



Indonesia
Republik Indonesia

Geography

Capital

Jakarta

Global Positioning

Indonesia is located in Southeast Asia, in the archipelago between the Indian Ocean and the Pacific Ocean. Border countries include Papua New Guinea, Timor-Leste, and Malaysia.

Geographical & Natural Outline

Indonesia is considered to be the world's largest country comprised solely of islands. Because of the country's positioning, Indonesia is prone to experiencing natural hazards and disasters. Volcanoes in particular pose a major threat to people residing in Indonesia, as Indonesia is home to more volcanoes than anywhere else in the world (76 marked as historically active). With the combination of a population spread across various islands and an environment that is highly prone to hazardous natural events, questions arise surrounding the government's capacity to facilitate evacuations and carry-out emergency procedures in times of crisis.¹

Major Cities/Urbanisations

The list of major cities in Indonesia includes Jakarta, Surabaya, Bandung, Medan, Semarang, and Makassar. Jakarta has a population of 10.3 million, while the other major urban areas tend to have populations of approximately 1.5 million to 2.9 million.

¹ "The World Factbook: INDONESIA." Central Intelligence Agency. January 12, 2017. Accessed February 08, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/id.html>.



People & Society

Nationality

Indonesian

Ethnic Groups

Javanese 40.1%, Sundanese 15.5%, Malay 3.7%, Batak 3.6%, Madurese 3%, Betawi 2.9%, Minangkabau 2.7%, Buginese 2.7%, Bantenese 2%, Banjarese 1.7%, Balinese 1.7%, Acehnese 1.4%, Dayak 1.4%, Sasak 1.3%, Chinese 1.2%, other 15% (2010 est.)

Languages

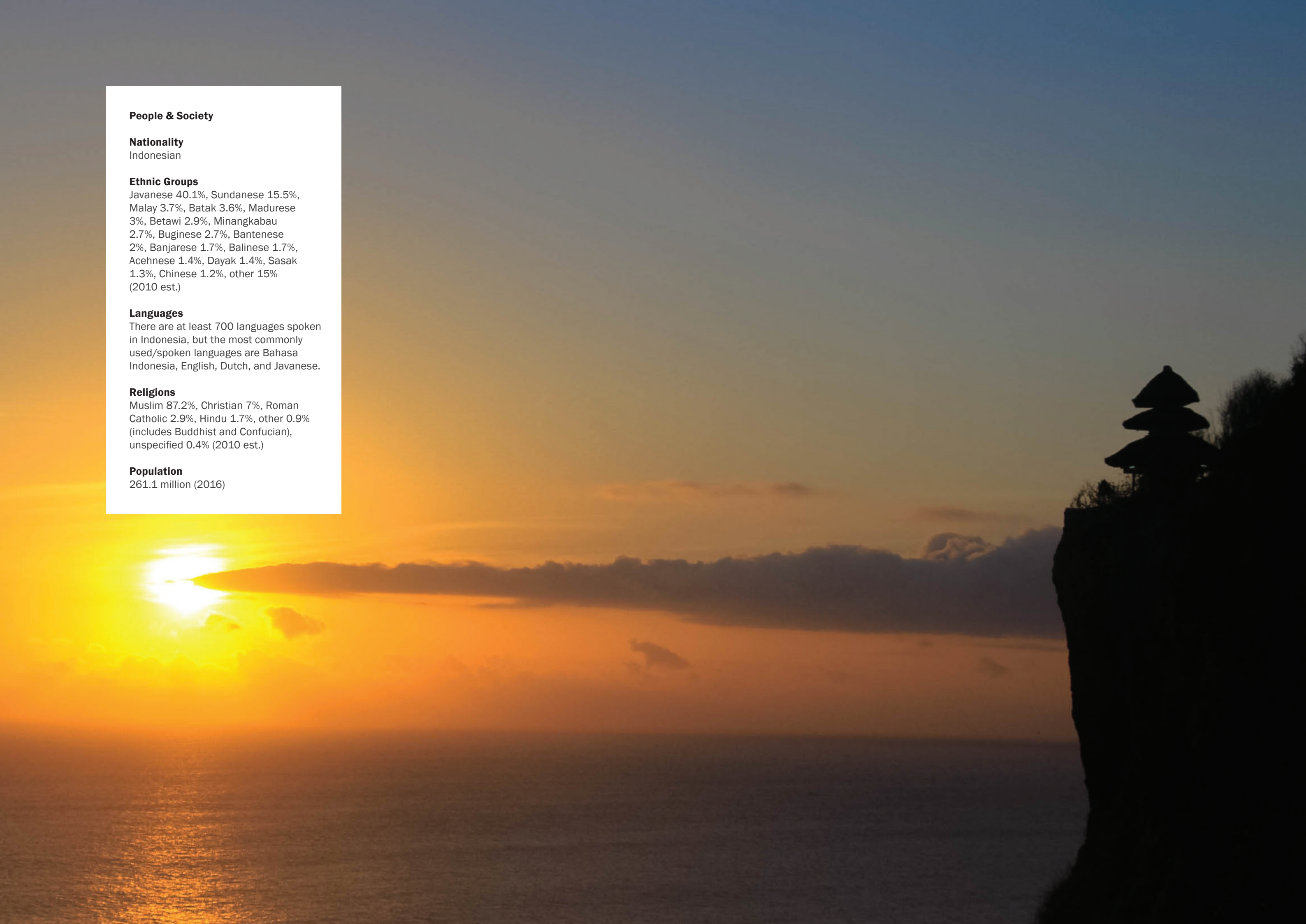
There are at least 700 languages spoken in Indonesia, but the most commonly used/spoken languages are Bahasa Indonesia, English, Dutch, and Javanese.

Religions

Muslim 87.2%, Christian 7%, Roman Catholic 2.9%, Hindu 1.7%, other 0.9% (includes Buddhist and Confucian), unspecified 0.4% (2010 est.)

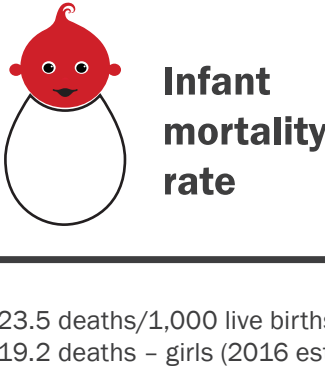
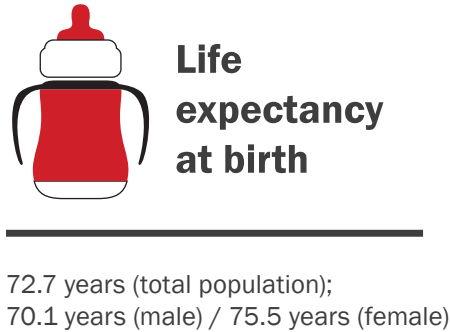
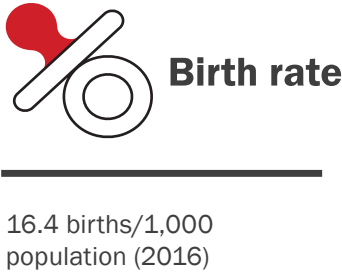
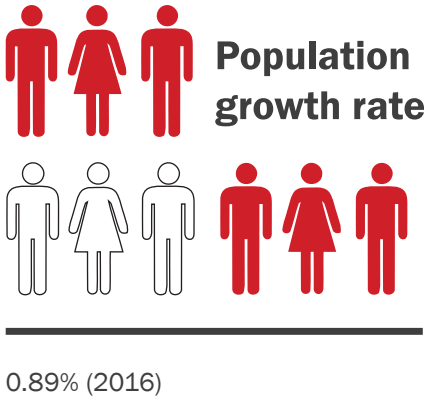
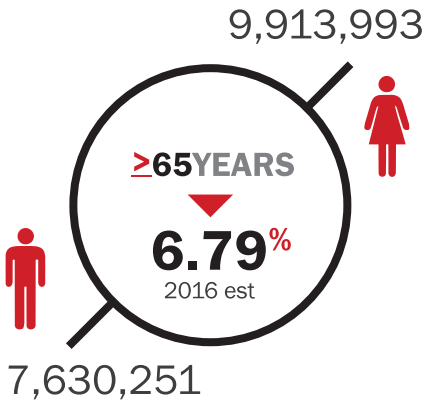
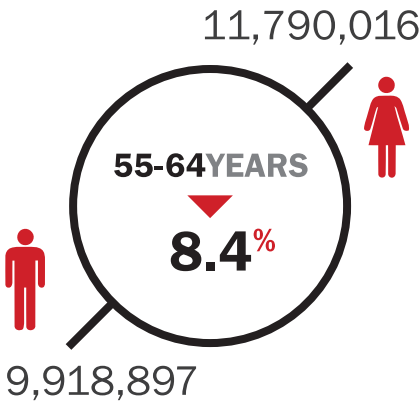
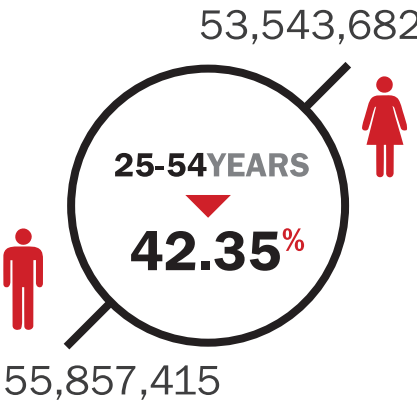
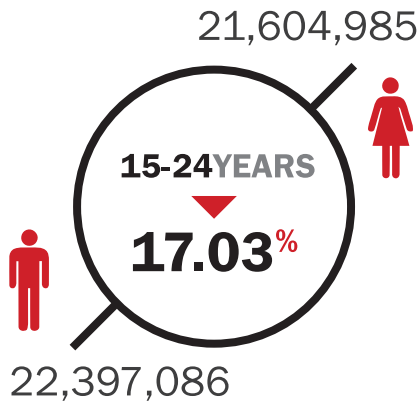
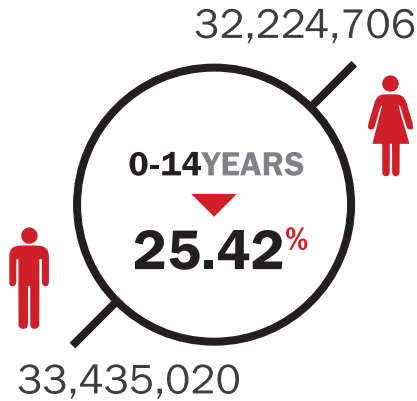
Population

261.1 million (2016)



demographics

The age group of men and women throughout the years.



² "Indonesia Infant Mortality Rate." Index Mundi. October 08, 2016. Accessed February 08, 2017. http://www.indexmundi.com/indonesia/infant_mortality_rate.html.
³ "Statistics." At a glance: Indonesia. December 27, 2013. Accessed February 08, 2017. https://www.unicef.org/infobycountry/indonesia_statistics.html.
⁴ Johnson, Constance. "Global Legal Monitor." Indonesia: Plan to Issue ID Cards to Children | Global Legal Monitor. March 03, 2016. Accessed August 04, 2017. <http://www.loc.gov/law/foreign-news/article/indonesia-plan-to-issue-id-cards-to-children/>.

government type/political stance

Indonesia’s system of government is generally considered to be a presidential republic. The current chief of state and head of government is President Joko Widodo (since October 20th, 2014), with the Vice President Jusuf Kalla (also since October 20th, 2014). Sources state that Indonesia has the largest Muslim population in the world, and the political sphere of the country is highly influenced by Muslim principles. However, Indonesia is not an Islamic state.

In Indonesia’s presidential system, elections are held every 5 years (presidents can carry out multiple terms). The cabinet, appointed by the president, is composed of state ministers, high ranking military personnel (i.e. Generals), the attorney general, and the governor of the bank of Indonesia. There are six major sections of government in Indonesia. The largest legislative body is considered to be the People’s Consultative Assembly (MPR), which meets every 5 years following the election. The assembly consists of 560 House of People’s Representatives (DPR), 100 representatives of professional groups (generally appointed by the president), with an additional 147 seats reserved for provincial level legislative assembly members. MPR’s role in the development of legislation is crucial, as the assembly is responsible for approving the Broad Outlines of State Policy. This is a document that is designed to establish the country’s policy guidelines for the duration of the next 5 years.

The government also includes an advisory system that responds to state level issues, the Supreme Advisory Council and the State Audit Board. Notably, the legal system in Indonesia is

complex. There are three forms of law in use, which are described as: “customary or *adat* law, traditionally the basis for resolving interpersonal disputes in the traditional village environment; Islamic law (sharia, or, in Indonesian, *syariah*), often applied to disputes between Muslims; and Dutch colonial law.” Indonesia also has a Supreme Court with four sub-level court systems; courts of civil and criminal jurisdiction, religious courts, a taxation review board, and military courts. Changes to the Constitution and the presidency (i.e. appointment and impeachment) can be made by Indonesia’s legislative branch, which is called the People’s Consultative Assembly (MPR). Because the MPR is a bicameral parliament, the legislative branch also consists of the Peoples Representative Council (DPR) and the Regional Representative Council (DPD). The DPR and the DPD occupy different roles in the governmental and legislative systems of Indonesia. While the DPR is largely responsible for drafting/passing laws and the annual government budget, the DPD handles legislative development on a regional level.

Due to political decentralization, the regional governments of Indonesia have a significant amount of power. Political decentralization has also made it possible for politicians with differing religious beliefs to take power in different provinces, which in turn means that the laws dictated by each regional government tends to vary. While some regions are largely Muslim, other parts of Indonesia are predominantly Christian. However, sources state it is highly unlikely that a non-Muslim president would be elected, as the majority of the population is Muslim.⁵



Is the governing party likely to change in the next election?

While presidential elections are held every five years in Indonesia, the presidential system used allows for the same president to be re-elected several times. In some cases, the president has been able to remain in office for over 22 years (i.e. Sukarno, 1945-1967, or Suharto, 1967-1992). With this political trend in mind, it is likely that Joko Widodo’s presidency will be renewed in the next election.

administrative divisions

There are now 34 provinces in Indonesia. It should be noted that the number of provinces changed from 33 to 34 in 2012, with the addition of North Kalimantan.⁶ Of which 5 have special status – Aceh, Yogyakarta, Papua, West Papua and Jakarta. Additionally, the Indonesian House of Representatives (DPR) are currently reviewing plans for the creation of 8 new provinces by the year 2020. In order to execute this plan, the government will have to further divide or split some of the currently existing provinces.⁷



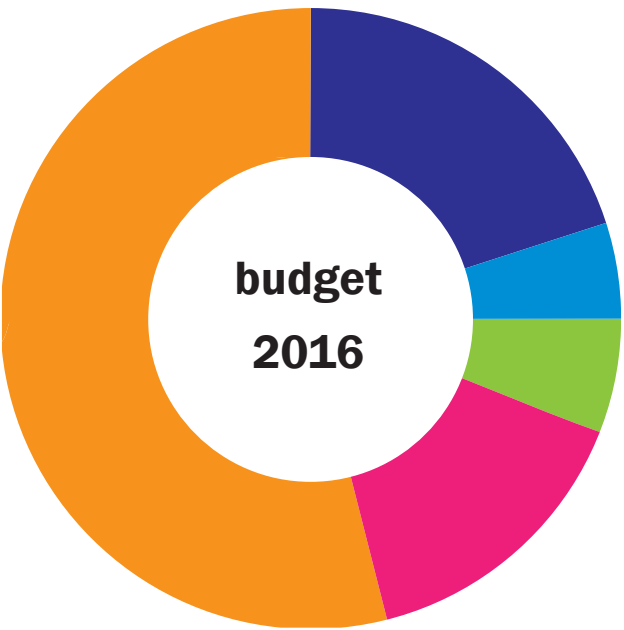
The decentralization of regional governance was initiated in 1999 via the Regional Autonomy Law. The Law gave authority to two levels of regional government, provinces (*provinsi*) at the first-order administrative level (ADM1), and regencies (*kabupaten*) and municipalities (*kota*) at the second-order administrative level (ADM2) to make their own policies and local laws.⁸ Each province is headed by a Gubernur (*governor*) while a regency is headed by a *Bupati* (regent) and city by a *Wali Kota* (mayor). The 2nd level tier of administration (ADM2) seem to have greater decentralization of affairs in determining the provisions for education, healthcare etc.

⁵ “General Political Outline of Indonesia.” Indonesia Investments. Accessed August 03, 2017. <https://www.indonesia-investments.com/culture/politics/general-political-outline/item385> Date of publication unavailable.

⁶ Johnson, Constance. “Global Legal Monitor.” Indonesia: New Province, Autonomous Regions Planned. October 24, 2012. Accessed February 08, 2017. <http://www.loc.gov/law/foreign-news/article/indonesia-new-province-autonomous-regions-planned/>.

⁷ “Provinces of Indonesia.” Wikipedia. January 06, 2017. Accessed February 08, 2017. https://en.wikipedia.org/wiki/Provinces_of_Indonesia.

⁸ PCGN. “Indonesia: Administrative Divisions - Gov.uk.” January 2016. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499702/Indonesia_Administrative_Divisions.pdf.



20% Education
5% Health
6% Food Security
15% Infrastructure
54% Others

Economy	Unemployment Rate
	6.2% (2015)
Gross Domestic Product (GDP)	Population below poverty line
\$2.848 trillion (2015)	11.3% (2014)
Real growth rate	Inflation rate (CPI)
4.8% (2015)	6.4% (2015)
Composition by sector	Budget
Agriculture : 14%	USD130.6 billion of revenue /
Industry : 14.3%	USD154.8 billion of
Services : 44.7%	expenditures (2017 est.)

The Jakarta Post has also published some information regarding the Government budget for 2016/2017, most of which pertains to the allocation of funding for social welfare programmes. An article in the Post highlighted the lack of funds allotted for social protection and welfare, stating that “Indonesia’s public social expenditures as a percentage of GDP is among the lowest worldwide at less than 5 percent in 2012.” However, official numbers from 2016 show that the Indonesian Government spent approximately USD11.31 billion on social protection, which is a vast increase from the reported amount spent on social protection in 2012 (approx. USD372,810,000). While there appears to be a push for increasing state funding of social protection programmes, there is limited published data on the matter. In part, issues surrounding state funding for social programmes are due to the country’s remarkably low tax ratio. Moreover, reports have noted that the Government has failed to meet its tax collection target for the past 6 years in a row -- showing that there is an insufficient amount of tax revenue available to fund the programmes that are already in place. Therefore, a significant increase in the Government’s budget for social protection will require some large scale systemic changes to the country’s economy.⁹

Foreign aid

The total amount of foreign aid received by Indonesia is not made available for public viewing. However, the Australian government has released information regarding their aid programmes to Indonesia. According to the Australian Government’s Official Development Assistance (ODA) webpage, an estimated USD365.7 mil in ODA will go to Indonesia for 2016-2017. The reasoning behind Australia’s generous provision of ODA to Indonesia is described in the following statement published by the Australian Government: “Indonesia is one of Australia’s most important bilateral relationships. Australia and Indonesia have an extensive framework of cooperation spanning political, economic, security, development, education and people-to-people ties. Sustainable and inclusive economic growth in Indonesia benefits Australia and contributes to regional growth and stability.”¹⁰

International debt

Indonesia’s gross external debt has risen considerably from USD132,629 mil in 2006 to USD310,670.25 mil in 2015.¹¹

social care sector

Due to the decentralized structure of the Indonesian government, there are a number of government units designed to handle issues pertaining to child care, child protection, family support, and social welfare. The Ministry of Social Affairs (KEMENSOS) operates as the primary social welfare agency. However, The Ministry of Social Affairs Department of Family Planning and Welfare (DEPSOS) acts as an additional upper level government run agency concerned with social welfare and child protection in Indonesia. There is some general confusion around differentiating the roles and operational duties of the two aforementioned agencies. Both DEPSOS and KEMENSOS have partnered with international organizations (UNICEF, Save the Children, World Vision, Child Fund, etc.) in order to conduct research on the current state of alternative care for children in Indonesia. The work of DEPSOS and KEMENSOS is also dependent on the involvement of local government units, such as social affairs offices that operate on district, city, and provincial levels. While there are numerous offices that would normally function as intermediaries between local and central government agencies, communication between varying levels of government and alternative child care centres is limited. In part, this is due to the absence of any form of centralised licensing, accreditation, registration, and/or monitoring system.¹²

In fact, the decentralized structure of the social welfare system in Indonesia has reportedly led to myriad problems regarding the implementation of the National Standards for Care of Child Welfare Institutions (2011). In particular, privately run institutional childcare centres are not properly informed as to the rules and regulations governing practice, and the vast majority of these institutions are not accredited or registered. The general lack of assessment and monitoring of alternative care institutions limits the Ministry of Social Affairs’ (KEMENSOS and DEPSOS) measures to develop and implement laws, regulations, and policies concerning child protection. Without a comprehensive understanding of the living conditions and quality of care in residential care institutions, the government may not be able to accurately assess whether children’s needs are being met by the current structure of care provision.¹³

The Indonesian government plans to strengthen the country’s social protection system by means of providing assistance to families in need (scholarship assistance, early education, subsidized rice/food, conditional cash transfers, etc.). These forms of family assistance are said to be provided under the Family Hope Programme (PKH) and Child Welfare Development Programme (PKSA).¹⁴

Other forms of family assistance and social welfare also being developed in Indonesia. There appears to be particularly strong emphasis on the need for universal healthcare, which is reportedly in the process of being met by the MoH. Access to free healthcare has been made available to poor families and individuals under the JAMKESMAS community health insurance initiative since 2005. Additionally, multiple community based poverty reduction programmes have been launched, including a nutrition recovery programme. The nutrition recovery programme was specifically created to help nourish and promote the health of underprivileged children (ages 5 and under) who suffer from malnutrition. As of 2010, at least 95 Nutrition Recovery Centres have been established across 14 provinces.¹⁵

⁹ Samboh, Esther. “High noon for Jokowi’s social welfare ambitions.” The Jakarta Post. January 12, 2017. Accessed February 27, 2018. <http://www.thejakartapost.com/academia/2017/01/12/commentary-high-noon-for-jokowis-social-welfare-ambitions.html>.

¹⁰ “Overview of Australia’s aid programmes to Indonesia.” Department of Foreign Affairs and Trade. Accessed February 08, 2017.

<http://dfat.gov.au/geo/indonesia/development-assistance/pages/development-assistance-in-indonesia.aspx>. The date of publication is not available.

¹¹ “Indonesia Gross External Debt.” Trading Economics. Accessed February 08, 2017. <http://www.tradingeconomics.com/indonesia/external-debt>. Copyright 2017.

¹² Martin, Florence and Sudrajat, Tata. Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report.

Save the Children, 2007. 18. Accessed November 29, 2016. http://www.savethechildren.org.uk/sites/default/files/docs/someone-that-matters_1.pdf

¹³ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. x. Accessed November 12, 2016.

¹⁴ Indonesia Country Report: The 9th Asean Japan High Level Official Meeting on Caring Societies. Report. Republic of Indonesia, 2011. 2.

¹⁵ Ibid. 3-4.

institutional care

[Children’s Homes / Childcare Institutions (Panti Asuhan) / Child Welfare Institutions (Lembaga Kesejahteraan Sosial Anak/LKSA) / Dayahs or Pesantren (Islamic Boarding Schools) / Orphanages / Disabled People’s Homes / Panti Sosial Bina Remaja (Residential based Vocational Training Centre for dop-out children) / Panti Sosial Karya Wanita (Residential based institution for sexual exploitation woman including children) / Panti Sosial Marsudi Putera (Residential based Rehabilitation Centre for children in conflict with the law) / Rumah Perlindungan Sosial Anak / RPSA (Special protection home for children in need special protection) / Residential Care Centres / Social Development Centre (Residential based service/boarding house for street children)]

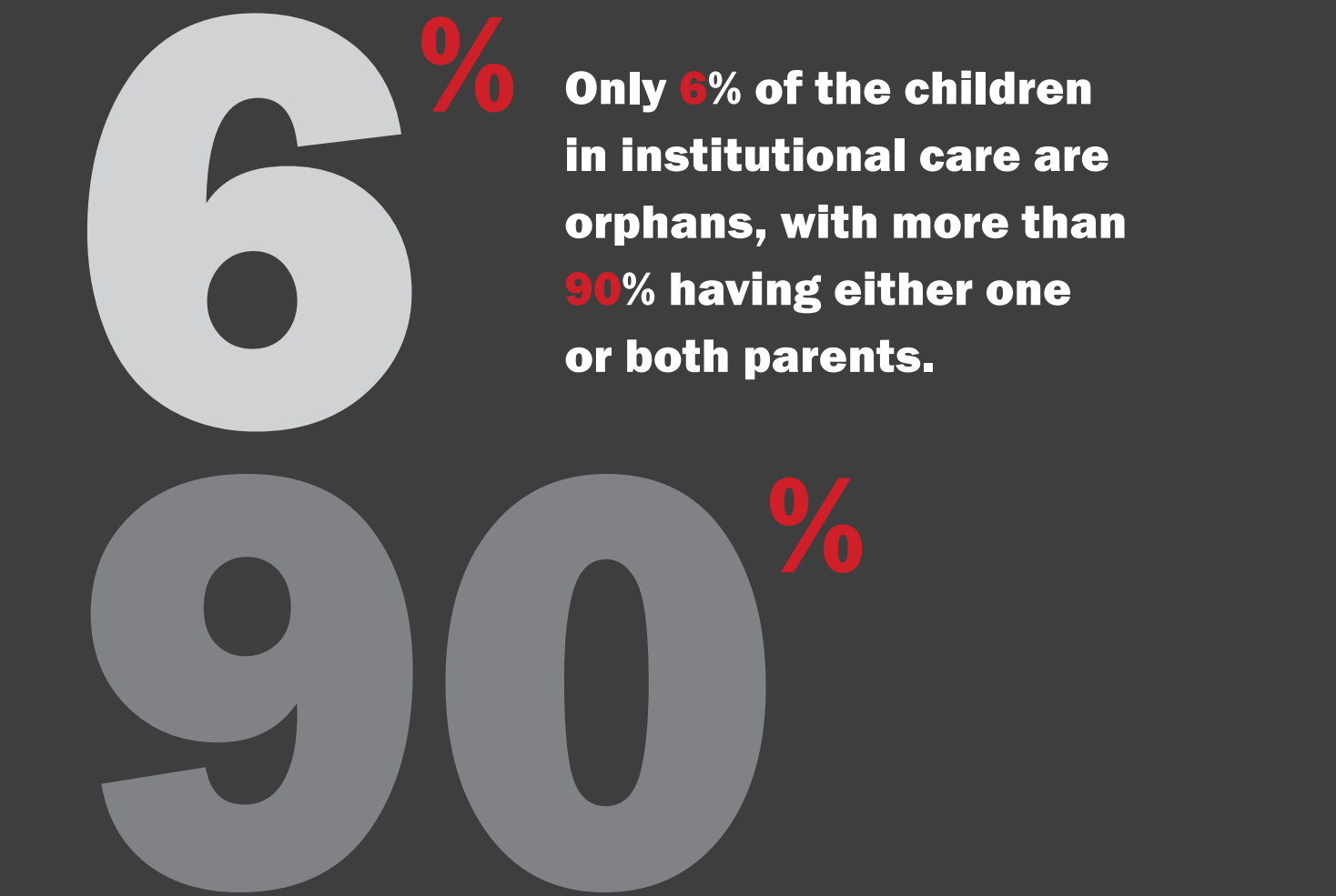
A formal definition of institutional care is not provided by the Ministry of Social Affairs’ *National Standard of Care for Child Welfare Institutions* (2011). However, orphanages, residential care centres, and/or children’s homes are generally considered to be forms of institutional care. Indonesia’s alternative care system for children is comprised largely of children’s homes, which can vary drastically in both structure and size. Some children’s homes provide shelter and care to over 100 children, which is ultimately more similar to an institutional caring environment. Meanwhile, other children’s homes are structured in a manner that is similar to a family environment, with two “parents” or a “mother” and a small number of children (generally less than 10). It should be noted that residential care is often spoken of synonymously with institutional care in Indonesia.

The Indonesian government Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations, 2005 clearly stated that “a child may be placed in an institution/orphanage if:

1. he enjoys the same political and civil rights as the other children in his environment;
2. the reuniting of families is one of the goals of the institution and the child is only placed there on a temporary basis;
3. the institution is not large and is managed based on the best interests of the children;
4. the institution is geographically close to the child’s community;
5. the institution is integrated into the local community;
6. the institution provides adequate basic care and meets the standard minimum requirements as regards water, sanitation, healthcare and nutrition;
7. the institution has an interesting environment and a structured educational program that includes adequate recreation and rest, with children being taught the skills they will need to survive in the wider community; the staff are properly trained and experienced in looking after and taking care of children.”¹⁶

Generally, institutional and residential care are describe their services as being for children who have been abused, neglected, orphaned, or those who come from families that cannot afford educational opportunities. While the term “street-children” is rarely used in the context of Indonesian care, orphanages and other institutional centres often refer to their services as being for children and young people who would otherwise be living on the streets. The age for admittance and the age for leaving care depend on the rules/parameters of the institution. Some institutions will not accept children under the age of five, while others accept infants. Moreover, Indonesia still has institutions that allow young adults, or adults (depending on one’s definition), to remain in care until the age of 21.¹⁷

¹⁶ Indonesian Government Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations. Ministry of Social Affairs of the Republic of Indonesia. 2005
¹⁷ “Seeds of Hope Children’s Home - About Us.” Seeds of Hope Children’s Home - About Us. Accessed February 05, 2017. <http://www.seedsofhopecchildrenshome.com/about.aspx>. Date of publication not specified.



According to the Save the Children report *Someone that Matters: The Quality of Care in Childcare Institutions in Indonesia* (2007), it is estimated that there are about 8,000 unregulated residential care institutions in Indonesia. More than 90% of the residential care programmes for children are run by private and faith-based organizations that receive small subsidies from the Indonesian government. Research suggests that residential and/or institutional care is one of the more common forms of alternative care for vulnerable children. However, it is likely that there is a large number of children who are receiving informal care from family members (i.e. foster care, kinship care). Because these care practices are generally facilitated amongst family members, rather than filed by government agencies, there is minimal information on the size of the family-based care sector. Therefore, it can be challenging to make an accurate comparison between the family-based care sector and the institutional/residential care sector.

Furthermore, it is noted in more recent years there has been an increase in institutional care for children without parental care. According to the *Someone that Matters* (2007) research jointly published by Save the Children, Indonesia’s Ministry of Social Affairs (KEMENSOS), and UNICEF, there are 370,230 - 516,600 children in the institutions. The majority of children were placed in residential care due to poverty and lack of basic services, in particular access to education. Accordingly, the childcare institutions functioned more as establishments in providing education to the children rather than out-of-home care placements/alternative care option. Thou for some children who are born out of wedlock or with parents whom had migrated within/outside Indonesia for work found themselves in such care facilities without choice.

Based on a DEPSOS survey in 2007, from 16 provinces found boys are more often placed in institutional care than girls (57% boys, compared with 43% girls) and the majority of children living in institution care are aged 10-17 years. A more recent review of available data (2014) on children living in more than 5000 child care institutions –undertaken by KEMENSOS revealed similar patterns of 54% boys and 46% girls.¹⁸

¹⁸ Suharto, E. “PPT: Developing National System of Child Protection: Roles of MoSA and PKSA.” Ministry of Social Affairs, 2016.



Due to the lack of regulation and monitoring services in most Indonesian child care institutions, there is limited data on the current number of institutions, let alone the number of children living in institutions. Following the tsunami in Aceh on 26 December 2004, a study was conducted by Save the Children and KEMENSOS, which found that there were over 16,000 children in 207 Aceh based childcare institutions.¹⁹ Of those 16,000 children in residential care, approximately 60% were boys, while 40% were girls.²⁰ However, the aforementioned numbers are not necessarily indicative of the overall ratio of males to females in institutional care, as it is estimated that there are approximately 7000 to 8000 residential care facilities for children in Indonesia²¹ With this in mind, the overall ratio of males to females in residential care is subject to differ drastically from Save the Children’s research findings.

Despite the general lack of government-published information on the institutional care system in Indonesia, the KEMENSOS and Save the Children supported a *Child Led Research* with 60 children aged 11-18 years from six childcare institutions across Maluku and West Kalimantan in 2007-2008. A child rights based approach where the 10 child researchers from each institutions were given the avenue to share their lived experienced and brought to the attention of stakeholders regarding matters/issues of importance to them. The research was ground-

breaking in influencing the subsequent guidelines and directives in the development of institutional care provision. In addition, a list of legal standards governing the operation of institutional care facilities was released and published in 2011, marking a shift towards a more legally sensitive and formalized system of institution-based child care. The National Standards of Care for Child Welfare Institutions were developed by the Indonesian government with the assistance of Save the Children. Research conducted by Save the Children, particularly two reports entitled *Research on the Quality of Care in Childcare Institutions and Child Led Research*, was used to assess the need for legislation and policy reform in areas concerning alternative care and child protection. One of the fundamental aims of the National Standards of Care (2011) is listed as the development of programmes and policies that keep vulnerable children from being placed in institutional care. Second to the need to keep children from entering institutional care is the acknowledgement that post-institutional family reunification efforts are necessary.²² The key objectives of the National Standards for Child Welfare Institutions are outlined in the document as:

1. “Fulfilling children’s right to receive care in their families.
2. Providing guidance to the Child Welfare Institutions in carrying out their role as the last alternative in the care of children.
3. Developing direct services to support families that face challenges in the care of their children.
4. Supporting family-based alternative care for children through foster care, guardianship, and adoption.
5. Facilitating the competent authorities in developing management systems for Child Welfare Institutions that meet the needs of children and their families, including in making decisions about children’s care, issuing authorization to operate for Child Welfare Institutions, as well as monitoring and evaluating the performance of Child Welfare Institutions.”²³

The principles of the National Standards of Care (2011) underpins the government’s current commitment in keeping children in families and institutional care as the last resort for alternative care option. There have since been many new initiatives by the government, private and civil society organizations “to support the growing momentum towards the paradigm change from institutional care to child and family centred services.”²⁴

¹⁹ Florence Martin. Changing the Paradigm. Report. Jakarta Selatan: Save the Children Indonesia Country Office, 2013. 11. Accessed December 2, 2016. [http://www.bettercarenetwork.org/sites/default/files/attachments/Changing the Paradigm.pdf](http://www.bettercarenetwork.org/sites/default/files/attachments/Changing%20the%20Paradigm.pdf).

²⁰ Ibid. 12.

²¹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 2. Accessed December 2, 2016. http://www.savethechildren.org.uk/sites/default/files/docs/someone-that-matters_1.pdf.

²² The National Standards of Care for Child Welfare Institutions. Publication. Ministry of Social Affairs, 2011. 3. Accessed December 4, 2016. [http://www.bettercarenetwork.org/sites/default/files/attachments/National Standard of Care for Child Welfare Institutions Indonesia.pdf](http://www.bettercarenetwork.org/sites/default/files/attachments/National%20Standard%20of%20Care%20for%20Child%20Welfare%20Institutions%20Indonesia.pdf).

²³ Ibid. 7.

²⁴ O’Kane, Claire and Lubis, Sofni. Alternative Child Care and Deinstitutionalisation: A case study of Indonesia. European Commission Directorate & SOS Children’s Villages International. 7. 2016.

2.1 Government / state-run child care facilities

There are some discrepancies as to the total number of government operated orphanages and child care centres in Indonesia. Oftentimes it is stated that there are only 40 government operated child care facilities, however this number does not take the decentralized system of government into account. Other reports and studies show that there are in fact 10 orphanages being run by the central government, as well as an additional 200 orphanages that are operated by regional governments. The number of government run orphanages pales in comparison to that of alternative child care NGOs and private organizations, which account for upwards of 7,500 of the total 8,000 orphanages in Indonesia. Meanwhile, the overall number of government operated child care institutions is somewhat low, accounting for only 0.5% of the childcare institutions in all of Indonesia.²⁵

Child Social Welfare Institutions	Central	Province	District/City	Community	Total
Children under 5 yrs old	1	3	0	167	171
Neglected Children	3	32	14	5527	5576
Street Children	1	1	0	83	85
Children in conflict with the Law	12	28	1	40	81
Children w Disabilities	1	1	2	153	157
Children in Need of Special Protection	6	5	1	23	35
TOTAL	24	70	18	5993	6105

Table 1. Types & number of Child Social Welfare Institutions for child supported by the KEMEMSONS (based on data Oct 2014)

The first state-run care facility called *Rumah Perlindungan Sosial Anak* (RPSA) i.e. special child protection home which was first established in East Java in 2004. The RPSA was to provide 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.”²⁶ It came under the direct management of KEMENSOS Directorate for Children’s Services senior staff where high profiles cases were referred. As in 2015, it was reported that there are 6 RPSAs supported by KEMENSOS across the provinces of East Java, South Sulawesi, and Yogyakarta which had assisted about 2,000 children thus far.²⁷ Mainly street children i.e. *anak anjal* needing some form of trauma healing and counselling while infants and toddlers are weaned off sedatives fed. In a recent local newspaper article in *Media Indonesia* indicated that the RPSA also offer 3 months rehabilitation programme for the children whom parents have been “radicalised” within the care facilities.²⁸

Notably, some efforts were taken to review the RPSAs where a study *Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSAs)* was undertaken by KEMENSOS, Save the Children and a team of social workers/scientists from STKS Bandung and the University of Indonesia in 2011. The report findings reflected on the role, intervention programmes and capacity of 5 RPSAs to provide care for the vulnerable children. The model was reported to adopt a bio-psychological assessment together with a case management approach with counselling and therapy as the form of intervention entirely focussed on the child.²⁹ Highlighting the limits of RPSAs which primary focus is on working with the child i.e. rehabilitation within the institutionalized setting without engaging the families/caregivers or other community members for a real reintegration back to normal living. At best, it was concluded that RPSAs “can play an important role as temporary protection facilities offering shelter and immediate psychosocial support to children at risk.”³⁰ Part of the recommendations were put forth include a more integrated services and a comprehensive system of child protection which render support to the continual healing/recovery of the children in a safe environment outside the institutional care facilities. In addition, highlighting the need to build up the capacity of the social workforce to work with the children and families to include training on “evidence-based trauma recovery interventions and specialised skills and interventions

for working with children who have experienced sexual violence.”³¹

NOTE: A more comprehensive list of key recommendations is available in the report - *Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSAs). 2011*

In terms of the living conditions, support services, and funding details of the government operated orphanages and long term childcare centres for children, remains obscure. KEMENSOS does not provide a comprehensive list of government orphanages/care centres/residential or institutional facilities for children, which makes it difficult to differentiate between the government’s contribution to the care system versus that of NGOs and private organizations. A general lack of organization, documentation, and policy implementation tend to be some of the key issues facing the Indonesian child care system. Without accurate data on the number of institutions and orphaned/abandoned/neglected children, it is impossible to accurately assess the state of the care system.³²

2.2 Private child care facilities

After the earthquake and tsunami disasters of 2004, the overwhelming number of displaced children and families came to the attention of the Indonesian government. In 2006 the Indonesian government worked with Save the Children in an effort to assess the needs of vulnerable children, particularly those who were placed in

institutional care centres. The Ministry of Social Affairs (KEMENSOS) found that the existing programmes designed to facilitate family reunification were not able to accommodate the needs of children and families who had been separated. Additionally, the number of children in institutional care could also be traced back to a lack of social welfare and family protection services, which incentivised the government to look further into the existing social care system. In order to improve the quality and scope of family support and child protection, KEMENSOS partnered up with Save the Children and other international organizations to conduct research on the prevalence of institutional child care across Indonesia. While the research project included studies of institutions from every province in Indonesia, only 36 of the estimated 8000 child care institutions were considered in the report. The research findings indicate that placement in institutional care has been used as the primary course of action for vulnerable and abandoned children. Therefore, the Indonesian government made child protection one of the main concerns of the National Strategic Plan for 2010-2014.³³

²⁵ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 18. Accessed December 1, 2016.
²⁶ Martin, Florence. Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSAs). Report. Save the Children, 2011. Accessed March 15, 2018. [https://bettercarenetwork.org/sites/default/files/Improving Child Protection Responses in Indonesia - Learning from the Protection Homes for Children.pdf](https://bettercarenetwork.org/sites/default/files/Improving%20Child%20Protection%20Responses%20in%20Indonesia%20-%20Learning%20from%20the%20Protection%20Homes%20for%20Children.pdf).
²⁷ Amirullah, Amri Amrullah. “Ada 4,1 Juta Anak Indonesia Telantar Butuh Perlindungan.” March 28, 2016. REPUBLIKA.co.id. <http://nasional.republika.co.id/berita/nasional/umum/16/03/28/o4r7ls394-ada-41-juta-anak-indonesia-telantar-butuh-perlindungan>.
²⁸ Fauzi, Intan. “Kemensos Tangani Radikalisme pada Anak melalui RPSA.” Media Indonesia. July 4, 2017. <http://mediaindonesia.com/news/read/111420/kemensos-tangani-radikalisme-pada-anak-melalui-rpsa/2017-07-04>

²⁹ Martin, Florence & Sudrajat, Tata. “Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSAs).” Save the Children. 2011. 10
³⁰ Ibid, 89.
³¹ Ibid, 89.
³² “Panti asuhan.” Indonesian Orphanages. Accessed March 10, 2017. <http://indonesianorphanages.org/indonesias-panti-asuhan/>. Date of publication unavailable. The website cites material from 2015, indicating that the date of publication was likely recent (2015-2017).
³³ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 18. Accessed November 29, 2016.

Through DEPSOS’s involvement with local Social Affairs Offices and privately run alternative care agencies/ institutions, the government provides a significant number of institutions with funding.³⁴ Notably, the only form of institutional monitoring that currently exists in Indonesia is made possible by government funding through the Government Subsidy Programmes for Additional Food Costs for Social Care Institutions (the BBM³⁵ programmes). The programmes exclusively provides additional funding to cover the cost of food for some of the children (an estimated 50-70%) in institutional care programmes.³⁶ This is perhaps the largest source of government funding that is made available to non-government run childcare institutions. In 2007 alone the programmes reached 4,305 childcare institutions in Indonesia.³⁷ However, the BBM subsidy is not designed to reach all of the childcare institutions in a given province, nor is the subsidy large enough to assist every child in the institutions that are covered by the BBM. As the BBM subsidy only guarantees a fixed number of meals to a fixed number of children, the overall effectiveness of the BBM subsidy programmes is put into question.³⁸

While the dispersal of BBM subsidies has caused a significant increase in government awareness as to the number of institutional childcare facilities operating in Indonesia,³⁹ the government’s willingness to fund institutions over family based

care options has influenced the trend of institutionalization.⁴⁰ Child care institutions are not required to be previously registered with the KEMENSOS in order to be considered eligible for the BBM subsidy programmes, nor is there a requirement to disclose the economic standing of the institution. Ultimately this can result in unregistered, possibly illegally operating institutions receiving government funding, regardless of their commitment to child protection or adherence to the minimum standards of care. In this sense the Indonesian government’s involvement in the care sector is made complicated by the lack of government run monitoring services and child care/ protection agencies.

A significant portion of the government’s contribution to the social care system is funding, but in order to efficiently distribute funds there is a need for registration enforcement and data collection. There is currently no legal obligation on the part of institutions to keep records of their funding transactions. Both private donations and public aid received by institutions are entirely undocumented. From the limited amount of information that Save the Children was able to gather on the funding received by institutional child care facilities, they were able to deduce that the majority of child care institutions’ funding is provided by the government, community donations, private companies, social organizations, private donations provided by internal

board members, small business schemes, parent organizations, and international funding. A majority of the 36 institutions included in the research report were provided with government support of some kind, while very few of the institutions had any access to overseas financial support. Community support was also listed as one of the most common sources of funding for childcare institutions. Of the 36 institutions included in the research report, 31 institutions received community funding and support in various forms (food, bedding, clothing, money, etc.). Notably, there is currently no assessment process in place to determine which institutions are in need of financial support.⁴¹

2.3 Non-profit & community child care facilities
Local and international NGO run care facilities represent a majority of the residential child care options that are available in Indonesia. However, with the growing movement towards deinstitutionalization and family strengthening/support programmes, the impact of such a high number of NGO operated child care institutions is put into question. According to the Save the Children Report entitled *Cash and Child Protection*, large sums of money were donated to NGOs/INGOs in Indonesia following the earthquake and tsunami (2004).⁴² Numerous overseas organizations, private donors, and the Indonesian government resorted to supplying child care institutions with

funding, rather than contributing to the existing cash grant programmes designed to provide vulnerable families with aid.⁴³ Although the sector is valued, there is an acknowledged need for programmes that address the child’s right to a family, which may require allocating funding towards organizations that support community and family based support systems/programmes. This is an issue that is not often resolved through institutional care provision, but it is important to note that there are NGOs in Indonesia offering community based care and support in addition to institutional placement programmes (i.e. Muhammadiyah).⁴⁴

Field sources reported that there is small provision provided by the government for the children in care facilities of USD100/ yearly per child and usually capped at 30-40 children within one residential care centre. Many lamented that it is barely sufficient and hence rely on other sources of contributions.

Yayasan Sayap Ibu (YSI) is a local NGO which have been focussed in helping neglected children, in particular babies and toddlers including children with disabilities since its establishment in 1955. YSI main centre located in Jakarta also support adoption placements. Currently housing about 40 children between the ages of 0-7 years old of which 8 of them are attending school. With a staff ratio of 6 children to 4 caregivers and do have medics as part of the 67 member of staff to attend to the health needs of the children. The children are usually referred by the hospitals or single-parents struggling with the care/stigma of having a child out of wedlock. YSI also takes in abandoned children who are certified

and referred by the local authorities. In addition, YSI offers family assistance programmes such an entrepreneurial training to supplement income, counselling, in-house baby-sitting courses, nutrition/healthcare as well as family consultation services for family in distress i.e. especially for families dealing with child adoption issues. The programmes are presently serving more than 200 families in Jakarta.

While the YSI care facility in Banten province, known as Orphanage and Rehabilitation Centre for Multiply Handicapped and Neglected Children, provide care for children with multiple disabilities since 2005. Many of the children were either abandoned or referred by hospitals and local government across Indonesia. The branch has a pool of 60 staff working on 8hrs shift with the ratio of 1 caregiver to 3 children overseeing 37 children. Of which 23 are full-time caregivers living nearby the care compound and hence available 24/7. Many of the staff i.e. caregivers/coordinators were young having completed senior high school and were provided with in-house training to conduct speech/occupational therapy, rehabilitation and life-skills. The children also attend classes designed accordingly to their development needs and hydro/ physiotherapy thrice a week as well as acupuncture.

In addition, the staff is supported by 8 Board Members who volunteer their time with the management of the care facility. They were observed to be attentive attending to the children during the field site visit and children were visibly comfortably engaging with them. There is a separate team of social workers and psychologists. The centre also

provide parenting skill ls to equip parents with the necessary skills to nurse and support the treatment/rehabilitation of their children as well as early detection.

YSI has two centres in Yogyakarta and Surabaya provinces accommodating more than 700 children in total. It source of funding comes from various avenues such as fund-raising, community donations, government funds (APBN & APBD) as well as alms. Chairperson, Renowati Hardjosubroto lamented that the government subsidies provides for daily meals for the children at 3,000IDR (USD0.20) which barely covers 10% of the operational cost of the care facility. In addition, the children are also covered by the National Health Insurance System (BPJS: *Badan Penyelenggara Jaminan Sosial*) which YSI makes an annual premium payment of nearly USD6 for each child. She also revealed the struggle in enrolling some of the children in public school as some of the children do not have any relations to be placed under the KK (*kartu keluarga*) i.e. family register denying their access to mainstream education. Despite, the mentioned of a foster care programme in its brochure field research established. Some staff were weary with regard to the legality and accountability of foster carers. Thou board members indicated their openness to explore the care provision once regulations are put in place by the government.

³⁴ Ibid. 18.
³⁵ See section 2.6 for more information on BBM subsidies.
³⁶ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 18-19. Accessed November 29, 2016.
³⁷ Ibid. 18.
³⁸ Ibid. 19.
³⁹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 18. Accessed November 30, 2016.
⁴⁰ Florence Martin. Changing the Paradigm. Report. Jakarta Selatan: Save the Children Indonesia Country Office, 2013. 12. Accessed December 2, 2016
⁴¹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 72-73. Accessed November 29, 2016.
⁴² Thompson, Hannah. Cash and Child Protection. Report. Save the Children, 2012. 4. Accessed December 3, 2016. http://resourcecentre.savethechildren.se/sites/default/files/documents/6805.pdf.

⁴³ Ibid. 4.
⁴⁴ “Muhammadiyah | Family for Every Child.” Family for Every Child. Accessed December 03, 2016. http://www.familyforeverychild.org/who-we-are/members/muhammadiyah/.



SOS Children’s Villages in Bali operates two care facilities in the province located in Tabanan and Denpasar. The first accom-
modates 90 children while the latter about 50 older children. There are also other existing “SOS villages” in the provinces of
Sumatera (Medan, Banda Aceh and Meulaboh); Nusa Tenggara Timur (Flores) and Java (Jakarta, Lembang and Semarang)
accommodating to a total of 1,211 children in 2014. The model similar to a small group home houses 6-8 children under 8
separated houses with a “SOS mother” within a compound was first effected in 1972 in Lembang-Bandung regency. The ages
of the children residing in each “household” are varying to stimulate a normal family setting. The children are supported to age
of 23 i.e. admission into the university and many remain in contact after leaving the homes. It was further noted that most of
the “SOS mother” have worked for more than 15-20 years providing a consistent adult figure in the children’s lives and are well-
trained including on attachment related modules to provide professional quality care. Hence, the model is arguably providing a
family-like care (FLC) and not a family-based care. It was further shared that the funding comes mainly from local contributions
and banks. In addition, SOS has been running Family Strengthening Programmes (FSP) since 2005 upon receiving referrals from
local community workers by offering health counselling, parenting skills training, community support (i.e. dealing with authorities)
and psychological support to prevent child abandonment and keep the families together.⁴⁵ Families are also assisted with income
generation and access to SOS Kindergarten enabling the parents to earn a living while the children are safe in the day-care. The
FSP are offered in the provinces of Bogor, Giri Jaya Bandung, Lembang, Semarang, Yogyakarta, Tabanan and Flores and was
reported to have benefited 5,490 families to date.

Dewi Saraswati, from the National Advocacy & Child Protection Programme Development Department reported that SOS had
recently initiated its own kinship and foster care which evolved with some of the children from the care facility moving into stay
with a retired caregiver i.e. “SOS mother”. It has since engaged other carers within the communities where the care facilities are
located namely in Meulaboh (5 kinship care); Yogyakarta (12 kinship care/3 foster care); Flores (13 foster care) and Lembang (5
foster care). The carers meet monthly for peer support group meeting and are given in-house training alongside with additional
support where the children could attend reading classes/ harness their talent at SOS children centre at the district level.

2.4 Faith-based child care facilities

The vast majority of the child care centres and programmes for children are founded/run by faith based organizations. An estimated 87% of the population in Indonesia are Muslim, which indicates that many of the faith based care programmes are Muslim run.⁴⁶ Despite running into contradiction with the Islamic tradition of keeping children within families, there are 27,000 *pesantren* Islamic boarding schools with over than 3.3 million children residing in them. Of which all are managed by the Ministry of Religious Affairs. ⁴⁷

There are also a number of Christian and Buddhist faith based care facilities. Whether or not child care programmes and institutions are run by faith based organizations, religion tends to be a fundamental component of the general approach to alternative child care in Indonesia.⁴⁸ Although it is clear that a large number of institutions are run by religious leaders or religious community members, the lack of data collection and analysis on institutional child care in Indonesia makes it impossible to provide an exact statistic as to the number of faith based institutions/programmes.⁴⁹

One of the most prominent non-government organizations in Indonesia is Muhammadiyah, an Islamic organization that has been in operation since 1912. Muhammadiyah is now ranked as the second largest Islamic organization in Indonesia, with approximately more than 800 residential care facilities for vulnerable groups, including children and families in need of support and care. The first care facility was set

up by Muhammadiyah founder K.H. Ahmad in Yogyakarta modelled against his visit to a child care institution run by a Dutch missionary. Although Muhammadiyah provides institutional care options, the organization also strongly advocates for the movement towards de-institutionalization and family reunification programmes. Muhammadiyah leadership had call for the development of more family support and community based initiatives since 1970s which included foster care provision. With these goals in mind, Muhammadiyah offers 8,000 educational facilities, 11,000 religious facilities, as well as 450 medical facilities, illustrating the organization’s push for preventative care and family support over institutionalization. Additionally, Muhammadiyah ensures that their funding is not being used to build new child care institutions.⁵⁰ And have since formed a separate secretariat – Social Service Council to look into social care reforms and has been actively involve with the development of family-based care initiatives, particularly foster care alongside with the government and Save the Children. The foster care programme has been provided for one of Muhammadiyah baby homes, *Panti Asuhan Bayi Sehat Muhammadiyah*, located in Bandung regency.

Other leading Muslim faith-based care providers include Nahdlatul Ulama (responsible for 103 institutions) and Hidayatulla (246 branches, most of which provide child care programmes).⁵¹

Mama Sayang Orphanage was founded by Mike and Jev Hilliard in 2003. Mike was a pastor in the Assembly of God Church in Scotland for 22 years before the couple decided to make their way to Indonesia to work with drug addicts. However, they found themselves helping an orphanage which they become suspicious of as they observed that most times visitors were ushered to baby room and they would not find the babies in next few days. Subsequently, the orphanage were apprehended for selling more than 800 babies. The couple then decided to explore a remote village in Kalimantan in 2002 inaccessible to many social services/modern facilities and took on the care of 5 children (11-15 years old) back in their home in Jakarta. Mike recalled how 4 running taps were broken within 11 days as it was the first time the children had access to tap water.

Presently, there are 104 children under the care of Mama Sayang with the youngest being a 3mth baby and oldest aged 22 years old. Most of the children were taken into the care facility because of poverty, coming from a broken families, orphans or encountered the death of their only caregiver. The referrals were mainly through word of mouths within the Christian communities in Sumatera, Nias, Mindanao and Sulawesi provinces. Mama Sayang is registered with the Dinas Social, Bogor and Jakarta and to date has cared for more than 700 children. Some children had left on their own accord as there is an open door policy as they did not like to the rules set in the care facility.

⁴⁶ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 22. Accessed November 30, 2016.

⁴⁷ Martin, Florence. Changing the Paradigm: Save the Children’s Work to Strengthen the Child Protection System in Indonesia 2005 - 2012. Save the Children, 2013.

⁴⁸ Ibid. 22.

⁴⁹ Ibid. 22.

⁵⁰ “Muhammadiyah | Family for Every Child.” Family for Every Child. Accessed December 03, 2016. <http://www.familyforeverychild.org/who-we-are/members/muhammadiyah/>.

⁵¹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 22. Accessed November 29, 2016.

⁴⁵ “SOS Children’s Village Bali” SOS Children’s Village International. <https://www.sos-childrensvillages.org/where-we-help/asia/indonesia/bali>

The number of children mostly teenagers grew as Mike started own school, Saint Enoch in providing alternative education i.e. some of the teenagers had never attended school in their life. The school is also open to the local community and has 17 teachers with an enrolment of 325 students. Mike saw education as an important to break the cycle of poverty for the children hence great emphasis on it. The children are further supported with sponsorship (70%) for their varsities fees mainly individual contributions. To date 29 of the children are attending local universities while working to secure another 30% as part of the Mike’s way of instilling hard work and discipline on them. For children who are less inclined to academia, Mama Sayang would help to link them to the job sector.

In 2008, Mama Sayang expanded its services in opening a medical clinic which serve children and families across 7 villages next to the care facility with a full-time nurse and part-time doctor which also the healthcare needs of the children in the institution. Their latest endeavour is a retirement home with three elderly residents which the children help to care with as well an extension of the bigger family. Daily activities in the home include which include contact sports such as rugby (girls), cricket (boys) and Muay Thai (boys) conducted by volunteers. A group of the children are also part of Aussie football team and

have travelled to Cambodia, Melbourne and Singapore for competition as part of their talent development. The children do their own chores and look after each other in a buddy system where an older child is assigned to a younger one. The core team of the care facility includes Mike, Jev (Mike’s wife) and the full-time nurse. Mike asserted that the module has worked thus far thou he shares some struggle with administrative constraints i.e. getting birth certification of the children who having lived in remote villages did not see the need for it as well as the tight procedure in exploring adoption option for some of the cases.

2.4 Are there any cartels/strategic alliances?
There are a number of strategic alliances formed between KEMENSOS (and/or DEPSOS) and international organizations that specialize in child protection. Some of the more prominent figures, charities, and organizations in alternative care for children have worked with the Indonesian Ministry of Social Affairs in an effort to strengthen the social care sector. UNICEF aided in the process of developing the 2007 Law on Human Trafficking, along with the 33 related national sub-laws on child protection.⁵² UNICEF was also instrumental in the revision of the Juvenile Justice Law, the adoption of Law 23 (on free birth registration), and the

creation of the National Plan of Action on the Elimination of Violence. All of the aforementioned efforts on the part of UNICEF were done under the child protection programmes (2011-2015).⁵³ However, the alliance between UNICEF and the Indonesian government is only one of many, including the pivotal alliance between KEMENSOS and Save the Children, which drastically re-envisioned the social care sector in Indonesia through systems based research methods. Save the Children’s work with the Ministry of Social Affairs and MOSA is primarily focused on developing and enforcing a family based approach to care for vulnerable children.⁵⁴ The Quality of Care research conducted by Save the Children and the Ministry of Social affairs resulted in 37 extensive reports on the status of institutional care facilities in Indonesia.⁵⁵ Other notable alliances include but are not limited to that of Muhammadiyah and Family for Every Child. Muhammadiyah also formed an alliance with multiple other Indonesian NGOs, which operates under the name of the Family Based Care Alliance. This particular alliance is concerned primarily with the reunification of families, the provision of family support, and the movement towards deinstitutionalizing alternative care for children. Through the Family Based Care Alliance, Muhammadiyah plans to assist in the creation of new legislation on the protection of children and families.⁵⁶

politics of care



3.1 What is the current political stance/approach to care?
The current political approach to care is best represented by the National Standard of Care for Child Welfare Institutions (2011), which provides a detailed description of the current goals for social welfare, child protection, and policy reform. The National Standard of Care for Child Welfare Institutions (2011) adheres to the UN Convention on the Rights of the Child, while simultaneously providing cultural and political context to the structure of care in Indonesia. In doing so, the proposed development goals and sector standards remain specific to the needs of Indonesian families. One of the primary concerns for development is listed as a “prevention from separation,” by which the Ministry of Social Affairs is referring to the crucial process of ensuring that placement in institutional care is only used as a last resort.⁵⁷ It is clearly stated in the National Standard for Care of Child Welfare Institutions that

” *Child Welfare Institutions must carry out preventive measures so that the child is not separated from his or her family or needs to be placed in residential care.*⁵⁸

Another one of the foundational objectives of the National Standard of Care for Child Welfare Institutions is to ensure that placement in institutional care is a short term solution, and measures for long term care (permanency planning) are taken.⁵⁹

More notably, the decree fundamentally transformed the role of these institutions by reframing the childcare institutions (*panti asuhan*) to now known as child welfare institutions (*lembaga kesejahteraan social anak / LKSA*) expanding institutions role as “centres for services for children and families”⁶⁰

The role of institutions as outreach programmes is also further developed in the document, as it is stated that Child Welfare Institutions should be responsible for providing vulnerable children and families with access to both financial and psychological/psychosocial support programmes.⁶¹ With insufficient access to education cited as one of the major issues faced by vulnerable children and families living in poverty, The National Standard of Care for Child Welfare Institutions also addresses the role of institutional care facilities in providing access to educational opportunities. It is clearly stated by the Ministry of Social Affairs, that “...Child Welfare Institutions should facilitate access to education through providing support for tuition costs, school supplies, and transportation.”⁶² The placement of children in institutional care for educational purposes explicitly goes against the policies of The National Standard of Care for Child Welfare Institutions.⁶³

⁵² Indonesia Country Programmes Document 2011-2015. UNICEF, 2010. 6. https://www.unicef.org/about/execboard/files/Indonesia_final_approved_CPD_11_Feb2011.pdf.
⁵³ Ibid. 6.
⁵⁴ Florence Martin. Changing the Paradigm. Report. Jakarta Selatan: Save the Children Indonesia Country Office, 2013. 2. Accessed December 2, 2016.
⁵⁵ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 38. Accessed December 2, 2016.
⁵⁶ “New Alliance to Promote Family-Based Care in Indonesia.” Family for Every Child. December 2, 2014. Accessed December 03, 2016. <http://www.familyforeverychild.org/news/new-alliance-to-promote-family-based-care-in-indonesia/>.

⁵⁷ The National Standards of Care for Child Welfare Institutions. Publication. Ministry of Social Affairs, 2011. 29. Accessed December 4, 2016. [http://www.bettercarenetwork.org/sites/default/files/attachments/National Standard of Care for Child Welfare Institutions Indonesia.pdf](http://www.bettercarenetwork.org/sites/default/files/attachments/National%20Standard%20of%20Care%20for%20Child%20Welfare%20Institutions%20Indonesia.pdf).
⁵⁸ Ibid. 29.
⁵⁹ Ibid. 36.
⁶⁰ Ibid. 5.
⁶¹ Ibid. 29.
⁶² Ibid. 33.
⁶³ Ibid. 33.



The need for stronger assessment and monitoring services is also addressed by the National Standard of Care for Child Welfare Institutions. In addition to the assessments that must be conducted prior to admitting vulnerable children into institutional care, the standards require that a follow up assessment plan be implemented. Each child in need of care should be provided with a care programme that is specific to their circumstances. Once the care plan is developed, the implementation of the care programmes requires compliance with the Ministry of Social Affairs policy on family strengthening. In other words, the care options that are made available to the family and/or child in need should prioritize keeping the family together, emphasizing the provision of family based care over residential care.⁶⁴

The primary child protection law is Law No. 23 (2002) is also of great importance to the development of child protection and child care policies/legislation. Although the law was later amended and renamed Law No. 35 in 2014, reports and news articles tend to continue to refer to it as Law No. 23. This law covers the subjects of eliminating child labour, the protection of children, and the protection of young persons. It was adopted and put into effect on 10/17/2014. The law ensures freedom of religion, right to education, the protection of rights of children with disabilities, the protection of the child’s right to live with family, and protection of children from situations of abuse (political). Law No. 35 also includes a section on the government’s obligation to provide support to parents/guardians, and addresses the authority figures responsible for ensuring the implementation of child protection laws/regulations/policies.⁶⁵

3.2 What is the social policy agenda and how advanced are developments? - what policies exist and how important are they perceived within the country?

Significant policy changes have occurred in the last five years, including the amendment of the Child Protection Law in 2014, as well as an updated development strategy for 2016-2019. According to UNICEF’s report *Championing Child Rights and Child Protection in Indonesia*, the framework for social care/welfare and child protection in Indonesia shifted significantly after the country adopted a systems-based approach in 2009.⁶⁶ With greater emphasis placed on preventative services, such as keeping children and young people from engaging in criminal activity or conflict with the law, the partnership between UNICEF and the Indonesian government aims to keep the youth out of detention centres. The report also states that a comprehensive agenda for child’s rights was scheduled to be released in 2015, but the source of the agenda document was not disclosed. Research has not yet yielded any information regarding the release/publication of the child rights agenda.⁶⁷

A more recent push for policy reform has been advocated for by the Child Protection Commission, after the body of an 8 year old child was found buried in her adoptive mother’s backyard. The court found that the family’s household

helper had sexually assaulted the girl (Angeline) twice before murdering her. There has been some speculation as to the motive behind the murder, but it appears as though there could be a number of motives, which complicates the case. Mainly, the press and court(s) have argued that the man either killed Angeline in order to cover up prior sexual assault instances, or he was promised a large sum of inheritance money by Angeline’s mother, which would otherwise go the daughter instead of the mother. In response to the case, the Chairman of the Child Protection Commission has advocated for significantly stronger punishments for sexually assaulting a child. He stated that the law must be revised to put a 20 year minimum sentence on child sex offenders, with a maximum of a lifelong sentence. Moreover, he advocated for the future use of chemical castration in order to deter paedophiles from committing acts of sexual violence. Multiple reform proposals have been submitted following the tragic death of Angeline, and her case will likely inspire legislative and societal changes in the areas of child protection and adoption. The 2002 Law on Child Protection (Law No. 23) is currently undergoing revision in response to Angeline’s death.⁶⁸

While the Indonesian government does not seem to have drafted or published a nation-wide plan for the development of children’s social welfare services or child protection policies,

Indonesia was/is a participant of the UN Millennium Development Goals (MDGs). Developments and progress in child protection, access to education and health care, etc. are included in the MDGs, and then assessed by UNICEF staff in order to compile a progress report entitled *The Progress of Children*. As stated in the MDGs, one of Indonesia’s primary concerns for development was reducing the child mortality rate. Thus far, the country has made notable progress, with the mortality rate dropping from 84 deaths per 1,000 live births in 1990 to 29 deaths per 1,000 live births in 2015. Access to education has also been improved substantially. Recent years have shown a drastically improved net enrolment, with approximately 95 percent of Indonesian children enrolled in primary school. However, the child protection system in Indonesia has continued to receive criticism, as statistics pertaining to sexual and physical abuse of children are on the rise. Although significant progress has been made, there remain to be areas in which Indonesia has not yet met the aims set by the MDGs.⁶⁹

⁶⁴ Ibid. 46-47.
⁶⁵ “Indonesia Law No. 35.” International Labour Organization. Accessed December 4, 2016. https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=98588.

⁶⁶ *Championing child rights and child protection in Indonesia*. Report. UNICEF, 2015. 18. https://www.unicef.org/protection/files/Indonesia_CP_system_case_study.pdf.
⁶⁷ Ibid. 2.
⁶⁸ Johnson, Constance. “Global Legal Monitor.” Indonesia: Death of Child Brings Calls for Reform of Child Protection, Adoption Legislation | Global Legal Monitor. June 18, 2015. Accessed August 01, 2017. <http://www.loc.gov/law/foreign-news/article/indonesia-death-of-child-brings-calls-for-reform-of-child-protection-adoption-legislation/>.
⁶⁹ Natalegawa, Andreyka. “Unicef Reports Progress, But Poverty and Abuse Remain Problems for Indonesian Children.” Jakarta Globe. June 23, 2015. Accessed July 23, 2017. <http://jakartaglobe.id/news/unicef-reports-progress-poverty-abuse-remain-problems-indonesian-children/>.

child protection

While child protection partnerships between international charities/organizations and the Indonesian government have been formed, a number of child protection issues remain unsolved and unaddressed by the current care/welfare system(s). Some child protection services and organizations operating in Indonesia have reported that a stigmatized view of child abuse has caused families/children not to report abusive behaviour, or seek help from social services. In some cases, entire communities have cast out families with a history of domestic or sexual abuse. Children who come from abusive family environments may even be refused by educational institutions. But, due to the culturally imbedded belief that abuse is a private matter, families may be expelled from their communities without the abuse ever being reported. In part, this is due to the lack of abuse report centres. Abuse can only be reported at police-operated units for women and children, hospitals, or at the Child Protection Institutes. However, reports show that people who live in villages tend not to have access to abuse report centres, which is ultimately another contributing factor to the lack of reported abuse in Indonesia.⁷⁰

Recent data shows that the number of abuse reports is actually rising, despite the fact that reporting abuse is highly stigmatized. Between 2011 and 2015, there were 16,000 reports of violence against children in Indonesia. At least 50% of these cases included sexual abuse and violence that could potentially lead to murder. Cases of kidnapping, physical abuse, economic exploitation and trafficking have also been somewhat widespread. Moreover, the Indonesia Child Protection Commission (KPAI: *Komisi Perlindungan Anak Indonesia*) compiled research that pointed another major child protection issue – at least 28% of the abuse perpetrators were fathers of the victims. Moreover, 93% of the perpetrators had a personal relationship to the victims. In this sense, KPAI released evidence that suggests some children are not safe in their homes, as domestic child abuse is a rapidly growing problem across Indonesia.⁷¹

The KPAI was established in 2003 through a Presidential Decree No. 77/2203 following the passing of Law on Child Protection No. 23/2002. Field sources reported that there are about 16 staff overseeing the matters relating to child protection across the archipelago with an annual budget of less than USD1,000. Though it was reported to be an independent government body, the KPAI commissioners/members are selected by the parliament and appointed/dismissed by the President. They comprised of “representatives of the government, religious figures, community figures, charitable organizations, community organizations, professional associations, non-governmental organizations, business, and community groups that are concerned with the protection of children” with a term of 3 years. Headed by a chairman, two Vice-Chairman, one Secretary and 5 members.⁷² The staff team manages a whole range of issues relating to child abuse and rely on partners to support the children and families in need in the various locations. It was further mentioned that each *desa* (village) is to develop its own child protection policies/mechanism with specified budget allocation as part of the decentralization initiative by the government. Filed mission was unable to determine the capacity of such structures at the sub-national levels. More disconcerting, a UNICEF report indicated that only 0.072% of central government expenditure was allocated to child protection in 2013/14.⁷³

Recent years saw to the government taking more concert efforts in the formulation the National Plan of Action for Child Protection (2015-2019) and a National Strategy for the Elimination of Violence against Children (2016-2020) in ensuring a child to thrive in a nurturing safe environment. The first national plan sets out actions for multiple sectors and government departments, with co-ordination the responsibility of the Ministry of Women Empowerment and Child Protection. It also broadly defines child protection to include better nutrition, access to healthcare and education. Though laudable, the plan fail to specify a detailed roadmap, identify clear lines of responsibility (between the government, civil society and private sector) and state targets to ensure an integrated delivery of the services.⁷⁴ While the task of delivering the second national strategy has been delegated to three main governmental bodies;

1. Coordinating Ministry of Human Development and Culture
2. Ministry of Women Empowerment and Child Protection
3. Ministry of National Development Planning

Each were designated with supporting roles in the eliminating violence against children and the main strategy was broken down further to 6 sub-groups through a consultative process with the inclusion of more than 4,000 children alongside various stakeholder across sectors.⁷⁵ In addition to the strategic initiatives listed, a budget of USD265 million had been allocated in incorporating a 5-year National Medium Term Development Plan (RPJMN: *Rencana Pembangunan Jangka Panjang Nasional*) aim to tackle with the prevalence of violence against children by 2019.

More notably, KEMENSOS together with Ministry of Planning (Bappenas) partnering with UNICEF had launched its first model of an integrated child and family welfare services known as *Perlindungan Sosial Anak Integratif* (PSAI) in district of Tulungagung, East Java 2011. A hallmark in the development of targeted services for vulnerable children and families and make way for the “shift from the usual tradition approach that used to focus on response services rather than looking at vulnerabilities within families and the environment they live in which increase children’s risk to become a victim of violence, abuse, neglect or exploitation.”⁷⁶ The programme was later renamed *Program Kesejahteraan Sosial Anak Integratif* (PKSAI) / Integrated Child Welfare Services with its expansion into 5 other districts in Java and Sulawesi in 2015. Given the effectiveness of the programme, KEMENSOS has recently agreed to support the implementation to 100 districts across the country.

The established centres have been receiving referrals from hospitals, schools, birth registration centre and police. The staff are trained to assess the children and families’ needs to develop intervention plan and monitor the progress over a period of time. It acts as a focal point of case management centre in offering individualized services unlike *Program Keluarga Harapan* which sees the need of the household unit and takes on a more reactive approach. PKSAI was developed along an inclusive approach with the involvement of caregivers though immediate intervention is taken into account for particularly cases involving i) neglected children under 5; ii) neglected children above 5 years and out of home care; iii) children in contact with the law; iv) children with disabilities; and v) children in need of special protection (such as children victims of abuse, trafficked, etc.). With the inclusion of children in high-risk situation such as vi) having families/caregivers who unable to provide necessary care i.e. mental health, chronic illness, cared by elderly grandparents, single-parents etc; vii) living in unsafe home environment/surroundings; and viii) those excluded from social protection schemes.

The information of the children and families are keyed into centralized database Primedoro which also include the vulnerability database to facilitate the information management for different types of child protection programme and ensure the children are referred to relevant service providers to get the much needed assistance. It is currently being developed and tested into an “app” to assist social workers and frontline workers access to the information as well as synchronize the latest update with regard to the case on a secured platform to ensure confidentiality

and accountability. Enabling Case Supervisor to follow through the case development and flag urgent action should there be a gap in the deliverance of service. Results of the initiative would be made known at the end of 2018.

Abuse in institutions / orphanages
Violence and abuse within orphanages is also a major child protection issue faced by the Indonesian alternative care system. Although most abuse, negligence, and violence towards children in institutions likely goes unreported, a recent case received a substantial amount of attention. A boy of only 18 months recently died after being severely abused by caretakers at Tunas Bangsa Orphanage, in Tenayan Raya. An autopsy was conducted after the boy’s death, finding that he was blisters and bruises on his temples, cheeks, back and hands. Medical professionals state that these wounds are clearly caused by blunt objects or physical violence. However, doctors were unable to find the cause of death, as he boy was buried before the autopsy was ordered, and he had already begun to decay at the time of the investigation. There is limited information regarding the legal repercussions of this tragic incident, although reports state the orphanage in which the murder took place is now deemed illegal. However, it is unclear as to whether the boy’s death will cause legal authorities to reconsider the current state of child protection law in Indonesia.⁷⁷

⁷⁰ “Child protection a low priority in Indonesia.” IRIN. April 08, 2013. Accessed July 23, 2017. <http://www.irinnews.org/analysis/2013/04/08/child-protection-low-priority-indonesia>.
⁷¹ “Commission: Indonesian children face abuse emergency.” The Jakarta Post. October 12, 2015. Accessed July 23, 2017. <http://www.thejakartapost.com/news/2015/10/12/commission-indonesian-children-face-abuse-emergency.html>.
⁷² Article 75, Law on Child Protection No.23/2002. Republic of Indonesia.
⁷³ Alta Fölscher and Stephanie Allan. Unicef, Financial Benchmark for Child Protection [Indonesia Pilot]: Benchmark Report, Oxford: Mokoro 2015. 4.
⁷⁴ End Violence. Indonesia as a Pathfinder - To end violence against children: Discussion Paper. April 2016. 11. <http://files7.webydo.com/92/9216880/UploadedFiles/8BDFE004-AD15-981E-6475-9D1DC44F9F99.pdf>
⁷⁵ Ibid. 12
⁷⁶ Dionisio, Astrid Gonzaga. “Launch of the Integrated Child and Family Welfare Services – A Dream Coming True.”UNICEF. January 26, 2016. <http://unicefindonesia.blogspot.sg/2016/01/launch-of-integrated-child-and-family.html>.
⁷⁷ “A toddler dies allegedly as a result of violence in an orphanage.” KOMPAS.com. January 28, 2017. Accessed August 02, 2017. <http://regional.kompas.com/read/2017/01/28/19513941/seorang.anak.balita.meninggal.diduga.akibat.kekerasan.di.panti.asuhan>.

Birth registration

Birth registration also remains to be a major child protection issue in Indonesia. Approximately 60% of children under the age of five have birth certificates, and only 50% of children under the age of 5 have any form of legal registration. Although access to free birth registration is legally required under the Child Protection Law (2002), reports have shown that the Indonesian government has not yet prioritized the issue. Indonesia has not yet implemented a comprehensive civil registration system. Due to bureaucratic difficulties, many families ultimately decide not to register their children. This child protection issue may also be an economic problem, as many private registration centres and/or third party registers have been charging between USD10- 80 for birth registration, despite the fact that the law states that birth registration should be free. Without birth registration, children essentially do not have a recognizable identity, which can lead to labour exploitation, sexual exploitation, trafficking and a number of other harmful circumstances.⁷⁸

In recent years, recognizing the urgency to protect unregistered children the government had passed on new policies to remove some of the obstacles to birth certificate applications. The national administration fee for birth certificates have been removed and Law No 24 (2013) stipulated that civil registration is a protected right of which the government is obliged to act. The national birth certificate ownership for children has also been set out to increase to 85% by 2019.⁷⁹

Child trafficking

Child trafficking is a major child protection problem in Indonesia, particularly in areas such as Bali and Batam where there are higher amounts of tourism. Statistics provided by the Indonesian Child Protection Commission suggest that there are approximately 100,000 children and women being trafficked every year. These statistics also show that 30 percent of sex workers in Indonesia are below the age of 18. In 2016, a total of 56,000 underage sex workers were identified throughout the country. However, it should be noted that a large percentage of underage sex workers from Indonesia are trafficked to nearby countries such as Malaysia, Singapore and/or Hong Kong. Reports have shown that sexual abuse is more likely to be experienced by young boys than young girls, which is attributed to a lower likelihood of male trafficking perpetrators being caught. The growing number of children being trafficked into Indonesia is said to be caused, at least in part, by the use of social media platforms. While there was a high amount of trafficking prior to the use of social media, the numbers of children being trafficked through social media sites has escalated, as pimps and traffickers have reached out to a wider range of clientele through various apps/media platforms. In an effort to increase child protection on social media, the government of Indonesia has begun to block pornographic sites. As of October 2016, revisions to the Information and Electronic Transactions (ITE) have also been made, thus allowing legal authorities to have more control over suspicious behaviour on the internet. However, there is still a need for greater effort on the part of the government and the community to end child trafficking.⁸⁰



HOTLINES
Research was unable to determine a designated hotline or agency to attend to reports on child abuse.

workforce for care

4.1 Who/ which agencies are offering social work qualifications?

A recent report states that there are currently 35 undergraduate social service programmes, 3 graduate-level programmes, and 2 doctoral programmes. The national curriculum for social work/social service, the social service code of conduct, and the social work certification body were established through collaborative efforts between the National Council of Social Welfare, the Ministry of Social Affairs, the Indonesian Association of Professional Social Workers, and the National Council of Social Welfare.⁸¹

Uniquely in Indonesia, social work was offered at secondary (high school) level for four years with the decree Ministry of Education No.SK:24/C in 1946 through the establishment of the *Sekolah Pembimbing Kemasyarakatan* (SPK) in Solo province. 25 of the students were subsequently sent for further studies in the School voor Maarschapeljik Werk in Netherlands by KEMENSOS and eventually securing a position in the government. Further 2-year training programmes such as Basic Social Vocational Training (*Kursus Dinas Social A* (KDSA) and *Kursus Kejuruan Social Training Menengah and Tinggi* (KKSMT) were developed as foundational training programmes for the human resources devlopment of KEMENSOS.⁸² The courses were offered in training centres across other part of Indonesia including in Medan, Palembang, Semarang, Malang, Banjarmasin and Makasar, which lead to the formation of Sekolah Tinggi Kesejahteraan Social (STKS) in 1935 and for the first bachelor’s degree and post-graduate studies to be offered

by the Bandung School of Social Welfare in 1964.Followed by the University of Indonesia, University of Muhammadiyah Jakarta and Widuri Scholl of Social Work by the 1980s.

4.2 Is there an association/ accreditation body for the social workers?

In 2009, the Indonesian government passed the Social Welfare Regulation No.108/Huk/2009 alongside with the Ministerial Regulations on the Certification of Professional Social Workers and Social Welfare Officers (TKS), which states the requirements for obtaining a legal certificate and/ or license for social work. The law draws strict delineations between the various forms of social work and social workers, such as social welfare officers, professional social workers, social educators and volunteers.

While information on the social work accreditation process is mostly unavailable, it appears as though the social work certification body (created by the National Council of Social Welfare, the Ministry of Social Affairs, the Indonesian Association of Professional Social Workers and the National Council of Social Welfare) acts an accreditation body. The role of the Indonesian Association of Professional Social Workers (IPSPI: *Ikatan Pekerja Sosial Professional Indonesia*) is not disclosed by any available websites and/or documents. However, it would appear as though the Association plays an important role in maintaining standards for good practice. The Association has approximately 1,000 members, despite the fact that there are

at least 6,400 social workers employed by the government alone.⁸³ Though generally most professionals would seek endorsement from the National Board for Profession Certification (BNSP: *Badan Nasional Sertifikasi Profesi*).

4.3. How is the social work profession perceived in the country?

Social work seemed to have received no public recognition and roles were undefined. The professions have been traditionally known to be an extension of the government apparatus dictated by President Suharto’s regime (1966-1998).⁸⁴ Where all aspect of social work field development was controlled by the government and most of the social workers were appointed into government bodies to conduct charity works of the presidential family. Inevitably, having a debilitating impact on KEMENSOS and limited its capacity to develop and offer real social service provisions. As the social workers were given minimal training and restricted within the domain of pursuing the government agenda and its institutions.⁸⁵

⁷⁸ “Child Protection.” UNICEF Indonesia. Accessed July 23, 2017. https://www.unicef.org/indonesia/protection_2931.html.
⁷⁹ Santi Kusumaningrum, Cyril Bennouna, Clara Siagian, Ni Luh Putu Maitra Agastya. “Back to What Counts: Birth & Death in Indonesia – A study to institutionalize civil registration and vital statistics in basic services.” KOMPAK & PUSKAPA. July 2016.
⁸⁰ Rakhmat, Muhammad Zulfikar, and Dikanaya Tarahita. “Indonesia’s Child Trafficking Crisis.” Asia Sentinel. May 07, 2017. Accessed March 13, 2018. <https://www.asiasentinel.com/society/indonesia-child-trafficking-crisis/>.

⁸¹ Huebner, Gillian. “Review of Legislation and Policies that Support the Social Service Work Force in Low - and Middle - Income Countries.” Review. 7-8.
⁸² Fahrudin, Adi. “Social Work Education in Indonesia: History and Current Situation.” Journal of Social Work 4(1). April 2016. https://www.researchgate.net/publication/305815104_Social_Work_Education_in_Indonesia_History_and_Current_Situation
⁸³ Ibid.
⁸⁴ Setiawan, Dorita. International aid’s role in Indonesia’s social work professionalization process: A Narrative Analysis. Columbia University. 2016. 5.
⁸⁵ Ibid. 6



Professionalization of social work began only in late 1990s after the fall of the President Suharto's 32 year long reign. Though it was further noted the skill set of the social workers varied given that the social work education “varied in terms of programme content, teaching method, student admission qualification, duration of study, career outcome and the number of student intake” dependent on the learning institutions one was enrolled in.⁸⁶ There was also concerns that the professional education i.e. standards and curriculum does not seem to correlate nor deemed relevant to the country’s needs.⁸⁷ There is no distinction between social work and social welfare taught in both public and private schools and in turn the roles/responsibilities of social workers and social welfare workers i.e. para-social workers seem to overlap. In addition despite the pre-requisite of 600hrs of fieldwork, it was observed that many do not receive supervisory/clinical supervision to assist with the application of the theoretical knowledge into practice context.

At the moment, it was reported that there are about 700 social workers nation-wide and the government is working towards designating 1-5 social workers into the local government units. Separately, as part of the alternative care reforms, KEMENSOS and Save the Children had set up a working group in 2009 in planning and development of the social service workforce to support the paradigm shift of placing children in institutional care into family-based alternative care options.

⁸⁶ Fahrudin, A. “ Kertas Kerja penawaran program BSW, MSW dan DSW di Universitas Malaysua Sabah” Kota Ninabalu: School of Psychology and Social Work Universiti Malaysia Sabah.

⁸⁷ Ibid.

alternative care

The definition of alternative care of children is provided by the Ministry of Social Affairs’ National Standards of Care for Child Welfare Institutions (2011):

“ The care provided by parties other than the child’s core family, due to the family’s inability to provide appropriate care for children. This type of care can be performed through fostering, guardianship, or adoption.”⁸⁸

An additional definition is provided by UNICEF and Unite for Children’s report *Alternative Care for Children without Primary Caregivers in Tsunami Affected Countries*, which describes alternative care of children as, “Alternative care is defined as care for orphans and other vulnerable children who are not under the custody of their biological parents. It includes adoption, foster families, guardianship, kinship care, residential care and other community-based arrangements to care for children in need of special protection, particularly children without primary caregivers.”⁸⁹

The Ministry of Social Affairs includes an extensive list of terms and definitions pertaining to the social care system and child protection/care programmes:

As listed in the Alternative Care of Children Act (2016) and Republic Act 9523,

Terms	Definition
Child welfare institution	Social welfare institutions established by the government, local government, or private and community organizations that provides care services for children.
Child	A person under eighteen (18) years of age, including the unborn.
Parent	A natural father and/or mother, or stepfather and/or mother, or adoptive father and/or mother.
Guardian	A person or body that acts in loco parentis to a child.
Special Protection	<ol style="list-style-type: none">1. Children in emergency situations2. Children in contact with the law3. Children from minority and isolated groups4. Children being economically or sexually exploited5. Child victims of the misuse of narcotics, alcohol, psychotropic substances and other addictive substances6. Child victims of kidnapping, sale and trading7. Child victims of physical, sexual and/or mental violence8. Disabled children9. Child the victims of abuse10.Neglected/abandoned children
Children in emergency situations	<ol style="list-style-type: none">1. Refugee children2. Children who are the victims of social disturbances3. Children who are victims of natural disasters4. Children who find themselves in the midst of armed conflicts
Separated Child	A child who has been separated from both of his/her parents, or primary guardian based on adat or state law. However, for the purposes of this definition it is not necessary for the child to be separated from his/ her siblings. Accordingly, the definition of an unaccompanied child does not include children who are accompanied by other adult members of their families, such as a grandfather/grandmother, uncle/aunt, or some person who is known and familiar to the child or some person from the same community (family friend, neighbour, a person from the same village, etc.)

⁸⁸ The National Standards of Care for Child Welfare Institutions. Publication. Ministry of Social Affairs, 2011. 15. Accessed December 4, 2016.

⁸⁹ Alternative Care for Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF EAPRO, 2006. 15. Accessed December 4, 2016. https://www.unicef.org/eapro/Alternative_care_for_children.pdf.

Terms	Definition
Unaccompanied Child	A child who has been separated from both of his/her parents, and is not being taken care of by an adult who has a responsibility under adat or state law to do so. Should the child be taken care of by an adult but the child is not familiar with this adult, or the said adult be from a different geographical area (different district), then the child shall continue to be treated as an unaccompanied child.
Orphan	A child whose two parents are known to have died.
Child Abuse	Anything which individuals, institutions or processes do or fail to do which directly harms children or damages their prospect of safe and healthy development into adulthood.
Family	The smallest unit in society and shall consist of husband and wife, or husband, wife and child, or father and child, or mother and child, or a family consisting of blood relations in a straight line up to the third degree.
Substitute Family	The substitute family that replaces the role of the nuclear family in providing care for children; consisting of kin, foster family, adoptive family and guardians.
Adoption	The permanent surrender under adat or state law of the rights and responsibilities of natural parents to a child's adoptive parents.
Referral	A mechanism whereby the Child Welfare Institutions makes a referral for the child or family to other competent institutions when facing difficulties or lack of resources in fulfilling the child's care needs.
Intake Contact	The preliminary contact between the children and the service providers in the Child Welfare Institutions, followed by an assessment to provide appropriate intervention.
Assessment	The process to identify: 1) the problems experienced by the child and family in relation to children's care; 2) the preparedness and capacity of prospective substitute parents; 3) the resources that can be utilized to support the child and his/her family.
Care Plan	A plan developed in order to fulfil the child's needs for short-, medium, or long-term care. It is collaboratively prepared by the carers, social workers, parents, and children, as well as other authorities if necessary, in accordance with the result of assessment on the children and their families, as well as other relevant assessments related to the needs of the children.
Intervention	Activities to implement the care plan by providing services to the child in the family or in the environment of a Child Welfare Institution.
Placement	The agreement for a child to live within a certain type of care arrangement, either in the family or in an alternative family or in a Child Welfare Institutions
Placement Review	The process of reviewing the child's placement in temporary care, such as foster care, guardianship, or placement in a Child Welfare Institution.
Permanency Planning	Permanency planning is the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caregivers and the opportunity to establish lifetime relationships.
Supervision	The process of providing administrative, educative and encouraging support to the social workers performed by a senior social worker who is experienced in working in child services.
Monitoring/Evaluation	The activity to get an understanding of the services and processes provided process and review of the implementation of the care plan objectives.
Termination	The process of services for the child and the family as the objectives of intervention for the child and family are achieved.

Statistics of children in alternative care



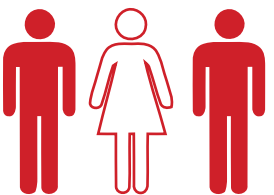
Total number of children in alternative care
Data unavailable.



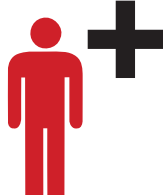
Legal age of leaving care
Data unavailable



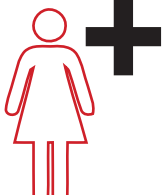
Total number of children in residential / institutional care
Due to the decentralized structure of social services and welfare in Indonesia, available data on the total number of children in care can only be roughly estimated.⁹¹ There is no official monitoring service in operation, and there is currently no country-wide mapping report. Through the BBM programmes, Save the Children, UNICEF and DESPOS were able to estimate two rough figures on the number of children in residential care facilities, depending on the number of active institutions in Indonesia. If there are 5,250 institutions, it is estimated that there are approximately 225,750 to 315,000 children in alternative care institutions. However, if the estimated number of alternative care institutions is higher (8,610 institutions), the number of children in institutional care would roughly amount to 370,230 - 516,600.⁹²



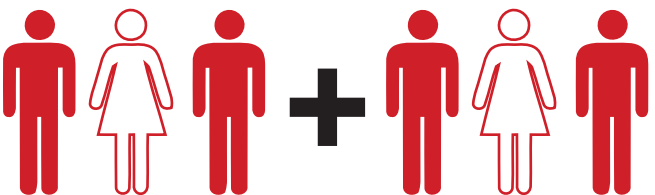
Total number of children in family-based care - foster care / kinship care
Data unavailable



Total number of boys in care
Data unavailable



Total number of girls in care
Data unavailable



Total number of children adopted
79 domestic adoption placements within the period 2012-2013.

⁹¹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 2. Accessed November 12, 2016.
⁹² Ibid. 19.

structure of care for children & young persons with disabilities

Research has yielded somewhat minimal information on the programmes and services made available to children/ young persons with disabilities in Indonesia. However, some sources indicate that there are very few disability services. Indonesia only recently ratified the United Nations Convention on the Rights of Persons with Disabilities in 2011, mainly in response to various disability campaigns that were led by disabled people’s organizations and Handicap International. Overall, it appears as though Handicap International may be the most active INGO in the process of establishing a system of care for persons (including children) with disabilities. The organization began its work in Indonesia in 2005, when Handicap International offered rehabilitation services/physical therapy to handicapped victims of the Tsunami. Still, Handicap International is relatively small, with only 23 staff overall. The organization continues to fight for inclusive education and disability rights in Indonesia, but sector needs more actors in order to be strong. According to the Handicap International website, the vast majority of services for persons with disabilities in Indonesia are inaccessible and/or severely understaffed by personnel that lack the necessary training.⁹³

A local Indonesian NGO, the Bhakti Luhur Foundation, is reportedly the largest organization for community based rehabilitation in the country. The NGO utilizes the UN Community-based Rehabilitation (CBR) strategy to provide and promote community care for persons in crisis (i.e. earthquake survivors). The care provided would include educational assistance,

livelihood/financial assistance, medical services, as well as political and social interventions. However, the core purpose of the CBR strategy is to provide assistance to children, young persons and adults with disabilities. Thus far, the Bhakti Luhur Foundation has assisted 3,570 children with disabilities. The Foundation has 40 rehabilitation centres across Indonesia, spanning approximately 15 provinces. There are a number of initiatives under the NGO, which are made possible through various partnerships/alliances with other organizations and social assistance groups (i.e. ACBRI “Association for Community Based Rehabilitation Indonesia).

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Another disability-focused NGO operating in Indonesia is the Kupu-Kupu Foundation. Based on the information provided by Kupu-Kupu’s website, it seems as though the organization came to many of the same conclusions as Handicap International. The website states that persons with disabilities are discriminated against to the point where handicapped children do not dare to attend school, and adults with disabilities tend not to leave the house or be seen in public. Overall, physical and mental disabilities are highly stigmatized, which severely affects the availability of care and support services for children, youth and adults with disabilities. In the response to the unmet needs of persons with disabilities in Indonesia, Kupu-Kupu offers a range of rehabilitation and support services, including: community outreach/ conversations to increase awareness, school/education related transportation services, assistance with medical care, assistance with physiotherapy and surgical operations, provision of equipment (i.e. wheelchairs and physical aids), employment assistance (mainly making and selling handicrafts), and architectural adaptation services (installing wheelchair ramps, etc.). Notably, both Kupu-Kupu and Handicap International are primarily funded by donations.⁹⁴



⁹³ “Indonesia.” Handicap International. Accessed July 24, 2017. <http://www.handicap-international.us/indonesia>. Copyright 2017.

⁹⁴ “Kupu-Kupu Foundation.” Kupu-Kupu Foundation. Accessed July 24, 2017. <http://www.kupukupufoundation.org/>.

family-based care.....

6.1 What is the definition of family-based care? How is it defined? Is there emphasis on/priority given to it?

The Indonesian Government does not appear to have a formal definition of family-based care. Generally, the term family-based care is used in Indonesia to refer to care practices such as foster care, kinship care and adoption (or kafala care). As the development of family-based care services in Indonesia is fairly recent and somewhat dependent on the influence of INGOs, the country’s definition of family-based care is likely based on the UN’s definition of family-based care under the Guidelines for the Alternative Care of Children. Nonetheless the right for a child to remain within own families is clearly stipulated in the Law on Child Protection, Article 14 (1) that states

“ Every child has the right to be raised by their own parents, unless there is a reason and/or regulation which suggests that the separation of parents and children are in the best interest of children and is the final judgement.

Notably, the roles of the parents are also expanded in subsequent Article 26 (1) indicating; “The parents have the duty and the responsibility to:

- a. Take of, nurture, educate and protect the child;
- b. Raise the child based on his/her ability, talent and interest; and
- c. Prevent an early marriage of the child;
- d. Give character education to the child.”

6.2 Is there a need for family based service? Justify answer; what indicators suggest this?

KEMENSOS and Save the Children’s research report, *Someone that Matters*, references a national population survey that was taken in 2000, in which there were a reported 60 million children (under 15 years old) living in households within their communities. The findings of this survey suggest that only 3.4 million of the children included in the study were living with their mother, while 1 million children were living with their father. A large percentage of children under 15 were not living with either parent, but were under the care of their grandparents (58.6%) or extended family (29.3%). An estimated 88% of children with deceased parents were found to be under the care of extended family. Overall, 50 million children were found to be in family based care.⁹⁵ Although these statistics are slightly outdated, the prominence of family based care in Indonesia is highlighted by the research findings. With these statistics in mind, the practice of kinship and foster care seems to be strong, but there is limited information on the amount of government and private funding that goes towards supporting family based care programmes. This is made further complicated by the fact that kinship care tends to be an informal practice in Indonesia, which may limit the Ministry of Social Affairs’ ability to collect data on funds, donations, grants and conditional cash transfers made to those in informal family based care situations.

The concept of institutional outreach programmes became more widely recognized with the growing shift toward deinstitutionalization, but the efficacy of these programmes is controversial. The DEPSOS General Guidelines for the Operation of Child Care Institutions (2002), alongside the DEPSOS Guidelines for the Provision of Child Care in Institutions, define the role of institutional care facilities in a manner that encourages greater involvement in the provision of family and community based services.⁹⁶ The guidelines suggest that residential care facilities should act as referral agencies for children and families in need of support.⁹⁷ Other encouraged modes of institutional operation include the provision of information and data to third parties, as well as using the institutional care platform to provide the surrounding community with health services (such as counselling, health services, etc.).⁹⁸ Essentially, child care institutions were to be repurposed by way of turning residential care facilities into community outreach centres. With such a marked lack of comprehensive data on family based care programmes and funding, it is difficult to accurately assess the current state of family based care. This issue is also addressed in *Someone that Matters*: “Without accurate data it is simply not possible to fully understand the trends regarding the establishment of childcare institutions and as such it is also difficult to identify what may be triggering an expansion in the use of residential care in Indonesia.”⁹⁹

6.3 Is there poor practice or short-fall of service? are standards very high; is the sector strong? if there is a need; then why? – Short-falls come from; Private sector? Government?

While available information on family based services is limited, there are some statistics that highlight a potential short-fall of service concerning government funding. In 2006, a sum of USD17.6 mil was allocated to the various provinces of Indonesia through Decentralized Funds (Dekon).¹⁰⁰ Over 50% of the sum (USD10.5 mil) was given to child care institutions, while only USD9 mil was allocated (to local governments) for neglected children.¹⁰¹ This is indicative of the fairly low level of support that family based care providers receive in comparison to child care institutions. Another downfall of the sector is the general inclination towards institutionalization as the best possible option for children who come from families that are not able to meet their child’s basic needs. Save the Children’s research report found “...it was also clear that where the family was deemed ‘too poor’ to care properly for their children, in particular pay for their education and provide a standard of living that was deemed suitable, the institution would see the child’s best interest as being taken into the institution.”¹⁰² This attitude towards social welfare assistance suggests that institutions are more capable than parents/families when it comes to meeting the needs of vulnerable children.¹⁰³ Ultimately, such emphasis on the need for institutional placement in times of crisis is indicative of the sector’s understanding of what

it means to provide children with aid, which undermines both the family and the community’s ability to care for children. It also suggests that children’s relationships to their families are not a priority,¹⁰⁴ and the needs of children are solely related to educational and financial support.

In recent years there has been a notable attempt to incorporate community involvement into the structure of social welfare and healthcare provision for families. In this sense the third sector also plays a substantial role in creating and managing various forms of social care for vulnerable and abandoned children/families in Indonesia. According to the Save the Children report entitled *Changing the Paradigm* (2013), there are entire social care provision units that are operated by local communities for local communities. The report states:

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

There is limited information on the government funding process that was involved in establishing this community operated centre, but the notion of a community based care programmes could be perceived as an active shift away from the perpetuation of the institutionalization model. However, further information on the success of community run care centres is not made available. Despite the growing trend of de-institutionalization, there is still a large number of institutional child care centres in operation.¹⁰⁶ The de-institutionalization (DI) movement only came into being in 2011,¹⁰⁷ after a substantial number of residential care centres had already been established in response to the tsunami and earthquake crises of 2004.

During the course of time, KEMENSOS 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. 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.¹⁰⁸

⁹⁵ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 24. Accessed December 1, 2016.

⁹⁶ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 24. Accessed December 2, 2016.

⁹⁷ Ibid. 24.

⁹⁸ Ibid. 24-25.

⁹⁹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 28. Accessed December 1, 2016.

¹⁰⁰ Ibid. 29.

¹⁰¹ Ibid. 29.

¹⁰² Ibid. 261.

¹⁰³ Ibid. 262.

¹⁰⁴ Ibid. 266-267.

¹⁰⁵ Florence Martin. Changing the Paradigm. Report. Jakarta Selatan: Save the Children Indonesia Country Office, 2013. 12. Accessed December 2, 2016.

¹⁰⁶ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. x. Accessed November 12, 2016.

¹⁰⁷ Florence Martin. Changing the Paradigm. Report. Jakarta Selatan: Save the Children Indonesia Country Office, 2013. x. Accessed December 2, 2016.

¹⁰⁸ Martin, Florence & Sudrajat, Tata. “Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children (RPSAs).” Save the Children. 2011.

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

The need for family based services, particularly in the form of social welfare and cash transfers, is openly recognized and addressed by the Indonesian government. The importance of community support is widely acknowledged in Indonesia. It is evidenced by the communal commitment to social solidarity, which has become the very foundation of DEPSOS policies and programmes concerned with social welfare.¹⁰⁹ Yet, there remains to be a growing number of institutional care centres for children in Indonesia. There is an underlying issue of policy implementation and structural change to the existing care framework that requires the attention of KEMENSOS, DEPSOS, and other government and non-government organizations with political influence.

Nonetheless, family-based care options such as fostering, guardianship and adoption are now enlisted in the National Standards of Care (2011) as part of the continuum of care as priority substitute family-based care should care not be possible within the child’s family. All the enlisted care provisions are currently being reviewed with residential care being reinforced as the last resort in comparison to previous reliance on residential care as the only alternative care option.

In revolutionising the care reforms (within the same decree), the institutional/residential care sector is redefined as Child Welfare Institutions (LKSA) transforming their roles and broadening their scope/function to also provide direct support to the family as well as facilitating and supporting the substitute family-based alternative care options listed. Further reinforcing the ultimate aim in returning the children back to family of origin by helping the family’s capacity to care for the care or exploring permanent care when all efforts have been exhausted. With emphasis that children below the age of 5 years old “should always be placed in family-based alternative care and only be placed in Child Welfare Institutions for the shortest period of time and as an emergency measure until suitable foster or adoptive parents are identified.”¹¹⁰

In addition, Chapter III of the National Standards of Care (2011) spells out the appropriate response for the LKSA to meet the care needs of the children. Besides laying down the pre-requisite of carrying out a thorough assessments to formulating care plans, duration of stay is also indicated i.e. up to a maximum of one month for emergency care and 1-18 months for short-term placement. A more permanent care solution should be sought if longer than the stipulated period.¹¹¹

6.5 What model(s) of family based care is used?

Family preservation / strengthening i.e. preventing admission into institutional care:

Prevention of family separation is as one of the key principles in Chapter II, C of the National Standards of Care (2011) setting the tone that it “should always be the main objective in the implementation of services for the child, unless there is a valid reason and/or legal decision that determines that separation is in the best interest of the child and is the final consideration.”¹¹²

In 2007, the government of Indonesia developed a conditional cash transfer (CCT) programme called *Program Keluarga Harapan* (Family Hope Programme) with the support of World Bank. Notably, the CCT programmes is linked to The International Programmes on the Elimination of Child Labour (IPEC). The programmes was designed to carry out the following tasks:

- i. To improve socio economic conditions of very poor households
- ii. To improve education level of children from very poor households
- iii. To improve health and nutritional status of pregnant women, ibu nifas (after childbirth), and children under 6 years in very poor households
- iv. To increase access to and quality of education and health services, especially for the very poor households.”

One of the main concerns of the *Program Keluarga Harapan* (PKH) is the provision of education to children (ages 6-15) who are not enrolled in school. The programmes also emphasizes the need to provide children with educational opportunities as a means of reducing child labour in Indonesia. A monitoring service is built into the programmes, which requires social workers to make formal inquiries regarding the child’s attendance history. This monitoring process is carried out every 3 months. It is estimated that the CCT programmes has reached 500,000 families thus far, with the intention of reaching over 6 million families (by 2015¹¹³).¹¹⁴ It succeeded its mark to reach 6 million families in 2016. In addition, President Jokowi had also introduced another flagship education initiative *Indonesia Pintar – Bantuan Operasional Sekolah* which also support 20.3 million children between the ages of 6 to 21 to help fund their education.¹¹⁵

Subsequent CCT programme under *Program Kesejahteraan Sosial Anak* (PKSA) was launched under the Decree No: 15A/HUK/2010 of the Minister of Social Affairs that states the objective “of Child Welfare Program (PKSA) is to ensure fulfilment of the basic rights for children and child protection from neglect, exploitation and discrimination so that development, survival and participation of children shall be achieved.” Basically to service the most vulnerable children whom have been overlooked by the PKH or any other social service/protection programmes. Hence, it distinctively targeted to i) neglected children under the age of 5 years; ii) street children and neglected children above 5 years; iii) children in contact with the law; iv) children with disabilities; and vi) children in need of special protection which was estimated to be at 4.3 million children.¹¹⁶ The programme offers a cash handout of IDR 1 million (USD72) alongside with some level of intervention on child welfare/protection and where 686 social workers were deployed to implement the initiative with 5,563 child-care institutions.¹¹⁷

Another initiative which devolved as a preventive measure in keeping families intact was the establishment of the Child and Family Support Centres (PDAK: *Pusat Dukungan Anak dan Keluarga*). PDAK is a collaboration between Save the Children and the local government authorities relying substantially on professional social workers to deliver case management and supervision of vulnerable children and families. It was first piloted in Bandung province in 2010 and subsequent units were set up in Cianjur regency, Yogyakarta, Kupang, Sumba and Lampung provinces. Reason for its formation include:

- 1) “Provide direct professional and effective support to children who need protection and care services.
- 2) Work with children, families, childcare institutions and governmental social service agencies to determine the best long-term approaches so as to prevent children being unnecessarily placed in childcare institutions.
- 3) Support Child Welfare Organizations/Institutions (LKSA) in implementing the National Standards of Care for Child Welfare Organization (SNPA) through, among other things, reviewing the placement of children in institutions, preparing care plans, encouraging reunifications, and conducting referrals.
- 4) Improve the skills of local Non-Governmental Organizations (NGOs) in conducting case management so as to restore exploited children to their families and facilitate their access to social services.”¹¹⁸

The team in PDAK Bandung is made up of 5 staff; 3 of which are qualified Social Workers. The Direct Response Co-ordinator takes the lead in overseeing 2 Monitoring & Evaluation Officers, 1 Project Co-ordinator and 1 Village Co-ordinator. The 3 Social Workers takes on the caseload of 30-50 cases at hand and receive an average of 3 referrals monthly. They shared that a local midwife would often approach the centre about unwanted children and the team will work on securing community-based care option for the child which comes easily as it is a cultural norm. Case discussion are also conducted between the local authority social workers and relevant agencies who are involved with the child/family. There have also been several cases of sexual abuse which brought to attention through the attention by the community/family while cases of neglect were often referred by the local police. In addition, the centre also hold positive disciplining sessions whereby the Village Co-ordinator will meet weekly over a period of 10 weeks and make 4 home visits to the identified cases needing the supervision with regard to safeguarding the care of the children.

¹⁰⁹ Someone That Matters: The Quality of Care in Childcare Institutions in Indonesia. Report. Save the Children, 2007. 30. Accessed December 1, 2016.

¹¹⁰ The National Standards of Care for Child Welfare Institutions. Publication. Ministry of Social Affairs, 2011. https://www.crin.org/en/docs/Indonesia_National%20Standard%20of%20Care%20for%20Child%20Welfare%20Institution.pdf

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ There is no available information on the success of this goal.

¹¹⁴ “Linkages with Government of Indonesia Conditional Cash Transfer (Program Keluarga Harapan).” Linkages with Government of Indonesia Conditional Cash Transfer (Programmes Keluarga Harapan). 2010. Accessed November 12, 2016. http://www.ilo.org/jakarta/info/WCMS_126737/lang-en/index.htm.

¹¹⁵ Sri Mulyani Indrawati. “Unlocking the Future, Investing in Indonesia’s Human Capital.” October 19, 2017. <https://www.linkedin.com/pulse/unlocking-future-investing-indonesias-human-capital-indrawati/>.

¹¹⁶ Introductory section of the PKSA Guideline (MoSA, 2011).

¹¹⁷ Bernd Schubert, Binahayati Rusyidi, Ajeng Purnama Pratiwi, M. Akhbar Halim. Rapid Assessment of the Child Social Welfare Program (PKSA). KEMENSOS & UNICEF. January 2015. <https://www.unicef.org/indonesia/PKSA2015en.pdf>

¹¹⁸ Case Management in Child and Family Support Centres / Pusat Dukungan Anak dan Keluarga (PDAK). Australian Aid & Save the Children. 2016. 1.

Family assistance i.e. family tracing / reintegration / reunification etc;

There is limited information concerning the status of family assistance and family reunification services in Indonesia. Nonetheless, it was noted in the Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations (2005) that family reunification is the priority for children who are unaccompanied, separated with their parents or family/relatives or children who have lost a parent. The policy further conscript that the first few steps of intervention are to identify/trace the parents or family members and support the reunification. However, if it unfeasible DEPSOS and other welfare organizations are to help the families who are hosting such in their own communities or explore fostering of such children within their own communities.¹¹⁹ These families are to be further assisted under the “special family support” i.e. sustenance provided such as

1. “food and shelter;
2. support in the form of sponsorship or the provision of material assistance (clothes, household utensils/goods, etc.);
3. organizing of activities that are capable of providing/increasing family income;
4. reducing or eliminating school fees;
5. provision of free health services, including reducing the cost of medicines or providing these free of charge;
6. provision of psychosocial support;
7. providing referrals to specialists; and
8. establishing parent support groups.”¹²⁰

In addition, the period of attempt towards family reunification is stated to be at the minimum of 6 months before alternative care option such as placement into “a foster child programme, placement in a group home with a familial environment, or putting the child up for adoption.”¹²¹ A Ministerial Decree of Social Affairs No.15 A/ HUK/2010 was also passed on in 2010 to regulate on family reunification.

A more recent notable family-focused care services have been made available to vulnerable children/families through an alliance formed between Muhammadiyah and Family for Every Child (the Family Based Care Alliance). Due to the somewhat recent emergence of family-based care as a formalized care practice in Indonesia, the alliance was only created in 2014. Thus far, the alliance has acted more as a strategizing and idea-sharing group, as the organizations involved prepare to conduct an analysis of family-based and institutional/residential care. Once more information is gathered, the alliance plans to initiate a dialogue about family-based care between care-providers (including the alliance) and ministers/government officials. The Family Based Care Alliance intends to begin the sectoral shift towards family-based care by developing new child protection and care legislation. Further information pertaining to the aims and plans of the alliance is not available.¹²²

CELCIS Centre for Excellence has also established a Family Support Centre in West Java, Indonesia. According to the CELSIS website, the centre provides services that are designed to keep children from being institutionalized. The Family Support Centre has reunified 30 children with their family members, and it offers a formalized foster care service that has benefitted at least 450 children so far. However, the website is not forthcoming in regards to the services and programmes provided by the Family Support Centre, which makes it difficult to accurately assess the range of services offered.¹²³

Kinship care

In keeping with the practice of foster care, kinship care is also an unregulated practice in Indonesia. However, it is a widely used form of alternative care for vulnerable children. Due to the informal nature of kinship care in Indonesia, there is limited data available on the number of children who are in kinship care situations.¹²⁴ Thou it was reported that a national bureau survey indicated that about 2.15 mil children under the age of 15 years were under the care of relatives in 2000. A subsequent chart in 2010 showed an increased from 88% to 90% were living with extended families members. Of which 80-85% being grandparents again an increase from the 59% reported in the 2000 survey.

There are also various forms of kinship care practice in the respective ethic communities across the country. For example, the Sundanese will entrust the care of child with immediate family

members *under ngukut anak* (literal translation “taking care of a child”) custom while the Javanese would practice *mupon/ngenjer*; Maluku with *mata rumah*; and Minang- West Sumatra adopt their *adat of anak dimbing kepakanan*. Evidencing the richness and multiple adaptations of the care provisions that deeply rooted within the local customs. More importantly, reiterates the cultural norm of caring for the child within extended family/ community and familiar environment mindful of the child’s attachment and issues in adjusting to a completely foreign setting. Nonetheless, there are several challenges and disadvantages of kinship care which include financial constraints of caring for another child (especially for poor/big household), difficulty in accessing *Program Keluarga Harapan* (lack of documentation), differential treatment between biological children and aging grandparents who are grappling with health issues etc.¹²⁵



¹¹⁹ Ministry of Social Affairs of the Republic of Indonesia. Indonesian Government Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations. 9. 2005

¹²⁰ Ibid. 7.

¹²¹ Ibid. 19.

¹²² <https://www.familyforeverychild.org/news/new-alliance-to-promote-family-based-care-in-indonesia/>

¹²³ Moving Forward: Implementing the Guidelines for the Alternative Care of Children. “Child and Family Support Centre, Indonesia.” CELCIS Centre for Excellence. Accessed July 28, 2017. <http://www.alternativecareguidelines.org/Default.aspx?tabid=2620&language=en-GB>. Copyright 2013.

¹²⁴ Ibid. 26

¹²⁵ O’Kane, Claire and Lubis, Sofni. “Alternative Child Care and Deinstitutionalisation.” SOS Children’s Village International & European Commission. October 1, 2016. 26.

Foster care

According to the UNICEF report *Alternative Care for Children without Primary Caregivers in Tsunami-affected Countries*, foster care is an informal practice in Indonesia. Although foster care is generally seen as a form of impermanent placement, the term is often used interchangeably with adoption and guardianship in Indonesia. Because foster care is practiced informally, foster care placement is not regulated or monitored by the Ministry of Social Affairs (DEPSOS or KEMENSOS) or any alternative child care agencies connected to the government.¹²⁶ Foster care can be provided by the sector, through informal arrangements, and/or through both registered and unregistered NGOs. According to UNICEF's report *Alternative Care for Children without Primary Caregivers in Tsunami Affected Countries*, there are no specific laws pertaining to foster care practice in Indonesia. However, the Guidelines for Non-Institutional Services to Neglected/Abandoned Children apply to all foster care arrangements.¹²⁷

The private sector does provide fostering services, as well as community and family based services such as access to education and medical facilities. However, foster care and kinship care have historically been considered informal practices in Indonesia and noted to be another mechanism in keeping the child within a family setting. Legislation on the right of the child to a family did not explicitly address foster care or guardianship until the Law No. 23/2002 on Child Protection (Article 38) was enacted in 2002. With this information in mind, the inclusion of a foster care model as an integral and formalized component of alternative child care is a fairly new development in Indonesia. According to Save the Children's report *Someone that Matters*, following the adoption of Law No. 23/2002 on Child Protection institutional child care facilities in Indonesia shifted towards the provision of family based care through the institutions themselves.

“The **aim of the Panti Sosial Asuhan Anak (Social Institution for the Care of Children or Childcare Institution) was originally to act as alternative ‘**parent**’. At the same time social welfare concepts developed in the Ministry of Social Services increasingly saw these institutions as playing a broader role, becoming focal points for the delivery of services for children and their families at the community level.”**

¹²⁶ Alternative Care for Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF EAPRO, 2006. 26. Accessed December 4, 2016.

¹²⁷ Alternative Care for Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF EAPRO, 2006. 15. Accessed December 4, 2016.

Foster care was also listed as an alternative care option in the Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations (2005) should family reunification be impossible. Specifying that fostering placement should be prioritize within the family i.e. formalized through the granting of guardianship or foster-parent before considering foster carers outside the family. If the latter option is considered the child is to be placed first with “foster parents in his/her own community and with family which is known or familiar to the child” and subsequently with “a family which is not known or familiar to the child but which is a part of the same community”. The last option is “placing of the child with a family outside his/her own community.”¹²⁸ It further differentiate emergency foster care plan to more appropriate long-term/permanent foster care plan after proper assessment.

The National Standards of Care (2011) further reiterate foster care as a temporary placement. In 2012, a working group by Save the Children and KEMENSOS was established to initiate the discussion to developing the foster care provision. At present, only SOS Children’s Viilage & Muhamaddiyah are the only known organizations to be offering the care provision. It is more recent development for SOS while Muhammadiyah had started offering foster care since 1970s which was further developed through the organization’s guidebook i.e. Buku Pedoman in 1989. Both organizations together with other relevant agencies have been actively involve establishing formal/regulated formal foster care. Discussions are on-going in articulating the National Standards of Care regulations into real practice and proper implementation of foster care across Indonesia.

Adoption

The adoption system in Indonesia only allows for formal domestic adoption to be carried out, as inter-country adoption is considered to be an illegal practice. There are presently 10 agencies authorised by the Ministry of Social Affairs (KEMENSOS) to facilitate domestic adoption and the adoptions are mainly governed by

- Law on Child Protection No. 23/2002 (Articles 39-41)
- Government Regulation No. 54/2007
- Government Regulation No. 110/2009

A child can be formally adopted through an agency that is licensed to process the procedure. Notably, only children under the age of 5 can be legally adopted, which limits older children and young adults access to family placement. There are considerable drawbacks to the adoption system in Indonesia, considering that “...*a child can be returned at any time if the adoptive parents are not satisfied with his or her behaviour or if they find they cannot cope with the demands of parenting.*” In this sense, adoption is not necessarily treated as a form of permanent placement. In some cases, adoptive parents are given the option to exchange their adopted child for another orphan or vulnerable child who is in the adoption system.”¹²⁹ Having said that, the Government Regulation No. 54/2007 defines adoption as a legal action that transfers the child’s civil and legal rights from his/ her natural parents to the authority of the adopting parents. Adoption implies legal consequences in the form of guardianship and inheritance. Though it was further noted that traditionally there have been two kinds of adoption; i) based on the court system and ii) based on customary law (*adat*). When using traditional institutions, the determination of inheritance for adopted children is dependent on customary law. Inheritance and name/identity are maintained to the birth family. The informal adoption practice is predominant within the ethnic communities such as Batak, Sunda and Minang communities. Field sources reported that there are 306,000 children under such informal adoption. In recognition that customary practice may contribute to greater risk of illegal and harmful adoption practices, laws and regulations have been strengthened and being reviewed to ensure that adoptions are formalised through the court.

KEMENSOS does not make additional information concerning the registration process of adoption agencies, etc., available online. Reportedly, only one agencies is licenced to facilitate inter-country adoptions.¹³⁰ Various sources also state that inter-country adoption is illegal in Indonesia, and the Indonesian government has not signed the Hague Convention. It is unclear as

to whether any agencies or government unit would be legally permitted to facilitate an inter-country adoption under special circumstances to date. It was reported that are about 800 social workers designated in the provincial local government units to facilitate adoption. Domestic adoption figures was reported to stands at 979 while inter-country adoption is 130 adoption for 2017.

The adoption process involve the prospective adopters to submit application to the Head of the Provincial Social Affairs Agency (DINAS) which will then assign it to the child care institutions to assess the eligibility. The agency will then register the PAPs and conduct a home visit/ assessment jointly with DINAS. If cleared the applicants can be placed with a child for a minimum of 6 months whilst the placement is monitored. Following this the adoption application will be referred to an inter departmental committee called Tim PIPA and comprising of DEPSOS, Department of Justice, Department of Health, Department of Home Affairs, Department of Foreign Affairs, Department of Religious Affairs, Police Headquarters, Office of the Attorney General, and Office of the Coordinating Minister for People’s Welfare. Tim PIPA present to the court their recommendation. For foreign applicants, they are to submit their application for adoption to Yayasan Sayap Ibu/YSI (the only accredited agency to handle adoptions involving foreigners), which will then forward it to DEPSOS. Similarly, YSI and DEPSOS officers will conduct a home visit to assess the eligibility and facilitate a six-month foster care agreement so that the child can be taken to the PAPs’ residence in Indonesia (Note: The child must be a least three months old before he/she can be taken home.) The legal fees paid to Yayasan Sayap Ibu for cross-country adoption is approximately USD800 (not inclusive of passport application, document translation, court proceedings, and document authentication fees.)

While ensuring stability and protection, the adoption requirements and procedures can be seen by many to be bureaucratic thus putting off some prospective adoptive parents from starting and finalising the process. Having said that despite increasing regulations, concerns about illegal adoption practices and corruption, including concerns about some non-government agencies that have a licence to support adoption have been raised. In a 2009 report, the United Nations Children’s Fund (UNICEF) listed illegal adoption as one of the main reasons why children are trafficked in Southeast Asia. According to some reports new-born babies are being traded on a “lucrative black market” in Indonesia that could involve hundreds of children a year, some going illegally to parents offshore. Pregnant women have been propositioned to give up their babies at pre-natal health checks and new mothers approached in the maternity ward, according to a recent court case that exposes the trade.¹³¹ In 2015 another case saw the Indonesian police arrest three suspects over a plan to sell a three-month-old baby boy to Singapore for almost \$11,000. Acting on a tip-off, police from the Riau Islands province raided a house in Batam and arrested three Indonesians - the baby’s father, a midwife and a broker. They also seized a documented receipt confirming the transaction of a baby for USD8,000.¹³²

¹²⁸ Ministry of Social Affairs of the Republic of Indonesia. Indonesian Government Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations. 2005.

¹²⁹ Ibid.

¹³⁰ “How to Adopt from Indonesia.” Adoption.com. N.p., n.d. Web. 28 July 2017. Date of publication unavailable.

¹³¹ Bachelard, Michael. “Thousands of babies sold on Indonesia black market.” The Sydney Morning Herald. May 11, 2013. <https://www.smh.com.au/world/thousands-of-babies-sold-on-indonesian-black-market-20130511-2jeaj.html>

¹³² Arshad, Arlina. “Indonesia arrests 3 suspects over plan to sell 3 month old baby to Singapore.” The Straits Times. June 22, 2016. <http://www.straitstimes.com/asia/se-asia/indonesia-arrests-3-suspects-over-plan-to-sell-3-month-old-baby-to-singapore>



Kafala
Various sources have implied that *kafala* care is used as a form of alternative care for vulnerable children in Indonesia. However, research did not yield extensive information as to where and/or how *kafala* care is offered. Arguably, field sources highlighted that the principles of *kafala* is incorporated into the adoption practice.

Guardianship
The guardianship process can be best described by UNICEF’s report *Alternative Care for Children without Primary Caregivers in Tsunami-affected Countries*, which states: “In Indonesia, Law No. 23/2002 on Child Protection (Articles 33-36) provides that an individual or institution may be appointed to serve as a guardian of a child. A new regulation on requirements and procedures for the appointment of guardians is in process. Under this measure, a guardian may be appointed in three situations:

- 1) when the parents fail to fulfil their obligations and responsibilities to a child;
- 2) when the parents are legally incapable of doing so; and
- 3) when the whereabouts and place of residence of parents is unknown.”¹³³

Due to the lack of statistical data on the use of family-based care practices, is unclear as to whether guardianship care would be considered one of the main/popular forms of alternative care for vulnerable children. Nonetheless, it has been mention in the new Child Protection Law 2014 and field research gathered from government officials indicated that the care provision is presently being reviewed.

legal considerations

7.1 How does the operator of the alternative care service provisions set-up/register? Would they need a legal mandate?
According to Indonesia’ National Standard of Care for Child Welfare Institutions, all social and welfare organizations are required to register in the Office of Social Affairs as a Social Welfare Institution. This process is stipulated by Law No. 11 and the Regulation of the Minister of Social Affairs (No. 107/HUK/2009) on the Accreditation of Organizations in the Social Services. Institutions must receive a permit in order to operate as an official Child Welfare Institutions. In order to be granted the permit, institutions/organizations must first undergo an assessment test, which is conducted by a member of the Office of Social Affairs. The institution will only be approved if its operation is compliant with the National Standards of Care and the Regulation on the Minister of Social Affairs on the Accreditation of Organizations in the Social Welfare Field. After the initial process of obtaining a permit is completed, institutions are subject to routine monitoring by the Office of Social Affairs and the Ministry of Social Affairs. Permits must be updated every 5 years.¹³⁴

¹³³ Ministry of Social Affairs of the Republic of Indonesia. Indonesian Government Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations. 2005.

¹³⁴ The National Standards of Care for Child Welfare Institutions. Publication. Ministry of Social Affairs, 2011. 101.

7.2 What are the regulations/standards/policies/guidelines governing practice?

The most commonly referenced laws, regulations, standards and guidelines concerning alternative care for children in Indonesia are as follows:

National Laws, Policies, Regulations, Codes Etc.

Indonesia Civil Code
Law No. 1 on Marriage
Law No. 4 on Child Welfare
Law No. 4 Concerning Person with Disabilities
Law No. 39 on Human Rights
Law No. 23 on Child Protection
Law No. 12 on Nationality
Law No. 21 on Elimination of Human Trafficking Crimes
Law No. 11 on Social Welfare
Law No. 11 on the Child Criminal Justice System
Law No. 23 on Civil Administration
Law No. 23 on Child Protection
Law No. 8 on Person with Disability
Presidential Decree No. 36 on the Ratification of Convention on the Rights of the Child
Presidential Decree No. 88 on the National Plan of Action on the Elimination of Trafficking in Women and Children
Presidential Decree No 23 on the National Action Plan for Human Rights in Indonesia 2011-2014
Government Regulation No.9 on the Implementation of Marriage Law (No.1/1974)
Government Regulation No. 54 on Implementing Child Adoption
Government Regulation No. 107 on Accreditation of Social Welfare Institutions
Government Regulation No. 108 on the Certification of Professional Social Workers & Social Welfare Workers
Government Regulation No. 110 on Adoption Requirements
Ministerial Decree of Social Affairs No. 15 on general guideline of child social welfare, regulate on family reunification
Ministerial Regulation of Women Empowerment and Child Protection No. 2 on guideline for handling child survivor of violence, regulates on reunification and reintegration
Government Regulations Amending Law on the second amendment to the Child Protection Law (No. 23/2002)
General guidelines for the operation of childcare institutions as part of the provision of services to neglected/abandoned children

Adopted 1927
Enacted 1974
Enacted 1979
Enacted 1997
Enacted 1999
Enacted 2003
Enacted 2006
Enacted 2007
Enacted 2009
Enacted 2012
Enacted 2006, amended & renamed Law No.24/2013
Enacted 2002, amended & renamed Law No.35/ 2014
Enacted 2016
1990

2002

2011

Enacted 1975

Enacted 2007

Enacted 2009

Enacted 2009

Enacted 2009
Enacted 2010

Enacted 2011

Enacted 2016

Adopted 2002



National Laws, Policies, Regulations, Codes Etc.

General guidelines for social organizations
General guidelines on the Accreditation of the Social Care Institution (Panti Sosial) Keputusan Menteri Sosial Republik of Indonesia No: 50
General guidelines for the provision of social services to neglected children outside of institutions
General guidelines for the care of children in need of special protection
Guidelines on the Accreditation of the Social Care Institution (Panti Sosial) Keputusan Menteri Sosial Republik of Indonesia No: 50/HUK/2004
Government Policy on Separated Children, Unaccompanied Children and Children left with One Parent in Emergency Situations
Implementation Manual for the Social Protection Homes for Children (RPSA)
National Plan of Action on Violence against Children
National Standards of Care for Child Welfare Institutions
National Plan of Action for Child Protection (2015-2019)
National Strategy for the Elimination of Violence against Children (2016-2020)

International Treaties/Acts/Conventions

United Nation Convention on the Rights of the Child (UNCRC)
Convention on the Rights of Persons with Disabilities
Optional Protocol to the Convention on the Rights of the Child on the sale of children and child prostitution and child pornography
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict
Convention on the Elimination of All Forms of Discrimination Against Women
Convention against Torture and Other Cruel Inhumane or Degrading Treatment or Punishment (CAT)
Convention for the Protection of All Persons from Enforced Disappearance (CED)

Adopted 2003
Adopted 2004

Adopted 2004

Adopted 2004

Adopted 2004

2005

Published 2007

Adopted 2010
Adopted 2011
Adopted 2015
Adopted 2016

Ratified 1990

Ratified 2011
Ratified 2012

Ratified 2012

Ratified 1984

Ratified 1998

Signed 2010



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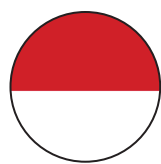
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