) I want to go home.... I miss my mum, my dad, my little brother, I want to go to school... I want to play with my friends...”

The staffs usually answer her that she will be able to go home, “later, when you are a clever girl, when you are good, not naughty anymore”. As a result Ida feels that she is in the institution because she is naughty and too hard to please. “I was put in here by my mother so that I stop complaining about everything...” “I am too difficult, miss, so now I must stop being fussy... so that I can go home faster... I want to go home, miss, please tell (the head of the institution).”

D. RPSA Bima Sakti, in Batu, East Java.³¹

RPSA Bima Sakti was established in 2007 and started operating the same year. As in the case of the RPSA in Purwokerto, Bima Sakti was established as part of a Respite Home for Children, PSPA Bima Sakti that operated as a Unit of Technical Assistance (UPT) from the Ministry. That institution began operating in the mid-1960 on the site of an old Dutch colonial building but had already been operating as an institution for poor children back in the early 1950s. As with the other PSPA, the one in Batu focuses on providing one-month residential program for elementary school age children who are facing challenges at school, either academically or behaviorally. Following the issuing of guidelines by

31 Report from RPSA Bima Sakti, (2010).

the Ministry of Social Affairs in 2005 and later in 2007 on providing multi-services interventions for children on the site of the UPTs, RPSA Bima Sakti was created. It borrows some of the facilities of the PSPA but also has its own budget and operates under the central Government (Kemensos). The PSPA in Batu, however, is funded and operated by the Provincial Government. Batu is a tourist resort located in the scenic hills of East Java, about 15 km from Malang. The region is quite mountainous and the location of the institution makes it harder for the children to reach other services.

Vision and Mission

As with other RPSA, Bima Sakti has taken its vision and mission and objectives from the Ministry's guidelines but adapted it somewhat. Its vision focuses on the child's social functioning while its mission is to "bring services to children who are in need of special protection from situations that impair their proper development and from maltreatment." The services it provides aim to:

- 1) Protect children in their development role within their environments, whether at home, at school, and other social contexts.
- 2) Support the recovery of the child's physical and mental conditions so that he or she is able to overcome the impact of stress or trauma that was experienced.
- 3) Support the development of appropriate social relations by the child.
- 4) Create conditions of life and in the environment that support the social functioning of the child as well as prevent the reoccurrence of maltreatment against the child.

Staffing

The RPSA Bima Sakti has 19 staffs, 10 male staffs and 9 women. Of those, sixteen are civil servants, (8 men and 8 females), while the remaining 3 staffs are civil service trainees (1 female and 2 males). As can be seen in Table 23, the majority of staffs are between 41 to 50 years old, with relatively few younger staffs.

Table 23. Number of staffs of RPSA Bima Sakti by age and gender

Age Groups	Female	Male	Total
21-30 years	-	1	1
31-40 years	2	1	3
41-50 years	7	6	13
51-60 years	-	2	2
Total	9	10	19

The majority of staffs at the RPSA (74%) had at least a bachelor level or postgraduate level education.

Table 24. Staffs of RPSA Bima Sakti by education levels

Education Levels	Female	Male	Total
High School (SLTA/MA)	3	1	4
Diploma	1	-	1
Bachelor Degree (D4/S1)	5	7	12
Master (S2)	-	2	2
Total	9	10	19

As well as being well qualified, a majority of staff had relevant education with 12 staffs having social work or social welfare backgrounds, as can be seen in Table 25.

Table 25. Staffs of RPSA Bima Sakti by educational backgrounds

Educational Backgrounds	Female	Male	Total
Social Work/Social Welfare	7	5	12
Psychology	1	2	3
Other (Law, sociology, communication and Religion)	1	3	4
Total	9	10	19

The management of the institution was primarily in the hands of male staffs with female staffs being in more technical positions, including as social workers and carers.

Table 26. Positions of Staffs in RPSA Bima Sakti.

Positions	Female	Male	Total
Head of RPSA	-	1	1
Coordinators			
1. Case Manager	-	1	4
2. Care	-	1	
3. Services	-	1	
4. Referral	-	1	
Social Workers	3	1	4
Carers	5	2	7
Psychologist	1	-	1
Religious Guidance	-	1	1
Legal Consultant	-	1	1
Total	9	10	19

Despite the impressive number of qualified staffs in the RPSA, in practice the majority of staffs also double as staffs of the PSPA and only 6 staffs function more intensively on the RPSA. Out of these 6 staffs, only two care staffs are working on the children's cases. This raises issues similar to those identified in the RPSA Purwokerto, about the extent to which effective and appropriate work can actually be carried out in each case and whether staffs roles and skills always match the particular needs of the individual children in those cases.

The facilities

The RPSA shares the facilities of the PSPA and never has more than 5 children in its care at any given time. Those children are supposed to be housed in one of the cottages on the compound that serves as a temporary shelter, although children are often housed in the guest room, as the shelter is deemed too big for only two or three of them.

The Children

The RPSA has a stated capacity of 38 children per year. At the time of the research (July 2009), it provided services to 4 children (girls) none of which resided in the RPSA/PSPA compound. Three of the children were residing in a childcare institution in Malang, Panti Asuhan Al Hikmah. The fourth one was staying at the house of the former head of the RPSA in Malang. The children were referred to the RPSA by Panti Al Hikmah and come to the RPSA at least once every two weeks to receive informal counselling and also support for their registration at the social work school.³² The RPSA has developed close ties with Al Hikmah, an Islamic organisation that runs a childcare institution (Panti Al Hikmah) for 'neglected children', primarily poor children in need of education, as well as an Islamic Boarding school (pesantren). The childcare institution has received a number of children with special needs, including some children with physical or mental disability, children whose identity is unclear or children who were living on the streets. Al Hikmah refers to the RPSA children that it finds difficult to care for while, in return, the RPSA places children in the Panti in cases where the children cannot be returned to their families, particularly where there is a need for free education. In those cases, the children are transferred to the care of Al Hikmah.

Since it began operations in 2007, the RPSA has handled cases involving 47 children (29 boys and 18 girls) but at the time of the research only had data on 44 children. Data on the remaining 3 children had not yet been entered in its records and therefore is not included in Table 27

Table 27. Number of cases by gender and year handled by RPSA Bima Sakti between 2007-2009 (as of July 2009)

Year	Boys	Girls	Total
2007	15	5	20
2008	11	6	17
2009	0	7	7
Total	26	18	44

³² No assessment reports or referral documents for these cases were available, however, at the time of the research.

The youngest child to ever receive services from the RPSA was 7 years old and the oldest was 17 years old. The age range is as follows:

Table 28. Children who received services in RPSA Bima Sakti by gender and age bracket (as of July 2009)

Age Range	Boys	Girls	Total
6 – 12 years	10	6	16
13 – 15 years	7	5	12
16 – 17 years	9	7	16
Total	26	18	44

Few of the children came from the regency where the RPSA is located. Instead the vast majority (70.5%) came from Malang, which is one of the main towns in the region and located about 15 km from Batu. A number of children, however (16%), came from other provinces, including areas of considerable distance from Batu such as Ambon in the Maluku or Poso in central Sulawesi as can be seen in Table 29.

Table 29. Areas of origins of children who received services from RPSA Bima Sakti between 2007-2009.

Areas of Origins	Locations	Boys	Girls
Within the Regency	Batu	1	2
Other Regency/ Municipality	Pasuruan	1	-
	Surabaya	-	1
	Mojokerto	-	1
	Probolingo	-	1
	Malang	15	7
	Pujon	1	-
	Kediri	3	1
Other Provinces	Buah Batu, West Java	1	-
	Magelang, Central Java	-	2
	Pemalang, Central Java	-	1
	Air Batu, Central Java	-	1
	Ternate, Maluku	-	1
	Ambon, Maluku	2	-
	Poso, Central Sulawesi	2	-
Total		26	18

A majority of the children (68%) were referred to the RPSA by NGOs and social organizations, but a significant number (27%) were also referred by the local social authorities (Dinsos). Staffs also highlighted that in some cases they carried out outreach to the community where information about a case had come to their attention, either through the media or through community leaders.

Table 30. Agency that referred a child to the RPSA Bima Sakti (2007-2009)

Referral	Boys	Girls	Total
NGOs/Social Organizations	13	17	30
Police	1	1	2
Social Affairs Office (Dinsos)	12	-	12
Total	26	18	44

The RPSA has provided services in some instances where the identity of the child was unknown as in the cases of 2 boys, but also where the status or the whereabouts of the child's parents was unclear as can be seen from Table 31. In the majority of children receiving services from Bima Sakti, both parents are alive and their situation or whereabouts clear.

Table 31. Parental Status of children who received services from RPSA Bima Sakti (2007-2009)

Parental Status	Girls	Boys	Total
Both Parents Alive	16	8	24
Father died (yatim)	3	4	7
Both Parents died (orphan/yatim-piatu)	1	1	2
Status of both parents unknown	6	3	9
Status of mother unknown	-	2	2
Total	26	18	44

The RPSA identified 6 children in its caseload since 2007 who had some form of disability: 2 children with a physical disability, 3 children with a mental disability and one child who was deaf and mute. Some of these cases were children placed in Panti Al Hikmah who were referred for services to the RPSA as the Panti faced difficulties in providing care for them.

Of the 44 children who have received services from the RPSA Bima Sakti between 2007 and 2009, 40 cases had already been terminated with the child discharged and either returned to the family, provided with alternative care or referred to another agency, as can be seen in Table 32.

Table 32. Places of referral or return after termination for children who received services from RPSA Bima Sakti (2007-2009)

Referral or place of return	Boys	Girls	Total
Biological family	4	6	10
Alternative family	2	-	2
Residential care institution (Panti)	9	6	15
Islamic Boarding School (Pesantren)	1	-	1
Work referral	19	-	19
Vocational training institution (PSBR)	-	1	1
SLB (Extra Ordinary Schools for physically and mentally handicapped children)	-	1	1
Total	25	15	40

In the case of the four girls receiving services from the RPSA at the time of the research, 2 girls were 15 years old and the other two were 16 years old. One of the girls had a father but the status of her mother was unclear. Another had a mother but her father had passed away. One had lost both parents and the other had lost her father and did not know the whereabouts or status of her mother. Two of the girls were referred to the RPSA by Panti Asuhan Al Hikmah, one was referred to by a local NGO (Genta) and one was referred by the police following a report from the local community.

Types of protection issues faced

RPSA Bima Sakti identifies 23 different types of protection cases it has handled, although many of these could be grouped under broader categories such as abuse, neglect, trafficking and other forms of exploitation including child labour. The classification also focuses in some cases, on the primary causes and in other on the impact of the protection issue, which is somewhat confusing. The number of cases identified by type of issue and gender according to the RPSA can be seen in Table 33.

Table 33. The cases handled by RPSA Bima Sakti from 2007-2009 by gender and classification recorded by staffs.

Categories identified by RPSA	Boys	Girls	Total
Trafficking	-	3	3
Neglect	6	1	7
Economic exploitation	1	3	4
Street children	1	-	1
Domestic Violence (DV)	-	1	1
DV and exploitation	-	1	1

DV and mental disability	1	-	1
DV and sexual abuse	-	1	1
DV and child on the street	-	1	1
DV and neglect	1	-	1
DV and trauma	1	-	1
Neglect and child on the street	2	-	2
Neglect and discrimination as minority	1	-	1
Neglect and depression	-	1	1
Neglect and separation	-	1	1
Neglect and mental retardation	-	1	1
Exploitation	-	1	1
Exploitation and DV	-	1	1
Economic exploitation and child on street	11	-	11
Trauma as victim of conflict	1	-	1
Discrimination as minority and mental retardation.	-	1	1
Trafficking and neglect	-	1	1
Total	26	18	44

The majority of cases identified by RPSA Bima Sakti involve intra-familial violence and neglect and, in particular, children ending up on the street. Again, it is not possible to say whether this is a reflection of prevalence of these cases in that part of Java or the result of the particular focus of intervention in the referral agencies or the RPSA itself. A number of well established NGOs work in East Java with children who are trafficked and live on the street, so the number of such cases may be a reflection of this. The RPSA's relationship with Al Hikmah is also a significant factor in the types of cases it handles, in some cases the child is referred to the RPSA and in others to the PSPA, depending on the identification by staffs of the nature of the problem. For example, a number of children who were deemed 'naughty' or 'lazy' and difficult to handle by the management of Al Hikmah, because they did not carry out their daily chores or follow other rules of that institution, were sent to the PSPA. In another case, a boy (12 years old) was placed in Al Hikmah by his grandmother because he could not talk and was difficult to care for. The boy had been beaten by local residents after being caught stealing some food from a local warung (food stall). The Panti, however, also found it difficult to care for the boy as he could not communicate and as a result, he was placed in the RPSA for 2 months. The RPSA finally referred him to a specialised school for disabled children in Bangil where he is staying, although Al Hikmah is still taking responsibility for the cost of his care.

The case of Titi, a 16 year old girl from Sorong, Irian Jaya (West Papua).

The story of Titi is quite complex and told in broken recollections. Titi herself finds it hard to remember it all. Her care situation has changed five times over the last few years and when she tells her story, she sometimes has to rely on what other people have told her. She remembers that she is from Sorong in Papua and she thinks she is 16. At least, that's what it says on her diploma. She is the third child of four, all girls, and her parents divorced when she was about five. They divided the children, the younger sister stayed with their mother and Titi and two of her sisters went to stay with their father. They did not stay with him very long, though. He placed her sisters in a childcare institution and he handed over Titi to the care of Mrs. R, a Javanese woman who lived and worked in Papua. She does not remember much about Mrs. R, except she had a young son and her father had found out about her from a colleague at work who lived nearby. Titi remembers that Mrs. R's house was always full with girls who were wearing few clothes and men who visited regularly. She also remembers that a lot of drinking was going on there. She guessed it was a brothel and that Mrs. R was running it. After this, Titi never met again her father, mother or sisters. She later heard from Mrs. R that her father had died.

Titi did not stay long in Sorong as Mrs. R brought her to East Java when she was about 6 years old. There she was handed over to Mrs. R's younger sister for about a week before she was placed in a local Islamic childcare institution (panti). She does not remember much about that time or why she was placed there, except that it was the beginning of the fasting month. When she later asked neighbours about it, they told her that she was placed in the panti because she used to frequently argue and fight with Mrs. R's boy. The neighbours told her she had been a very 'naughty' child who frequently argued and that is why she had been placed in the Panti. She stayed in the institution until she became an adolescent and reached junior high school, level 2. In the Panti, Titi's identity changed again, as her name and religion was changed to Islam. She was Christian before and her sister had been placed in a Christian institution. She does not feel that it is a problem, though, as she was quite young at the time.

Titi does not really remember why she was moved again, to another institution. She remembers a member of staff one day telling her to pack her clothes and get ready to leave. She says she tried to find out later why she was moved and was told that someone had been in contact and said she would be coming to bring her back to Papua. This created quite a stir. No one had been in touch since she had been brought there and the reasons for her being taken back were not clear. As a result the staff decided to move her to another institution for her safety.

Talking to one of the staff, you get a different story yet as to why she was moved. One of the staff said that the Panti found Titi challenging and hard to care for. She had been accused when she was little of stealing snacks for school. She also often came late to school and sometimes even cut classes. More serious of all, she had violated the institution's rule that prohibits having a boyfriend. She also suffered from epilepsy and apparently had frequent seizures.

Titi recognises that she did some of these things, including having a boyfriend. That time she had climbed over the window one evening to meet up with her boyfriend who was another student in the Panti. The staffs did not know until another student reported them. So as a result of this and the news of someone coming to bring her back to Papua, it was decided she should be moved. The story about the person coming to fetch her was pretty unclear though. As Titi explains, "Someone came from Irian Jaya (West Papua). I heard about it from other people... the thing is, everyone knows that I was naughty when I was small... This person spoke to the Ustad but what she said wasn't clear... apparently I was going to become her daughter in law,

I would be trained as an Ustadzah (female religious teacher)... But some people said this wasn't the work that I would be doing....The work would be like Mrs R's work..."

The thing that triggered most suspicion was that, about the time the person came to fetch her, Mrs. R sent money for Titi, for the first time ever since she was placed there. Titi used the money to buy gold earrings that she now wears. But as a result of all these incidents, the pani also felt that they would not be able to handle Titi. So they referred her to the RPSA. She stayed there for 2 months, in one of the cottages together with another couple of children. Titi admits that she was not as active as other children in the RPSA. She mostly watched TV and helped with the cooking. She did not want to get involved in the activities of the RPSA, unlike other RPSA children who tend to help. She preferred to remain quiet and silent. She says she is like that because she does not want people finding out about her, particularly about some of the problems she has faced. She admits not to be able to open up completely to the carers at the RPSA.

After two months in the RPSA, Titi was moved to the house of Mr. M. a former head of the RPSA and a religious teacher. She was entrusted with teaching religious practice to one of Mr. M's younger children. But she only stayed there for 10 months before being placed again in an institution. Titi says that she moved back there because she wanted to continue with her education that had been interrupted after she finished junior high school. Staff at the institution, however, gave another reason. They say that Mr. M was disappointed with Titi's character and behavior, because she liked to hang out with boys too much and also she was very stubborn and would not listen to reason.

Now, Titi is back living in another childcare institution. She continues to visit the RPSA. She reflects about the things that have happened to her and says that she would like to meet again with her mother and the rest of her family. She would also like to know and see with her own eyes her father's resting place. Here she is really on her own and does not have a family like other children, who could visit her or that she could visit. During the festival of Eid when other children go and visit their families, she remains on her own in the Pani. But she is also a little scared of going back to Papua, particularly of the threat of being forced to work as a sex worker by Mrs R.

What makes her most ashamed, she explains, is when people know about her epilepsy. Her seizures happen when she is tired or she thinks too much about something. The last time it happened was when she was participating in the building of a bonfire at Bima Sakti. She didn't know what had happened, she fell unconscious and suddenly found herself in her room, sick and tired. Because she feels ashamed, if people ask her about her sickness, she says she has a liver problem. She does not tell them about the epilepsy, even though she gets seizures quite frequently, at least once a month. She says that as a result of it, she also often forgets things. Bima Sakti has proposed that she be examined by a doctor and that she should have a CT scan but this hasn't happened yet, for a range of reasons, including that Titi is always too busy with school. As she finishes her story, Titi says that her dream is to become a Maths teacher.

The case of Sita, 16 year old girl from Lumajang, East Java.

Sita was born in Lumajang in 1993, the fourth of six children, 4 girls and one boy. Her family moved to Sulawesi as transmigrants when she was barely 3 months

Her father married three times. His first wife died and his last wife, who was Sita's biological mother, left him when Sita was just 7 months because she could not take his violence any longer. The second wife stayed on and raised Sita since she was little. Sita says that her mother only married her father because he threatened to kill her family. When Sita was 2 years of age, her biological mother came to see her. She remembers what happened. Her father had told her that her woman was going to come and say that she is her mother but that she was not her real mother, that she wanted to kidnap her and that she should refuse to go with her. "At first when she came, I didn't want to (go to her). I ran and cried and didn't want to be hugged. But after a while I remembered, the thing is M (the second wife) told me who she was. I remember very well, I was near the door..." "when my father and M went to the fields, my mother tried to convince me to go with her but I didn't want to. She ended up staying in the house, for like 10 months. In fact she wanted me to go with her. One day we did. We had to climb through the window because there was a padlock on the door. Then we took a horse driven buggy, it was already late so we stopped to eat cassava in someone's garden. As we finished eating my father arrived, he had been warned by the neighbours. He told me that I had to go home with him but I didn't want to. I was pulled by my father on one side, and pulled my mother on the other side. After a while my mother left, and I was still there. After that, I didn't see my mother again."

Sita says that her father was very angry at her mother for refusing to stay with him, so he forbade her and her siblings to have any contact with her. Her father also used to frequently hit them as well as her stepmother.

She was once hit by him with a hot spatula when she was little, because she held it wrong when she was learning to cook. Another time she was beaten so badly with a hook that the neighbours came and tried to intervene. "That time I had asked forgiveness from my mum at the Eid celebration (children are meant to ask forgiveness from their parents at this time). Someone reported that to him and I was pulled until he started to hit me with the hook. I was hit until some people came as they heard me scream, they thought I was about to die. After this I could not sleep for 3 nights, because the only part that had not been hit was the sole of my feet, I couldn't lie on my side, the whole of my body was swollen. My grandmother fainted when she saw me, and so did my mum when she heard about it."

The worst beating she got from her father though was to come when one of her sibling accused her of having a boyfriend. She had been studying at a friend's house and the rain had stopped her getting home. When she did, her father beat her severely because she had come home late and also because he believed the accusation. The intensity of the violence in the house was high. At least once a week everyone in the house would have been hit by her father. The one who had it worse was her stepmother, though. The neighbours even tried to intervene but at the end they were scared of him because it was known he liked to fight.

From Sulawesi, the family transmigrated again, this time to central Kalimantan and they stayed there until Sita was in elementary school (second level). They moved there, according to Sita because her father was angered that her stepmother used to be able to go home to her parents in Sulawesi after a fight. The inter-communal riots in Kalimantan happened during that period and they had to move back to Java, to her aunt's home. During the boat trip, her father threatened her again and said that he would kill her if she ever met with her biological mother and her family. She believed him. her stepmother also left for Malaysia to work as domestic worker and they moved back to Central Kalimantan.

Her father's health, however deteriorated with kidney problems and once again they moved back to Java. It is there that their economic situation became much worse as her father needed a lot of money for his treatment. As a result, the family did not have any money to pay for Sita and her siblings' education. Instead, her father ordered Sita to work as a domestic servant. He had heard about a recruitment agency from one of his friends, and he sent Sita to register. She did and was trained for two months in Cantonese. She was then sent to Surabaya where she worked for very long hours at someone's house. The work was very heavy, even though according to her the employer was not too bad. She had to start work at 4 am and was only able to go to bed at midnight. She took care of the whole house and the employers' children and her wage was USD 20 a month (USD 35 minus the USD 15 that went to the recruitment agency). After the contract ended, she was being prepared to be sent abroad as a domestic worker but was discovered during a police raid. She was placed in a shelter run by the local NGO Genta before being transferred to the RPSA.

Sita says that she has followed a number of the activities of the PSPA, as the children from the RPSA are encouraged to act as associates for the children who come to the PSPA. She also received informal counselling and the RPSA staff tried to trace back and get in touch with her family.

They succeeded in contacting her father and he even visited but she was not allowed yet to go home to him as the situation is deemed still too insecure. There are indications that her father will force her to work again and he has not given up on his violent ways of doing things. He brought her a phone when he visited so that she could be in contact and he frequently sends her threatening text messages. According to Sita, the social worker at the RPSA is wanting to make sure the situation at home is really safe for her to go back to. He has visited her father and told him that the violence he had perpetuated against Sita could lead to a criminal case against him. He has discussed some alternatives but her father is not showing any real intent to cooperate and work to resolve the situation. After 3 months in the RPSA, Sita was moved to a childcare institution, as there was no prospect yet of her being sent home and she needed to continue with her education.

When she thinks about her dad, Sita says that she often feels hurt and angry at him, "sometimes I cry, sometimes I get mad, sometimes I don't want to have anything to do with him...". She says as a result she is scared to get close to any boy. "I am not ready to have a boyfriend, all that trauma from my father, he hit me, he hit my siblings... now it is getting a little better but before I really hated him...". Recently she has started to get angry a lot again, particularly when she found out that her father moved to Kendari to the house of his first born (son) rather than stay in Java to deal with the issues with her.

She also says that sometimes she is angry at her mother too. On the one hand, she understands why she had to leave the house because of the violence. On the other hand, she is also angry at her for leaving her in the care of a father that likes to hit. "She just went away and left me there. In fact I hate her a lot but P (social worker) says I can't be like this, whatever I am, it is because of her."

Sita is also aware that her experiences have shaped the way she responds to things. She says that she often used to speak harsh words and even get into fights a lot. "I was really naughty before, always getting into fights, everyday arguing, I also skipped school. I am a harsh person and quite egotistical because I was raised by a father who was also harsh. Before I used to get into a fight at least once a week, even with boys." She explains that when she first assisted with the children of the PSPA, she once got angry and slapped one of the children who wouldn't follow the rules. Sita feels though that since she has been at Bima Sakti, things have improved and she is better able to control her temper. She has a very positive relationship with one of the carers and this has made her want to go back to school and study social work. She wants to help other people who also face problems as she did.

As long as she is able to continue with her education, Sita doesn't really mind where she stays, whether at the childcare institution or any other place. Nevertheless, she still has hopes to meet again with her mother. She keeps the last address she had for her and she says that staffs at Bima Sakti are trying to help her trace her whereabouts.

E. RPSA Naibonat, Kupang, Nusa Tenggara Timor (West Timor)³³

The Ministry of Social Affairs established RPSA Naibonat near the city of Kupang in West Timor in 2009 at the site of another institution, the Panti Sosial Bina Remaja (PSBR) Naibonat. The PSBR is a Unit of Technical Assistance (UPT) run and funded by Kemensos and the establishment of the RPSA within it is in line with the Ministry's aim of transforming these services to become multifunction services, responding to a range of different needs from one site. PSBRs are government run residential institutions where adolescents who have dropped out of school are provided with six months vocational training, together with some social and spiritual guidance. The PSBR in Naibonat had been initially established in 1979 and, after undergoing a series of transformations, it became a UPT under Kemensos in 2000. Prior to the RPSA being established, it had already started to diversify some of its services and also provided a Day Care Centre (TBS), a Centre for the study of the Koran, and other programs such as Sunday Schools for children who are Protestant and Catholic. The institution also implements a program of non-residential/community outreach assistance. The compound is located about 38 km from the city of Kupang and is on a main road, making it easily accessible. It is adjacent to an area of relocation for East Timorese refugees, and as a result there is less interaction with the surrounding communities as perhaps could be expected, due to security concerns.

Vision and Mission

At the time of the research (October 2009), the RPSA had only been operating formally for 9 months and, as a result, the program was still very new³⁴. It had not yet developed its own vision and mission but had adopted a motto that stated, "to provide services with the heart for children's best interest." Its overall aim, in line with other RPSA is to protect children who need special protection, so that they can return to a life that is proper and in accordance with their rights". The manager of the institution refers to the relevant articles of the Child Protection Law (23 of 2002) and also to the principles underpinning the Convention on the Rights of the Child as providing the mandate and approach for the services provided by the RPSA. The main reference used by the RPSA at this stage, however, is the short Manual produced by the Ministry's Directorate of Social Services for Children in 2007.

Staffing

The RPSA had 16 permanent staffs (10 men and 6 women), 9 of which had civil servants status. However as with the other RPSAs the majority of staffs also doubled as staff of another institution. 14 of those staffs worked as staffs of the PSBR. Only 2 staffs, recruited on fixed term contracts (tenaga honor), worked exclusively in the RPSA. The great majority of staffs (15 out of 16) were relatively young, between 21 and 40 years of age.

³³ Report from RPSA Naibonat (2010).

³⁴ Although RPSA Naibonat began operating in January 2009, its formal date of establishment under a letter by the Directorate General is the 5th October 2009.

Table 34. Staffs of RPSA Naibonat by age bracket and gender (October 2009).

Age	Female	Male	Total
≤ 20 years	0	0	0
21- 30 years	4	2	6
31 - 40 years	2	7	9
41 - 50 years	0	0	0
51 - 60 years	0	1	1
> 60 years	0	0	0
Total	6	10	16

A majority of staffs were well qualified with a bachelor degree (S1) or the equivalent level (D4).

Table 35. Staffs of RPSA Naibonat by educational levels.

Educational Levels	Female	Male	Total
No schooling	0	0	0
Elementary level (SD/MI)	1	1	2
Junior High School level (SLTP/MTS)	0	0	0
Senior High school level (SLTA/MA)	0	1	1
Vocational Diploma: D1 / D2 / D3	1	1	2
Bachelor/Degree level (D4/S1)	4	7	11
Master level (S2)	0	0	0

In addition, most staffs (63%) had a relevant educational background, including social work and psychology.

Table 36. Educational background of staffs at RPSA Naibonat.

Educational Background	Female	Male	Total
Social Work/ Social Welfare	2	6	8
Psychology	2	0	2
Teaching	0	0	0
Others, including Law, Nursing and Accountancy.	2	4	6

Although the structure of the RPSA only provides for 1 care staff, 2 were recruited to ensure that there could be a rotation in the afternoon when one staff finishes work. Only one of the carers actually resides at the institution and another 13 of the RPSA staffs live outside the compound.

Despite the considerable number of staffs with social work education, only one staff actually works as a social worker as opposed to five staffs working as educators as can be seen from Table 37. This reflects the reality that the staffs' functions between the RPSA and the PSBR overlap and as a result, the focus of priority in the PSBR is reflected in the positions at the RPSA too. This highlights the confusion in the roles between these different institutions.

Table 37. Positions of Staffs in the RPSA Naibonat.

Positions	Female	Male	Total
Head of RPSA	0	1	1
Head of sections			
1) Case Management	0	1	1
2) Temporary Shelter	1	0	1
3) Protection Home	1	0	1
4) Facilities and Logistics	0	1	1
Social Worker	0	1	1
Carer	1	1	2
Educator	4	1	5
Psychologist	2	0	2
Religious Teacher	0	0	0
Total	9	6	15

The facilities

The RPSA uses the cottage system and boys are housed in one building with the male care staff and girls are housed in another together with the cook.

Table 38. Breakdown of RPSA Naibonat facilities.

No	Facilities	Number	Clarifications
1	Office		
	a. Head of RPSA office	0	
	b. Staff room	1	
	c. Meeting Room	1	
	d. Social Work room	1	The general meeting room is used for this purpose.
2	Housing		
	e. Guest Room	1	
	f. Dining Room	0	
	g. Bedrooms	5	

	h. Prayer room	0	
	i. Bathrooms	2	
	j. WC	2	One is not functioning
	k. Kitchen	1	
	l. Storage room	1	
	m. Staffs housing	1	Used to house the boys
3	Services facilities		
	n. Case conference room	1	
	o. Counselling room	0	
	p. Vocational training room	1	Together with PSBR
	q. Study rooms	0	
	r. Health room	1	
	s. Recreational facilities	1	Yard in front of RPSA

The RPSA staffs have access to one car and one motorbike, which they borrow from the PSBR. In addition they only have one computer and have no official phones and use their own personal ones as a result. This raises concerns about the capacity of staffs to actively work on more than a handful of cases, particularly bearing in mind the outreach work to families and partner agencies that is supposed to be a key part of the RPSA mandate.

The Children

Since it began operating in January 2009, the RPSA has provided services to 9 children (3 boys and 6 girls). Two cases were terminated and at the time of the research (October 2009), the institution was providing support to 7 children (2 boys and 5 girls). The RPSA has a stated capacity of 15 children at any one time. The youngest child to receive services is a one-year-old girl and the oldest is an 18-year-old girl.

Table 39. Children who receive services in RPSA Naibonat by gender and age bracket (October 2009)

No.	Age Range	Boys	Girls	Total
1.	Under 5 years	0	2	2
2.	5-9 years	1	1	2
3.	10-14 years	1	0	1
4.	15 < 18 years	0	2	2
5.	18 years and above	0	0	0
	Total	2	5	7

Most of the children came from the same regency (6) and only one child came from another regency (Belu). The RPSA has not provided services to children from other provinces. In addition, all of the children had at least one parent alive and the whereabouts or status of the parents was known in all cases.

Table 40. Parental Status of children who receive services from RPSA Naibonat.

No.	Parental Status	Boys	Girls	Total
1.	Both parents alive	1	3	4
2.	Orphan (both parents died)	0	0	0
3.	Father died	1	2	3
4.	Mother died	0	0	0
5.	Status of parents unknown	0	0	0
	Total	2	5	7

Out of the 7 cases being handled by the RPSA in Naibonat, 4 of the children had been staying in the RPSA for less than 3 months and another 3 had been there for between 5 and 10 months.

Table 41. Length of stay of children who receive services from RPSA Naibonat by gender.

No.	Length of Stay	Boys	Girls	Total
1.	< 1 month	1	0	1
2.	1 - <2 months	0	0	0
3.	2 - <3 months	1	2	3
4.	3 - <4 months	0	0	0
5.	4 - < 5 months	0	0	0
6.	5 - < 10 months	0	3	3
	Total	2	5	7

RPSA Naibonat, in principle, responds to all cases that fall under the special protection category and staffs said that they received referrals from a range of agencies, including NGOs, government authorities such as the Social Affairs office (Dinsos) and the police. The staffs also said they sometime responded to reports in the media about certain cases and would go to the area where the case was reported and found out more from the authorities before contacting the family. However, due to the limitations of staffs and resources, at the time of the research it was clear that the RPSA focussed primarily on cases that were already undergoing judicial processes at the time. Few cases, in practice, reach this level and therefore the RPSA seems to play a rather passive role at this stage rather than proactively responding to issues faced by children in the community. On the other hand, in some cases, the RPSA seemed to play more of an informal role, mediating disputes and responding to requests from individuals in a rather ad hoc manner.

Types of protection issues faced

Most of the cases handled by the RPSA Naibonat involved sexual violence including rape, child exploitation and violence within the family, separation from primary carers including children looking for parents along the border with East Timor, as well as cases of neglect and chronic poverty.

Table 42. Cases handled by RPSA Naibonat since 2009 by gender and type of protection issue.

No.	Age (Years)	Sex Girl/Boy	Main Protection issue
1.	15	G	Sexual Assault
2.	10	B	Physical violence and Neglect
3.	5	B	Neglect
4.	2	G	Neglect
5.	18	G	Rape
6.	1	G	Born as a result of rape
7.	6	G	Sexual Assault
8.	16	G	Pregnant
9.	8	B	Run away

In two of the cases, services had already been completed. In the first case, a boy of 8 years old had run away from home to look for his biological mother, and he had been found on the street by the security officer at the PSBR. The boy was placed in the RPSA and was very distraught, wanting to meet his mother. The staffs looked for his family along the East Timor border and eventually found an aunt who was able to provide information about the whereabouts of his mother. The staffs went there and found out that the mother had already remarried and had 2 more children with her new husband, but she was still willing to care for him. As a result, the staff brought the boy to her and reunited the family.

In the second case, a girl of (16 years) was pregnant from a relationship with her boyfriend but the latter would not take responsibility. The family asked the help of the RPSA staff to mediate between them and the boyfriend. After approaching and discussing the matter with him, he agreed to marry the girl and take responsibility. The RPSA staff, though, had not been able to do any follow up and did not know what had happened after that. The situations of the children who are receiving services highlight the fact that RPSA Naibonat is still somewhat struggling with defining its role and what services it is best placed to offer. Cases are referred to the RPSA in a fairly ad hoc way and deciding how best to respond in a context of chronic poverty and strong traditional cultural expectations is clearly a challenge, as the case studies below illustrate.

The Case of Christina (15-year-old girl).

Christina has long curly hair and a quiet disposition. Her parents are farmers and got divorced when she was still in elementary school. Her father left them and her mother has continued to work the land but it has been hard to make ends meet to feed Christina and her two sisters who are 6 and 10 years old. As a result, the family moved back to live with their grandmother. Christina was often sick with malaria and as a result her studies suffered. She is still in junior high school. Christina came to the RPSA Naibonat about 8 months ago. She explains that she was still in elementary school when she was sexually assaulted. The man who assaulted her was her teacher, and according to Christina, it was known that he had already assaulted a number of other girls. But not a single person had the courage to report him because being a teacher is a very prestigious profession in this region. People are in awe of those who are clever enough to teach others. On the day of the assault, Christina's class was rehearsing a play for the end of the year. She had a small cut on her feet and she went out to bandage it when the teacher followed her. As she was sitting taking care of her feet, he sat next to her and suddenly put his hands inside of her blouse and grabbed and squeezed her breasts. He threatened her not to tell anyone. First, she was scared to do so but she was also angry so she told one of the female teachers what had happened.

At the time, Christina, explains, two of her friends had already told her that this teacher had raped them, but they did not dare to report it to anyone. They were scared because he had threatened them, but also because it is known that the community does not want such cases to be reported to the police. They feel this will bring disgrace upon them. News of the assault on Christina quickly travelled as it had happened right in the middle of the play rehearsal, when many people were there, and she could not stop crying, feeling ashamed by what had happened. But no one reported anything. This teacher was not only well respected in his village, but he was also very influential in school. This was why many of the children were so scared of him. As Christina explains, "some (of the girls) had already told me that he had raped by them, but they didn't dare say anything. I was only able to say something to the Maths teacher because she is also my aunt... First I was really scared... and also ashamed that anyone should find out, but I felt that I had to say something, so I reported it".

Christina's aunt went straight to the police, without first letting Christina's family know. This really upset them, and to this day the whole affair is still controversial and considered shameful by the community. It is not just the community and her family that are angry that the matter was reported to the police, though. The wife of the perpetrator also threatened Christina, because she had reported the case.

"She stopped me on the road when I was coming home from school and told me that she would get revenge for her husband going to jail. I became scared...until I couldn't think of anything else... But my mother couldn't do anything, nor could my grandparents. They could only keep quiet. The thing is, people feel that what happened is a disgrace. Many people didn't agree with what happened being reported to the police, they wanted this to be dealt with 'in the family' (traditional family dispute resolution)."

Even after the teacher received a sentence of 8 years and a fine of USD 6000, this did not deter his wife to continue intimidating Christina.

“Sometimes when I went to school I was scared, I worried that she might stop me again on the road, so I had to be always accompanied by my mother. Because I was thinking about it all the time, I was often sick... I was ashamed... she screamed to me in the middle of the road that it was my fault that her husband went to jail...”

Even though the community feels a lot safer since the perpetrator went to jail and other children are also feeling safer, the threats and intimidations had a real impact on Christina. Finally, a nun from a local NGO that works on the issue of protection of women and children came to provide her with some support. During 2 days Christina was invited to stay at the NGO and she was given food and encouraged to pray with them. But after that she was sent home. Following this, the nun went to the RPSA to refer Christina, so she could receive services. Christina’s mother agreed to it, she wanted a safer place for her daughter so she could finish her education properly. In February Christina came to the RPSA and she was registered at the local junior high school, close enough to the institution so that a member of staff can accompany her there and back.

Christina says that she is happy that she can continue with her education. She has been given two uniforms and some shoes and she is also able to get some training on computers and receives supplies for school, including notebooks and pens. Apart from this, the RPSA also provides her with a place to stay and food, like all the other children who stay there. Despite this, when asked whether she is happy in the RPSA, Christina responds that she is not, and she looks thoughtful. She misses her family and wants to be able to quickly go back home and be reunited with them. She wants to finish her education as fast as possible so she can do so and has already registered to take the final exam next year.



The Case of Livio, 10-year-old boy.

Livio was born in Oenete and his family lives in a hard to reach area, far from main roads and services. It takes at least a day and a night of walking to get there, passing through valleys and climbing up high hills. His family is extremely poor, subsistence farmers living from the corn and rice they plant on a very dry narrow patch of land. Livio's father died when he was still little and his mother remarried with a widower. They had three more children and none of them, including Livio, were sent to school. Livio is skinny, weighs only 25 Kilograms and is small for his age (1.35 m). His eyes are really bad and he can hardly see. The cornea in both eyes is visibly not symmetric and he needs to be very close to anything to be able to see it.

Before Livio was referred to the RPSA he was already living with his aunt and her husband. The family took him in after they heard from a relative how badly Livio was being treated by his stepfather and about his very poor physical condition. They are themselves living a very basic life. Their house is made of wood and the roof is thatched with leaves. It is located about 10 km from Naibonat. They work as farmers and are also struggling to make ends meet, as they have their own six children. As a result they gave their second child to be raised by a grandmother, to alleviate the burden. Despite this, they consider Livio as their own son and their love and care for him is apparent. All of their children are at school, except the youngest who is not yet of age.

When Livio was still living with his mother and his stepfather, his life was much more difficult. He had to work the land with them everyday, cut the grass, feed the animals and fetch the water from a source that was located far from the house.



As his aunt explained, “poor him... the neighbors told us that he had to go really far to look for water. He had to carry the Jerri cans heavy with waters back and forth to the house everyday. If he did not, there would be no water for drinking, cooking or bathing.”

It was not just the difficult living conditions either. As Livio he explains, “My stepfather used to abuse me, and he only gave me raw bananas to eat, even though the rest of the family ate rice... I don’t know why he was like that. In the morning I only drank some water. Later during the day I would be given some food by my mum, but only raw bananas.” Every morning Livio had to fetch and carry the water, then he had to feed the neighbors cows, only then could he go home to eat. Then he had to work in the fields with his parents all day. He did not go to school and was not allowed to rest. He was also beaten regularly and punished with physical violence. “Yeah, every time I did anything, it was never ok for my stepfather, and he would punish me, I had to stand on one foot holding both ears, usually at dinner time and for long periods, may be one or two hours... I don’t remember...” Livio’s aunt thinks that his stepfather was getting angry because Livio did not finish his work properly. She says his parents did not want to understand that he could not see properly and that this had an impact on his work, “his father would get angry and straight away hit him, and his mum would say nothing.”

Livio remembers that well, “when my stepfather was angry, there was nothing I could do. He once put burning coal on my right foot... the back of my foot was so burnt, I screamed but my mother said nothing.... Didn’t give me any medicine. I didn’t do anything... but sometimes my mum loved me, sometimes she did not.” None of the other children received this type of treatment. The beating would usually be done using a piece of wood, or the handle of the broom, or whatever else was at hand, as Livio remembers, “My mum once took the machete to hit me on the shoulder, using the blunt side. That hurt a lot... but my mum didn’t want to hear anything... my stepfather used firewood until the back of my feet really hurt. After that they usually gave me a raw banana, I ate as I was hungry... then I went straight to sleep to forget about the pain. After I woke up, I felt the pain again.”

Some of the scars can still be seen on his body, including a wound on his toe that happened when he was ordered by his mother to dig a hole for the toilet using a crow bar. The bar hit his foot. This makes his aunt really upset, “That’s too much, I am shocked how a child that small can be sent to dig a hole for the WC... using a crow bar... even though his eyes are no good, he cannot be careful... So if he hit his foot with the crowbar, you can’t be surprised, what is surprising is that his parents did not think about this... his mother just said nothing. I become dizzy just thinking of it.”

Despite the violence and difficult conditions for Livio, the neighbors said nothing and no one reported the matter to the authorities. They felt that this was a private family matter and that strangers had no business interfering. Livio’s uncle says that the neighbors cared but that they felt they couldn’t say anything, “they stayed silent, until we found out late too... Livio had already gone through all of this”. After they found out about the situation, Livio’s uncle went to pick him up so he could live with them instead.

Livio was referred to the RPSA Naibonat at the recommendation of a relative of one of the staff who had gone to Livio’s aunt’s place to buy a cow. According to the staff, the condition in which they found Livio was of concern. He could not see well and his clothes were dirty. The relative convinced his uncle to bring him to “the social” (name by which the RPSA is referred to locally) so he could receive services. Initially Livio stayed with the staff member before being put together with the other children in the RPSA. Apart from receiving food and being able to wash and take care of himself, Livio has not been getting other services yet. He has not yet been taken to an eye doctor for examination, in order to check on his eye condition and determine what can be done about it.

The staffs at the RPSA said that they had planned to do so as they wanted to refer him to a care Institution for the Blind (PSTN) or a school for children with disability (Sekolah Luar Biasa) but the school was full, so they would have to wait for the next intake. Meanwhile, no plans had yet been made for him to get his eyes checked or start with his education and apart from hanging out with the other children, and playing with them or watching TV, there seemed to be little for him to do. At the time of the research Livio had been in the RPSA for a few weeks but staffs had not yet conducted a home visit and no assessment of the family situation and of Livio's own needs and wishes had been carried out.

Livio keeps himself busy every morning by filling the water tanks for the bathrooms and WC in the RPSA but he gets bored too, "Usually I just follow the other children who play in the TBS (Day Care Center). There are plenty of games but sometimes I get bored... I want to go to school so I can read and write." In fact, staffs at the RPSA have been impressed by his strong motivation for learning, despite his poor vision. One staff said that when Livio first came to the RPSA and they were doing his registration, Livio was really enthusiastic about watching the staff,

"He was different from the other children who come here... Livio was paying attention to every word we were writing on the page. He asked about what we were writing and said, 'I want to learn to write and read, now all I can do is sing'."

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VI. The Services and Interventions Provided



The sheer diversity and complexity of the cases handled by the five RPSAs and the different contexts and situations within which each of these institutions operate, means that it is difficult to compare the responses used by these institutions. Part of this variation in services is also due to the fact that some of the RPSAs have been operating for longer periods and have been able to develop more case experience. In addition, there were also some differences in terms of resources, particularly the skills and experiences of staffs, including in the case of the two RPSA (Bambu Apus and Jambi) that are staffed directly through the Ministry. Nonetheless, there were also common patterns and trends in the approaches and interventions used that could be identified.

Which children?

As all of the RPSA reviewed were established and funded under the Ministry of Social Affairs, they took their mandate and operating framework from Kemensos' Manual for the implementation of the Social Protection Homes for Children (RPSA). In particular, the broad principles taken from the UN Convention on the Rights of the Child and highlighted in that Manual were referred to by the management of all RPSAs, including the principles of non-discrimination, best interest of the child, confidentiality and the child's right to life, survival and development.³⁵ While the importance of respecting children's views was also often alluded to, there was much less evidence of understanding what implementation of this principle in the daily practice of the institutions would entail.

All five RPSAs identified their target population as being children in need of special protection as defined under Article 59 of the Law on Child Protection. Criteria for selection or admission of a child as a client generally focused on a determination that the child faced one of the special protection issues listed under that article and that they were less than 18 years old. Beyond this, however, there seemed to be less clarity about which children would most benefit from its services and how interventions could be adapted to serve the very different needs of these children. In practice, few cases were deemed not to meet the selection criteria unless the child had a particular condition the management of the RPSA felt was beyond its capacity to deal with. RPSA Bambu Apus, for example, redirected a child that staffs thought had signs of mental retardation to an institution specialised in this. Staffs at RPSA Jambi also identified cases that they decide to refer to other agencies that they felt were better suited,

*"Yes, there were a few cases that we could not handle, so we redirected them immediately, such as the case of a child who had a mental illness, he was really hard to communicate with, and he also acted in ways that made it seem like he wasn't healthy mentally, so we referred her to the hospital for the mentally ill instead."*³⁶

Other RPSAs on the other hand had not yet come across a case that staffs felt did not meet its criteria, although the lack of residential facility for boys for example at RPSA Purwokerto meant that this institution also limited its services to girls at the time.

As can be seen from the profiles of each RPSA above, there is considerable diversity in terms of the cases being handled by each institution. While this diversity could be a reflection of the prevalence of issues in each area, it seems primarily to be the result of the referral process used by these institutions. RPSA Jambi has developed a particular relationship with the police and in particular the Women and Children's Protection Unit. As a result it handles many cases of children in contact with the law. RPSA

³⁵ Manual RPSA (2007) pp.14-17.

³⁶ Report of RPSA Jambi, p.31.

Purwokerto is working closely with a childcare institution, Panti Asuhan Al Hikmah, and its cases involve girls identified by that institution as having emotional or behavioural issues. RPSA Bambu Apus serves as a referral agency at the national level and received a number of cases that are cross-borders including trafficking cases but also some more local cases referred to by the Ministry or local agencies. In other cases though, the RPSAs seemed to ‘choose’ particular cases or types of cases that staffs had a particular interest in. RPSA Purwokerto for example, has a particular focus on sexual violence cases and its staffs carry out active outreach to communities where such cases have been identified by the media or other agency.

RPSA Naibonat, also seemed to be searching for cases in the media and appeared at times unclear about its role and mandate. As one staff explained,

“Ideally we would get a lot of cases referred from the police, but the problem is we still are limited in terms of resources and infrastructures, and when we do outreach, some of the families do not respond to us in a good way. Sometimes they want, sometimes they do want to (receive services), so we are also confused because we can’t force our services on them. Usually, we get the cases from the news in the papers, we also get referrals from the NGOs but not a lot so far, as they haven’t heard about us yet.”³⁷

While the RPSAs certainly have a critical role to play in terms of securing children’s immediate safety through its temporary shelter program, this appeared to be a very hit and miss approach to which children would access its services. This is especially problematic as the RPSAs are established as the government’s primary form of response for children in need of special protection. Unlike private social service providers who may be able to select cases based on their particular funding base or mandates, government services are required to provide services to all children who need special protection. In the absence of other government run or funded services acting in the area to protect children from abuse, neglect or violence, the RPSA have a critical role to fulfil that should not be left to particular interests or relationships. Instead decisions to provide services or refer a child to another better-suited agency should be based solely on a thorough assessment of the particular needs of each child and the capacity of the RPSAs to respond to this appropriately. Where the RPSA is not best placed to respond, it must be in a position to ensure that the local social authorities provide appropriate services.

Safety

Although most of the RPSAs divided their services, at least on paper, according to the Temporary Shelter and Protection Home model, the difference in practice seemed to lie mostly on the length of time the children actually ended up staying in the RPSA rather than in the nature of services provided.

The RPSAs recognised that securing a child’s immediate safety was one of the primary mandates of their institutions. In some cases, babies and children were referred after they had been abandoned or found on the streets and the RPSAs stepped in to provide shelter and respond to the children’s immediate needs. In other cases, children who had been trafficked and exploited were referred to the RPSA by the agency that had rescued them, as there were concerns not only for the child’s immediate safety but also for the potential of further exploitation. Concerns for safety were also expressed in the cases of children who had been accused of a crime or had been a witness to one as in the cases highlighted above from RPSA Jambi. Finally, safety was also a key factor in the decisions to respond to cases where intra-familial violence, including physical and sexual violence was suspected or identified, as

³⁷ Report of RPSA Naibonat. Assessment of the children’s cases, p.2.

in the two cases handled by RPSA Purwokerto as the time of the research. All of these cases represent important examples of the role the Temporary Shelter facility in the RPSA can play in responding to immediate needs for a safe and secure environment. In almost all of these cases, however, there were real questions about the capacity of the RPSAs to carry out this crucial role.

For a start, staffs at the RPSAs recognized their limited capacity to carry out proper assessments, including determining safety, well-being and permanency issues in the family and community where the child was located. In the case of RPSAs taking on cases from within the regency or municipality, such as RPSA Jambi or RPSA Purwokerto, carrying out an assessment was, in principle, at least possible. Yet even in those cases, visits to families were found to be at most limited to two, one at the beginning and, in some cases, one towards the end of the placement, as services for the child were terminated. The purpose of the visits seemed to be primarily on bringing a child into the services of the institution rather than assessing the situation within the child's family and community, including identifying possible alternative safe placements for the child.

Many of the cases received and responded to by the RPSAs, however, concerned children coming from areas located a considerable distance from these institutions. This was particularly the case for RPSA Bambu Apus that seemed to act as a national referral centre under Kemensos. Without a network of social agencies across the country able to share information, carry out family visits and assessments, map resources and identify possible solutions in the particular locality, staffs are often left to find the information by themselves. The reality of limited resources, in terms of staff but also transport and communications, which in many of the RPSAs had to be 'borrowed' from the host institution, meant that generally such assessments were very limited. Instead, the RPSAs tended to rely on the referral agency's initial assessment of the issues to determine whether or not to admit the child.

As explained by one of the staffs in RPSA Jambi,

"Usually the agreement we reach is with the agency that has referred the child to the RPSA. If the referral comes from an NGO, then the agreement for the placement of the child is between us and this particular NGO. However, there are also instances where parents have been involved in the agreement, particularly in cases where it is the parent(s) or the family that refer the case to us. [...]"

RPSA Bambu Apus used a referral intake form to gather the data from that agency and it would carry out further inquiries on the situation only if it felt that the referral agency did not have an established 'track record'. Even in those cases, however, staffs had to rely on phone communications and the cooperation of local social agencies to access further information. This situation limited significantly the ability of the RPSA to work out the child's protection needs within the required 30 days. As a result, the vast majority of children referred to the temporary shelter facility were there for much longer periods of time, unless they could be referred to another institution or returned home without a comprehensive assessment of safety issues.

This inability to assess the situation and intervene in the child's community of origin, including the home environment, is particularly problematic for the majority of children referred to the RPSA as a result of intra-familial violence or neglect and in cases of exploitation or trafficking involving the child's family. With little capacity to assess not only short term but also long-term safety issues, the RPSA is left to find solutions which either entail the child being 'accepted back' in the family through family mediation or being placed in a childcare institution. In the first cases, the RPSA has virtually no capacity on the ground to follow up after the child is returned to the family, leaving that child potentially in a highly precarious position.

The case of Nana in RPSA Jambi illustrates powerfully the limited capacity of RPSA staffs to intervene at the family level to ensure the safety of the child long term. In this case, the RPSA team secured the 'written agreement' from a father who had inflicted considerable violence onto his daughter that he would not do it again. While team did carry out some follow up visits, they did not conduct any broader assessment to understand the context of the violence and no intervention with the father was initiated beyond the agreement. Instead, the focus of the RPSA interventions was primarily on the daughter who was 'given to understand' that she should drop all charges so she could return home. The RPSA team had not carried out any broader assessment of the history of violence in that home nor was in a position to protect the daughter from further violence by the father. The ability to conduct any type of longer term assessment of risks factors before a child can be returned to a home or community is all the more acute for the RPSA that handle cases of children coming from communities located far away. While some can rely on local agencies including local NGOs to provide that assessments and follow-up, in most cases such services are not available or limited. Recognising this, the RPSA staff in many cases seemed to look for solutions away from the child's home and community.

The line between the shelter and protection home also became blurred as a result, and the RPSAs seemed to provide very similar services in all cases. As the Manual on the RPSA highlights, one of the main functions of the RPSA is to support the child to return to normal social functioning, by providing interventions that can address the traumatic experience as well as enabling the child's return to his or her family or the provision of an alternative care environment.³⁸ Without the ability to assess and intervene in the child's home environment and community, the focus of RPSA interventions becomes limited to change in the child rather than the situation that caused the harm to the child in the first place or the environment where the child is to return. In practice this meant that the RPSA saw their role primarily as providing a place for the child to stay while some solution could be 'figured out' and the child was deemed 'ready' to be sent home or, in many cases, referred to another longer term institution, usually for educational purposes. In the case of Titi in RPSA Bima Sakti, for example, placement back in the local childcare institution was considered the best option instead of attempting to trace her mother and support an eventual return to Sorong. While this may well be a pragmatic decision in light of the potential risks involved in her return and the difficulties of tracing her family there, it also provides for Titi little longer-term resolution of her situation.

It is important to note that even in cases where safety issues were not involved or where alternative placement in the child's family was available, the child's placement in the RPSA in order to receive services was still considered essential. Of the five RPSAs, only Jambi recognised that the placement of the child within the institution was only necessary where immediate safety issues arose. Other RPSAs did not seem to have considered the possibility of providing services to a child within his or her family or community. Indeed, where a child could not be accommodated, as in RPSA Purowkerto's case in relation to boys, the RPSAs generally did not admit the child to their services. The fact that the majority of the children in RPSA Bambu Apus came from localities outside of the regency, and even the province, meant that staffs often had little choice but to place the child in the institution. But even when such an opportunity was available, staffs in Bambu Apus did not avail of it. The case of Andi is a case in point. Staffs at that RPSA did not consider placement in the family as an important alternative despite the willingness of his aunt to care for him and Andi's own personal wishes, because they considered the RPSA as a better place for him to continue his education and access medical services. The fact that he did not access education while staying there and that placement in the home is meant to be no longer than six months highlight the fact that there is growing confusion about the role of the RPSA and services provided.

38 Kemensos (2007) Manual RPSA p.18.

This emphasis on the residential aspects of the interventions is not surprising bearing in mind the fact that, until recently, the Ministry of Social Affairs and private social service providers have used institutional care as the primary form of intervention for children at risk. Children's safety and well-being was generally sought by removing them from families that were deemed too poor to care for them or neglectful. Instead, children received access to education and basic needs through being placed in residential care, often for the entire period of their schooling.³⁹ The RPSA Manual itself is ambiguous on this subject. While it highlights the fact that one of the primary aims of the services is the child's return to a safe environment and resumption of proper social functioning, it provides little guidance on how this is to be done. It makes "reunification and reintegration" of the child with his/her family origin, or provision of alternative care a key goal but all of the interventions identified are residential based and focused.⁴⁰ While it provides for a clear time frame of no longer than six-months for the child to receive services, it does not clarify how the transition is to take place from residential based services to the child's return to a normal family environment. This creates serious challenges for staffs that have been used to operate primarily within a long term institutional care context and view their role primarily as residential service providers. By focusing the interventions solely on the child rather than the child's environment and the social context within which the child must eventually return, it makes it very difficult for staffs to work towards that eventual reintegration. As a result, when the familial situation was deemed to be too complex or could not be assessed properly, the RPSA staffs tended to choose a 'safer option' by extending the services within the RPSA or simply transferring the child to another institution. Return to the family or the provision of alternative family care became too often last resorts. This approach, unfortunately, defeats the very objective of supporting children affected by violence, neglect and exploitation to return to a normal and fulfilling life in their families and communities. Instead, it risks compounding the impact of the trauma by severing ties and relationships that could support long term recovery and act as important factors of resilience in their lives.

Trauma and recovery

All of the RPSA recognised that a key function of their services related to what the RPSA Manual describes as "rehabilitation services".⁴¹ This comprised psychosocial support and counselling from a team of social workers and a psychologist, as well as the provision of "therapy to recover from trauma" to be provided by a psychiatrist. All of the RPSAs had either a psychologist on staff or worked together with the relevant departments in the local hospital, as in the case of RPSA Purwokerto for example, that cooperated with the hospital in Banyumas. The psychologist, however, was not always qualified to practice, as in the case of RPSA Jambi. The role of the psychologist also seemed to be generally limited to an initial psychological assessment of the child rather than the provision of counselling or therapy. In fact, there seemed to be little relationship between the psychological assessment and the development and implementation of a service plan, as was highlighted in RPSA Purwokerto,

"When the child arrives in RPSA Purwokerto, the staffs carry out an assessment, including a psychological evaluation by the psychologist. However, the result of this evaluation does not seem to really affect any of the services provided in the RPSA."

39 Martin and Sudrajat (2007) Someone that Matters: the quality of care in childcare institutions in Indonesia. Save the Children UK, Kemensos and Unicef.

40 Kemensos (2007) Manual of RPSA, pp.23-24.

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

Instead children tended to receive the same collective services, regardless of their needs and situations. Apart from covering basic physical needs through shelter, food and supervision, services provided included mostly 'guidance' by staffs on a number of topics. In RPSA Purwokerto, for example, this included spiritual guidance (rules relating to prayers and observation of religious obligations), guidance on keeping the environment clean, guidance on hygiene and on etiquette (relating to ways of eating). In RPSA Bima Sakti, while informal counselling was also provided, the prime focus was on other forms of guidance such as 'social guidance that aimed to develop life skills including cleaning and ironing to foster independence', games to strengthen concentration including to follow instructions by the staffs and some other 'outbound' activities that were devised for children in the Respite Home.

If available at all, "counselling" was mainly left to the carers and it involved mostly encouraging children to talk. There is no doubt that enabling a child to discuss openly and safely his/her painful experience is crucial to support the development a personal narrative and that, in turn, this can assist the child in making sense about what has happened to him or her. This has been shown to be an important part of the recovery process and resilience building. The format of counselling provided in the RPSA, however, seemed to be primarily about encouraging the child to chat in a more general way. Children were encouraged to talk to anyone, without providing either a regular opportunity or an identified individual that could work over a period of time with them. Instead, they were given an open invitation to talk,

"Counselling in RPSA Purwokerto was about giving time to the child to chat, simply providing the opportunity in case the child was ready to tell about his/her problems. The RPSA did not identify any staff in particular for this but it was up to any staff that the children felt comfortable to chat with".⁴²

Considering the serious nature of the abuse experienced by some of the children placed in these institutions, including cases of sexual violence, it is worrying that no professional counselling is provided to these children. Surprisingly, there seemed to be also no reference in any of the RPSAs to psychosocial interventions that have been used and tested to support victims of trauma, including children. While any form of counselling or therapy would need to be adapted to ensure it is effective and appropriate to the Indonesia context, a number of trauma focused treatment have strong empirical backing in a Western context.⁴³

As highlighted in the profile of the institutions, none of the RPSA had set aside actual facilities or rooms for private meetings between the staffs and the children and their families. In RPSA Bima Sakti, counselling was also provided informally, usually by the carers either on an individual basis or with a number of children. As one child explained, *"usually the (care staff) comes to the cottage during rest times, like in the early evening. Or sometimes I go to the house of the carer if I have a problem. For example if I get a nasty SMS or phone call from my father".⁴⁴* On the positive side, the children could often identify one person that they felt close enough to talk to and staffs were often seen as friendly and open to them. At the same time, the specific goal of the RPSA is to provide the psychological support these children need to address the impact of the trauma they have experienced as well as to prepare them for a return to every day life, and even in some cases, to the environment where the trauma has taken place. It would seem critical for the RPSAs to have proper responses and treatment plans working with professional social workers and psychologists in the country that have the relevant training and experience.

The lack of professional psychological support for children receiving services in the RPSAs is all the more worrying as some of the responses and interventions used seemed, in some cases, inappropriate.

⁴² Report of RPSA Puwokerto. The Case of Ida. p.6

⁴³ See for example Gil, E. (2006). Helping abused and traumatized children. Integrating directive and nondirective approaches. The Guildford Press.

⁴⁴ Report of RPSA Bima Sakti, p.30.



In a few cases, interventions used could even have the effect of re-traumatizing the child. While recreational activities, for example, have an important role to play in recovery, their use without also enabling children to address their very real and painful experiences could be misinterpreted as attempts by the staffs to “avoid dealing” with the issues. In the case of Intan, a seven-year-old girl raped by a neighbour, the fact that staffs at RPSA Jambi thought that taking her and her family to a water amusement park was a form of psychosocial counselling is particularly troubling. It raises some real questions about staffs’ understanding of trauma and illustrates some of the confusion around the role of the RPSAs towards child victims of violence and their family. The focus of services on behaviour change in the

child translated in many cases in the child being seen as the problem rather than the victim. In some cases, interventions were aimed at ‘convincing the child’ to forgive or understand the perpetrator, as in the case of Nana in Jambi who was persuaded “to be more sensitive” to her father’s “situation and feelings”, even though in that case the father was the perpetrator of physical violence against her. The staffs in RPSA in Jambi seemed to see their role as mediators, so that the girl would be accepted back in the home, rather than addressing the real protection issues she and possibly other family members faced in that household. She was in fact encouraged by the RPSA team to drop her complaint against her father, apparently to secure family unity at the expense of her safety. Food assistance was also provided as part of the RPSA response, sending a very confusing message to the family and potentially even rewarding the violent behaviour. Even in the case of a 7-year-old girl raped by a neighbour, the RPSA provided the child’s family with food assistance on a regular basis, although it is not clear at all what the aim of this assistance was and how it related to the goals of ensuring the child’s longer-term recovery and protection.

In other cases handled by that team, the main aim of the RPSA response seemed to have been about the needs of the criminal justice process, rather than considering the needs of the child and his or her best interest. In the case of Udin, a 10 year old boy wrongfully accused of raping his 10 year old neighbour, the intervention (play) was carried out to relax the boy in order that he could continue to cooperate with his interrogation, rather than considering whether that process was at all appropriate for a child of that age. Similarly, the ‘motivation’ provided to the 16 year old boy victim of incest was focused on ensuring that he had the ‘resolve’ to testify against his mother rather than consider the possible long-term impact that act, as well as his involvement in his mother’s prosecution, may have on him.

In many cases, children who had been victim of violence, including sexual violence in their families, were ‘pulled out’ of these families in ways that seem to punish them rather than protect them. Ida, a 10-year-old girl in RPSA Purworkerto who had been sexually assaulted by her stepfather, for example, was taken

from her home and brought to the RPSA by staff and her mother under false pretence and then locked up when she became upset at her mother leaving her behind. While there is no doubt that staffs felt the child's removal was needed for her safety, the process made her the problem and resulted in her being and feeling 'punished'. It is deeply worrying for a child who has experienced being locked up by a parent as he sexually assaulted her to find herself locked up again, this time in an institution far away from home as her mother is leaving her behind. The potential for re-traumatization and for developing feelings that she is the one who has done something wrong, who is being punished is clearly serious and puts into question the RPSA's stated therapeutic goals of recovery. This was further reinforced by staffs at that RPSA telling her that she could only go home "when she is not naughty anymore". As a result, the girl saw her placement as a punishment for her behaviour rather than as a protective intervention,

"I was put in here by my mother so that I stop complaining about everything..."[...] "I am too difficult, miss, so now I must stop being fussy... so that I can go home faster... I want to go home, miss, please tell (the head of the institution)." ⁴⁵

Again, while there may be some clear safety reasons for removing a child from their family, doing so when there are none raises some real concerns about the ability of the intervention to support the child to recover and return to a normal life in his/her family and community. Instead, it cuts the child off from the primary care environment and away from the most crucial support and protection sources. In addition, there is the real risk that it sends the message to the child that he or she is viewed as the problem that needs to be removed and 'addressed' rather than the source of the violence. The transfer of Wati, a 12 year old girl from West Kalimantan to RPSA Bambu Apus in Jakarta so she could receive "treatment" for being raped by a neighbour is an example of this. It raises the question of whether the RPSA could ever provide services from afar that would address not only the safety issues for the child but also the impact of the violence on the life of the child, her family and her community. In some instances, the child's removal may even be perceived as an attempt in avoiding addressing the issues by removing the victim and therefore 'the evidence' of the problem. In that particular case, the perpetrator had already been apprehended and the main reason for the local agency to bring her to the RPSA was for her to access treatment as well as education. It is hard to see, though, how any psycho-social intervention could address the complex issues raised by such a case, from another island a plane ride away from that child's social and emotional environment.

Children were in fact rarely told where they were going or even what services they could expect to get in the RPSA. As explained by one of the staffs in RPSA Jambi,

"Until now we have not yet involved the child in the agreement, in terms of whether they agree to be placed in the institution. In our assessment, if the party that refers the case to us already came and agreed to the surrender of the child to us, then indirectly this signifies that the child also agrees to be placed in the RPSA." ⁴⁶

Without children's involvement, whenever possible, in decisions about services, the process of assistance and recovery can be seriously impeded. Children were in fact rarely involved in the decision to receive services, even when they were at an age where they might be able to understand and participate, as is highlighted starkly in the case study of Ida in RPSA Purwokerto. In some cases, this may be necessary to ensure the child's protection, as the child may not be able to make such a decision. This could be the case, for example, where a parent perpetrates the violence and the child is not able to participate in the decision. In other cases though, it seemed to undermine needlessly the child's understanding of

⁴⁵ Report of RPSA Purwokerto. The Case of Ida.

⁴⁶ Report of RPSA Jambi, p.32.

the services being provided and their participation in the process. Instead, it seemed to contribute to a general confusion children had about exactly what to expect from the RPSA. One child in RPSA Bima Sakti explained, for example, the role of the RPSA in those terms,

“In families, sometimes parents are very busy making a living for the child, but children on the other hand also need love. So here we can get what children really need, such as our schooling, religious teaching, attention and love too.”⁴⁷

While many of the children would come to accept their situations and in some cases even see the positive aspects of their placement, it can hardly be helpful for them to be excluded from the treatment planning and goal setting for their own services. Not involving children whose developmental capacity enable them to participate in decisions about their lives is a violation of their rights under the UN Convention on the Rights of the Child (Article 12) and Indonesia’s own Child Protection Law (Law No 23, 2002, Articles 10 and 56). It is also going against the principles highlighted in the Manual of the RPSA (2007, p.16). Finally, it is also poor practice as there is ample evidence in social work of the importance of involving and empowering the client in their own treatment process, including in the case of young children and adolescents. A major component of trauma, whether resulting from a natural or man-made disaster or as a result of abuse, neglect or exploitation, is a “debilitating loss of control”.⁴⁸ Interventions and approaches that add to this, instead of fostering and enabling a sense of mastery in the child, are therefore likely to compound and aggravate the trauma and should be avoided whenever possible. It is therefore particularly concerning that in many cases children were not involved in the decisions about their placements or even provided clear information about the purpose of it. One of the reasons Lili, a 15-year-old girl who had escaped exploitation and violence as a domestic worker, tried on repeated occasions to run away from RPSA Bambu Apus was that, “she never got a formal explanation of why she was being placed in the institution or what the purpose was.”⁴⁹

In a few but very disturbing cases, children were apparently even misled about where they were being taken or for what purpose. Andi, a 13 year old boy from Lampung in South Sumatra, who had experienced repeated violence at the hands of various family members, was brought to RPSA Bambu Apus in Jakarta on the island of Java by a female police officer who promised him she would take him to his family in that area. Instead, she brought him and left him in the RPSA after promises of returning for him. Andi waited and waited and tried to run away a number of times until he resigned himself to his situation. Months later Andi was still in the RPSA, even though he was not accessing the education he badly needed and his aunt wanted to care for him. Exposing a child to such deception, even when it is done in the name of the child’s best interest, raises some clear ethical and professional issues and the RPSA should have well defined guidelines about what to do in such cases. The real need to respond to immediate safety concerns does not excuse such serious breaches of trust that can only undermine the therapeutic relationship between RPSA staffs and the children. While the RPSAs do need to have an open door policy through the shelter programme to secure immediate safety needs, it should not allow a child to be brought in without a clear process, even if the individual or agency that refers the case is a public official. It is rarely in the child’s best interest to be “dropped at the door” without any previous planning and determination of his or her needs. Within 24-48 hours, the RPSA should be able to determine whether there are immediate safety issues and what alternative care solutions could be provided in each case instead of automatically taking in a child. The practice of ‘dropping children’ should be discouraged by the RPSAs, particularly when children are brought from other provinces or areas without having first ascertained that no other safe and protective options are available nearer to the child’s place of origins.

47 Report of RPSA Bima Sakti p.15.

48 Gil, E. (2006). p.5.

49 Report of RPSA Bambu Apus, p.18.

In a couple of cases at least, local social affairs officers or representatives of local agency brought groups of children with vastly different issues to RPSA Bambu Apus for ‘treatment’, without any clear assessment of their needs or the capacity of the RPSA to respond to this. Although staffs at RPSA Bambu Apus emphasized that children would only be admitted if there were no alternative solution in the area close to where the child and his/her family is located, in practice they had little choice but to accept children who were brought in this way, even though no proper assessment had been carried out. Such practice can never be in the best interest of the child and it is the responsibility of the Ministry and the RPSAs to ensure that appropriate procedures are followed and that an assessment of the needs of the child is conducted prior or, in emergency cases, immediately after a child is brought to the institution.

These cases also highlight the challenge for the RPSAs of determining when a child has been successfully ‘treated’ and when it is safe and desirable again for services to be terminated. By focusing almost entirely on changes in the child, rather than changes in the context and situation within which the protection issues arose, the RPSAs were often left in the difficult position of determining a cut off point when reintegration or placement out of the institution could be carried out. Not surprisingly, many of the RPSAs had difficulty with this and children often ended up staying in the RPSA longer than the 6 months period set by the Manual. In cases where this was not possible, the RPSAs tended to simply refer them to a longer-term residential facility such as childcare institutions (Panti Asuhan) or Islamic Boarding schools (Pesantren). Staffs generally explained this in terms of ‘securing the child’s education’ but in reality it was often an acknowledgement of the RPSA’s limitation in being able to come up with a solution in the child’s family or community. Confusion about trauma and recovery meant that in many cases the RPSA measured progress in the child’s behaviour within the institution and his/her willingness to adapt and comply with the rules of the RPSA as a sign of progress in overcoming the impact of traumatic experiences. In the case of Ida, the 10-year-old girl victim of sexual abuse by her stepfather, staffs in RPSA Purwokerto saw as sign of progress the fact that the girl was more polite and docile with them, and that she got less angry about her situation. As one staff explained,

“She is already better, before when she started to talk she wouldn’t stop and her attitude was always to go against anything. When she was told off she didn’t care, she did not follow what was asked of her.... Now, she has started, she is willing to listen a little more, even though it still seems hard, but she has started to turn it down before she starts getting angry.”⁵⁰

Often staffs seemed to be just waiting for a change in the home situation, if not in the child. May be the family would be willing to take the child back after a period or the situation at home would have got somehow better and the child’s return could be negotiated through a written agreement, despite limited capacity for an assessment of safety or follow up on the part of the RPSA. In some cases, young girls pregnant as a result of rape or being trafficked into prostitution were kept in the RPSA until they gave birth. It was hoped that they would be able to access the skills or the education to make a living on their own, without any real clarity of what impact being cut off from their families and communities may entail longer-term for these girls at the social and emotional level. Children themselves seemed remarkably unclear about how long they were expected to be in the RPSA. *“I can go home apparently when I have become good, I am not naughty anymore”*, one child explained.⁵¹

In some cases they were very distraught to be cut off from their families and their education for prolonged and indeterminate period of times. One of the children, a 10-year-old girl, kept saying, *“Miss, please, tell (the staff) I want to go home.... I miss my mum, my dad, my little brother, I want to go to school... I*

⁵⁰ Report of RPSA Purwokerto, The Case of Ida. p.8

⁵¹ Report of RPSA Purwokerto p55.

want to play with my friends...”.⁵² In addition to missing her family, this girl had no other children of her age to play and socialize with in the RPSA. Her only companion was the 17-year-old girl who was also placed in that institution.

Confusion about the role of the RPSAs’ therapeutic services and concepts of trauma and recovery permeated the responses. As a result children were often left ‘in limbo’. As none of the RPSAs were set up for providing services longer term, these institutions generally did not provide access to formal education⁵³ and children were often left out of school for lengthy periods of time, undermining further their social functioning. In RPSA Purwokerto, the children were provided with some craft making lessons but otherwise watched TV, missing out on their education and the ‘normalising’ experience it provides. In RPSA Bambu Apus, children like Andi were only able to access some vocational training skills, despite his placement being extended ‘so he could access education’.

To be fair to the staffs in these institutions, the problem lies in the mandate of the RPSA and not only in its implementation. There is no doubt that the temporary shelter fulfils a critical function to secure a child’s safety while important assessments of the situation are carried out. The idea, however, that a child who has faced serious violence, often at the hands of those that were supposed to protect him or her, can recover by being provided with counselling in an institutional context, over a period of up to six months, is a curious one. This is particularly so when no other intervention is being carried out where the problem arose in the first place, and in the environment where the child is meant to return. Instead, it removes the child temporarily from the site of the problem, only to return him or her to that same situation six months or so later. The complex and sustained social interventions that would be needed to work with a family to address issues of violence or neglect, to prevent a child being trafficked or exploited again, or to support the child’s resumption to a normal and safe life, cannot be carried out from afar or on an ad hoc basis. They require instead the ability to develop relationships with all these actors and to follow through and monitor the progress of the interventions. Crucially, they require the ability to monitor and ensure the child’s protection longer term and to intervene to prevent any potential reoccurrence. Without the presence of a local social service agency with the skills and capacity to do this in the child’s community, the RPSA staffs are left to carry out this intensive work from afar. As the case studies highlight, they are rarely in a position to do so effectively. This raises fundamental questions about the ability of the RPSA model to fulfil its protection mandate.

Multi-services or the same services for children with multiple needs?

One of the factors found to add considerably to the confusion about roles and services in all of the RPSAs assessed was the fact that these institutions had been established within, or as a part of, other social institutions with different mandates and needs. In 2005, the Directorate General for Services and Rehabilitation in Kemensos issued guidelines to all of its Units of Technical Assistance (UPT), recommending that they transform into multi-services units to provide a range of interventions to children facing different risks.⁵⁴ This followed the example of the multi-service compound (*multi-layanan*) established in Bambu Apus, where the first RPSA was developed in 2004, together with a range of other institutions providing services for children. The idea was a pragmatic and understandable one. Instead of children being referred to numerous locations and facilities, the Ministry looked to

52 Report of RPSA Purwokerto, The case of Ida, pp.6-7.

53 Although in RPSA Naibonat, two of the children went to local schools and in RPSA Jambi five of the children remained at school, as services were provided in the community rather than residentially.

54 Directive of the Directorate General of Social Services and Rehabilitation No. I I3/PRS/III 2005.

the pooling of resources and technical expertise to ensure best use of resources but also potentially the sharing of experiences, enabling more creative and integrated responses. The Ministry was also rightly concerned that no services were available for certain categories of children in some of the provinces and sought to ensure the availability of at least basic response capacity for the range of protection issues. As a result, it encouraged the establishment of a number of new RPSAs and it has more recently started to encourage private social service providers to also establish RPSA within their own institutions. The reality in practice, though, as highlighted in the assessment of the five RPSAs, is confusion over roles and purpose, the generalisation of services rather than the development of more specialised and targeted ones and children being taken away far from their families and communities in order to access services.

Part of the problem is inherent to a concept of social intervention that is highly focused on services being provided on a residential basis. As highlighted previously, until recently the Ministry of Social Affairs, and indeed many of the private social service providers in Indonesia, looked to residential based services as the primary intervention for children at risk. Drawing from the legacy of ‘orphanages’ and ‘poorhouses’ that characterized much of the history of social services in Western Europe, including Holland as the colonial power, the Indonesian government had supported for a long time primarily residential based models of services for children. In terms of policies and financial support, agencies that sought to assist children were encouraged to set up social institutions (Panti Sosial).⁵⁵ This approach viewed the child as the point of intervention rather than seeking to intervene at the source of the social dysfunction, be it violence, neglect, poverty, or conflict with the law. By setting up services to respond to child protection issues on a residential basis, even if these were meant to be time-limited, the Ministry opened the door, literally, to bringing in small numbers of children for “treatment” rather than establishing community level services that could be reaching many more. The capacity of an institution to reach out to families and communities and prevent as well as respond to the issues will always be limited to the immediate area surrounding it. Even with the best of resources, including staff, transport and budget, the distance precludes regular interface, home visits, follow-up with families and communities, let alone having the local knowledge and relationships needed for successful social interventions.

All of the institutions sharing facilities with the RPSAs have strong residential culture and services, with hardly any outreach to families and communities except for the purpose of recruiting new children. In the case of childcare institutions (PSAA), the aim is long-term placement for poor children to provide primarily access to education. The Respite Home’s mandate (PSPA), while short-term, views children’s educational and behavioural issues as resulting from a lack of discipline and guidance. It does little to engage with either but instead provides a month long ‘camp for social skills training’ that is entirely residential based. The Vocational Training Homes (PSBR) offers a more pragmatic model of skills training (including mechanics, hairdressing, and the repair of electronic appliances) for adolescents, over a six months period. The locus of the intervention, however, is again primarily on the child and the services tend to be inward looking rather than seeking to develop skills that would have real values in terms of employment in their communities. Setting up RPSAs together with these institutions meant that the strong residential culture and approach was always likely to dominate the perspectives of the staffs in the RPSA. The fact that institutions within these compound have had to share staffs and even facilities, made that unavoidable.

In all cases, except Bambu Apus, the RPSA had to ‘borrow’ staffs and facilities in order to function. A majority of staffs in RPSA Purwokerto and Bima Sakti were also functioning as staffs of the Respite

⁵⁵ For an analysis of policies and laws around institutional care in Indonesia see Martin and Sudrajat (2007) *Someone that Matters: the quality of care in childcare institutions in Indonesia*. Save the Children UK, Kemensos and Unicef.

Homes (PSPA) in those compounds, despite the considerable different mandates and expertise required. Staffs in RPSA Naibonat doubled as staffs for the Vocational Training institution that had also very different approaches and interventions. As one staff explained,

“...staffs that are appointed as carers in the RPSA are also carers in the PSBR (Vocational training institution). Not only that but they also help with the multi-service facilities such as the Day Care Centre and the Koran Teaching centre.”⁵⁶

Similarly, in RPSA Jambi, staff held multiple positions and balanced their responsibilities in the RPSA with their responsibilities in the PSAA. One staff explained how this was done,

“Yes, there is an overlap of positions in the RPSA, so that automatically staff that provide services in the RPSA are also staff of the childcare institution (PSAA Alyamata). So we try to divide the time as well as possible, so that if there is no client in the RPSA then we all go back to our respective positions in the childcare institution.”⁵⁷

These RPSAs had to rely on the availability of the staffs and at times, transportation from the other institutions, to carry out very time-consuming interventions in the communities in order to reach out families. This may explain, to some extent, why the RPSAs seemed particularly ad hoc and passive in their identification and management of cases. The ability to work with the child's families, communities and the local authorities to assess, prepare and supervise the child's reintegration is severely limited in that context, even where distance does not make it totally impractical.

In addition, while staffs had high and often relevant educational backgrounds, their experience and the culture of interventions in the other institutions, whether vocational training home or respite home, permeated heavily all of the approaches and interventions used in these RPSAs. In Naibonat, even though staffs emphasized that services provided to children in the RPSA differed from the services provided in the PSBR, there was in practice little difference. As observed by the research team,

“The only service that was supposed to be different (for the children in the RPSA as opposed to those in the PSBR) was therapy, through the provision of counselling. As the cases of the children in the RPSA were deemed to be ‘more sensitive’, therapy was meant to be provided. But in reality this was only provided on paper in the schedule, and did not actually take place.”⁵⁸

In RPSA Bima Sakti, a number of the activities set out for the children in the RPSA were actually activities for the PSPA. The RPSA children were given the opportunity to ‘assist’ the PSPA children in these activities. As a result, many the children were confused about the purpose of the services they were supposed to receive. As one child in RPSA Bima Sakti said, *“the aim of Bima Sakti is to educate children so they are more disciplined”*, highlighting further the confusion between the roles of the Respite Home and the RPSA.⁵⁹

While all of the RPSAs had at least one, often more, social workers on staffs, many were actually placed in management positions and the actual case handling and care of the children were left to staffs who did not have this training. In RPSA Purwokerto, staff recognised this,

“In reality we do not have expert staffs that can provide special attention to these children (RPSA children), but I think that colleagues here... in general already have families of their own, so they can understand fully what was experienced by child A (teenage girl pregnant as a result of rape by stepfather). Honestly, it is quite ironic... to be

56 Report of RPSA Naibonat, p.36.

57 Report of RPSA Jambi, p.87.

58 Report of RPSA Naibonat, p.24.

59 Report of RPSA Bima Sakti, p.10.

impregnated by your own stepfather; certainly it will be hard for her to go back into that family. But in order for her not to get too introverted, we involve her in the preparation of food with the cook, we encourage her to speak, we also ask her every day about the development of her pregnancy. So if nothing else, she can still feel that she is being watched over, that she can get attention from other persons and that she can get on with her life with her baby later.’⁶⁰

As highlighted in the case studies, the situations handled by all of the RPSAs were often complex and required considerable skills and training. Unfortunately few of the staffs in these institutions had received specialised training in working with children who have faced special protection issues, and even fewer had experience in this context. Social work training in Indonesia rarely entails training in clinical interventions with children and families, let alone children who have experienced violence and trauma. A majority of the social workers in the RPSAs are civil servant staffs who have held mostly administrative and management positions, rather than clinical ones. As a result, even in cases where interventions with families were logistically feasible, the services were limited to ‘awareness raising’ about violence, ‘counselling’ for the child and, if a family member had committed the violence, getting a verbal commitment from the perpetrator not to do it again. It never involved parenting training, anger management interventions, substance abuse interventions, family based therapy or any of the social work intervention that have been shown to work with families. Instead, as one staff in Jambi explained,

“The child and his/her parent(s) are brought to the shelter, then the parents are given to understand that violence in the family is forbidden. We also prepare the child to receive medical therapy and counselling to lose the trauma. After this the family is given an explanation (about violence). If the child is already ready to go back with his or her parents and the parent(s) are already aware of their mistake and will not repeat it again, then we get them to sign an agreement. When everything is ready then the child is sent back to his/her family.”⁶¹

It was therefore particularly concerning, to find that none of the RPSA had any system of social work supervision in place. Supervision plays an essential role in social work practice to ensure the competence of the worker but also to provide support and ensure best practice interventions are used. Bearing in mind the complexity and severity of the cases handled and the potential impact on the children of poor practices, it is deeply worrying that no mechanism of supervision by a senior and experienced social worker is provided.

This lack of specialised training in handling protection cases was also reflected in the fact that none of the RPSAs had in place written policies and procedures for working with children who had experienced violence or for preventing and responding to protection issues that may arise within the institution. Staffs were generally familiar with the Child Protection Law and understood that the particular circumstances of the children required more sensitive handling of the cases. They were also aware that physical or psychological punishment would not be a suitable option and most children confirmed that staffs were friendly and approachable. On the other hand, the lack of procedures on child protection meant that there was no mechanism in place to prevent, report and respond should such an incident occur, whether by a staff or between children. When in 2005 a security officer in RPSA Jambi sexually harassed one of the children, the response was the same as in all disciplinary cases under the civil service system. The security officer was simply given a warning and was not removed from his position. The fact that an institution responsible for protecting children who have often faced serious violence is not in a position to guarantee their safety is obviously really concerning. Instead, there seemed to be real confusion about concepts of safety in some of the RPSAs. The security system established appeared in some cases

⁶⁰ Report of RPSA Purwokerto, p.126.

⁶¹ Report of RPSA Jambi, p.20.

to be more focused on keeping the children inside the institution, and stopping them from running away, rather than actually creating a safe environment for them. In Bambu Apus, the 'safe house' was reserved for children deemed at risk of running away. In RPSA Purwokerto, an elaborate system of three 'security rings' was put in place, but the aim seemed mostly to restrict any visitor that the child may have. Starkly, in RPSA Jambi, staffs felt that they could not provide security for a girl who had been raped by her father. When he came to look for her, she was moved to one of the local childcare institutions 'for her safety', raising real questions about the usefulness of the shelter facility within the RPSA.

The concept of multi-service institutions was meant to be a way of bringing together a range of resources and expertise that could better respond to children facing multiple issues and risks. Instead, it has forced responses to be broadly similar, locked in the geographical, physical and cultural boundaries of the institution. Juggling with limited resources and many priorities, staffs tend to rely on the usual interventions that have been the trademark of these social institutions. Children in need of special protection were really only 'added' on as a client group, without really recognising the vastly different challenges they face and therefore the diversity of responses that is needed. Victims of sexual violence by stepfathers, children accused of rape, girls trafficked into commercial sexual exploitation, babies born out of sexual violence, children exploited and mistreated by their employers, child victims of physical and psychological punishment at the hands of their parents, children unable to speak and surviving on the streets, child refugees from conflict looking for the whereabouts of family members, teenage boys victims of incest, children made to beg on the streets by their parents, newly born abandoned at the hospital, all of these cases fall under the category of children in need of special protection. They highlight the pervasiveness of violence against children but also the highly diverse contexts within which it takes place. Protecting these children, responding to the violence they experience, supporting their recovery in its aftermath and working with them, their communities and families, to prevent any reoccurrence cannot be limited to the provision of 'immediate safety' and 'counselling'. It also cannot be achieved through facilitating access to education or the provision of vocational training, guidance in social skills or discipline. Most important of all, it cannot succeed through interventions that only seek changes in the child without also effecting change in the environment where the abuse, neglect and exploitation take place or is allowed. Protecting children also requires the skills, experience and commitment of a range of individuals, professionals, community members and leaders, educators, service providers, and the participation of children and their primary carers. Locating services for children in need of special protection within a compound of residential services does not increase their effectiveness; quite to the contrary, it reduces their ability to act where it matters most.

VII. Conclusions and Recommendations



Conclusions

Protection issues do not reside within the child, they reside in the environment where the child lives or to which the child is exposed. Instead of supporting the child in that environment and providing services in that context, the RPSA model brings children to the services, in the artificial and removed setting of an institution. Despite the fact that the social functioning of the child is supposed to be the focus of services, the child is cut off from his or her socializing environment and made to adapt to a safe but unreal institutionalised setting. The model also assumes that all children who have experienced abuse, neglect and exploitation are traumatized equally rather than recognize that their experiences and capacity to recover, their resilience, varies tremendously from child to child and is deeply rooted within the child's sense of identity and social environment. Removing the child from that setting is simply reducing the opportunities for recovery rather than enhancing them. As a result, staffs in the RPSAs were left to look primarily for change within the child, rather than being able to work with key individuals, including families, friends, teachers and community members to bring about that change within the child's protective environment. Children are also being cut off from the critical normalising factors known to support recovery from traumatic experiences, including relatives, peers and school. Improving services for children in need of special protection is therefore not just about improving the quality of services provided within the RPSA. Instead it will require a serious rethink of the role and functions of these institutions and of the services and approaches needed, not only within but also outside of these institutions.

One of the clear limitations of a protection system so focused on residential services is that there are few services available outside of the institutions and none that are mandated to act. The responsibility for children in need of protection is limited to the child that has been admitted to the institution and only for the period of the placement. Once a child is referred to another institution or agency, responsibility is then transferred to that agency, if it agrees to admit the child to its services. Without a continuum of services and an agency with an overall mandate to ensure that necessary interventions are in place to respond to the changing needs of the child in his or her environment, responses are fragmented and children fall between the cracks. Access to services become entirely dependent on the availability and willingness of service providers and the focus of the intervention becomes what the agency feels able to provide, rather than what the child actually needs at a given point in time. Cases are handled in an ad hoc fashion, without the real possibility for continuity and follow up and, often, without the required skills and capacity needed to deliver the support and responses needed. Responsibility for children's protection becomes a matter of luck rather than mandate and the important services provided by local social services organisations are not sufficiently supported and guided.

The Ministry of Social Affairs has recognised its important mandate and responsibility in the provision of services for children in need of special protection. Working together with other Ministries with complementary responsibility for children's protection, including the Ministries of Justice, Health, Women's Empowerment, Education and the Police, it has taken an important first step towards cooperation through the adoption of the Inter-Ministerial Agreement on Integrated Services for Children and Women who are Victims of Violence (SKB, 2002). This first step now needs to be followed by the development of a comprehensive system of child protection to be delivered by the local government authorities. This system and the mandates, responsibilities, mechanisms and services needed must be developed in an integrated and consistent manner across the country, to ensure all children in Indonesia, no matter where they are and no matter what issues they face, receive the protection to which they are entitled. The Ministry of Social Affairs, as the agency responsible under the Child Protection Law for the delivery of social services, should lead in the development of this

community level system, in partnership with the local government at the Regency and Municipality levels that have the responsibility for the delivery of these services.

As a part of this system, RPSAs can play an important role as temporary protection facilities offering shelter and immediate psychosocial support to children at risk. These institutions cannot, however, begin to attempt to resolve the protection issues or even ensure the child's long-term recovery and reintegration into the lives of their communities and families. While the staffs at the RPSAs were clearly committed and willing to work to provide positive support to children, the confused mandates and the lack of community level services to support children's longer-term protection meant that the impact of their work was often very limited.

As in the case of the Hospital based centres of victims of violence, RPSAs are really about short-term and focused interventions concerned with finding immediate solutions and preventing further harm. As places of immediate safety, they should be located as close to the child's community and social environment as possible. Children should not be moved across regencies or even provinces, unless the safety of the child clearly demands it. In those cases, finding an alternative safe placement close to the child's social or familial environment should be a clear priority, so that interventions can focus on finding long-term solutions for the child's care and protection. The placement of children in the institution should always be limited to children facing immediate safety issues and where no safe alternative can be provided, within the child's family, extended family or community. Longer-term solutions, including in terms of psychological support and trauma recovery should not be located within the confines of an institution but in the child's community.

The RPSA Manual sets out a professional social work approach, including the use bio-psychosocial assessment as the basis for determining the range of issues faced by the child but also the risks and protective factors in their environment and networks. The lack of a system of professional social work that ensures capacity, skills and accountability so that interventions can be carried out in line with best practice and staffs have the training and experience needed, has been a serious hurdle in the past in Indonesia. With few social work education programs providing the required clinical training to work with children and families at risk, interventions and approaches in such cases were at best ad hoc, at worst harmful. Committed social workers were often left without the crucial support and training they needed and that they often asked for. In 2009, reforms of the social work education system and the establishment of a certification and licensing mechanisms have created significant opportunities to ensure that social workers have the knowledge, training and recognition they need and deserve⁶². This reform crucially removes artificial barriers between government and non-government social workers and focuses instead on professional competencies and standards. In that context, it is essential to build on the considerable expertise and knowledge of many social workers and community level practitioners in Indonesia, who have long worked with children and families at risk. Specialised curricula and training for social workers and para-social workers should be developed and integrated as part of formal social work education but also continuing professional education and training. The Indonesian Association for Social Work Education (IPPSI) and the Association of Professional Social Workers (IPSPI) have a major role to play in ensuring social workers and other service providers who interact and work with children in need of special protection have the knowledge base and skills they need to address the needs of these children appropriately and effectively. This should include training in evidence-based trauma recovery interventions and specialised skills and interventions for working with children who have experienced sexual violence.

⁶² Ministry of Social Affairs Regulation No. 108 on the Certification of Social Workers and Social Welfare Officers (Permensos No. 108/HUK/2009).

Instead of viewing RPSAs as the primary response or even, in many cases, the sole response to child protection concerns, the role of the RPSAs should be redefined so these institutions can play their important but limited role, as part of a broader system of child protection. This should be done before considering supporting the replication of the RPSA model across the country, including by non-governmental organisations. The challenge now is to use the considerable learning provided by these institutions and the non-governmental organisations that have worked for a long time with children in need of protection, to determine what that system should look like. At stake is ensuring that Indonesian children, in the highly diverse contexts and situations they face across the country, receive the protection that they deserve and that was promised to them.

Key Recommendations

Establishing an effective child protection system

- 1) The Ministry of Social Affairs (Kemensos) should review and redefine the role of the RPSAs as short-term facilities concerned with children's immediate safety and preventing further harm from occurring.
- 2) RPSAs should become part of a broader framework of responses to support children in need of special protection, established at the community level and focused on working directly with children in their families and communities. RPSAs should never be seen as the main or only intervention.
- 3) Interventions to support longer-term goals, including trauma recovery and children's safe reintegration in their families or placement in alternative care should not be located within the confines of an institution but in the child's community.
- 4) An inter-agency mechanism at the Regency/Municipality level should be established under the Office of Social Affairs (Dinsos) involving the key government agencies with mandated responsibility for children's protection, together with social service providers and non-governmental agencies working with children and their families at the community level.
- 5) Decisions about services for a child, including return to family or placement in alternative care, should be carried out under the mandated authority of the Office of Social Affairs (Dinsos) and with the supervision of the Ministry of Social Affairs (Kemensos).
- 6) Clear lines of responsibility for children deemed to be at risk or in need of protection should be established across placements and interventions until safety, well-being and permanency concerns are determined as resolved by the social authority. The Offices of Social Affairs should identify a responsible case worker/ social worker in each case that will work on the case until it is officially closed.
- 7) The Indonesian Association for Social Work Education (IPPSI) should develop and integrate a specialised curriculum for working with children in need of protection and their families as part of the D-IV/Degree or Master's level social work education program. This training should include the opportunity for substantial field practice in that context.
- 8) The Indonesian Association of Professional Social Workers (IPSPI) should develop competency standards and provide training and certification programs in a range of evidence-based trauma

recovery interventions and specialised skills and interventions for working with children who have experienced violence, including sexual violence.

- 9) The development of a National Plan of Action on Violence Against Children (RAN) that had been initiated in 2006 should be resumed and include high level discussions about the establishment of a country wide child protection system, with mechanisms for reporting and responding, respective mandates and responsibilities, as well as mechanisms for supervision and accountability.
- 10) The 2002 Inter-Ministerial Agreement on Integrated Services for Children and Women who are Victims of Violence (SKB) should be revised and a new one adopted that reflect the need for clear mandates and mechanisms at both national and local levels.
- 11) A national campaign for the prevention and elimination of all forms of violence against children should be conducted, under the joint leadership of the Ministry of Social Affairs, the Ministry of Women's Empowerment, the Ministry of Justice and Human Rights, the Ministry of Health and the Ministry of Education.

Strengthening the services provided by the RPSA

- 1) New technical guidelines should be provided to all RPSAs clarifying their role and the approaches to be used, including best practice in responding to each of the protection issues under Article 59 of the Law on Child Protection (Law no 23, 2002).
- 2) The placement of children in the RPSAs should always be limited to children facing immediate safety issues, when no safe alternative can be identified within the child's family, extended family or community.
- 3) The placement of babies and infants without their mothers in the RPSA should always be avoided and, in all cases, should be limited to the time necessary for placing the child in a family based environment, including temporary placement in a foster family, as provided for by Article 37 (5) and (6) of Law No 23 on Child Protection (2002).
- 4) Emergency foster care, including with carers trained in working with children who have experienced abuse, neglect and exploitation, should be provided and supported in the communities where the RPSA are established.
- 5) Children should not be moved across regencies or provinces, unless the safety of the child clearly demands it. Finding an alternative safe placement close to the child's social or familial environment should be a clear priority for the RPSA, so that interventions can focus on finding long-term solutions for the child's care and protection.
- 6) Decisions about which children should be provided with services by the RPSA, whether in residence or in the community, should be based on clear criteria, including children's best interest, and not left to the personal interests of staffs or the needs of local agencies.
- 7) Referrals to an RPSA or from an RPSA to another agencies should always be formal and based on comprehensive assessments of the needs of the particular child. Where an assessment cannot be carried out prior to the child's placement due to the emergency of the situation, the assessment must be carried out in a professional manner within two weeks of the child being placed.

- 8) All RPSAs should have their own separate staffs with relevant training and education to carry out their complex work on a full time basis. Staffs should never be fulfilling positions in other institutions at the same time.
- 9) Each RPSA should have appropriate transport and communication tools (such as mobile phones) without having to borrow or ask for them from the host institution.
- 10) A comprehensive program of training and continuing education in child protection should be developed and conducted on a regular basis for the staffs of the RPSAs. This should include training in child development, interventions to ensure children's safety, well being and permanency and interventions with families, including good parenting.
- 11) At least one senior social worker with recognised expertise and experience in child protection should be recruited and placed in each of the RPSA. This senior social worker will provide supervision, oversee case management and monitor the quality and appropriateness of the responses, as well as ensure staffs have the skills and knowledge needed to respond to the cases.
- 12) A network of child protection practitioners (case managers, social workers and care staffs) from the RPSAs should be established with annual learning meetings facilitated by Kemensos, to discuss interventions, approaches, challenges, and identify training needs.
- 13) Every RPSA should have a written Child Protection Policy setting out clearly the responsibility to prevent, respond and address violence against children, including through recruitment practices, ongoing training, the establishment of mechanisms for children to safely report concerns and incidents and procedures for handling such cases.
- 14) Children's participation in decisions about their lives, including decisions about placement, services and treatment should be made a requirement in accordance with their evolving capacity. Staffs of the RPSAs should receive training in children's participation and clear mechanisms and procedures should be put in place to enable this.

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