



Alternative Care for Children in Indonesia: Assessment Practices in Cirebon Regency Welfare Institutions

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Abstract

Alternative care for children, such as residential or institutional care, is recognised internationally as a measure of last resort, to be used only when family-based care is unavailable or unsafe. In this context, conducting comprehensive and rights-based child assessments is critical to ensuring children's best interests are met before, during, and after placement. In Indonesia, the importance of such assessments has been formally acknowledged through the Ministry of Social Affairs Regulation No. 30/HUK/2011 on National Standards of Child Care in Child Welfare Institutions (Lembaga Kesejahteraan Sosial Anak, or LKSA). This study examines the implementation of those standards in practice, focusing on LKSAs in Cirebon Regency. Using a mixed-methods approach, data were collected through an online survey of 24 LKSA's, interviews with institutional staff and five children, focus group discussions (FGDs) involving stakeholders such as social workers, LKSA managers, and Social Affairs Office staff, and a document analysis of child assessment records. The findings reveal that most LKSAs have not yet implemented assessments effectively in the initial, follow-up, or developmental stages. This lack of systematic assessment affects the quality of care and institutional accountability. The study argues that child assessments must not be reduced to administrative procedures. Instead, they should be involved in identifying individual needs, planning appropriate interventions, and protecting children's rights. A rights-based, continuous, and participatory assessment process and strengthened social worker competencies are essential to improving the quality and effectiveness of alternative care services for children in Indonesia.

Keywords: *Alternative Care Assessment, Children Right, Children Wellbeing, Child Protection, Indonesia*

Introduction

Assessment of children in alternative care is a foundational process for ensuring the fulfilment of children's rights. It involves collecting comprehensive information about a child and their family to identify problems, needs, and strengths that inform the development of intervention plans in social welfare and child protection services (Susilowati, 2020). Internationally, assessment is also considered a key instrument for ensuring that children in alternative care settings receive appropriate, individualised services tailored to their unique circumstances (Fernandez & Atwool, 2013; Samuels & Brown, 2013). When conducted comprehensively, child assessments can reveal physical, emotional, and social needs and form the basis for targeted, evidence-based interventions (Lyons, 2009).

Global studies have shown that children in residential or institutional care often face complex challenges related to mental health, nutrition, emotional stability, and sociocultural integration (Bisimwa et al., 2024; Fernandez & Atwool, 2013; Matyash & Volodina, 2020; Odetunde et al., 2021). Addressing these challenges requires a holistic and culturally sensitive approach grounded in evidence within the child development frameworks (Lyons, 2009; Samuels & Brown, 2013). Assessment results serve as

documentation and a roadmap for interventions that promote children's emotional and social well-being, beyond ensuring safety and placement permanency (Fernandez & Atwool, 2013). Moreover, assessment should be viewed as a rights-based practice, in line with the United Nations Convention on the Rights of the Child, which obligates states to protect children and ensure their best interests in all circumstances (United Nations, 1989, Articles 3, 6, 20).

In order to promote children's safety and well-being, assessments should cover three key domains as outlined in the Framework for the Assessment of Children in Need and Their Families: (1) the child's developmental needs, (2) parental or caregiving capacity, and (3) family and environmental factors (Department of Health, 2000; Holland, 2010; Laoghin & Laoghin, 2008). These dimensions guide social workers in collaboratively designing assessments with children and caregivers (Susilowati, 2020).

Indonesia has formally adopted regulations concerning childcare in institutional settings through the Ministry of Social Affairs Regulation No. 30/HUK/2011 on National Standards for Child Care in Child Welfare Institutions (Lembaga Kesejahteraan Sosial Anak or LKSA). This policy mandates two stages of assessment. The first stage is an initial assessment to gather personal and family background information. The second stage involves a follow-up assessment to evaluate the child's needs and development after receiving services. The policy mentioned that assessments are conducted as a dynamic and ongoing process, forming the basis for agreements between social workers and clients about care plans and interventions. The assessment results are documented in each child's developmental records, which serve as indicators of institutional accountability (Ministry of Social Affairs, 2011).

Although the National Accreditation Board for Social Welfare Institutions in Indonesia (BALKS) has accredited 8,210 child welfare institutions nationwide, recent reports reveal that many institutions still fail to conduct complete individual assessments. In most cases, LKSAs record only basic identity data (e.g., name, age, status as orphaned or abandoned, and parental information) and neglect follow-up assessments. As a result, individualised care plans are rarely developed, undermining the ability to address children's needs meaningfully and rights-based (BALKS, 2023; Davidson et al., 2017).

Children cared for in welfare institutions often come from vulnerable backgrounds, many are orphans or from families that are unable to provide basic care for children, and face significant emotional, behavioural, and relational challenges (Aljohani et al., 2014; Llosada-Gistau et al., 2017). Kyaruzi's (2022) study found that orphans may experience higher levels of psychosocial stress compared to non-orphans. The institutions often overlook these challenges during assessments, because they focus more on administrative rather than psychosocial factors. Lack of understanding about the impact of disrupted caregiving, loss of permanent caregivers, and social stigma can further harm children's mental health and behavioural development (Beckett et al., 2015; Hermenau et al., 2015).

Moreover, child assessments in the child welfare institutions rarely involve children's voices. Children are seldom treated as active subjects of the services, with limited opportunities to express their views, needs, and experiences (Arbeiter & Toros, 2017). Interviews are often brief, formal, and fail to build trust (Kirka & Tamutiené, 2023). This contradicts the principles of the United Nations Committee on the Rights of the Child's General Comment No. 12 and No. 54, which emphasise the child's right to be heard in all matters affecting them. Although the Indonesian standard (Ministry of Social Affairs Regulation No. 30/HUK/2011, Chapter IV, Paragraph 5) affirms this principle, implementation remains weak in many institutions (BALKS, 2023).

Welfare Institutions in Cirebon Regency, West Java, where the implementation of assessment practices remains particularly weak. According to BALKS (2023) evaluation results, most LKSAs in this region received low scores in accreditation related to assessment practices. The regency is home to 28 LKSAs serving approximately 1,523 abandoned children. Of these, 57.09% provide family-based (non-residential) care, while 42.91% operate institutional care, often in connection with Islamic boarding schools (pesantren). In many cases, children from underprivileged backgrounds are cared for by foundations affiliated with these pesantren, which are licensed and monitored by the Cirebon Social Affairs Office on a three-year basis. Although local social workers report having socialised the use of child assessment forms, BALKS (2023) findings indicate that both initial and follow-up assessments are rarely conducted. This lack of structured, individualised assessment directly affects the quality of care and the institutional accountability of LKSAs in providing child-centred services.

Based on the background, this study seeks to examine the implementation of child assessment practices by LKSAs in Cirebon Regency, Indonesia, explicitly focusing on the extent to which initial, follow-up, and developmental assessments are carried out in line with national standards and children's rights principles.

Methodology

This study used a mixed-methods design (Creswell & Clark, 2011) with a case study approach to examine how child assessment practices occur in Child Welfare Institutions (LKSA) in Cirebon Regency, Indonesia. The mixed-methods approach was chosen because it combines the strengths of both quantitative and qualitative methods, allowing for a complete understanding of how national policies on child assessments, outlined in the Ministry of Social Affairs Regulation No. 30/HUK/2011, are applied in real institutions. The study was conducted in two main stages. The first stage involved a quantitative online survey to collect broad data on the use and quality of assessment practices in all LKSAs in the area. The second stage used qualitative methods, including interviews, focus group discussions (FGDs), and document reviews, to add depth and explanation to the survey results.

In the first stage, the survey was sent to all 28 LKSAs registered in Cirebon Regency, and 24 institutions responded, giving an 85.7% response rate. The survey asked about three main types of assessments: initial assessment, follow-up assessment, and ongoing child development monitoring. Questions focused on using standard assessment forms, how well children's needs were met, child participation in the assessment process, evaluation of children's psychosocial and behavioural conditions, and how assessment results were used to plan care. A four-point Likert scale measured how often these practices were done, from "never" to "always." The online survey was chosen for its efficiency and ability to reach LKSA staff spread across the regency and to suit the busy schedules of LKSA staff, many of whom have other jobs.

Participants were selected using two approaches. All LKSA administrators in the region were invited to participate in the survey (total population sampling). For the qualitative part, purposive sampling was used to select participants with diverse experiences from institutions with different accreditation levels. Interviews were held with four LKSA administrators: three from institutions with grade C accreditation (lower compliance) and one from a grade A institution (higher compliance). Five children aged 12 to 16 years living in these institutions also took part in interviews to share their experiences. An FGD was held with eight participants, including five LKSA staff, two social workers, and one Cirebon Social Affairs Office representative. Document reviews were carried out on assessment records from four LKSAs, selected by the local LKSA forum to include three grade C institutions and one grade A institution. This selection helped explore both challenges and successes in different settings.

Results and Discussion

Findings of this study are explained in the three types of assessment, starting with the initial assessment, followed by the follow-up assessment, and the ongoing monitoring of child development after children became beneficiaries of the child welfare institutions' services.

Initial Assessment

Initial assessment refers to collecting data and information when a child first arrives at the LKSA, whether through referral, family accompaniment, or self-arrival. Survey results showed that only 31.2% of LKSAs reported "always" conducting initial assessments upon child admission (see Table 1). However, focus group discussions (FGDs) revealed that this "always" or "often" response primarily meant recording basic identity data such as name, age, address, school, and child status (e.g., orphan, underprivileged). This data was recorded on standardised assessment forms introduced by social workers. Documentation review of one LKSA confirmed that initial assessment forms mainly included child identity details, while more comprehensive family background and caregiving issues were frequently omitted. Additionally, 10.5% of LKSAs reported never conducting formal initial assessments, instead entering child information into registration books.

Table 1 Initial Assessment Implementation by LKSAs

| Aspect | Always (%) | Often (%) | Sometimes (%) | Never (%) |
|---------------------------------|------------|-----------|---------------|-----------|
| Conduct an initial assessment | 31.2 | 46.8 | 11.5 | 10.5 |
| Use of assessment forms | 40.5 | 34.2 | 12.6 | 10.7 |
| Appropriate caregiving response | 22.3 | 23.5 | 24.9 | 28.3 |
| Child involvement in assessment | 32.4 | 31.8 | 19.4 | 16.4 |

Table 1 shows that 40.5% of respondents "always" used assessment forms, and 34.2% "often" did so. Despite this, only 22.3% of LKSAs reported "always" using assessment results to guide appropriate caregiving responses, with 28.3% "never" applying assessments. The research found that many LKSAs

did not explore underlying reasons for a child's placement or caregiving background, limiting their ability to decide whether the child should remain with family (with support) or be placed in institutional care. FGD participants noted a lack of understanding about using assessment outcomes to determine appropriate responses, especially regarding economic needs or alternative care placement. The study revealed that 57% of children continued living with their families, with *LKSAs* mainly providing financial support and no regular developmental review.

Regarding child participation, 32.4% of *LKSAs* "always" involved children in the initial assessment through direct interviews, mainly focusing on age and schooling. However, FGDs and interviews with children indicated that children were rarely asked for their views or consent about living in the *LKSA*. Some children reported that family members made decisions without consulting them.

Follow-Up Assessment

Follow-up assessments, conducted after children become beneficiaries, are intended to evaluate their ongoing needs, problems, and development. According to survey data (Table 2), only 28.6% of *LKSAs* "always" performed follow-up assessments, while 26.2% "never" conducted them and 25.7% did so inconsistently. Informants explained that follow-up assessments were typically reactive, performed only when problems or complaints arose, and rarely documented in formal assessment files.

These assessments often lacked information about caregiving history, psychosocial status, or specific issues such as experiences of violence. FGDs indicated that follow-ups generally focused on educational concerns raised by children. Support was limited to financial aid for children living outside institutions without systematic monitoring. Documentation reviews showed lower-accredited *LKSAs* (grade C) lacked child development records, while higher-accredited institutions (grade A) maintained better documentation. Regarding assessment tools, only 13.8% of *LKSAs* reported using tools like genograms or ecomaps, often with social worker assistance. Nearly half (45.9%) never used such tools. FGDs revealed that *LKSA* staff lacked understanding and training in using assessment tools, despite social workers' efforts to introduce them.

Psychosocial and behavioural assessments were also inadequate. Only 21.8% of *LKSAs* "always" assessed these aspects, while 31.5% "never" did. FGDs confirmed that psychosocial issues were rarely addressed during follow-ups, which focused primarily on education and health.

Child Development Monitoring

Child development assessment covers physical, psychosocial, educational, and life skills progress while children receive *LKSA* services. The survey revealed that 32.9% of *LKSAs* "never" conducted development assessments, and 46.7% did not record children's progress (Table 2). FGDs showed that *LKSAs* mainly monitored educational attainment, both for institutionalised children and those living with families.

Table 2 Follow-Up and Child Development Assessment by *LKSAs*

| Aspect | Always (%) | Often (%) | Sometimes (%) | Never (%) |
|--|-------------------|------------------|----------------------|------------------|
| Conduct a follow-up assessment | 28.6 | 19.5 | 25.7 | 26.2 |
| Use of assessment tools | 13.8 | 17.8 | 17.5 | 45.9 |
| Psychosocial and behavioural status | 21.8 | 22.5 | 24.2 | 31.5 |
| Child development monitoring | 23.8 | 22.6 | 20.7 | 32.9 |
| Recording follow-up results | 21.3 | 20.4 | 21.6 | 46.7 |
| Use of assessment results for planning | 24.5 | 23.7 | 26.9 | 25.9 |

Assessment results should guide individualised service planning. However, only 24.5% of *LKSAs* "always" used assessment findings to plan services. Most services focused on food, shelter, and education for children residing in institutions, while children outside received financial assistance or occasional religious activities, depending on donor availability. Parenting support was minimal, usually limited to occasional meetings for aid distribution.

Finally, welfare officers assigned to *LKSAs* mainly carried out assessment activities, who often lacked formal social work training. Social workers were generally based at district offices, limiting their capacity to provide direct support and supervision to *LKSAs*.

Discussion

Child assessment is crucial for gathering information about children and their families. It serves as the foundation for determining the most appropriate type of care and ensuring children's needs are met (Cocker & Allain, 2019). Meeting physical needs alone is insufficient for children living in institutions; attention to psychosocial well-being is also essential to support their holistic development (Kyaruzi, 2022). However, the findings of this study show that most Child Welfare Institutions (*LKSAs*) in Cirebon Regency do not conduct comprehensive assessments, either at the initial intake stage or during follow-up. This lack of thorough assessment undermines the ability of *LKSAs* to provide holistic and responsive alternative care services, which are central to effective child protection systems (Farrell et al., 2017).

The Ministry of Social Affairs Regulation No. 30/HUK/2011 outlines that all *LKSAs* must conduct proper assessments as a prerequisite for providing care. These assessments should serve as the basis for decisions on whether a child should be cared for within their family or placed in institutional care.

Initial Assessment as the Basis for Appropriate Care Response

Initial assessment should explore the child's background comprehensively, including family circumstances, prior caregiving arrangements, psychosocial well-being, and reasons for referral. By understanding the child's situation holistically, the *LKSA* can make informed decisions about whether to support the family in maintaining care—particularly in cases where financial hardship is the main issue—or to admit the child into institutional care when no adequate caregiver is available (Aljohani et al., 2014; Kyaruzi, 2022; Petr, 2004).

Attachment theory (Bowlby, 1988) emphasises the importance of a child's early relationship with their caregiver, which affects their ability to form relationships and cope with stress. A thorough assessment can identify signs of attachment disruptions or trauma, enabling timely intervention. In addition, Bronfenbrenner's ecological systems theory (1979) highlights the need to view the child within the broader context of family, school, and social environment. Therefore, the assessment process should include input from multiple sources such as children, caregivers, teachers, health professionals, and social workers.

However, the findings revealed that many *LKSAs* do not carry out such comprehensive initial assessments. Instead, assessments are limited to basic identity information. This limits the institution's ability to develop appropriate care responses, particularly for children with specific vulnerabilities. The lack of trained social workers and insufficient understanding of assessment procedures among *LKSA* staff were significant contributing factors. Although 57% of children were still under family care, *LKSAs* played a minimal role in supporting these families, usually limited to giving financial assistance when donations were available. There was little to no monitoring of child well-being in these families. According to Petrowski et al. (2017), *LKSAs* should actively strengthen family-based care as a form of alternative care.

Involving professional social workers in the assessment process would strengthen gatekeeping and care planning functions, ensuring that children's needs are appropriately assessed and that family separation is only considered when necessary (Bilson & Westwood, 2012).

Child Participation in Assessment

Child participation is a fundamental right, and children must be allowed to express their views about matters affecting their lives (Arbeiter & Toros, 2017; Casas & Ditzel, 2025). This study found that children were rarely meaningfully involved in assessments. Interviews with children were often brief and limited to collecting demographic information, with primary communication between staff and the accompanying adult (e.g., parent or guardian). This limited engagement may prevent children from disclosing important issues or needs (Kirka & Tamutiené, 2023), and in turn, *LKSAs* may fail to develop appropriate interventions.

Effective participation requires time, skills, and sensitivity, particularly in cases involving trauma or abuse (Skauge et al., 2021). Their voices remain unheard in decision-making without proper methods and tools for engaging children safely and respectfully.

Follow-Up and Psychosocial Assessments

Assessment, including in the child care institution, is a continuous process, not a one-time event. Follow-up assessments are essential for understanding how children adjust to care, identifying emerging needs, and tailoring services accordingly. This includes evaluating psychosocial development, emotional well-being, and behavioural issues.

In alternative care, especially orphans or those who have lost parental care, often face emotional and behavioural difficulties, which can affect their education and development (Aljohani et al., 2014).

Studies have also shown that children in institutional care frequently report sadness, anxiety, and discomfort, which disrupt their academic and social functioning (Huynh et al., 2019; Kyaruzi, 2022).

This study found that most *LKSAs* did not regularly conduct psychosocial assessments. As a result, early signs of distress were often missed, and interventions were delayed or absent. This failure can have long-term consequences for children's mental health and development. According to the Convention on the Rights of the Child, Article 3, all institutions and services responsible for children should prioritise their best interests and ensure their well-being (Davidson et al., 2017).

Monitoring Child Development

Monitoring child development involves assessing physical health, educational progress, emotional and behavioural development, social relationships, and life skills (Holland, 2010; Laoghin & Laoghin, 2008). These indicators are essential for planning individualised care and support services. Nevertheless, this study found that over 50% of *LKSAs* did not regularly monitor or document child development.

Regulation No. 30/HUK/2011 mandates regular review of services provided to children, including assessments of their progress. However, such documentation was rarely found, especially in lower-accredited institutions. Where records existed, they often lacked detail. Documentation of assessment results and follow-up actions is critical to ensure that children's evolving needs are addressed and that care plans are adjusted accordingly.

Assessment Personnel and Use of Tools

Social workers play a central role in promoting child well-being through assessment, planning, and intervention (Maundeni, 2009; Susilowati, 2017). However, this study typically conducted assessments by *LKSA* staff without formal training in social work or child development. This limited the depth and quality of assessments and contributed to the inadequate application of national standards.

Social workers are trained to understand child development and family dynamics and use assessment tools such as genograms and ecomaps to gather comprehensive information. The findings revealed that only a small proportion of *LKSAs* used such tools, mostly when assisted by social workers. Many staff reported unfamiliarity with these instruments or found them difficult to implement (Susilowati, 2018). However, these tools are crucial for mapping a child's social support network and identifying risk and resilience factors (Bilson & Westwood, 2012). The lack of professional involvement in assessments reflects broader systemic issues, including the limited availability of social workers in local areas and weak institutional support for professional development.

Conclusion and Suggestions

Child assessment in Child Welfare Institutions (*LKSAs*) is a critical, ongoing process to ensure the well-being and protection of children, particularly those who require alternative care. However, the findings of this study indicate that assessment practices in *LKSAs* in Cirebon Regency are still lacking in both consistency and quality, falling short of the National Standard of Child Care (*SNPA*) outlined in the Ministry of Social Affairs Regulation No. 30/HUK/2011. Both initial and follow-up assessments are not implemented comprehensively, with more than 50% of *LKSAs* not conducting follow-up assessments or psychosocial assessments. Furthermore, most institutions do not systematically record the outcomes of assessments or use assessment results to guide care planning and services for children.

This study also found that the initial assessments are meant to gather comprehensive information about a child's background, caregiving history, and psychosocial condition and are often limited to collecting basic identity data. In many cases, these assessments do not explore the reasons for the child's placement in care or assess whether the child can remain safely with their family with appropriate support. This indicates a missed opportunity to apply a holistic and responsive approach to child welfare, as recommended by Bronfenbrenner's ecological systems theory and Bowlby's attachment theory, which stress the importance of context and relational stability in a child's development.

Moreover, child participation in the assessment process remains minimal. Although some children are interviewed during intake, the conversations are usually brief and focused on school and age, without exploring the child's feelings or preferences about being placed in care. This contradicts principles of child rights and meaningful participation as emphasised in the Convention on the Rights of the Child and academic literature (e.g., Arbeiter & Toros, 2017). Without children's voices in the assessment process, providing care that truly meets their needs becomes challenging.

Follow-up and developmental assessments are also underutilised. These should be essential tools to monitor a child's emotional, behavioural, and social development during their stay in care. However, the study shows that most *LKSAs* do not document such assessments or review service effectiveness.

The absence of psychosocial assessments can lead to unaddressed trauma and emotional issues, potentially affecting a child's long-term development and well-being.

The lack of professional social workers in most *LKSAs* further contributes to these challenges. Many assessments are conducted by staff without formal training in child welfare or assessment tools, resulting in incomplete or inaccurate evaluations. Tools such as genograms or ecomaps, which could help assess family systems and support networks, are rarely used due to limited knowledge or skills among staff. The presence of professional social workers is vital to ensure that assessment processes are done effectively, ethically, and in the child's best interests.

This study was limited to Child Welfare Institutions (*LKSAs*) located in a single area, Cirebon Regency, while there are approximately 8,210 *LKSAs* across Indonesia. As such, the findings may not fully represent the diversity of assessment practices in other regions with different institutional capacities, sociocultural contexts, or levels of government support. Additionally, this study did not explore the full range of assessment components or procedures in-depth, such as the detailed steps of psychosocial assessment, tools used, or decision-making processes related to care planning. Future research is needed to examine these aspects more comprehensively across a broader geographical scope.

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