

UNDERSTANDING VULNERABILITY: A STUDY ON SITUATIONS THAT AFFECT FAMILY SEPARATION AND THE LIVES OF CHILDREN IN AND OUT OF FAMILY CARE

Research in DKI Jakarta, Central Java and South Sulawesi

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LIST OF ACRONYMS AND ABBREVIATIONS

APBD	Anggaran Pendapatan Belanja Daerah / Local Budget
APBN	Anggaran Pendapatan Belanja Negara / State Budget
ARV	Anti Retro Viral (drugs for HIV)
Askeskin	Asuransi Kesehatan Masyarakat Miskin / Health Insurance for the Poor
BAPPENAS	Badan Perencanaan Pembangunan Nasional / Ministry of Development Planning/ National Development Planning Body
BDT	Basis Data Terpadu / United Database on Poverty
BLSM	Bantuan Langsung Sementara Masyarakat / Temporary Direct Cash Assistance
BLT	Bantuan Langsung Tunai / Government Unconditional Cash Transfers
BKM	Badan Keswadayaan Masyarakat / Community Self-Reliance Agency
BOS	Bantuan Operasional Sekolah / School Operational Assistance Program
BPS	Badan Pusat Statistik / Indonesian Central Bureau of Statistics
BSM	Bantuan Siswa Miskin / Cash Transfers for Students from Poor Families
CDW	Child Domestic Workers
CRC	Convention of the Rights of the Child
DEPSOS	Departemen Sosial / Department of Social Affairs
DINSOS	Dinas Sosial / Local Government
FGD	Forum Group Discussion
GOI	Government of Indonesia

Executive Summary

IFLS	Indonesia Family Life Survey
Jamkesda	Jaminan Kesehatan Masyarakat Daerah/ Subnational Government Health Insurance for the Poor and Near Poor
Jamkesmas	Jaminan Kesehatan Daerah / Central Government Health Insurance for the Poor and Near Poor
JPI	Jaringan Paralegal Indonesia / Indonesian Paralegal Network
JKN	Jaminan Kesehatan Nasional / Universal Health Care Programme
KPS	Kartu Perlindungan Sosial / Social Protection Cards
Lapas	Lembaga Pemasyarakatan / Juvenile prisons
LKSA	Lembaga Kesejahteraan Sosial Anak / Child Social Welfare Institution
MoSA	Kementrian Sosial / Ministry of Social Affairs
Panti Sosial	Care Institutions (Homes)
PPA-PKH	Pengurangan Pekerja Anak untuk Mendukung Program Keluarga Harapan / Child Labour Reduction Program in support to the PKH program
PKH	Program Keluarga Harapan / Hopeful Family Programme
PKK	Pemberdayaan Kesejahteraan Keluarga / Family Empowerment and Welfare Movement
Posyandu	Pos Pelayanan Terpadu / Integrated Health Station
PKSA	Program Kesejahteraan Sosial Anak / Children Social Welfare Program
PNPM Mandiri	Program National Pemberdayaan Masyarakat Mandiri / National Community Empowerment Program
PSSA	Panti Sosial Asuhan Anak / Orphanages
PSBR	Panti Sosial Bina Remaja / Childcare institution for out of school children and other vulnerable children
PSMP	Panti Sosial Marsudi Putra / Childcare institutions for delinquent youth
PUSKAPA	Pusat Kajian Perlindungan Anak / Center on Child Protection
Puskesmas	Pusat Kesehatan Masyarakat / Public Health Center
Puskesmas Pembantu	Pusat Kesehatan Masyarakat Pembantu / Supporting Public Health Center
Raskin	Beras untuk Orang Miskin / Government Rice Subsidy for the poor
RPJM	Rencana Pembangunan Jangka Menengah Nasional / National Mid-Term Development Plan
RPSA	Rumah Perlindungan Sosial Anak / Social Protection Homes for Children
RT	Rukun Tetangga / Area every RT has three RT
RW	Rukun Warga / Area – every village has three RW
SD	Sekolah Dasar / Elementary School
SMA	Sekolah Menengah Atas / Senior High School
SMP	Sekolah Menengah Pertama / Junior High School
SPP	Sumbangan Pembinaan Pendidikan / School Fees Tuition
Susenas	Survei Sosial Ekonomi Nasional / National Socioeconomic Survey
STD	Sexual Transmitted Disease
TNP2K	Tim Nasional Pecepatan Penanggulangan Kemiskinan / National Team for the Acceleration of Poverty Reduction
UDS	Unified Database System
UNDP	United Nations Development Programme
UNICEF	United Nation Children's Fund
VCT	Voluntarily Counseling and Testing

VL	Viral Load
APBD	Anggaran Pendapatan Belanja Daerah / Local Budget
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BKM	Badan Keswadayaan Masyarakat / Community Self-Reliance Agency

Executive Summary

Half of all children in Indonesia live in a household with less than US\$2 per day which defines them as poor and vulnerable. Children that live in families that are confronted with economic hardships are disadvantaged in terms of survival, health, education and access to services. The majority of children in Indonesia (85%) experiences one or more types of deprivation of essential needs and services. As children from poor households have high chances to remain poor in later life, they are also at risk of intergenerational poverty.

Poverty is however not the only factor leading to a child's vulnerability. Other factors that are found to increase vulnerability of children include the lack of parental care and supervision, ineffective law enforcement, lack of adequate public policy, presence of organized crime, and living arrangements of children as well as cultural perceptions that not child-sensitive. These factors are often interconnected and compounding to a child's vulnerable situation. Added vulnerabilities consequently can push children to live outside of family care. In Indonesia, over 2.15 million children younger than 15 years old are not living with their parents. Of these children, 88% is being taken care of by their extended families. Another half a million Indonesian children spend a significant period of their childhood living in an institution, even though the majority of these children still have one or both parents alive. At the same time, being separated from families at young age had been scientifically proven to have a negative impact to the brain development.

Combination of these vulnerabilities might hamper Indonesia's chance to reap the benefit of the anticipated demographic bonus. Less than ten years down the line Indonesia will arrive in a period where due to low dependency rate, will have the opportunity to maximize investment and human capacity development. This window of opportunity will be missed if Indonesia does not provide the best possibilities for the future generation, including preventing them from bearing the burden of poverty and vulnerability. Strategic social protection program is believed to be potential in preventing and mitigating such vulnerability. To be able to design the right intervention, deeper understanding of the situation is needed.

Study Objective

This study is conducted to fully understand the situation of children that leads to them being out of family care, by either being sent to a childcare institution or by living in non-institutional arrangements, as well as to assess the living situation of these children and of those facing vulnerabilities within family care.

Furthermore, this study will contribute to a broader understanding of child protection and to existing social assistance programs in Indonesia for improved policy and program development addressing child and family vulnerabilities.

A child rights perspective was applied in both design and analysis during this study. Three provinces have been selected; DKI Jakarta (with a poverty rate of almost four percent); Central Java (with a poverty rate of almost 15 percent) and South Sulawesi (with a poverty rate of almost ten percent). These provinces have been selected based on their potential to pilot proposed interventions that derive from the results of this study. Two areas have been selected in each province. These are Klaten district and Surakarta City in the province of Central Java, city of Makassar and district of Gowa in the province of South Sulawesi, and Administrative city of North- and West Jakarta in DKI Jakarta.

In this study, qualitative and quantitative data were collected adhering to principles of research ethics in conducting research with young people. Primary data was collected through simple random survey, Focus Group Discussions, in-depth interviews, and case studies. The 56 institutions that have been visited to survey children for this study are categorized in (i) government- or community owned orphanages, rehabilitation centers and institutions in which children are voluntarily enrolled (*panti*); (ii) Islamic boarding schools in which parents often pay for their children's education (*pesantren*) and (iii) correctional institutions in which children are sent through court order after being in conflict with the law. Children of ages 13 to 18 years old, whom had been living in the institution for at least one month, have been selected randomly to participate in the survey. Focus Group Discussions and in-depth interviews were held among parents of children who are institutionalized, community leaders, and service providers for children and family. Case studies of children and families with HIV/AIDS, families living in pushcarts, children in conflict with the law, and girls' survivors of trafficking for sexual purposes and other exploitations were conducted in DKI Jakarta. Secondary data was collected through a Desk review that includes over 40 reports and publications. The Desk review intends to map the situation of children living in institutions and outside of family care, the risks that lead to being out of family care and thereby complements the primary data acquired through this study.

Snapshot of Institutionalized Children in the Survey

Gender - This study surveyed 625 children of ages 13-18 who had already been living in institutions for at least one month at the time of the study, with 389 (63%) boys and 233 (37%) girls, across three types of institution in the six research areas. The study found no significant difference between genders in voluntary institutions. However, more boys than girls are institutionalized in correctional institutions.

Age of entry to institution - on average, children were 13 years old when they entered a *panti* or *pesantren*. This age was well overthought as parents did not want to voluntarily send their children to a *panti* or *pesantren* when they were too young to take care of themselves or when they were too old to attend Junior High School. Children institutionalized in correctional facilities are in general 15 years old when they enter.

Duration of residency - the longest duration of residency found in this study for children in *panti* was 16 years for boys and 12 years for girls. In *pesantren*, the longest duration found in was six years for boys and 9 years for girls.

Primary caregivers prior to entering the institution - 64% of children in *panti* and 86% in *pesantren* said they were still living with both parents before they were sent to the institutions.

Education level - 81% children in voluntary institutions, both *panti* and *pesantren* are in school (441 of 545 children). 75% of children in *panti* who are eligible to be in SMP are receiving their formal education with 13% of them are still in SD due to late of entry or repetition of class, and more than half of those eligible to be in SMA are fulfilled with their education. In *pesantren*, proportion of children receiving their formal education based on their age eligibility is higher for SMA (118% - showing some children are not even 16 years old but considered capable of undertake SMA education), and lower for SMP (54%) with 6% still in SD.

Key Findings

Push and pull factors that influence children to be separated from family and living out of family care

With more than half of children in *panti* and *pesantren* having both parents alive, institutions are not necessarily an alternative care for parental death. This study strongly indicates perceived socioeconomic hardships as a push factor to have children living outside of family care. The interaction between perceived economic hardships with other conditions such as limited resources for education, single parenting, large number of children to look after and lacking of understand of how to manage children's disobedience, pushed parents to send their children to an institution.

The study found that children with only one parent are three times more likely to be sent to a voluntary institution, compared to children who have both parents around. The aspiration of parents to enable their children to have a better future with a higher education level and good character contributes to the decision to send their children to a voluntary institution. Over 80% of children in voluntary institutions were going to school, fulfilling parent's expectations of their children receiving education once institutionalized. This study could not counteract with a similar characterized group of children outside of institutions which makes it impossible to draw conclusions on school-enrolment likelihood increases by being voluntary institutionalized. Parents are willing to pay for the costs of *pesantren* as they consider that *pesantren* institutionalization builds character through religious values. Parents, therefore, perceive this as a way to discipline their children through the teaching of religious dogmas. The fear of children being involved with peers' risky behavior is another push factor for parents to have their children institutionalized.

For a quarter of children in this study, the financial difficulties of their parents had led to school dropouts before they had entered an institution. This had contributed to their parents' decision to institutionalize their children. Another 31% of children living in voluntary institutions had been involved with paid labor when they were still living with their families, before they were being institutionalized. Of these children, 29% worked at farms or fisheries and other worked on the streets, in factories, shops, markets, constructions and home industries.

In this study, children had not mentioned violence in the home as a reason to be institutionalized voluntarily. However, the study did find that 27% of children in all institutions came from families where violence occurred; 19% of children in all institutions lived in families where verbal abuse occurred and one percent of children in all institutions lived in families where sexual violence had occurred.

The study found that many parents send their children to voluntary institutions hoping for a better education, a better care and supervision, and a better quality of life for their children. However, despite the belief and intention of parents to send their children to voluntary institutions to obtain education, this study found an alarming high number of children in *panti* and *pesantren* not continuing school. Of children between 13-15 year old, 36% of children in *panti* and 45% of children in *pesantren* are not in school. Of children between ages 16-18 in *panti*, 41% is not in school. In involuntary institutions, however, only 31% was in school. The study therefore indicates that correctional institutions do not reform children's behavior and do not offer them better alternatives to avoid repeating offences in the future. Even more, two thirds of children in correctional institutions in this study were immediately pulled out of school once arrested.

Vulnerability experienced by children outside of family care and in family care

During their residency, 42% of children in *panti* and 51% of children in *pesantren* have experienced physical violence at least once and 44% in *panti* and 56% in *pesantren* have experienced verbal violence at least once. When disaggregated by gender, 56% boys and 29% girls have experienced physical violence, 55% boys and 37% girls have experienced verbal violence. The differences with correctional facilities are not too large. However, experience of violence is most prevalent among children in *pesantren*. Over 85% of these children indicated harsh sanctions in forms of extra chorus or corporal punishments. Of all children in correctional facilities, over 60% experience verbal violence.

Another three quarters of all children in all institutions said to receive basic health care but health care is not always available when a child turns ill. Also, three quarters of children in voluntary institutions sleep in shared rooms with other children, 5% of children in *panti* slept in the same room with an adult as had two percent of children living in *pesantren*. The study found that being institutionalized voluntarily does not necessarily decrease the chances of risky behavior among children; 15% of boys in *panti* smoke every day; 11% had tried alcohol and 8% tried drugs while living in *panti*. In *pesantren*, the risky behavior was slightly less, the study found. Some parents indicated to be aware of 'bad' situations in *panti*, but trusted caregivers to know what is best for their children. As many parents believe that caregivers are better able to deal with problems of their children, many claimed to understand the use of corporal punishment etc.

Once children enter voluntary institutions, a number of voluntary institutions require parents to separate from their children for a certain period and contacts after this period can remain limited to teach children 'self-reliance'; 44% of children in *panti* and 26% in *pesantren* were able to see their parents one to two times a year. This condition influences children's emotional wellbeing, children were found to feel anxious, sad, and lonely.

In the last month when the survey was conducted:

32% children in *pesantrens* stated that they felt desperate, 21% felt anxious, and 18% children felt sad during the last month.

Among children in correctional institutions, 31% children felt anxious, 25% felt sad and 10% felt desperate during the last month.

Across all institutions, 17% claimed that they have no friend or anyone they could trust in there.

Children within family care can become vulnerable when specific issues within the family situation arise. Parents' low educational background mixed with a bad economic condition increases children's vulnerability to become involved with labor, to be in ill-health and to have a low education level. The educational background also relates to whether or not a child has a birth certificate as many parents are not aware of the importance of owning legal documentation for their children. More risks that lead to the vulnerability of a child that is in family care are found in family sizes, the absence of a parent and the gender of the household head. The living arrangements of a family can lead to the vulnerability of children; especially in extreme cases such as families that live on the streets.

The authorities have failed to create an enabling environment for children living with HIV/AIDS who are facing multiple vulnerabilities. These children and their families are petrified of discrimination in education and health and therefore never disclose their status which again leads to severe limited support. Children living with HIV/AIDS in the case studies of this report have lost one parent and only have their mothers to carry the financial, social, psychological, and emotional burden to provide care for themselves who are also HIV positive and their children.

The Role of Community in Helping Vulnerable Children and Families

This study found that community members were able to identify vulnerable children amongst them but were less able to provide them with direct support. Community members were able to define vulnerable children and families according to their economic status (poverty), unemployment status or health status (sick) of the household heads, ability of parental supervision, single headed households, and the presence of disabled family members or children behavioral problems. These children were particularly categorized as street children, school dropout children, working children, children who have problems with the law, children with problematic and risky behavior and children from poor families. These community members, however, tended to stay away from these categories of vulnerable children.

The role of the community of providing assistance to vulnerable children has been transformed into the role of *panti* and *pesantren* that initially were targeted to help orphans and neglected children. When more families seek for education access from *panti*, they grow bigger in fundraising and the number of recruited children. Some *pantis* also receive government assistance in forms of school fee waivers, health services, school supplies, or social assistance programs besides personal donations that are relatively easy to find.

Systems Response to Vulnerable Children and Families

According to the information collected from children in this study, their family were able to receive more than one social assistance programs at the same time. Around 35% families were predicted to have received or were still receiving more than one type of government assistance. The majority of children across all institutions came from a family that had minimum three children (60% of those in *pantis*, 39% of those in *pesantrens* and 56% of those in correctional institutions). Thirteen percent of children claimed their families received PKH and 25% said their families received BSM. The percentage of families receiving direct social assistance for education purposes (such as BSM and PKH) were relatively small compared to the number of families receiving other social assistance programs that were not directed to support children's education needs, which was the actual need of the families with children in institutions.

Major concern for parents related to access to social protection programs were associated to the perceived exclusion to receive benefits, complicated process that stopped them to follow through, and the fact that what they needed for their children was not offered or provided through the assistance they received; PKH cannot be utilized when children are in institutions, BSM and BOS could not be accessed if the children are out of school. With large numbers of children, PKH only provides assistance to children in the family who are at-school age and are in fact still in school. This excludes the older children of a household and those who were not living within the family.

This study found that being in institutions deprives children from the same government assistance they used to enjoy when they were still living with their families. However, living in an institution simultaneously offers children with new, different assistance. Institutions do receive some of the government assistance

Key Findings

to use for children. In this situation, there is an incentive to take children out of their homes and prevent them to be with their families. When children lived with their families they were more likely to receive government assistance targeted to households such as Jamkesmas, BLT, BLSM, PKH, and Raskin. However, during their stay in institutions, children receive new types of assistance, such as BOS, PKSA (as it is distributed to LKSA or child welfare institutions) and PPA-PKH (which is specifically targeted to assist institutions to withdraw working children and return them to education).

A number of social assistance programs such as PKH, BSM and PKSA offer a benefit package that potentially fits the needs of vulnerable children and families. However, SAP's such as PKH and BSM were designed to solely target beneficiaries with economic poverty and were yet to accommodate other types of vulnerabilities. PKSA, even though designed to address eligibility aspects, had yet to be developed at a scale and rigor that would be sufficient and effective in attending to the most vulnerable children and families. BSM is a school-based assistance which would exclude children living with families who are not in schools. Evaluation of BSM showed that the assistance have not been successful in supporting children transitioned to junior high school. It is also important to note that in addition to all those shortcomings, there are social barriers that keep eligible children and families reluctant to access those programs. Absence of legal identity documents as evidence of their residential status is one of them. In PKH cases, low education of mothers (who mostly only finished primary school or did not complete primary school) impedes them to support their children's education. Helping out with school's homework and tasks felt like an added burden and therefore children's education is seen as a disadvantage instead of an opportunity. Many of PKH participants (mothers) do not have enough understanding of their children's grade and school activities, and do not actively participating in children's school to consult with teachers and to get their raport card. It is clear that providing BSM only will not be sufficient unless it is paired with support mechanism for the parents and community-based learning groups.

Recommendations

Protection: provision of immediate protective services for children experiencing vulnerabilities in and outside of family care.

- While recognizing that residential-based care or institutionalization should always be the measure of last resort, immediate attention needs to be given and actions to be taken to children who are currently in institutions. Government needs to ensure that education, basic services, and adequate facilities are available for children who have to end up in institutions. Foremost, they need to be protected from the use of violence in institutions and able to access necessary support to overcome them. The Decree of The Minister Of Social Affairs of The Republic of Indonesia No.30/Huk/2011 on the National Standard of Care for Child Welfare Institutions needs to be fully enforced with adequate number of professional social workers and an accurate data on institutions and children living there that are centralized at MOHA and regularly updated.
- Mechanism of identifying vulnerable children living in family care should be made available. As had been recommended in the previous study (PUSKAPA, World Bank 2011) and promoted by the World Bank Public Expenditure Review 2012, such mechanism should allow immediate ability to recognize children in need of immediate response and at-risk children and refer them to relevant services.

Prevention: Further recruitment and admission of children by institutions has to be closely monitored and more incentive has to be put in place for keeping children with their families.

- The implementation of restriction to admit children to Panti on the basis of poverty and economic reasons as set in the National Standard of Care for Child Welfare Institutions has to be matched with provision of professional social workers who can monitor institutions as well as gradually preparing panti caregivers to play more outreach roles instead of recruiting. To strengthen panti's role to for outreach and prevent admission to panti, professional social workers will be able to educate panti and the community on the availability and ways to access different available social assistance programs.

Prevention and Protection: PKSA program needs to be revisited to be able to strengthen families' ability to provide adequate childcare at home and increase of PKH coverage should include vulnerable children and families as their target beneficiaries. Strengthening both social assistance programs could provide greater access to education and therefore reduce family separation due to lack of resources for education.

- It is recommended that PKSA uses staged-targeting approach, combining methods of geographic targeting based on prevalence measurement against the two main groups of children followed by community-based targeting. Findings from prevalence survey on violence against children recently conducted by MOSA, MOWECP and BPS should be utilized to map at-risk populations, and from there track down children who are in need of immediate assistance.
- PKSA benefit package should be structured to uphold effectiveness, efficiency and relevance to the rights and needs of extremely vulnerable children, especially child victims of abuse
 1. **Basic services** (affordable health and education as well as civil identity such as birth registration and legal services if and when necessary). In cases of children in need of immediate response, basic services should include those of medical, psychosocial and legal to ensure recovery, safety, rehabilitation and reintegration of children.
 2. **Family services** (parenting programs, relationship counseling, mentoring schemes and practical assistance, and specialized to support child development such as education, social relationships and life-skills development)
 3. **Protective services** to be called upon when immediate response is necessary and all other ways of addressing the protection circumstances of a child have been explored. This service might include temporary out-of-home care, alternative care, and permanency planning. These services should come out from rigorous processes of investigation (prosecution and forensic medical approaches if and when applicable).
- Expansion of PKH should accommodate the needs of vulnerable children and families through an outreach mechanism which combines the role of professional social workers, community participation and integrated service delivery. Outreach personnel could respond to referral from community members or conduct visits to targeted population, such as childcare institutions, families with out of school children, families of children with disabilities, or other marginalized families such as those without permanent homes. Specifically to ensure the provision of assistance for children in institutions, institutions will need to be registered through local office of social services for accreditation and ensuring accountability of the agency. Instead of registering individual children, institutions would be registered and received quotas for the usage of assistance. In addition to the extension of the program,

Key Findings

PKH should also include the provision of Family Development Sessions that focuses on parenting education to equipped parents in supporting their children in schooling. This is to ensure that children can meet the education goals to reduce their vulnerabilities.

- Outreach personnel would need to make the necessary advocacy work to local government and community leaders as well as referral to services for provision of birth certificate, marriage certificate, identity card, and family card (Kartu Keluarga) to provide access to social assistance programs.
- Implementing one-step assessment procedure to reduce process time, repetition, and ensuring that all needs are assessed and referred properly in a model that incorporates the different work on social protection, child protection, and poverty reduction in a **“One-Stop Integrated Service and Referral Center”**. With this model, resources would be pulled and maximized, the integration of various available services that have been challenging would also be facilitated, and families and children would directly be impacted. Ideally, this referral center should be located in the sub-district level (with potential village hubs) that is easily accessible for the surrounding community.
- The availability of strong workforce of caseworkers, social workers, community facilitators is the key to the delivery of the services. When social workers are not available to do assessments, government officials, community facilitators, and community leaders could be trained with skills to identify and assess children and families. These paraprofessional workers can be recruited through networks in at the community level. Trainings needs to be continuous, building facilitators' skills based on standard of services, updated innovations, as well as provision of equipment to strengthen workers role in conducting outreach and referrals.

Alternative Care: Recognizing the significance of family-based care settings, legal closely supervised adoption should be promoted as alternative care for children who can no longer live with their biological families.

When parents are absent or are unable to perform their duties and responsibilities, their duties and responsibilities may be transferred to other family members, and when that is not available, adoption should serve as an alternative. Unfortunately, complexities in adoption process in Indonesia as set in Government Regulation Number 54 Year 2007 on Child Adoption may prevent people from applying for one. Especially when there are easier faster mechanism available, and that is to care for children in institutions. It is recommended to review such regulations while remain mindful to always serve the best interest of children.

1 | Background

Proposed Goal 1:

END POVERTY

Percentage coverage of people who are poor and vulnerable with social protection systems

“People who live in poverty in whatever country are always on the edge, chronically vulnerable to falling sick, losing a job, forced eviction, climate change or natural disaster. Their earnings vary by day, by season and by year. When shocks hit, it is catastrophic. Poor people often lack the resources or support to recover. Poverty has various manifestations, including lack of income and productive resources sufficient to ensure sustainable livelihoods, hunger and malnutrition, ill-health, limited or lack of access to education and other basic services, increased morbidity and mortality from illness, homelessness and inadequate housing, unsafe environments, and social discrimination and exclusion. It is also characterized by a lack of participation in decision-making and in civil, social, and cultural life. The post-2015 agenda should tackle all of these aspects of poverty and confront inequality to make sure no one is left behind.”

Proposed Goal 2:

EMPOWER GIRLS AND WOMEN AND ACHIEVE GENDER EQUALITY

Prevent and eliminate all forms of violence against girls and women; End child marriage

“Gender-based violence is both persistent and widespread. This violence takes many different forms: rape, domestic violence, acid attacks, so-called “honor” killings. It cuts across the boundaries of age, race, culture, wealth and geography. It takes place in the home, on the streets, in schools, the workplace, in farm fields, refugee camps, during conflicts and crises.”

“Child marriage is a global issue across, but sensitive to, culture, religions, ethnicity and countries. When children marry young, their education can be cut short, their risk of maternal mortality is higher and they can become trapped in poverty.”

From the Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda (2013). The three Co-Chairs of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda are Dr. Susilo Bambang Yudhoyono, President of Indonesia; Ellen Johnson Sirleaf, President of Liberia; and David Cameron MP, Prime Minister of the United Kingdom.

Years of research and studies on the wellbeing of children and families shows that poverty has been a salient risk factor that significantly increases children’s vulnerabilities. In both developed and less developed countries, poverty, especially child poverty, is often associated with high child and maternal mortality. It is commonly associated with health conditions such as poor nutrition, low birth weight, anemia, vitamin A and iodine deficiencies, vulnerability to parasitic and chronic infectious diseases such as leprosy and disability because of lack of professional care (Harker, Kober, & Stearn 2004).

It is widely accepted that poverty and economic hardships are also major barriers to children’s educational attainment. Children in poor and vulnerable households have limited access to basic social services such as health and education services. In fact, nearly 44% of Indonesian children between the ages of 13 and 18

Background

years old are out of school (Patunru & Kusumaningrum 2012). About 22% children who finished primary school fail to continue their education to secondary school. SUSENAS shows that financial reasons (59.3%) and work-related reasons (11.3%) were the leading reasons for school dropout among Indonesian children.

A study conducted by SMERU (Suryadharma & Suryahadi, 2009) using the Indonesian Family Life Survey (IFLS) data (1997, 2000, 2007) and Village Survey (Podes) data (1993, 1996, 2000) suggests that 98% non-poor compared to 93% poor students were able to complete their primary education. At the Junior High School level, however, 96% of non-poor students compared to 88% of poor students completed the level. The study concludes that impoverished children simply have less of a chance of completing schooling compared to non-poor students regardless of ability. Another study from SMERU (Pakpahan, Suryadharma, and Suryahadi, 2009) found that children who grew up in chronically¹ poor households had 35% higher chances of being impoverished in adulthood. In other words, poverty sets into motion a vicious circle of intergenerational poverty. The risk is significantly aggravated if a parent, especially the mother, passed away while the child was still in school (Ibid).

A study on child poverty suggests that a mere 15% of all Indonesia children are completely free of all dimensions of deprivation of essential needs and services, which are education, child labor, health, shelter, water, sanitation or income (SMERU, BAPPENAS, BPS & UNICEF 2011). In other words, 85% of Indonesian children experience one or more types of deprivation. Half of Indonesian children, or 44 million of them, live in poor and vulnerable households with incomes of less than \$2/day. If using national poverty indicator, almost 24 million children live in the bottom 40% households (PPLS 2011; UNICEF 2012).

Poverty, however, is not the only factor that contributes to child vulnerability. The absence of or lack of parental care and monitoring (Lewis & Irwanto 2001, Damayanti, 2007), ineffective enforcement of the law, the existence of organized crime, living arrangements of children (such as living in alternative care institutions) certain cultural or traditional values, inadequate public policy in its institutional capacity, scope, coverage, and investment are crucial factors influencing children's vulnerabilities in Indonesia (Bappenas & GIZ 2012). Many of these factors are related to one another and adding the complexity of deprivation faced by children.

Children living in poverty experience added vulnerabilities circumstances push them to live outside of the family care (Save the Children, Depsos RI, and UNICEF 2007). Over 2.15 million children under the age of 15 in Indonesia are not living with their parents, and 88 percent of these children are being cared for by their extended families (Save the Children, Depsos RI, and UNICEF 2007). Over half a million of Indonesian children spend the greater part of their childhoods in institutions. Only 10 percent of these children were orphans having lost both parents with approximately 72.5 percent of children living in institutions still had both parents alive (Save the Children, Depsos RI, and UNICEF 2007). The same assessment also reveals that most of these care institutions (*Panti Sosial*) have no standard or protocol of care. There are also reports of cases of capital punishment and exploitation.

In order to fully understand the situation that leads to increased vulnerability of children being separated from families and the living situation of those children in institutions, a comprehensive study is needed. The main purpose of this report is therefore to understand children and families' vulnerabilities in the context of family separation and institutionalization of children, and their determinants. This will be examined by also looking at situations where children are still with their families but at-risk of being separated and are facing vulnerabilities. At the other end, this study also looks at situations where children are out of family

¹ Chronic poverty is defined as severe and persistent poverty (Pakpahan et al., 2009: p. 2.).

care and not in institution facing particular deal of vulnerabilities as well. A child rights perspective is applied throughout the design and analysis of the study. Findings of this study will inform the Government of Indonesia's child protection and wellbeing programs and policies through a better understanding on the risk and protective factors influencing the lives of such children and families.

DKI Jakarta, Central Java, and South Sulawesi are three selected research sites where proposed interventions will potentially be piloted as a continuation of this study.

2 | Methodology

Study Objective

The study is conducted to fully understand the situation that leads to children being out of family care, either end up being sent to childcare institutions or living in non-institutional arrangements, as well as to assess the living situation of those children and those facing vulnerabilities within families.

It attempts to answer the following questions:

1. What are underlying factors related to children and family that are influencing family separation?
2. What are the vulnerabilities faced by children living outside of family care?
3. What are the vulnerabilities faced by families to provide care for their children including reasons for sending their children to residential care?
4. What are the challenges experienced by communities to provide support and protection for vulnerable children?
5. What types of formal and informal family-assistance services exist and suitable for vulnerable children and families?
6. What are the barriers within the systems that constraint vulnerable children and families to access existing basic social services and social assistance?
7. What additional services and supports are required to reduce children's vulnerability?

Field Work: Survey

A survey of children living in institutions in DKI Jakarta, Central Java, and South Sulawesi was conducted to understand the vulnerabilities faced by children in institutions and their families. Referring to types of childcare institutions acknowledged by MOSA, there are seven types of child care institutions that were predetermined as a sampling frame. District Office of Social Affairs provided the list of the institutions in their district according to the determined categories. Research team then randomly selected institutions to represent each category. Based on the categories and the availability of those institutions in the selected districts, we developed a list of the types and numbers of institutions selected. Selected institutions were then contacted. Children were randomly selected from a list provided by the sampled institutions.

A total of 641 children from 56 institutions across the three provinces were interviewed. Institutions were categorized into three types of institutions based on placement of the children. **First, *Panti*** or childcare institutions (n=39) are government owned orphanages, community owned orphanages, rehabilitation centers for children with disabilities, institutions for street children, poor children, and out of school children, where children are voluntarily enrolled without court order. A total of 426 children in the voluntary institutions (262 boys and 164 girls) participated in the survey. **Second, *Pesantren*** or Islamic boarding schools (n= 11 where in some cases parents pay for the children's education with a total of 119 children (61 boys and 58 girls) participated in the survey. The **third** category is ***correctional institutions*** (n=6) for children in conflict with the law. Enrollments to these institutions are based on court orders. A number of 77 children (66 boys and 11 girls) took part in the survey.

Type Of Child Care Institution	Total Sampled/Visited		
	Dki Jakarta	Central Java	South Sulawesi
Orphanages (Psaa) Managed Directly By The Ministry Of Social Affairs (Mosa) Or District Office Of Social Affairs (Dinas Sosial)	2	5	7
Orphanages Managed Directly By Foundations, Religious-Based Institutions, Or By The Community	5	2	7
Institutions For Children With Disabilities	2	2	2
Childcare Institutions For Delinquent Children (Panti Sosial Marsudi Putra)	1	1	1
Institutions For Out Of School Children And Other Vulnerable Children (Panti Sosial Bina Remaja)	1	3	0
Social Protection Homes For Children (Rumah Perlindungan Sosial Anak Or Rpsa)	1	0	0
Religious (Islamic) - Based Boarding Schools (Pesantren)	0	8	3
Juvenile Prisons (Lapas)	0	1	1
Social Development Center For Street Children (Existed Only In Dki Jakarta)	1	0	0
Total Institutions Sampled	13	22	21

Field Work: FGD and In-depth Interviews

A total of 24 focus group discussions (FGD) and interviews were conducted. A detailed list of the FGD and interviews is presented below. Up to 29 parents and service providers were interviewed and up to 180 respondents participated in the focus group discussions.

Districts	Respondents			
	Service Providers	Community Leaders	Parents of Working Children	Parents of Children in Institutions
DKI Jakarta				
North Jakarta	4 In-depth interviews	1 FGD	1 FGD	3 In-depth interviews
West Jakarta	1 FGD	1 FGD	1 FGD	1 FGD
Central Java				
Klaten	1 FGD	1 FGD	1 FGD	4 In-depth interviews
Solo	1 FGD	1 FGD	1 FGD	1 FGD
South Sulawesi				
Makassar	1 FGD	1 FGD	1 FGD	1 FGD
Gowa	1 FGD	1 FGD	1 FGD	1 FGD

Methodology

In each district, four FGDs were conducted. These FGDs compliment the quantitative data analysis. All participants were informed that no unique identifiers would be gathered and that the study was not part of a social assistance beneficiaries' registration, nor would participation effect their current household compensation or allocation.

To compliment quantitative and qualitative data collected in the study, four case studies were conducted to children in situations not covered in the main data collection. The four Case Studies constitute stories of children living with families on Pushcart/*Gerobag* (3 families), girls surviving from trafficking for sexual purposes and other exploitation (4 children), children living with HIV (4 families), and children in conflict with the law (4 children)². All participants were interviewed in DKI Jakarta. Analysis is based on trajectories of events and how the participants assigned meanings to their experiences. Although participants in each category experienced different trajectories and outcomes, there are certain common lessons learned that can be drawn from each category.

Desk Review

The desk review upholds a study of over forty papers and publications to map the situation of children who are separated from families but not living in institutions, risk factor that lead to children being out of family care, situations those children faced, and current roles of and gaps in access and provision of social assistance programs. The desk review compliments the information obtained from the primary data collection.

Case Studies

Study cases were composed through in-depth interviews with willing and consented participants. Interviews were performed in safe and comfortable settings for the participants where confidentiality is highly guaranteed. Only the heads of the family were interviewed for families living in pushcarts ("Keluarga Gerobag"). Children who survived trafficking were already rescued and placed in a care home when the interview was conducted. For cases of children living with HIV/AIDS, this study interviewed the mothers. Children undergoing their rehabilitation after being in conflict with the law were interviewed at a panti-based correctional institution (PSMP). All interviews were carefully guided to avoid harm in participants and were supervised by a social worker. These social workers also helped arranged the meeting and set the interviews. No pictures of the participants were taken.

Research Ethics

Some questions in the survey related to family background, experience of being away from family, and experience of violence are sensitive and might affect children's psychosocial wellbeing. Therefore, researchers were trained to understand and implement key principles of ethics in conducting research with children. Prior to the study, all researchers participated in a preparation workshop where skills in working with children were reviewed and were trained to utilized inform consent forms for children and adults that have been developed by PUSKAPA. Before starting the field work, researchers must also pass an online research ethics test.

During the surveys, all respondents were given the information on the purpose of the study and written consent was obtained - on given information, video recordings and pictures taken - to participate in the

² Case study on children in conflict with the law is not presented in the report due to lack of relevance and depth.

study. The survey was administered by the children with guidance from the researchers. Working in small groups of 3-5 children, researchers walked through the questionnaire. In cases where respondents needed help to fill in the survey (for children with disabilities or those with limited reading skills), researcher worked one-on-one with the respondents. Researchers made sure that children feel comfortable to answer questions privately. For case studies, all interviews were carefully guided to avoid harm in participants and were supervised by a social worker. These social workers also helped arranged the meeting and set the interviews. No pictures of the participants were taken.

In each province, the research team identified a social worker for responds and follow up when those that have participated in the survey indicated that they were upset and needed help, or when researchers found changes in child's behavior after participation in the survey.

Research Sites

A purposive sampling method was used based on the presence of reform minded government, commitment and existing opportunities to influence the reformation of program and policy in the districts. The 6 selected districts across 3 provinces were chosen to be Central Java (District of Klaten and City of Surakarta), South Sulawesi (City of Makassar and District of Gowa), and DKI Jakarta (City Administrative of North Jakarta and West Jakarta). Each of the focus-province has its own unique characteristics in relation to child protection issues but at the same time offer opportunities to address these.

Central Java is a densely populated province, which is highly committed to local authorities. The province has a poverty rate of almost 15 percent (14.98% or 4,863,410³) with 32.382.657 inhabitants of which over 26 percent (8.515.686) is younger than 15 years old in 2012. Almost 17 percent (16,89%) of all inhabitants were poor living in rural areas and over 13 percent (13,49) was poor living urban areas.

South Sulawesi is known for its stride to become the trade economy in East Indonesia. South Sulawesi has a poverty rate of almost ten percent (9.82% or 805,920) of its eight million inhabitants. Of all inhabitants, 4.252.999 were 18 years or younger in 2009⁴ (46,3 per cent are girls and 55,7 per cent are boys).

DKI Jakarta (the Special Capital City District of Jakarta) is the capital city of Indonesia. In 2013, Jakarta has an estimated population of 10.188.000 people⁵. This makes Jakarta the 13th largest city of the world. According to predictions, Jakarta will be one of the top ten largest cities of the world by 2015 (McCarthy – the case of Jakarta). In Jakarta, about 39.740 people live per square mile. However, the exact number of inhabitants of Jakarta can only be speculated since many people migrate (temporarily) to Jakarta in certain seasons and stay without registering. Jakarta is a fast growing metropolitan and it is characterized by complex issues that affect vulnerable children and families in slums, the urban poor and migrants looking for job opportunities. In 2012, the poverty rate of Jakarta DKI was almost four percent (3.7%)⁶. However, many people live in Jakarta in kampongs, illegally squatted sports near riverbanks, empty lots and flood plans. These people are not considered as officially administrative entities. This makes it impossible to accurately know the amount of inhabitants and the poverty rate (McCarthy –the Case of Jakarta).

3 , 11, 12 Badan Pusat Statistik. Profil Kemiskinan di Indonesia, September 2012. http://www.bps.go.id/brs_file/kemiskinan_02jan13.pdf

4 There were 681.130 children between 0-6 years old; 1.642.253 children between 7 -12 years old; 930.666 children between 13-15 years old and 998.950 children between 16-18 years old.

5 <http://www.worldpopulationstatistics.com/jakarta-population-2013/>

6 Badan Pusat Statistik. Profil Kemiskinan di Indonesia, September 2012. http://www.bps.go.id/brs_file/kemiskinan_02jan13.pdf

3 Children Out of Family Care & At-Risk to be Separated from Families: Push and Pull Factors

This study looks at family separation as both a form of vulnerability as well as a situation that presumably can lead children to other forms of vulnerability, especially for children in institutions. The Convention on the Rights of the Child (CRC) promotes family as the best care and protection every child should enjoy. However, child protection community also learned that some children become vulnerable to be separated from their families due to poverty, violence, abuse and exploitation, or crisis and emergencies. Especially in countries where alternative care prioritize institutionalization approach, like many believed to be the case in Indonesia. A 2007 study conducted by Save the Children together with the Indonesian Ministry of Social Affairs and UNICEF found that more than half a million Indonesian children spend most of their childhood in childcare institution (*Panti*), while the main reason being education opportunity rather than parental death. Different studies also confirmed that some children are at risk of being involved in risky behaviors leading them to coming in contact with the justice system and end up being separated from families involuntary. This study seeks to investigate those further. In this chapter, push and pull factors will be discussed, looking at children who were in childcare institutions, children in Islamic boarding schools and children in correctional institutions.

Limited information on children living in non-institutional setting but being separated from families will be presented as desk review snapshots. This study also recognizes that in some cases, children are still in the care of their families but they are facing particular situations that potentially push them to be out of family care. Such situation will be presented in case studies.

This study interviewed 625 children already living in institutions for a minimum of one month at the time of the study. 389 (63%) boys and 233 (37%) girls were interviewed across three types of institution: childcare institutions or *panti*, Islamic boarding schools or *pesantren*, and correctional institutions in form of prison and detention centers as well as *panti*-based correctional facilities. 108 children (17%), 105 (17%), 123 (20%), 116 (19%), 113 (18%), and 57 (9%) were respectively 13, 14, 15, 16, 17 and 18 year olds of all interviewed. It is important to note that this study did not interview younger children due to ethical considerations.

Table 1. Children in Institutions by Gender, Age and Type of Institution
(PUSKAPA Survey)

Gender	Institution			Total
	Panti	Pesantren	Correctional	
Boys	262 (67%)	61 (16%)	66 (17%)	389
Girls	164 (70%)	58 (25%)	11 (5%)	233
Total Age	426	119	77	622
13	80 (74%)	22 (20%)	6 (6%)	108
14	73 (70%)	26 (24%)	6 (6%)	105
15	79 (64%)	33 (27%)	11 (9%)	123
16	76 (65%)	23 (20%)	17 (14%)	116
17	72 (64%)	13 (11%)	28 (25%)	113
18	46 (81%)	2 (3%)	9 (16%)	57
Total	426	119	77	622

Missing value: 3

Amongst the children interviewed in *panti*, the longest duration of residency was 16 years for boys and 12 years for girls, indicating they were there from a very young age. In *pesantren*, the longest duration of residency was 9 years for girls and 6 years for boys.

On average, the study finds that parents voluntarily send their children to institution at the age of 13, both in *panti* and in *pesantren*. When discussed with parents, age plays a significant determinant in their decision making to send their children to those institutions. They did not send them when they were younger because the younger the child the more parents see them as in need of parental care. They also would not send them when they are too old to be attending junior secondary school (SMP) since it was one of their main reasons to admit their children to *panti* or *pesantren*. Furthermore, parents also felt confident that they send their children when the children are “ready” or “old enough” to take care of themselves (the term *mandiri* or self-reliant was expressed frequently). 10 to 13 years old were also found as the majority age of entry to *panti* in 2007, Save the Children study. This study also finds 6% of children were voluntarily admitted into an institution before they were 7 years old.

64% of children in *panti* and 86% in *pesantren* said they were still living with both parents before they were sent to the institutions. It confirms that institutions do not serve as an alternative care for parental death.

Table 2. Children’s Main Caregivers Before Living in Institutions
(PUSKAPA Survey)

Main Caregivers	Institution			Total
	Panti	Pesantren	Correctional	
Both parents	261 (64%)	101 (86%)	41 (56%)	403
One of parents	95 (23%)	10 (9%)	18 (25%)	123
Other families	52 (13%)	7 (6%)	14 (19%)	73
Total	408	118	73	599

Missing value: 26

Meanwhile, children occupying prison cells and those who were sentenced by the Court to correctional care institutions are 15 year olds in average. Indonesia just recently passed a new juvenile justice law (Law Number 11/2012), which sets 14 as the minimum age for incarceration. Even though this new law is still under its 2 years transition period, what this study found might be an indication of the law already started being applied by the law enforcers.

There is no significant difference in terms of gender amongst children in *panti* and *pesantren*, while boys are predominantly found in correctional institutions, both in prison as well as *panti*-based correctional facilities. This is consistent with previous studies looking at juvenile justice system in Indonesia done by UNICEF in 2002 and 2007 and done by PUSKAPA in 2011.

Although could not be shown through this study, literatures indicate that parents often have more concerns over girls living outside of the home, hence smaller percentage of girls in voluntary institutions. Consequently, parents would prefer to have their daughters missing school rather than sending them away for education. Moreover, girls are expected to be around to help with household chores (Quisumbing & Tsuka, 2001).

81% children in voluntary institutions, both panti and pesantren are in school (441 of 545 children). This bolsters the assumption that panti and pesantren can fulfill parents' expectation on their children's education. It came up frequently in our discussions with parents that education opportunity is one of the main reasons for parents to voluntarily admit their children to institutions. Parents felt that they have limited ability to further their children's education, and sending them to institutions that provide formal education is seen as the solution.

Panti covers all tuition and expenses related to children's education. In some districts such as Gowa and the province of Jakarta where education is free for certain public schools, panti will then only pay for other expenses outside of the tuition fee such as for uniforms, books, and in some cases including transportation cost. The majority of school expenses in pesantren are, however, paid by parents.

In terms of opportunities to continue education, correctional institutions provide miniscule of them. Only 31% children in correctional institutions were in school. This contradicts the notion that correctional institutions should be reforming children's behavior and offering them better alternatives to avoid reoffending in the future. Being in contact with the justice system also evidently contributes to school drop-outs, in this case 67% of children in correctional institutions said they were immediately cut out of school as soon as they got arrested.

Table 3. Children in Institutions by Current (Active) Level of Education
(PUSKAPA Survey)

Level of Education	Institution			Total
	Panti	Pesantren	Correctional	
SD/Ibtidaiyah	30 (9%)	5 (5%)	-	35
SMP/Tsanawiyah	174 (50%)	44 (47%)	6 (25%)	224
SMU/SMK/Aliyah	117 (34%)	45 (48%)	15 (63%)	177
Kejar Paket A/B/C	26 (7%)	-	3 (12%)	29
Total children in school	347	94	24	465

As suggested by the average age of entry to panti and pesantren, the majority of the children are currently participating in secondary schools, both junior (SMP) and senior (SMA). 75% of children in panti who are eligible to be in SMP are receiving their formal education with 13% of them are still in SD due to late of entry or repetition of class, and more than half of those eligible to be in SMA are fulfilled with their education. In pesantren, proportion of children receiving their formal education based on their age eligibility is higher for SMA (118% -showing some children are not even 16 years old but considered capable of undertake SMA education), and lower for SMP (54%) with 6% still in SD.

**Table 4. Children in Institutions by Formal Education Compared by Age Group
(PUSKAPA Survey)**

Level of Education	Institution			Total
	Panti	Pesantren	Correctional	
SD/Ibtidaiyah	30 (13%)	5 (6%)	-	35
SMP/Tsanawiyah	174 (75%)	44 (54%)	6 (26%)	224
Age group 13-15yo	232	81	23	
SMU/SMK/Aliyah	117 (59%)	45 (118%)	15 (28%)	177
Age group 16-18yo	198	38	54	
Total	321	94	21	436

Missing value pesantren: 19

This study is not able to counteract it with the same characterized group of children outside of panti and pesantren, and therefore cannot derive any conclusion whether the likelihood to be in school was increased by being in panti or pesantren. This study could only indicate that more than half of all children institutions are now back in school after previously being out of school. 40% of children living in panti that had previously been school drop-outs and 3% of children living in pesantren have now returned to the education system.

Consistent with the previous finding, only 26% of SMP-aged children and 28% of SMA-aged children in correctional institutions are participating in formal education; with 10% of them were drop-outs.

Children understand their situation as a result of family's financial hardship and economic reason predominantly determined their parents' decision to send them to panti or pesantren.

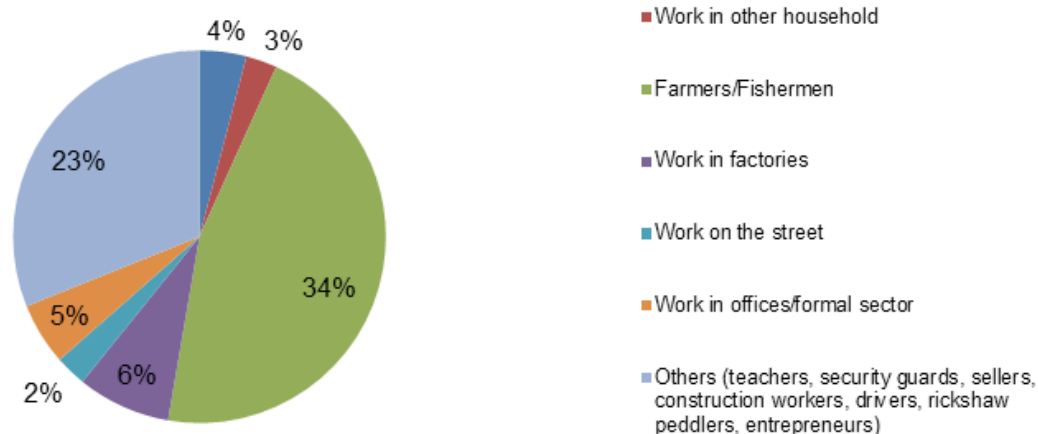
While 39% children indicate that their parents have stable income when asked of their perception on family's economic conditions, more than half (55%) of children in panti and pesantren said that the main reason for them being sent to those institutions was economic reason. When calculated separately, only 17% of specifically children in pesantren pointed out the same reason. After investigated further, most children, in this case their parents, are paying tuition to pesantren, unlike in panti where no cost is officially applied to the children and families.

Among children in panti and pesantren, 13% said their fathers were unemployed, and majority of father's occupation is farmers or fishermen (34%) while 30% said their mothers were homemakers indicating no income received.⁷

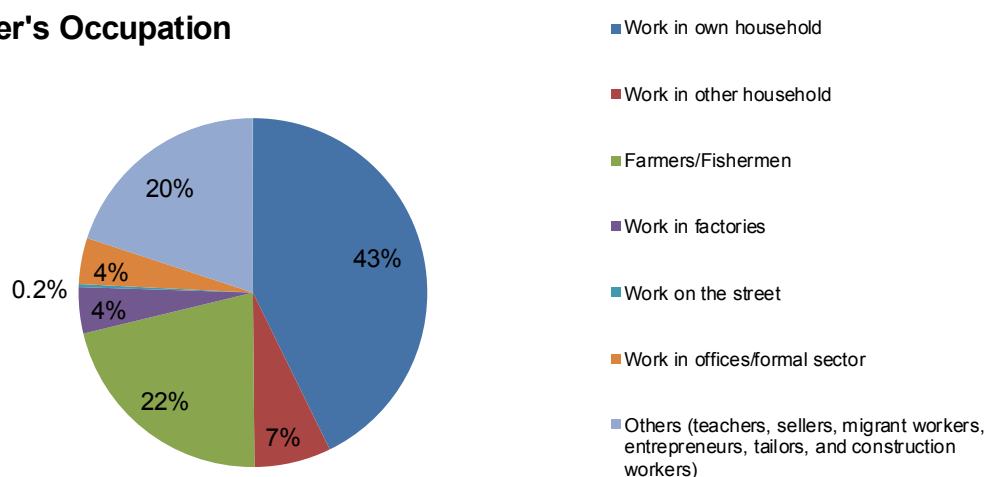
⁷ Father's Occupation: 34% farmers or fishermen, 3% domestic worker in own household, 2% domestic worker in other households, 6% in factories, 2% work on the street, 4% work in offices, 23% other occupations (namely: teachers, security guards, sellers, construction workers, drivers, rickshaw peddlers, entrepreneurs). Mother's Occupation: 30% domestic worker in own household, 5% domestic worker in other households, 15% farmers or fishermen, 3% in factories, 0.2% work on the street, 3% work in offices, 14% other occupations (namely: teachers, sellers, migrant workers, entrepreneurs, tailors, and construction workers).

Chart 1. Parent's Occupation of Children in Panti and Pesantren (PUSKAPA Survey)

Father's Occupation



Mother's Occupation



The financial difficulties experienced by families pushed some children out of school before they entered institutions. In total of 156 (25%) children were school drop-outs. 73% of children in correctional institutions were out of school, which is three times higher than those who are currently in panti (21%) and almost six times higher than those in pesantren (13%).

The pre-institution situation also pushed some of them into labor. Some parents said that it contributed to their decision to send children to panti or pesantren, because parents were worried about their children's safety working outside the home. 31% children in panti and pesantren were involved in paid labor when they were still living with their families. 29% worked at farms or fisheries, while the rest worked on the streets, in factories, in shops or markets, in constructions, and in home industries.

However, children in *panti* and *pesantren* might not come from the poorest families. Limited by methodology to measure socioeconomic condition of children as set by national indicators, the study triangulates information around such situation with parents and children. Parents waited until their children reach a certain age before sending them to *panti* or *pesantren* indicates that they were still able to provide basic necessities for them for a period of time. As stated by parents, they were able to keep children in elementary school but it became more problematic when it was time for the children to move to secondary school.

Parents did not want their children to give up education but at the same time were facing financial difficulties to transition their children to SMP level after finishing primary school.

Poverty in the family has been identified as one major underlying risk as well as a push factor for children to live outside of the family for work, alternative/institutional care or education (SMERU, BAPPENAS, BPS & UNICEF 2011). The aforementioned study looked specifically at children in *panti* also discovered that the main reason for placement in those voluntary institutions is mainly mitigating the impact of poverty and to sustain children education (Save the Children, 2007). This does not as strongly shown in cases of children in *pesantren* as all parents confirmed that they pay the tuition and residency costs for their children there. This was more the case for the more modest *pesantren* and not the ones ran by big Islamic foundations, such as Muhammadiyah.

Poverty is not the only push factor for placement of children in institution. This study could not confirm family poverty as the underlying cause of placement of children in *panti* as defined by income, assets and consumption rate; however it strongly indicates perceived socioeconomic hardships among parents as a push factor. Parents listed the followings as the difficulties they faced that lead to sending their children to *panti*, by rank: they were “poor”, they lived far away from existing school (SMP), many children (6 to 8 children), being a single parent, they had health problems, did not have time to watch their children due to daily work and chores to make ends meet, and got nobody to take care of their children because both parent had to work, and the child did not have a birth certificate or the family lost their Family Card (KK) and therefore could not register to regular school. Interestingly, parents from both children in *panti* and in *pesantren* mentioned that they were tired with unofficial levies (“*pungutan liar*”) collected by the children’s previous school.

In *panti*, 241 (58%) children had both the fathers and the mothers working and 24 (16%) children had both parents unemployed. The former represents what was said by the parents as “too busy” or not having time to watch over the kids. While the latter, represent plausible economic hardship. In *pesantren*, only 21% children had both the fathers and mothers working and 1% with both parents unemployed. This might signal a different meaning of *pesantren* to parents, and therefore a slightly different reason for sending their children there.

Single parenting does pose a substantial determinant for a child to be sent to *panti* or *pesantren*.

Our survey reveals that children with only one parent around (either because of death or because of other reasons) were 3 times more likely to end up in *panti* or *pesantren* compared to those with both parents around. In relation to this, parents expressed frustration for not being able to help their children who grieved over the loss of their father, for inability in handling their children by themselves when their children refuse to go to school or for being “out of control”.

In addition to perceived socioeconomic hardships, parents' aspiration on better future for their children pushes parents to choose panti or pesantren for them to sustain their education.

Parents said they reflected on their own low education background and wanted their children to achieve higher ones. Majority of parents from children across all institution only finished primary education (21% for fathers and 26% for mothers) and respectively 13% and 16% children came from a father or a mother who did not finish elementary school.

Table 5. Parents Education Level as Reported by Children in Institutions
(PUSKAPA Survey)

	Father's Education	Mother's Education
Drop out from SD	13%	16%
Finished SD	21%	26%
Finished SMP	15%	13%
Finished SMA	19%	18%
Paket A/Paket C	1%	1%
Diploma	1%	1%
Finished Undergraduate School	5%	2%

17% children did not know father's education, 10% did not know mother's education

13% missing for mothers and 8% missing for fathers

Parents believe that education can mobilize their children's social status and these institutions can guarantee that. SMA diploma was mentioned a lot as something they believe will facilitate better earnings. Some can even guaranteed children's education up to university or diploma program. Even those who were not sure about how far their children can go said that they are grateful that at least their kids can have an SMP diploma.

For parents, pesantren also offers added benefit to schooling in form of religious values teaching, and this makes parents willing to pay the costs. Parents identified it as the necessary character building. When discussed further, those parents revealed that they were struggling with their children's behavior, could not understand what they want, and were lacking resources to discipline them. This matches the aforementioned hardships, which is lacking the time to supervise them combines with their concern regarding the "negative influence" from the neighborhood. Some of them believe pesantren can offer solution to this problem. They trust that pesantren can change their children's behavior through the teaching of religious dogmas.

Some parents who had their children in institutions voluntarily were convinced that their community in which they live in offers risks that may affect their children's wellbeing. When asked further on whom they meant by community, they said: neighbors' children, children's school friends and other adults who used to hang out in their neighborhood. This sense of insecurity was confirmed by small number of children in institutions, where 17% of them said they lived in a community where violence used to occur before they entered the institution.

Parental concern that their children could be involved in risky behaviors as one of the push factors found across groups of parents whose children are in panti or pesantren. However, actual involvement in risky behaviors was found higher among children in correctional institutions than those in panti or pesantren. Children who claimed to have had sex were 11 times higher, drugs-

related experience were 4 times higher, and alcohol-related experience were almost 9 times higher in correctional facilities than in *panti* and *pesantren*. This corresponds to the assumptions among parents and service providers that risky behaviors often lead children to come into contact with the law and the justice system. Being out of school is presumably one of the risk factors that facilitate children to be exposed to the more risky behaviors. Dropped-out status was higher amongst children in correctional institutions by 3 times compared to those in *panti* or *pesantren*, and economic reasons were mentioned as the main reason as to why they dropped out.

For specific cases, *panti* is seen as safe haven for children with particular problems. There were specific cases of girls who got pregnant out of wedlock and being expelled from school. There is a *panti* in Central Java which specializes in taking care of such girls and helps them to continue their education.

Experiencing violence was not mentioned as a reason for leaving home and therefore as a push factor which lead to institutionalization. This study nevertheless identified that some children have experienced this. Twenty-seven percent of children across all institutions lived with families where physical violence occurred, 19% of children lived with families where verbal abuse occurred and 1% of children lived with families where sexual abuse occurred.

The fact that *panti* and *pesantren* provide these educational guarantees and values becomes a significant pull factor for children to be sent to these institutions when combined with lack of better alternatives. Majority of this study's participants feel confident that *panti* can guarantee children's education up to senior secondary level (SMA) or vocational school (SMK). For parents who have more than one child, having one with SMA diploma is seen as a ticket to reduce the pressure on family income. Some said that getting an SMA or SMK diploma could facilitate their children to job opportunities abroad –Saudi Arabia was mentioned frequently as an example.

In spite their aspiration for their children's future, parents felt they were facing great deal of challenges in bringing them into reality. When this was explored further, parents believe that what was offered by *panti* and *pesantren* will provide their children better living arrangement and better care. Parents also think *panti* and *pesantren* caregivers represent certain authority for better supervision.

Although limited, this study suggests that challenges in childcare and parenting for children with disabilities contribute to parents sending the children to *panti*. Participants of the study report that parents who have children with autism, children with mental and intellectual disability (including down-syndrome) or with physical disability in their community were mostly overwhelm with providing care of their children and lacking access to special medication or treatments, education alternatives and financial assistance. *Panti*, when available, was immediately seen as the only solution. Needless to say, more research on this matter is needed.

Desk Review Snapshots:

Push and Pull Factors that Put Children Out of Family Care and in Non-Institutional Living Arrangements

Interaction between push and pull factors potentially causes children to be out of family care and not being in an institution (Global Child Protection Services 2011). An example of this mechanism is a difficult home situation as a push factor and the ability to earn money on the street as a pull factor. Interaction of these two factors triggers children to spend more time on the streets and potentially even leave the home for good; leading to the interaction becoming an underlying reason to the vulnerability of children. The difficult home situation can be an abusive household, which the child wants to escape, but it can also be the economic situation of the household.

When parent are unable to improve their economic situation, their children are pushed out of schools into the streets. Studies of Save the Children ea. (2007), Panter-Brick (2002), the World Bank ea. (2012a), Matsumoto (2003) and the Global Child Protection Services (2011) all mention poverty as a trigger for street involvement. This particularly becomes the case when additional shocks such as unemployment or death of a parent among families occur.

Whereas poverty can lead to school dropouts or to children taking upon hazardous and exploitative working situations, poverty itself does not necessarily explain family separation. However, when poverty goes combined by other risk factors, it likely becomes a vulnerability to children. The School of Human Services and Social Work (2012) explains that when poverty goes accompanied by other risk factors such as social isolation, family conflict, poor mental health and other problems, the vulnerability of the child increases and potentially leads to neglect or abuse. In any case, when children become estranged from their family or even break all links with their families, the likelihood that they become forced to street involvement increases (Global Child Protection Services 2011).

The push factor of ‘experiencing violence in the house’ might explain why some children become completely separated from their parents and end up on the streets, and why others do not. Among street children, violence is the most mentioned reason for being on the streets (Ibid). Our literature review indicated another worrisome ‘trend’; that of poor people migrating to cities to find employment but leaving their children behind in rural areas with extended family to save high living costs in the cities. Overloaded extended family networks lead to the vulnerability of children and potentially even result in child headed households or children migrating to the streets (Global Child Protection Services 2011).

Case Studies:

Push and Pull Factors that Put Children At-Risk to be Out of Family Care “Keluarga Gerobag” (Families Living in Pushcarts)

General Observation

Being poor and have to live on the street is never an option anyone chooses had there were better alternatives. Combination of losing their job, lack of support from their family and relatives who were also living in poverty, low education attainment, lack of locally available opportunities, had render their lives vulnerable to social, political, and monetary shock or crises. Their pride prevents them from begging for money on the street, and at the same time, their daily experiences on the street weaken their belief in the “kindness” of the community and authority.

Moving around with no ID in any forms and permanent shelter or address -two conditions prerequisite poverty identification, had left them invisible in the eye of any poverty reduction program and without any possibility to access government assistances. Their lack of legal identity documents is also passed on to their children, which prevents them from accessing education and put them vulnerable to be separated without any chance to be traced. Often times, they also felt they rather not compete with the other poor for getting existing but very limited government assistance.

An estimate of 1 875 homeless people and 783 scavengers were living in Jakarta in 2013 (Kompas, 8 December 2013). Some of them are who were categorized as Keluarga Gerobag or families living in pushcarts, one of the groups defined by social programs as people having social welfare problems (“penyandang masalah kesejahteraan sosial”). Keluarga Gerobag can be characterized as homeless, making their livelihood from scavenging, and distinctively living and moving as family unit on the streets in a pushcart.

Characteristics

Three families were observed and interviews were conducted with the parents (mostly with the male adults of the family/fathers). All participants (Jepri, Firman, and Hadi – not their real names) do not have an official permanent residence, but Firman has a hut made of waste cardboards and plywood on State Railway Company's land. Firman said he pays rent for the land with approximately 39 other families.

Demographic variables	Hadi	Firman	Jepri
Age of head of family	Do not know	45 yo	51 yo
Education of head of family	Never attended school	Junior Secondary School/SMP (completed)	Elementary School/SD (completed)
Place of origin	Ciamis (West Java)	DKI Jakarta	Wonosobo (Central Java)
Earlier occupation of head of family	No permanent job	Security officer (Satpam)	Manual laborer in a private company
Marital status of head of family	Married, currently live in pushcart with his wife	Married, currently live in pushcart with 2 nd wife (1 st was divorced)	Married, currently live in pushcart with 2 nd wife (1 st wife died)
Number of children and their whereabouts	2 children, now living with grandparents in place of origin	8 children, used to live with him on the street but now with grandparents in Sukabumi	2 children, they live in pushcart with him.
Duration of living in pushcarts (until time of interview)	More than a year (since 2012)	8 years (since 2005)	10 years (since 2002)

Background

The three participants share similar perceptions on their lives before living on the street; they were already dealing with financial difficulties although all three admitted they had a permanent domicile before but nevertheless ended up living in pushcarts. Hadi never had a permanent job. He worked mostly as a farm worker or low-paid intermittent worker in informal sectors that would keep his families going. Firman was a low-paid security officer. This situation deteriorated by his gambling and drinking habit. Jepri lost his permanent job during the monetary crisis of 1998. When asked about the reason they decided to live on the street, all thought scavenging provides them an alternative to earning money as they lack technical skills and education to find a decent job.

Living Condition

Through more than twelve hours of scavenging and roaming the streets, they are able to earn an average of IDR 30 000 to 50 000 (\$ 3-5) per day. On the worst days, they sometimes acquire a mere IDR 10 000 (\$1). Often times, the money they earn does not suffice to provide meals for the whole family, so usually they eat once a day only. Occasionally, they receive some food handouts from people they meet on the street or from passers-by.

Except for Firman, the other two families sleep under any “roof” they can find at night; like under an overpass road, inside an abandoned building, or any accessible public space. For Jepri, it is especially difficult during extreme weather conditions, such as heavy rain or storms, because it is hard for his children. Sometimes they have to deal with security officers who do not allow them to stay in a certain area/buildings/structures.

They indicated that they have never experienced physical violence from security guards or community members but often receive harsh treatment (verbal violence) when told to leave a certain area. All three claimed that as adults they are used to such treatment, but they feel that the children suffer from it. It is very common for them to also quarrel with other Keluarga Gerobag when they happen to scavenge in the same area. They said they cannot avoid meeting other families, especially during certain periods of the year, like the month of fasting (Ramadhan) where Jakarta becomes a “destination” for people on the move alike.

All said that children are the most important members of their families. This study could not dig deeper in to why some parents decided to leave their children behind and why some, like Jepri, bring them along with them in a pushcart. For Hadi and Firman, leaving their children behind with their grandparents is considered a better option than sending them to an institution because this way they are able to visit their children anytime. They consider institutions as a place with a lot of rules. Different from Jepri, despite their difficult living condition, Jepri still sees himself as the head of the family and considers his self therefore as the most responsible to provide his children with meals every day. Jepri is the one scavenging on the street and his wife and children look after their pushcart. They will help sort out the things that Jepri gathers and pack them. The children do not go far from the pushcart and their parents and do not have any friends or other children they interact with. Jepri said he is not too worried about child maltreatment or abuse by strangers. He, however, feels that his children do not belong in the “normal” community.

Access to Services

All Keluarga Gerobag interviewed for this study have access to clean and running water from public facilities in mosques, bus terminals and public markets. None of the children from the three families are in school or have ever been school enrolled. Only Hadi claimed that his older daughter went to elementary school but dropped out at grade 3 because he could not afford the costs. Firman said that one of his boys was not sent to school because he could not speak properly. Jepri indicated that his children do not need to go to school because he cannot afford the costs and it is better for them to help their parents. Both Hadi and Firman who left their children behind with their grandparents said that the grandparents cannot afford schooling for their children because they are poor. Even if they are able to send money home, it will not be sufficient to support their children’s education.

All three families only access health services when falling ill and most of this is done through buying over-the-counter drugs or self-medicating. They said all of them usually fall ill during the rainy season, especially the children. None of them has a valid DKI Jakarta ID and all of them fear being treated poorly as their condition prevents them from accessing Puskesmas’ services.

When asked whether they have tried or are interested in trying to access the government’s health insurance, all of them felt the same; it would be a waste of time. Jepri said he has tried once but the long and confusing process, which ended up in rejection, prevents him from trying again. All participants felt that government programs were biased against the poorest of the poor.

"..paling dari yang mau sahur doang..kalo yang laen mah gak ada-boro-boro..KTP aja gak ada..kan gitu harus punya KTP dulu.." (.. we got (our food) from those who had breakfast before fasting... none from others....and yet we do not have a valid ID.. to access such services we need a valid ID..)"

"..gak ada mas kalo yang kayak BLT..bagi-bagi duit mah..paling Cuma pas bulan puasa doang..dapet makan dari orang yang keliling." (..No..none like BLT, only during the month of Ramadhan people give a way some money and we received (food) from those who go around distributing food..)

"..mending kita nyari barang aja mas,,daripada ngurus-ngurus begituan. Lama..belum lagi diputer-puter..kan kita gak punya KTP.Udahlah..gak usah.." (It is better to look for used items than to spend time trying to access government program... it takes a long time... and they pushed us around.. we do not have ID .. forget it..)"

"..ngaco mas..yang dapet (BLT) mah orang kaya semua..kita malah gak dapet.. Udah gitu, bertele-tele..susah dah.." (It was mismanaged.. those who got (BLT) were those who were economically well.. we the poor did not get it.. wasting time..").

Children Pushed to Trafficking

Every year, thousands of children - especially girls, were trafficked for exploitative domestic work or into prostitution. It is estimated that 40,000-70,000 children (especially girls) were exploited in commercial sex industry. No less than 21,000 of these girls were exploited in Java Island. They were commonly housed in guarded shelter facilities and had to observe very strict rules and immediate punishments for any violations. They were objects of extortions by local thugs and pimps, and unprotected against any forms of violence by law enforcers or clients. They were not well-informed about sexually transmitted diseases (STD) and HIV/AIDS. Very often they were in a situation of debt bondage (ECPAT International, 2011; US DOL, 2012; KPPA, 2012).

Other source also suggests that no less than 700,000 children were employed as domestic workers, many of them have to work over 40 hours 7 days a week with no security or health benefits. They are vulnerable to domestic abuse and most of them could not continue their primary education (Human Rights Watch, 2009).

UNICEF (Fact Sheet, 2010) reported that among 3,735 victims of trafficking assisted by the International Office for Migration in Indonesia between March 2005 and March 2009, almost 890 - nearly one quarter, were children and out of these, 741 were girls. Upon rescue, many of these girls did not receive proper care nor compensated by the state. Some of them were recruited back into the exploitative industry by an organized crime that always has "untouchable" agents operating in villages.

Characteristics

Three girl survivors of human trafficking (aged 14-18) participated in this interview. Asih (18) originates from Banjarmasin (South Kalimantan), Mona (14) from Cikampek (West Java), and Nila (14) from Cirebon (West Java). They were rescued by a small self-help group. Asih and Nila have yet to meet their parents ever since they have been rescued and are still living in the safe house/shelter. Mona has returned home and is now participating in a babysitter training program.

Background

Asih's parents were scavengers and both Mona and Nila come from farmer families. Mona completed junior secondary school, Asih and Nila completed elementary school. When their parents said they could no longer

afford their education, they realized they had to stay at home and help their parents with work until they would be asked to be married. That is what they witnessed happening to their friends. All three wanted better opportunities and thought they should leave to find job in Jakarta. When an offer came, they took it without thinking twice.

Asih was 12 when she ran away from her family to pursue a job offer to work at a café in Jakarta. She left a letter for her family saying she would come back with money to make her family happy. She left Banjarmasin in a car with several other girls. She remembered the car made several stops to pick up more girls. On their way to Jakarta, Asih was being transited in Cirebon and had to accompany several men who were, in her words, “touching her inappropriately”. Asih knew something was wrong and she and a friend were able to run away from the trafficker. They were taken in by a small restaurant owner and ended up have to work there in exchange for food and lodge. After that, she moved from places to places until she met and was rescued by a small self-help organization in Jakarta with which she has been living until now. She is currently supported by the foundation to complete her nine-year education through state sponsored Paket B program. Meanwhile she has found a job as a helper in private company canteen.

Nila was also 12 when her aunt offered her a job in a cleaning service company in Jakarta. She remembered the travel to Jakarta as a frightening experience; especially as a girl who had never left her village before. In Jakarta, her aunt and her friend left her with a man who received them in an office room. The man raped her that night and made her serve different guys who came in to the “office” sexually since that. Scared, hurt and helpless, she faced day after day provided with very minimum meals, lodge or time to rest. When an opportunity arose to leave, she took it without realizing that she was only running into another trap of prostitution. The man who offered her a different job made her serve men in a discotheque. This went on for a year until she managed to escape; again to fall into the hands of a woman who had her sell “coffee plus plus”. Basically, this, again, was prostitution disguised as selling coffee on the street. This is where she met the self-help organization that rescued her almost half a year later. The organization provided her with safe shelter and medical services, and put her to work in a private canteen. She was promised to be registered for Paket B program. However, this has not happened yet..

Mona was offered a job by a friend to work in a restaurant in Jakarta. She ended up working as a domestic worker without payment instead. Her work included cleaning the house, cooking and preparing meals, washing and taking care of a child. She was the only domestic worker in the house and was often abused verbally abuse by her employer. After 6 months, she met with a caseworker from an organization and was rescued and reunited with her family. Mona participated in a babysitting-training during her transition in the organization’s shelter. She now works as a babysitter and is able to go home every two months to visit her parents. She indicates that she is happy with this job and her employer provides her with sufficient compensation and treats her kindly.

4 | Vulnerabilities Experienced by Children Outside of Family Care & In Family Care

*As presented in the previous section, parents or families send their children to *panti* and *pesantren* with high hopes for better education, better care and supervision, and in general, better quality of life. Despite the understood benefit of those prospects, previous studies also recognized that being in institution increases children's risk to experience abuse and exploitation, to lose family attachment (Save the Children, 2007). For younger children, some neuroscience studies have also found a significant impact from being denied primary caregiving on brain development that affects intelligence, emotional and social attachments (Fox e.a, 2011). After the previous section presented forms of vulnerability that cause children to be out of family care and end up in institution, this section discusses forms of vulnerability experienced by children in institutions. The scope of the study could not measure long-term impact; however, information presented here would provide initial description of the situation in institutions as experienced by children to trigger further rigorous study around that.*

Limited information on vulnerabilities experienced by children living in non-institutional setting but being separated from families will be presented as desk review snapshots. This study also recognizes that in some cases, children are facing vulnerabilities even while in the care of their families. Such situations will be presented in a case study and in desk review snapshots.

This study confirms that *panti* and *pesantren* provide certain level of schooling opportunities for children (see Table 3 and Table 4). However, the number of children in *panti* and *pesantren* who are not continuing school is alarming despite parents' belief that they were sent there because of schooling guarantees. The figure leaves 36% of 13-15 year olds and 41% 16-18 year olds in *panti* as well as around 45% of 13-15 year olds in *pesantren* are not in school. Even through non-formal education, a fraction of children in *panti* and correctional institution who were doing equivalent classes (*Kejar Paket A, B, C*) does not make up for the proportion of children in institutions who remain out of school. There is a strong indication, although requires further investigation, that these children are in the Quran teaching program.

75% children across all institutions said they receive basic health service; however health care is not always available when a child turns ill. Most of children in *panti* and *pesantren* received health services provided by the community health centers (*Puskesmas*). When discussed with *panti* administrators and caregivers, they said government assistance is not always available, especially for health care. Health care is expensive and when children turn ill and in need of hospitalization, they said they would cover for it although admitting that they might have to take it from other source originally allocated for the rest of the children. Up to 93% of children living in *panti* and *pesantren* are provided with accommodation and meals on a regular basis. For children in *Pesantren*, accommodation and meals are part of the necessities provided as part of the lodge costs paid by their parents or families.

This study finds over half a children enjoy recreational activities, however, 75% of children in *panti* and *pesantren* sleep in shared rooms with other children of the same gender. In *panti*, 20 (5%) and 3 (2%) in *pesantren* children sleep with another adult in the room. This might not reflect a better or a worse condition than their previous sleeping arrangement when they were still living with their families, and having roommates at times can help children cope with their being away from friends and families.

However, in addition to the importance of private space once children reach certain age, an unsupervised shared space might expose younger children to vulnerabilities of being exploited by older children or by adults. Pesantren, in this case, is better in terms of grouping sleeping arrangement of children by age while panti pay less attention to it.

In the context of provision of basic needs, children who stay in prison and detention centers receive much substandard meals, nutrition, hygiene, sanitation and health, compared to children who are sent by the Court to panti-based correctional facilities.

Despite the hope from parents that panti or pesantren will be able to provide their children better care and protection, children in panti and pesantren reported high incidents of the use of violence. 42% of children in panti and 51% children in pesantren have at least one experience of physical violence and 44% in panti and 56% in pesantren experienced verbal violence during their residency. More than half of boys experienced physical and verbal violence. Interestingly, despite the assumption that being in correctional institutions exposes children to much higher risk of violence, the figure only different by 5 percentage points for both physical and verbal abuse experience between children in correctional facilities and those in pesantren. It is important to note, however, that violence cases tend to be underreported, even more so in closed institution settings.

Table 6. Use of Violence Experienced by Children in Institutions
(PUSKAPA Survey)

Form of Abuse	Institution			Total (% of n)
	Panti	Pesantren	Correctional	
Physical				
Boys	140	38	39	217 (56%)
Girls	40	23	4	67 (29%)
Subtotal	42%	51%	56%	
Verbal				
Boys	131	40	44	215 (55%)
Girls	57	27	3	87 (37%)
Subtotal	44%	56%	61%	
Sexual				
Boys	6	4	4	14 (4%)
Girls	3	1	1	5 (2%)
Subtotal	2%	4%	6%	

n = 622, 389 (boys), 233 (girls), 426 (panti), 119 (pesantren), 77 (correctional)

After controlling age and gender, this study finds that experience of physical and verbal violence among children is most prevalent among children who live in pesantren. When investigated further, these experiences were likely to be related with application of sanction over boarding rules. Across all institutions, over half of children, of which more 85% of children living in pesantren indicated that harsh sanctions are given related to non-compliance of curfew, participation in daily activities such as missing classes, dress code, and conduct such as fighting among children. The sanctions could be in the form of extra chores or corporal punishment varied from doing push-ups to some leads to use of violence.

Table 7. Type of Existing Rules and Sanctions Applied in Institutions as Told by Children (PUSKAPA Survey)

Rules regarding...	Sanctions regarding...
Panti	
<ul style="list-style-type: none"> • Going in and out, family visit, times to received calls 89% answered yes • Bedtime, lunch-dinner time, time for prays 92% answered yes • Dress code 73% answered yes, 25% answered no • Relationships with people inside 60% answered yes, 36% answered no • Relationships with people outside 58% answered yes, 35% answered no 	<ul style="list-style-type: none"> • Going in and out, family visit, times to received calls 83% answered yes • Bedtime, lunch-dinner time, time for prays 79% answered yes • Dress code 64% answered yes • Relationships with people inside 53% answered yes • Relationships with people outside 50% answered yes
Pesantren	
<ul style="list-style-type: none"> • Going in and out, family visit, times to received calls 95% answered yes • Bedtime, lunch-dinner time, time for prays 100% answered yes • Dress code 96% answered yes • Relationships with people inside 71% answered yes, 27% answered no • Relationships with people outside 74% answered yes, 20% answered no 	<ul style="list-style-type: none"> • Going in and out, family visit, times to received calls 86% answered yes • Bedtime, lunch-dinner time, time for prays 83% answered yes • Dress code 86% answered yes • Relationships with people inside 54% answered yes • Relationships with people outside 58% answered yes
Correctional Institutions	
<ul style="list-style-type: none"> • Going in and out, family visit, times to received calls 96% answered yes • Bedtime, lunch-dinner time, time for prays 97% answered yes • Dress code 88% answered yes • Relationships with people inside 49% answered yes, 42% answered no • Relationships with people outside 62% answered yes, 20% answered no 	<ul style="list-style-type: none"> • Going in and out, family visit, times to received calls 87% answered yes • Bedtime, lunch-dinner time, time for prays 92% answered yes • Dress code 87% answered yes • Relationships with people inside 45% answered yes • Relationships with people outside 42% answered yes

When discussed with parents, apparently they know about the situation endured by their children, as reported by the caregivers or by the children themselves. Stories they heard were similar with what were shared by children we interviewed: children were missing classes, got into fights with other children, were bullied by older children, broke the rules of panti's or pesantren's, and were punished by the teachers or caregivers.

For children in correctional institutions, over half of children experienced physical violence and more than 60% experienced verbal violence, which is not much different figure than those in supposedly educative institutions –panti and pesantren.

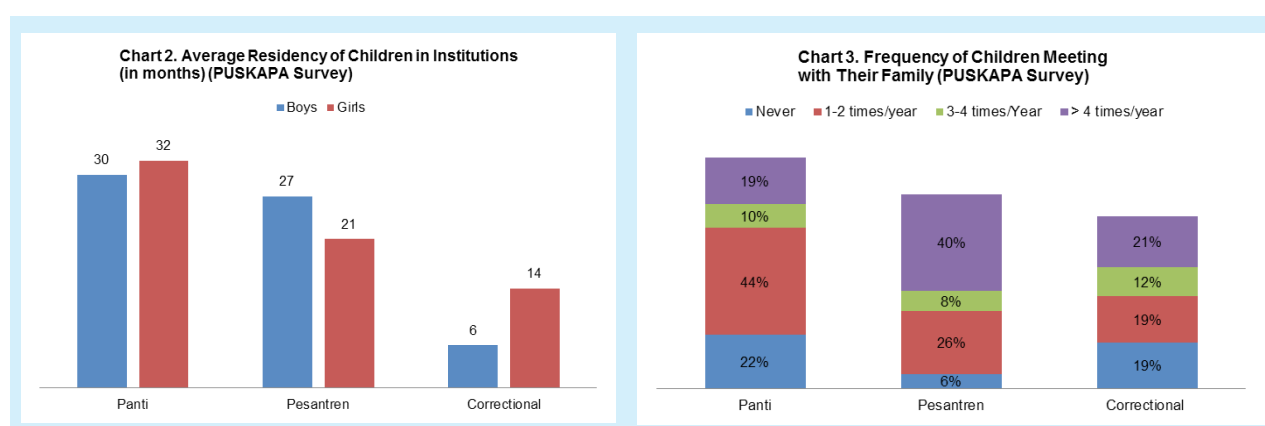
In the last month when the survey was conducted:

32% children in pesantren stated that they felt desperate, 21% felt anxious, and 18% children felt sad during the last month.

Among children in correctional institutions, 31% children felt anxious, 25% felt sad and 10% felt desperate during the last month (see also Case Study).

Across all institutions, 17% claimed that they have no friend or anyone they could trust in there.

22% of children in panti and 6% of children in pesantren who still have at least one parent alive never see their parents during their time in the institutions. A number of panti and pesantren require children to be separated from parents for a certain period of time in order to teach them “self-reliance”. Even after that, contacts with parents were limited. If children are there for education, they can live apart from their families for over 20 to 30 months. During the time of the study, the average duration of residency in panti was 2.5 years and 2 years in pesantren amongst the respondents. 44% of children in panti and 26% in pesantren were able to see their parents one to two times a year.



Some pesantren administrators said that there are cases where parents can no longer provide financial support for their children’s tuition and boarding. In cases like this, they said they allow children to earn money outside of the pesantren to cover their own costs. They mentioned some children in their pesantren work in small factories not far from their building after school. This case was not found in the interviews with children. More in relation with self-reliance building, some children remain to do some unpaid work in institutions helping with daily chores and maintenance of their boarding. None reported this as exploitative.

The assumption of better control of children’s risky behaviors in panti or pesantren might not be the case after all. 15% of boys claimed they smoke every day in panti, 11% claimed they tried alcohol and 8% tried drugs during their residency in panti. This was also found in pesantren although in smaller figure. This at least shows that the behaviors parents claimed they were worried about or could not control are not 100% better supervised by panti and pesantren.

Even under supposedly stricter supervision in correctional institutions, those behaviors were still much higher reported by children as recurring, both among boys and girls. Even though negligible, 7% of all children claimed they are still actively engage in sexual activities.

**Table 8. Risky Behaviors Among Children in Institutions
(PUSKAPA Survey)**

Form of Risky Behaviors	Institution		
	Panti	Pesantren	Correctional
Smoking regularly			
Boys	15%	8%	47%
Girls	-	-	18%
Drinking (alcohol) at least once			
Boys	11%	3%	46%
Girls	-	-	36%
Using drugs at least once			
Boys	8%	2%	20%
Girls	-	-	36%

Despite having knowledge on the situation, parents tend to be lenient towards the application of physical and verbal punishments, trusting that panti or pesantren caregivers know what was best for their children. It was mentioned frequently that they believe panti and pesantren are more able to deal with the problems better than themselves. Most parents said they understand limited use corporal punishment for discipline. They consider it became too much in cases like: throw a bucket of water to wake a child up, hitting or slapping over minor mistakes, destroying child's property for not listening or disobeying order. Some parents had their children sent home for disciplinary cases. In FGD with parents of children in institution in DKI mentioned that panti sent her son home for fighting with his friends, but then the son was permitted to go back to the panti. In FGD with panti providers, few said in some cases they sent the children back to the families if they felt that they cannot control the child's behavior such as skipping school or fighting with other children.

Desk Review Snapshots:

Vulnerabilities Experienced by Children Outside of Family Care in Non-Institutional Living Arrangements

Children who are out of family care and not living in institutions are particularly vulnerable due to the lack of immediate care networks. Especially street children or children who are on the move are limited in their access to basic needs, such as health and education, because of the absence of their parents or formal guardians, a formal address and required legal documents. Aside from limited access to basic needs, children without family care and outside of institutions are exposed to other risks due to the lack of adult protection. They are vulnerable to exploitation, trafficking, ill-health, and they are in fear of being captured by the police, local thugs (*preman*), or private security officers (*satpam*) (Global Child Protection Services 2011).

Children on the move face vulnerabilities that leave them at risks of abuse and exploitation in forms of physical violence, raped by strangers or friends, being forced to sell sex, being sold to pimps and engage

in criminal activities such as stealing or injuring people (Roberts, Irwanto & Stark 2011). Children who seek protection from adults who also live on the street are in particular vulnerable to trafficking and exploitation. Street children often have to obey to rules set by the most feared and powerful on the streets in order to survive and in return for companionship (Berman 2000). The advantage is that these friendships satisfy children's emotional, and often economic, needs. It also contributes to the mental health of street children and offers them protection from abuse or victimization (Densley & Joss 2000). The disadvantage is that living together with other street people often forces children to get income illegally or become involved with risky behavior such as the use of drugs (Dybicz 2005).

Studies such as that of Matsumoto (2003) indicate that children living on the street sustain unhealthy habits such as smoking and substance abuse (glue sniffing) and that they are prone to physiological problems that result from the way community treats this group of children. Stigmatization of these children as either victims or delinquents and bullying they experience on the street have believed to have long-lasting consequences. Panter-Brick (2002) and the Global Child Protection Services indicated that the violence these children experience are perpetrated by other street children, adults, the general public, government workers and the police and these children also have to deal with exposures to gangs, organized crime and prostitution. In addition, these children are at risk to fall victim of economic exploitation, sexual harassment and physical abuse (PUSKAPA 2013). The Global Child Protection Service (2011) adds sex activities and sexual violence take up large part in the lives of, especially, boys who live outside of family care and institutions. This results in sexual transmitted diseases, unwanted pregnancies and unsafe abortions (Ibid) – consequences born also by girls on the street.

Case Studies:

Vulnerabilities Faced by Children in Family Care

Children Living with HIV/AIDS

General Observation

Children living with HIV are vulnerable not only because of their health condition, but also because many of them have lost one or both parents. Some of them suffer rejection by other members of the family due to fear of infection or stigma. In cases where they are being taken care of by single mothers, the families are facing hardship due to the needs to take regular medicines, certain nutrition, while the mothers are often also HIV+ without sufficient earnings. In some cases, some had to quit their jobs to fully attend to their children due to the lack of support for care. They are reluctant to turn to their neighbors, friends or other family members for help. Some have to live in constant fear of being fired if their HIV status is disclosed.

Health and education sectors yet to provide a safe and supportive environment where people can disclose their HIV status without fear of being discriminated. This exposes them and people around them to risks, which otherwise would have been manageable. Mothers do not even explain this condition to their children. They are afraid they will get blamed for transmitting the disease and that they will refuse the medication (ARV). Participants of this study do not receive healthcare insurance because they do

not want to report their HIV status. Most receive episodic support from NGOs who work on HIV issues. Mothers are left bearing the emotional and psychological, economic, and social burden by themselves, while also carrying her and her children's chronic illness.

For the past 25 years, the HIV and AIDS epidemic in Indonesia has been considered as localized epidemic among most at risk population (MARF). The reality is, however, many male members of MARF are married with low risk women. Consequently, we are beginning to witness increasing HIV infection among low risk women and among children born from these women. According to the mathematical modeling done by the Ministry of Health (2008), currently there are no less than 132,900 women living with HIV and annually there will be 16,600 new infections among women. By 2014, around 4,860 children (2,490 boys and 2,370 girls) age 0 will be infected by HIV. Every year more than 1,300 new infections will occur among children. Mortality among children living with HIV is relatively high depending on nutritional status, availability of ARV treatment, age, and quality of care.

These children are not only facing their mothers' and own infection, they also have to deal with stigma and discrimination from the society.

Characteristics

Interviews were done with mothers of children living with HIV, with following details

Mother	Age of Mother	Children	Sex of Child	Age of Child	Descriptions
Nirma (HIV Counselor)	37	Roy Deby	M F	13 4	Father just passed away (HIV+). Roy is HIV(-)
Tuti (Homemaker)	30	Nona	F	10	Father passed away five years ago (HIV+). 2 children had died earlier (HIV+)
Nur (Phone credit Seller)	n/a	Edi	M	8	Father passed away 5 years ago (HIV+). Edi has learning disability. Edi has 3 siblings who are now live apart
Mirna	n/a	Asih Karin	F F	6 2	One child died at one year old (HIV+) and another child died at 8 (HIV+). Father passed away 2,5 years ago when Mirna was pregnant of her youngest. Karin is HIV (-)

Nirma was a housewife who turned to be an HIV peer counselor. She found out that she and Deby were infected with HIV when Deby was 8-9 months. Deby suffered severe diarrhea that prompted the health workers to get her and Deby a VCT. Deby has been taking ARV ever since. Nirma can access the ARV at a relatively low price and even sometimes free VL test (virus load test) from an organization focusing on supporting people with HIV. Neither Nirma nor her daughter is covered by any type of health insurance. Although the healthcare insurance (Jamkesmas) covers HIV, Nirma still does not want to disclose her or Deby's status due to fear of stigmatization. Deby is currently in pre-school and her condition is not disclosed to the school but Nirma self-trains Deby not to receive food or drinks from her friends. Nirma also trains her mother to deal with first aid do's and don'ts. When the school had immunization day, Nirma reasoned with the school so Deby would not have to participate.

Tuti has lost two children to HIV. When Nona, her youngest, was 3 years old, her husband passed away. Nona, currently in 3rd grade, is in good health. She is taking ARV every day, drugs told by her mother as vitamins for her health. They see doctor regularly every two months. Tuti has to watch over Nona's activities making sure she does not get too tired. Tuti is not employed and receive handouts from her family. Tuti and Nona have no access to healthcare insurance. They receive home-visits from an NGO that provides monthly basic medical care and nutrition for children with HIV. Despite that, Tuti's knowledge on the illness is pretty limited. For example, she does not know about CD-4 counts, which indicate the status of their immune system.

Nur lives with Edi who is HIV+, her husband died of HIV 5 years ago. Edi has three other siblings but all three live apart from them in another city, partly because Nur needs to concentrate in taking care of Edi. All of the three are in school, including Edi. Although Edi used to be frequently ill, at present he and her mother are in healthy condition. Edi is unaware of his health condition and has no problem in taking the ARV every day. In spite her financial hardship, she chooses to pay for their medications and not apply for government healthcare insurance because she does not want to report their HIV status. Nur receives care services from an NGO, who provides medical checkup every months, free ARV and vitamins.

Mirna had lost two children to HIV. She currently lives with her other two children, one of them, Asih, is HIV+. She took care of her children by herself. She regularly checks herself and Asih to local health facilities. When the interview took place, Mirna was in fatigue. She said she often feels extremely tired or gets very sick. Every day, she has to walk her oldest to her school and then take care of Asih. Her family situation is not being disclosed to her daughter's school. However, Mirna is the only participant who access government healthcare insurance (Jamkesmas). She was assisted by a volunteer of an NGO to apply. Now, she can access free medical treatment, and according to her, Puskesmas treats her the same way and she feels safer now that the Puskesmas is familiar with her condition.

Desk Review Snapshots:

Vulnerabilities Faced by Children in Family Care

Children within family care can become vulnerable when specific issues within the family situation arise. Certain characteristics of the household and its members contribute to this. For example, the 2009 Child Labor Survey (SIMPOC) indicated that that when the head of household is low or not educated, it is more than likely that their children will work without the opportunity of going to school. Both Panter-Brick (2002) and Manning (2002) found that some parents see no point in having their children in school since a primary school certificate does not guarantee their children a job nor does a junior secondary one. Senior secondary school graduates, even, are not guaranteed of employment. The belief that education is wasted leads to parents prefer their children working as soon as possible instead of having them finish their education. The reason may be spurious, mixed being coming from economically poor family and from parents with low or no education.

The educational background also relates to whether or not a child has a birth certificate as many parents are not aware of the importance of owning legal documentation for their children until they try to enroll their children in school (BPS 2013; SMERU, ea., 2011). In addition, SMERU, ea., (2011) write that children are at more risk of being in ill-health when their household is led by someone with

a low educational background. Aside from the education level of parents do other factors contribute to the vulnerability of children; when parents are not legally married, for instance, their children are vulnerable to stigmatization by the community or even to being bullied at school (PUSKAPA, 2013).

More risks that lead to a child's vulnerability when within family care are found in family sizes¹; the absence of a parent² and the gender of the household head; as studies such as The CPC Task Force on Livelihoods and Economic Strengthening (2011) have shown that mothers tend to make more responsible financial choices than fathers in difficulty). The living arrangements of a family can form another risk, which leads to the vulnerability of children, especially in extreme cases here families live on the streets, move frequently or live in a home that has been turned into a cottage industry.

1 SMERU (2011) found that larger households generally have more children and Jensen and Ahlburg write in Family Size, Unwantedness, and Child Health Care Utilisation in Indonesia (2002) that especially children of larger families will be more likely to be pulled out of school to earn money. They add that "parents with a preference for larger families may be those who see less need to educate their children". This is supported by the local wisdom that states "More children means more fortune" or "Banyak anak banyak rejeki"

2 The absence of one or both parents can lead to overloaded family networks, child headed households, children in hazardous labor or migration to the streets (Plan and Consortium for Street Children 2011).

5 | The Role of Community in Helping Vulnerable Children and Families

In previous chapters we have learned about what causes parents and families to voluntarily refer the care of their children to institutions and a glimpse of what children are experiencing living in there. On the other side, we recognize that as stipulated in the preamble of the Convention on the Rights of the Child (CRC), every child, for the full and harmonious development of his or her personality should grow up in a family environment, in an atmosphere of happiness, love and understanding. Family therefore, as the fundamental group of society and the natural environment for the growth and wellbeing of children, should be afforded with the necessary assistance so that it can fully assume its responsibilities. The provision and protection of the rights of the child is indeed the responsibility of Governments and other authorities, however, the role of community becomes increasingly significant in filling the gap due to limited public resources. Many even believe that community has been providing care and protection for children long before government structure was in place, and such formal structure should always take existing community mechanism into account before being set up. Both should complement one another. In Indonesia, the role of community is still believed to be essential. It varies from a flexible definition of safety nets provided by extended family and/or neighbors, to an even looser rhetoric of local wisdom and support system offered by informal community leaders. This study intends to explore that further in the context of vulnerable families. Those who are facing great deal of challenges that could make them or already had them resort to institutions as alternative care for their children.

Although limited, our discussions with community members indicate ability to identify vulnerable children and families but less in terms of capacity to provide direct support to them. Community members shared similar opinions with parents in this study about what constitutes vulnerable children and vulnerable families. They identified these children and families by ranks of: poor or living in poverty, unemployed head of household, sick head of household, big family size, single parent households, lack of parental supervision, both parents are busy, having family member with disability, and having children with difficult behavior, as signs of vulnerable children and families in their community. Some pointed out groups of vulnerable children as those coming from poor families, street children, out of school children, working children, children who are in conflict with the law, and children with risky behaviors. Some of them in DKI Jakarta identified vulnerable families as those living in particular parts of their neighborhood indicating perceived “poor” areas and the notion that vulnerable family are living in proximity to another vulnerable family.

Interestingly, community members seemed to always exclude themselves from those categories when speaking of their neighbors whom they considered vulnerable. But when asked about their role in helping those identified families, all of them immediately identified themselves as being “poor” also; and facing hardships themselves which made it not possible for them to offer any help or support. When explored further, they mentioned that it was not their place to intervene into private matters of others, that it was the government’s responsibility and that there are other people whose job it is to provide such support. From discussions, this study discovered that when parents needed help, they felt like no one in their community cared enough to provide help. They assumed people were too busy with their own lives and resources were limited.

That perception of other's responsibility to provide assistance and support for vulnerable children and families is what transpired in this study as a "community" role privately-run *panti* and *pesantren* intend, positively, to take over. Usually it started with the intention to care for orphans and neglected children. There are similar sentiments shared among non-government *panti* and *pesantren*. Namely; that they exist to serve the needs of the younger generation and that due to concerns about those who are neglected. Some mentioned that it was part of their religious obligation to care for orphaned children. When explored further on what they understand as neglected children in addition to children orphans, they mentioned children who come from a "broken home" and runaways. It is important to note that for Islamic foundation-run institutions; the religious obligation to care for orphans begins when a child loses his/her father (*yatim*) even when the mother is still around.

Some *panti*'s were established with the specialization to serve as a more focused purpose. YPAC for example, provides special education and care for children with special needs or disabilities. They take in children to live and continue their education with them until these children are considered self-sufficient. YPAC invites parents and families to visit the children every weekend. BRSK is an example of *panti* that provides vocational training and education for street children and children dealing with delinquency, especially those coming from poor families. They also provide facilitation to link the "graduates" to job opportunity at the end of the program. BRSK said they only accept children from 6 to 18 years old who are physically and mentally healthy. By that range of age, a child could live in BRSK *panti* for 12 years until turn into an adult.

For privately-run *panti*'s, the incentive to provide schooling to children came from an increasing demand as well as from the availability of enablers. Parents and families increasingly came to *panti*'s and asked them to take more children in for education purposes. This made most *panti*'s seek external, additional funding. Simultaneously, fundraising had always been more successful if done for children's education. Most *panti*'s had to look for donations to cover their overhead and expenses. According to *panti* administrators; people donate more generously when pitched for providing schooling.

In addition, most *panti*'s receive funding from both central (MOSA) and local government (Dinsos). Even with decreasing funds allocated by MOSA in the state budget (APBN) for *panti* subsidy, the *panti* administrators interviewed in this study claimed that the local budget (APBD) still provides funds to renovate *panti* buildings or to support the daily operations of *panti*'s. The decreasing APBN subsidy for *panti*'s is identified since 2010. However, the direct benefits allocated for vulnerable children through the PKSA program were also channeled through implementing institutions (LKSA) allowing some of them to be used to finance children in institution. At the same time, decreasing APBN swift the responsibilities to support *panti* to APBD (PUSKAPA 2011).

Panti's also receive other government assistance such as school fee waivers for public schools (through applications for it to Dinsos), health services from community health facilities (Puskesmas) and school supplies (such as books) provided through Bantuan Operasional Sekolah (BOS) scheme for *pesantren*. 53% of children in *panti* and *pesantren* who are in SD receive books assistance (12% of them said it was provided by BOS), 20% receive waivers for school building and admission fee, and 17% receive assistance for school costs. For children in SMP and SMA, 52% receive books from school (12% of them said it was provided by BOS), 21% receive fee waivers, and 18% receive assistance for school costs.

Despite the claimed of increasing demand, *panti* administrators acknowledged that are limited in terms of qualified staffs to help supervise and manage the institutions. Some even admitted that they are understaffed. Consequently, children have to substitute by doing daily chores, as said by

both children and panti administrators and caregivers. For panti authorities, it also plays an important process to build their sense of discipline. Panti and pesantren administrators also recognized that this lack of experienced and qualified staffs might result in the use of corporal punishment in both institutions due to the lack of knowledge and skill to use positive discipline.

Panti and pesantren said that they encourage parents and families to maintain regular contacts with their children but parents or families are not always cooperative. According to panti and pesantren, main care responsibilities are with the parents and families, while on the other side parents send their children to panti and pesantren with the thought that they have transferred such responsibilities. In addition to low frequency of parental visits, panti and pesantren authorities felt that parents are not always available and want to be involve in resolving their children's problematic behaviors like missing classes, disobedience, breaking panti's properties, smoking, stealing, dating, or fighting. Both panti and pesantren admitted that they sometimes had to suspend children and send them back to their parents.

The study found people mention donations from mosques or faith-based organizations, both cash and in-kinds. Very few from the parents and community members participating in our study said that they have local non-profit organizations working in their communities to provide support and services, such as health clinics, afterschool programs, and vocational training for children. All who have enjoyed such services said that they were very accessible, not applying much requirements. Most importantly, they were highly regarded as willing and able to reach them while no other government assistance was available. However, many of these assistances were identified as episodically, one-off or event-based.

Desk Review Snapshots:

Other Forms of Community Role

The community can play a mitigating role to help children who lack full parental care and supervision or who have become victims of conflict or abuse within their family. PUSKAPA (2013) found that children who have been experiencing violence, rely more on informal supports and resources than they do on formal ones. This finding highlights the importance and opportunities that lie in community support and the role of the community as a whole. Save the Children, Depsos RI and UNICEF (2007) also found that the community itself often conceived it their role to ensure and provide for the welfare of the most vulnerable members of society. On the other side, Kementerian Sosial RI and UNICEF (2010) also found that families and communities often consider protection concerns as private matter that needs to be handled by themselves through negotiation or retaliation in line with their cultural traditions, when cases of violence occur. However, when communities prefer and tend to rely on themselves, there is the risk on responses that are in line with certain traditions (such as stigma and discrimination) that can lead to unreported or unresolved cases.

In regards with the community role in mobilizing resources, in Indonesia most people tend to donate money for social means due to religious or traditional beliefs. Most fund raisings are therefore for religious causes. The problem of this is that even though most people want to give, fund mobilization and ideas are often limited in terms of how to use funds for means other than responsibilities (Asian Development Bank (PIRAC) 2002). The same study found that giving is a part

of Indonesian life to the degree that almost all respondents (96%) in the study of almost 2500 people claimed to give donations to individuals (relatives, friends, beggars or buskers and victims of crimes or calamities). When looking into donations given to organizations and activities, the same study found that most Indonesians give donations to religion-based organizations and the amounts can reach over Rp. 300,000 (USD 30) per person. These people perceived this just as important as giving donation to family and colleagues, which on average can be up to Rp 390,000 (USD 39). The survey of the Asian Development Bank (PIRAC) (2002) found that religious teaching is the main reason for people to donate and the amount and frequency depend on a person's financial capability. According to the survey, respondents stated two other most important reasons for donating: compassion and sense of solidarity.

6 | Systems Response to Vulnerable Children and Families

Thus far in this report we have learned about the other dimension of perceived poverty and lack of access to basic services, which lead to children being out of family care and end up in institutions. We have also been presented with the situation children endured in institutions. These children might not come from the poorest families, but observably they come from families who were facing difficulties in fulfilling their care responsibilities. This section will discuss existing mechanism to potentially respond or have responded to their problems that were identified in the study. Other kinds of assistance that might have been available, but not mentioned, cited, or discussed during the data collection will not be presented here. This section also recognizes that combined efforts of existing government programs have yet to reach the entire poor population, not alone those with less tangible problems other than pure economic poverty. Previous studies have pointed out that the existing social assistance programs implemented by different sectors are perceived to be fragmented and poorly coordinated (World Bank 2012). As much as possible, this section will avoid redundant takeaways from the already identified challenges such as insufficient targeting, the adequacy of the benefit package, the quality of delivery and timing of the benefit disbursement, the poor capacity of local implementation agencies and lack of sufficient financial and/or technical support to overcome those, and weak monitoring.

Parents whose children are in *panti* and *pesantren*, service providers, and community leaders in this study were familiar with these social assistance programs: health insurance (Jamkesmas/Jamkesda/Kartu Jakarta Sehat), subsidized rice for the poor (Raskin), unconditional cash transfers in the form of BLT and BLSM, conditional cash transfers for households (PKH) and education assistance (BOS and BSM). Community members who have received were familiar with community-driven programs such as PNPM Mandiri and Balai Latihan Kerja (vocational training centers).

When discussed with children in *panti* and *pesantren*, most of them recognized Raskin (53%) and Jamkesmas/ Jamkesda/Kartu Jakarta Sehat (55%) and reported that their families receive them. For types of assistance that have direct benefit to children's outcomes, 13% said their family receives PKH and 25% said their family receives BSM. Even limited by children's knowledge about these programs and possible over-reporting in the study, it can be assumed that most of what this study recognized as vulnerable families receive assistances that have no direct benefit to children's education –which was the actual need.

Participants of this study identified the few problems they have experienced around accessing different social assistances. They mentioned perceived exclusion as in being unregistered as eligible to receive assistance; incapable administrators causing them confusion on how to actually access them; complicated process and requirements prevent them from following through; and rent-seeking costs as in have to pay a certain amount of money to some people to get the assistance.

Specifically with parents, however, what came up as their major concern regarding social assistance programs was that what they needed for their children and what was being offered or given did not match. Even for those receiving PKH and BSM, the benefit might not be meant for the child who is currently in a *panti* or *pesantren*. It can be that they are not eligible due to total number of

children in the family for the case of PKH and the package is targeted for his or her sibling instead. It then becomes almost natural that they reached out to other alternative available for such needs, in this case to *panti* and *pesantren*.

Table 9. Government Assistance Received by Families According to Children in Institution
(PUSKAPA Survey)

Types of Government Assistance	Received	Not Received	Don't know	No response
PKH	78 (13%)	251 (40%)	278 (45%)	15 (2%)
Raskin	331 (53%)	145 (23%)	139 (22%)	8 (1%)
Jamkesmas/Jamkesda/KJS	345 (55%)	129 (21%)	143 (23%)	8 (1%)
PNPM	84 (13%)	238 (38%)	290 (46%)	11 (2%)
BLT	130 (21%)	223 (36%)	259 (41%)	11 (2%)
BLSM	96 (15%)	234 (37%)	279 (45%)	14 (2%)
BSM	157 (25%)	253 (41%)	199 (32%)	14 (2%)
BOS	203 (33%)	206 (33%)	197 (32%)	17 (3%)

Note: multiple responses

According to the information given by children, their family can be the recipient of more than one type of social assistance. Around 35% families are predicted to have received or are still receiving more than one government assistance. Majority of children across all institutions come from a family of minimum three children (60% of those in *panti*, 39% of those in *pesantren* and 56% of those in correctional institutions).

Table 10. Number of Government Assistance Received by Families According to Children in Institution
(PUSKAPA Survey)

Number of assistance	Number of families	%
One only	91	15
Two	110	18
Three	98	16
Four	80	13
Five	49	8
Six	19	3
Seven	13	2
Eight	6	1

Interestingly, when hypothetically asked whether they would keep their children with them if they are given BSM, all said that they would still send their children to *panti* or *pesantren* because both can offer their children high education while government assistance can only help them until their children finish SMP or maximum SMA.

Based on the report from children, this study sees that being in institution deprives them from the government assistance they used to enjoy when living with their families. But at the same time, being in institution offers them new assistances. When confirmed with *panti* and *pesantren* administrators, they said that their institutions do receive some of the government assistance to be used for children. In this situation, there is an incentive to take children out of their homes and prevent them to be with their families.

Systems Response to Vulnerable Children and Families

Understandably, when children lived with their families they were more likely to receive government assistance targeted to households such as Jamkesmas, BLT, BLSM, PKH, and Raskin. While when they live in institutions, they receive new types of assistance such as BOS, PKSA (as it is distributed to LKSA or child welfare institutions), and PPA-PKH (which is specifically targeted to assist institutions to withdraw working children and return them to education).

Chart 4. Comparison of Children Receiving Assistance when Living with Families and in Pantj (PUSKAPA Survey)

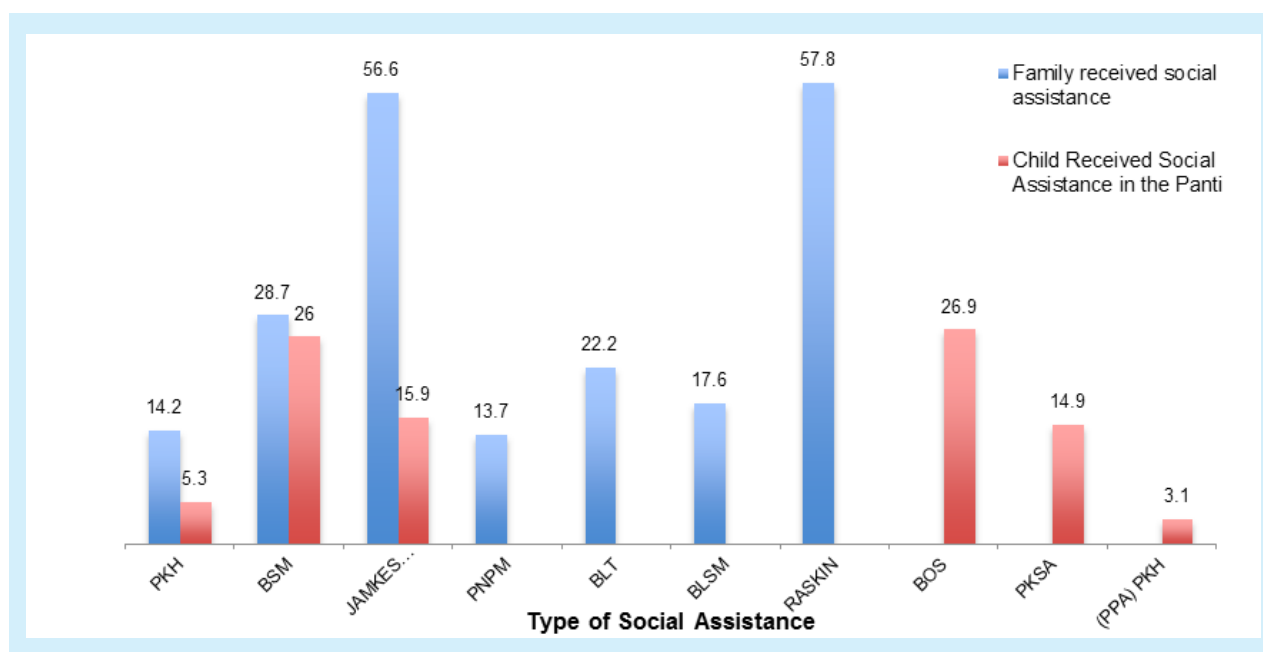


Chart 5. Comparison of Children Receiving Assistance when Living with Families and in Pesantren (PUSKAPA Survey)

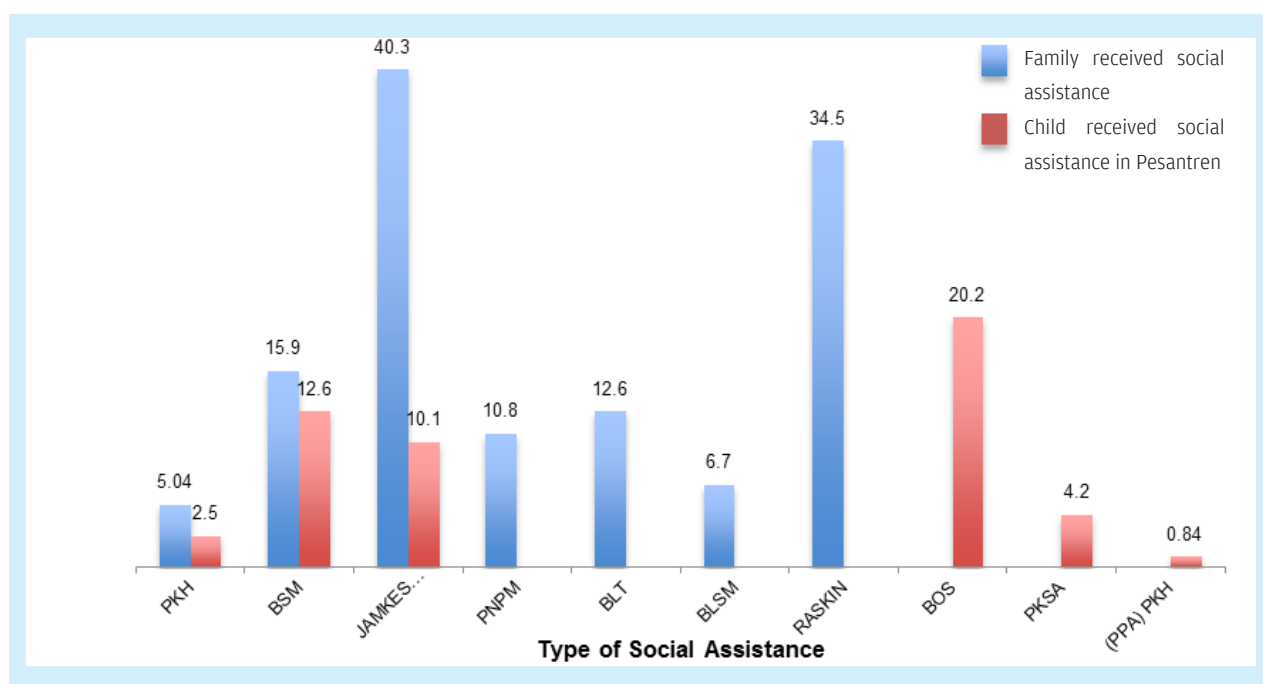
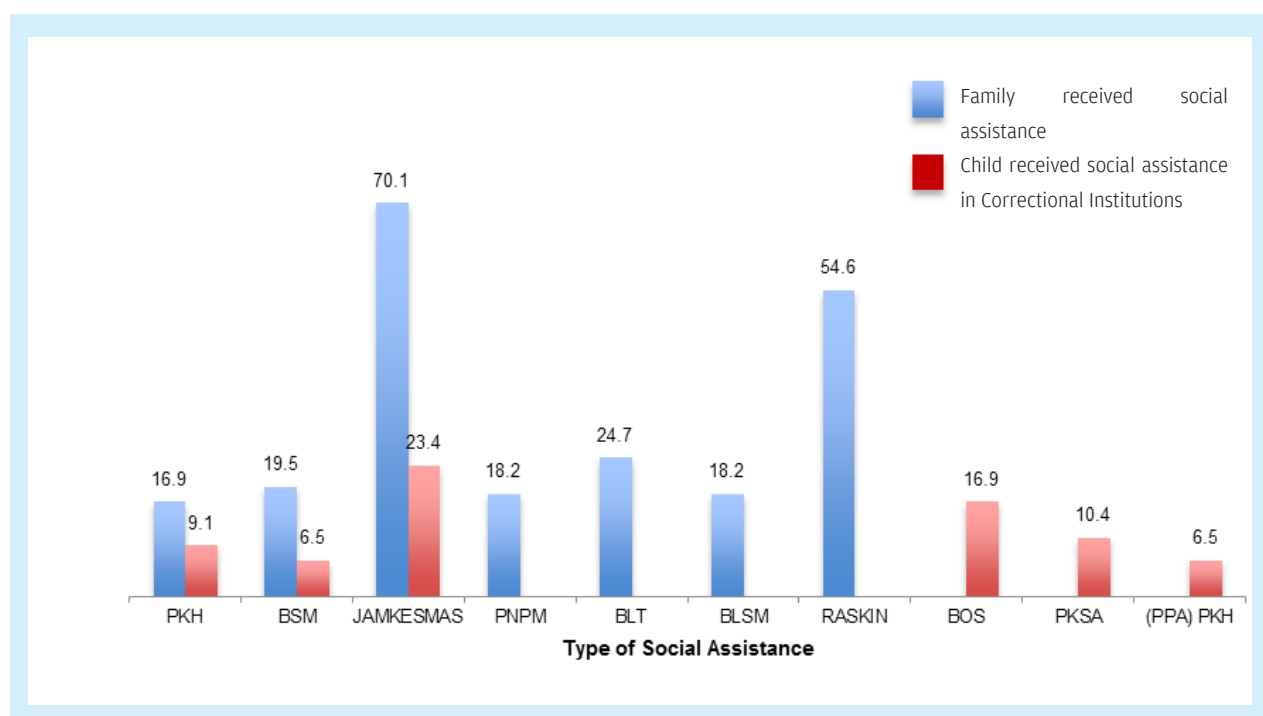


Chart 6. Comparison of Children Receiving Assistance when Living with Families and in Correctional Institutions (PUSKAPA Survey)



This situation also leads to an ineffective use of available assistance. For example as told by panti caregivers, when a child turns ill and needs intensive health care while his parents live outside of the panti's domicile, he will be sent home because there his parents might have access to government health insurance. This, however, is not the case for more established panti's that usually have their own health services.

It is important to note that figures presented in Chart 3 only represent children in panti-based correctional institutions. None of the children in juvenile prison received or have knowledge on any social assistance. As mentioned in Chapter 4, children who were in detention centers received much substandard access to basic services. More comprehensive studies specifically looking at these situations are available (UNICEF 2007, PUSKAPA 2011).

Existing Child Protection and Social Protection System in Indonesia

Indonesia ratified the Convention on the Rights of the Child (CRC) in 1990 and has issued a series of child-related national laws.⁸ Amendment of Constitution even included child rights in Chapter 10A Section 28b (2): *"Every child has a right to live, grow and develop and to be protected from violence and discrimination"*. Enactment of Child Protection Law in 2002 (Law No. 23 of 2002) was also an important pillar in Indonesia's legal framework, which specifies child protection as a sector. The law upholds means to protect the children's right to health; right to education; cultural rights; economic, political and civil rights; right to care; participation rights and rights of special protection.

⁸ Among others: Law on Child Welfare (No. 4 of 1979), the Law on Juvenile Court (No. 3 of 1997) recently renewed as Law on Juvenile Justice System (No. 11 of 2012), the Law on Human Rights (No. 39 of 1999), the Law on Elimination of Domestic Violence (No. 23 of 2004), the Law on Citizenship (No. 12 of 2006), the Law on Protection of Witnesses and Victims (No. 13 of 2006), the Law on Population Administration (No. 23 of 2006) recently revised through Law No. 24 of 2013, the Law on Anti-Trafficking (No. 21 of 2007), the Law on Social Welfare (No. 11 of 2009), the National Program for Indonesian Children (PNBAI), and a series of national action plans on the elimination of the worst forms of child labor, of the sexual exploitation of children, and of trafficking in women and children.

Indonesia has also included child protection as one of the four national priorities (alongside Poverty Reduction) as a part of the National Medium Term Development Plan (RPJMN) for 2010-2014, and will continue to sustain this priority in the 2015-2019 plan currently being finalized. This planning document incorporates strategic plan to improve the survival and development of children, as well as the protection and welfare of children through improvement of health, nutrition and education for children, as well as elimination of abuse, exploitation and neglect of children. The social welfare sector set in the same RPJMN recognizes that social assistance programs should be prioritized for people with disabilities, old age population living in poverty, and vulnerable children, so that they have access to basic needs, services and productive resources (Patunru & Kusumaningrum, 2012).

The Government of Indonesia had developed and implemented variety of social assistance programs to help poor families, like PKH. The government also began to develop more specific programs to address issues affecting vulnerable children, such as BSM and PKSA. In addition, the government also started a more universal-based social protection program covering not just the poor, like Jaminan Kesehatan Nasional (JKN). Some of the programs are listed in Table 11. A comprehensive stocktaking of existing social assistance programs was done by the World Bank (2012) and concluded that the efficacy of the programs vary. Across those different programs, the report identified insufficient targeting and limited ability to identify both poor and vulnerable households; limited adequacy of the benefit package to address the needs risk of particular households; varied -and in some cases poor quality of delivery and timing of the benefit disbursement; lack of capacity of local implementation agencies and insufficient financial and/or technical support to overcome those; sparse to no monitoring at all; and in many cases, a combination of those.

Table 11. Existing Social Assistance Programs as per Actual Beneficiaries by 2013 (BAPPENAS)

Program	Target Group	Coverage	Benefit
Health Assistance/Insurance (JAMKESMAS -changed to PBI JKN in 2014)	Poor & near poor households	2012	
		76.4 million people	Unlimited subject to conditions
		2013	
		86.4 million people	Unlimited subject to conditions
		2014	
		86.4 million people	Premium paid by government: IDR 230,700 per year Real benefit: Unlimited subject to conditions
Scholarships for the Poor (BSM)	Students from poor families	2012	
		4.6 million students	IDR 360,000-1.2 million (based on level of school)
		2013	
		16.6 million students	IDR 450,000-1 million (based on level of school)
		2014	
		16.6 million students	IDR 450,000-1 million (based on level of school)

Program	Target Group	Coverage	Benefit
Conditional Cash Transfer (PKH)	Very poor households	2012	
		810,000 households	IDR 1.3 million per year
		2013	
		2.4 million households	IDR 1.8 million per year
		2014	
		3.2 million households	IDR 1.8 million per year
Social Assistance for Vulnerable Children (PKSA)	Neglected under-5, neglected children, street children, children in contact with the law, children with disability, children in need of special protection	2012	
		4,187 children	IDR 1.3-1.5 million per year
		2013	
		86,158 children (targeted)	IDR 1-1.4 million per year
		2014	
		Data n/a	Data n/a

In respond to that and a number of other assessments, the government had taken some measures to improve the quality of programs and heading towards a more integrated and coordinated efforts.

One of the most notable progresses was the undertaking to create a unified database registering the poorest, the poor and the vulnerable that covers the lowest 40% of the population. The unified database or known as BDT intends to provide a single reference for different programs to identify their beneficiaries, as part of the effort to encourage a more integrated targeting and stronger impact. In 2013, the government also issued Social Protection Cards (KPS) for families living in the lowest 25% (currently reaching around 15.5 million households) with a plan to expand this further to be able to cover the overall 40%. Currently, KPS holders and all members of his/her family can automatically access health insurance, scholarship for students, and rice subsidy –with more programs planned to synergize with KPS as well. Unfortunately KPS will only valid until end of 2014. The continuation of its function depends on the direction taken by the next administration.

PKH is thus far one of the most relevant social assistance programs focusing to help very poor families to maintain better wellbeing outcomes for their children, and has potential to prevent institutionalization of children for education. PKH was designed to alleviate effects of financial poverty by providing cash assistance to families conditional to children’s participation in local health and education services. Impact evaluations had shown that PKH is doing well in increasing pre-natal and post-natal health outcomes as well as in keeping children in school, although not so much in reintegrating out of school children back into formal education system. By design, PKH should have been able to prevent institutionalization of children for education. However, the program is targeting the very poor families while most children who ended up in Panti and Pesantren were those coming from families who did not belong to such poverty category however experiencing other forms of vulnerability as explained in Chapter 3.

Similar to PKH, the BSM program that provides scholarships to children coming from poor families, has by design potential to also prevent children from separation of their families to access education in Panti’s or Pesantren’s. Previously, the way BSM selects its beneficiaries, which was school-based and heavily relying on the school principal’s discretion, consequently could not prevent out of school children to be sent to care institutions to obtain education. Even if BSM might had prevented

such cases, evidence is lacking and evaluation reports shown that BSM was weak in facilitating children's transition from primary to junior secondary school, which was the predominant reason for families to choose *Panti* or *Pesantren* for their children. Recently, BSM moved into a more robust targeting process, using KPS that would automatically make all children of the KPS holder eligible to access the scholarship. However, KPS currently only available for the poorest 15.5 million households and again, most of the children we saw end up in *Panti* or *Pesantren* did not come from the poorest families.

PKH, BSM and the benefits they provide might also fit with the needs of children and families who are living in difficult situations as portrayed in our case studies. However, their targeting mechanism could not allow families from non-household settings to be identified as beneficiaries. Even if the programs recognize the need, their eligibility requirement would prevent some of these families from accessing the benefit. As revealed in our case studies, most of the people living in non-traditional setting (which include children and families on the move, street children, etc.) do not have proper identity documents that they need to produce before they can access the assistance. This study also could not inform whether there were *Pesantren* student receiving BSM that would release their families from tuition.

PKSA, as the newest social assistance program designed to address issues concerning children in need of special protection, might have the biggest potential to prevent institutionalization of children, to facilitate reintegration and to relieve the effect experienced by children in family care who are facing difficulties. PKSA was designed to fill the gap in the system caused by the conservative way of identifying beneficiaries. It also brands itself as a social assistance program that recognize people living in “RT 00 RW 00” or in other words, children and families without any permanent address. PKSA also recognizes other dimensions of poverty by developing a set of criteria, which includes many forms of vulnerability in addition to economic poverty. On the other side, the birth of PKSA was a product of the Ministry of Social Affair's paradigm shift from institution-based to family-based care service. Allocation of resources was moved from MOSA providing subsidy to *Panti* into direct benefits enjoyed by children and families through PKSA. On paper, PKSA then has the most potential to tackle children and families vulnerability and prevent further harm. However, the impact remains microscopic. A combination of inadequate financial and human resources prevent the program to develop, to self-improve and to be expanded. Compared to other social assistance programs, PKSA also receives the smallest attention from development partners, hence gathers the least technical assistance from experts and architects of social protection programs. On the other side, PKSA is lacking scientific evidence in showing impact, making it difficult to argue for more investment and leaving the other actors outside of MOSA uninformed of the potential it has.

7 | What's Still Need to be Done: Conclusions and Recommendations

- ***This study concludes that majority of children voluntarily end up in institutions not because of parental death or absence of caregiver but to sustain education or to be back in the school system.*** Children were mainly admitted to *panti* or *pesantren* at the age of 13 to access secondary school after finishing their primary education, and 81% of them are in school. On the other side, a smaller number of children in *panti* and *pesantren* are not in formal school, receiving Quran teaching. Further investigation is needed to look deeper into their situation. Most of children in *panti* and *pesantren* understand their situation as a result of family's financial hardship.
- ***This study concludes that perceived socioeconomic hardships among parents predominantly play a role as a push factor to place children in panti although they might not come from the poorest families.*** Financial difficulties, as in not having enough money to be allocated to transition children from primary to secondary education, have also pushed some children out of school and into labor before they were in institutions. Financial problems were not found as many amongst parents who had their children sent to *pesantren* as most of them pay tuition and boarding fees. For these parents, *pesantren* character building through religious values, which was believed to be effective in shaping their children's behavior.
- ***Such perceived adversity also interplays with other challenges parents were facing in providing care for children.*** Being a single parent, having many children to look after, lacking resources to understand their children's disobedience and to manage them, and concern over negative influence that could prompt their children's risky behaviors were some of the underlying factors that push children away from home and into institutions. When available, social assistances received by these families have no direct benefit to children's education –which was the actual need. It then becomes almost natural that they reached out to other alternatives for such needs. Combined with absence of safety net or support system from extended family or community and the ease to access services offered by institutions, supported parents decision to resort to *panti* or *pesantren*.
- ***Panti and pesantren providing educational opportunities becomes a significant pull factor, especially when put together with the shared parents' aspiration of better care, better education, hence, better quality of life for their children.*** For private *panti* in particular, incentive to provide schooling for children came from the increasing demand as well as the availability of enablers. As self-financed institution, mobilizing resources were easier if it was for children's education. In addition, there are government funding and private donations made available to support such purpose. On the other side, even though community can identify children and families they consider vulnerable, their capacity to provide direct support was far from ideal. This responsibility to help one another and to support vulnerable children and families is what had been taken over by *panti* and *pesantren*.
- ***Despite all the good intentions and the hope from parents that panti or pesantren will be able to provide their children better care and protection, children in panti and pesantren reported high incidents of the use of violence.*** Although having knowledge on the situation, parents tend to be lenient towards the application of physical and verbal punishments, trusting that *panti* or *pesantren* caregivers know what was best for their children. At the same time, *panti* administrators acknowledged that they face challenges in terms of number and availability of qualified staffs to help supervise, manage the institutions and to, among others, uphold positive discipline.

- ***To be able to provide consistent service, pesantren collects tuition while tanti have to look for funding themselves, both to be able to cover overheads due to boarding in addition to direct services (education, lodge, meals).*** Said differently, these institutions exist to mirror parental roles, while at the same time produce costs out of it. Tanti and pesantren also encourage children's contact with the families, which adds another cost for parents or families to be able to visit. This study also indicates that being in institution deprives children from household-based government assistances they used to enjoy when living with their families. But at the same time, being in institution offers them new institution-based assistances. More rigorous cost and benefit analysis will be beneficial to further inform policy decisions around this matter.

In addition to the situation of living out of family care and end up in institution, children are also at great risk when they become out of family care but living in non-institutional arrangement, either living on the street, moving or migrating. At the same time, children can also experience vulnerabilities when living in family care, especially when the situation is abusive, when family deals with financial hardship, or when family becomes the trigger of them falling into trafficking and exploitation. Some children also stay within the care of their families but have to endure living on the street with them.

- ***The study once again shows the fact that children are not immune to poverty and vulnerability. When the family is facing financial difficulties or other situations that impair their ability to provide care, children bear the cost and living in such hardship puts children at greater risk for failing to grow and develop to their most potentials.*** This study signals that defining poverty becomes problematic when it comes to the issue of children vulnerability. By definition, they might not belong to the very poor category, which then would make them eligible to many kinds of assistance. But at the same time, they are facing risks due to the lack of access to proper care, education, protection, and often times basic needs. All might impede children's ability to escape poverty in the future when they have become adults. This study also shows that issue of vulnerability is not as forthright as economic poverty. "Hardship" can be perceptible, but when linked to systematic strategies and programs to address them, they might be seen as unconvincing because identification becomes more "qualitative" and intuitive while availability of relevant statistical baseline is atypical.
- ***There has been progress on both child-specific policies and social protection policies to alleviate poverty, which indirectly would address children and families vulnerability.*** Despite progress on both sides, each still works within its respective silo, and that prevents potential linkage to be developed. Despite already recognizing the existence of vulnerable children and families, social protection programs are still sector-oriented and have yet to comprehensively address the interlinked risks and vulnerabilities faced by children, especially those could not be identified as or associated with economic poverty. On the other hand, child protection policies and programs are often developed to respond to incidents of violation of child rights without comprehensively linking to social protection programs as prevention.

A number of social assistance programs such as PKH, BSM and PKSA offer benefit package that potentially fit the needs of vulnerable children and families. However, in case of PKH and BSM, they were designed to only target beneficiaries with economic poverty and yet to accommodate other types of vulnerabilities. In PKH cases, low education of mothers (who mostly only finished primary school or did not complete

primary school) impedes them to support their children's education. Helping out with school's homework and tasks felt like an added burden and therefore children's education is seen as a disadvantage instead of an opportunity. Many of PKH participants (mothers) do not have enough understanding of their children's grade and school activities, and do not actively participating in children's school to consult with teachers and to get their raport card. It is clear that providing BSM only will not be sufficient unless it is paired with support mechanism for the parents and community-based learning groups.

PKSA, even though designed to address eligibility aspects, has yet to be developed at a scale and rigor that would be sufficient and effective in attending to the most vulnerable children and families. It is also important to note that in addition to all those shortcomings, there are social barriers that keep eligible children and families reluctant to access those programs. Absence of legal identity documents to evidence their status is one of them.

Program	Benefits	Targeting and Eligibility Requirements	Coverage
PKH	Potential to address children and families vulnerability	<ul style="list-style-type: none"> Limited to families experiencing economic poverty Limited to families living in conservative household-setting Limited by requirement of identity documents to evidence status 	Limited to the very poor families
BSM	Potential to address children vulnerability in accessing formal education	<ul style="list-style-type: none"> Limited to families experiencing economic poverty (through KPS) and limited to children already in school (through school-based identification) Limited to families living in conservative household-setting Limited by requirement of identity documents to evidence status 	Limited to the very poor families
PKSA	Potential to address children and families vulnerability	Not limited by requirements of permanent address and identity documents	<ul style="list-style-type: none"> Limited by financial resources and poor quality and number of human resources Limited by absence of sufficient evidence of efficacy for program improvement

Based on those observations, this study recommends the following:

1. Protection: provision of immediate protective services for children experiencing vulnerabilities in and outside of family care.

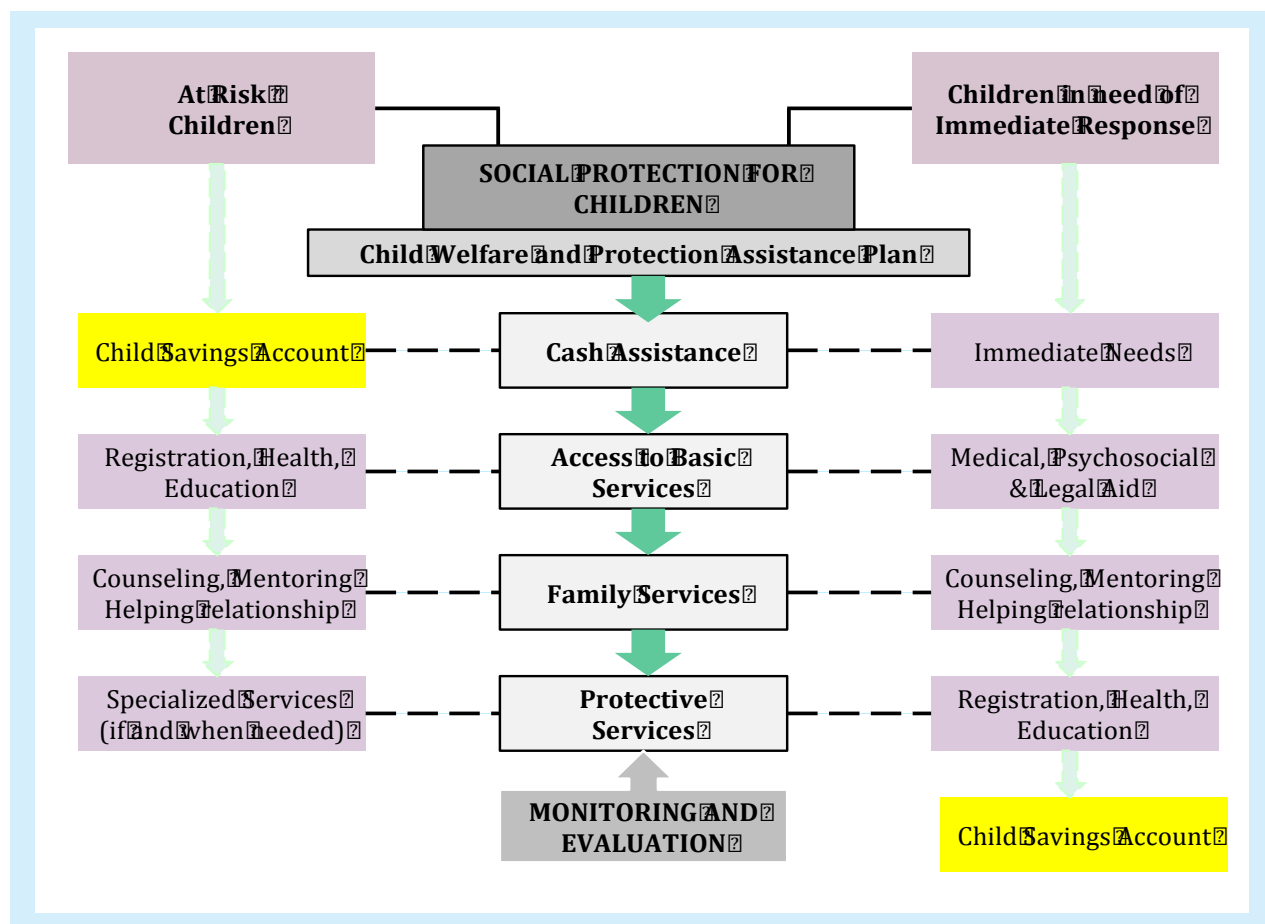
a) While recognizing that residential-based care or institutionalization should always be the measure of last resort, immediate attention needs to be given and actions to be taken to children who are currently in institutions. They need to be prevented from carrying the burden of absence of other alternatives that would have otherwise prevented them from being separated from families. Government needs to ensure that education, basic services, and adequate facilities are available for children who have to end up in institutions. Foremost, they need to be protected from the use of violence in institutions and able to access necessary support to overcome them.

Ministry of Social Affairs had issued a comprehensive Decree of The Minister Of Social Affairs of The Republic of Indonesia No.30/Huk/2011 on the National Standard of Care for Child Welfare Institutions. This decree sets very clear principles, norms and how-to guides for the provision of quality care for children in institution. To be able to fully enforce this regulation, government does not only need adequate number of professional social workers, but also an accurate data on institutions and children living in there throughout the country. A mechanism to register every institution (panti, pesantren and other residential-based institutions and boarding schools), list them and update them regularly has to be put in place. The data has to be managed by local government (Dinsos) and be made connected with a central database system at MOSA. Professional social workers have to be equipped to do regular checking for monitoring and more methodological spot checks have to be undertaken episodically for evaluation purposes.

This mechanism has to be able to serve at least two purposes: 1) To regularly maintain the wellbeing of children in institution and immediately respond to incidents where it becomes harmful for children to stay in institutions; and 2) to regularly inform and make adjustments to childcare policies, including the National Standard of Care for Child Welfare Institutions, based on accurate understanding of the situation on the ground.

b) Mechanism of identifying vulnerable children living in family care should be made available.

As had been recommended in the previous study (PUSKAPA, World Bank 2011) and promoted by the World Bank Public Expenditure Review 2012, such mechanism should allow immediate ability to recognize children in need of immediate response and at-risk children and refer them to relevant services (linked with recommendation number 2).



2. Prevention: Further recruitment and admission of children by institutions has to be closely monitored and more incentive has to be put in place for keeping children with their families. In addition to what has already been the whole government effort to improve integration of social protection programs, this requires particular actions to be taken.

- The implementation of restriction to admit children to *Panti* on the basis of poverty and economic reasons as set in the National Standard of Care for Child Welfare Institutions has to be matched with provision of professional social workers who can monitor institutions as well as gradually preparing *panti* caregivers to play more outreach roles instead of recruiting. To strengthen *panti*'s role to for outreach and prevent admission to *panti*, professional social workers will be able to educate *panti* and the community on the availability and ways to access different available social assistance programs. Professional social workers (*Sakti Peksos*) have to be based in the sub-national offices (*Dinsos District* and hubs at sub-districts) and connected regularly to MOSA. Situation where *Sakti Peksos* are being parachuted down from MOSA to districts and sub-districts have been proven ineffective in building decentralized child protection system.

3. Prevention and Protection: PKSA program needs to be revisited to be able to strengthen families' ability to provide adequate childcare at home and increase of PKH coverage should include vulnerable children and families as their target beneficiaries.

More elaborate recommendations on PKSA had been presented in previous studies (PUSKAPA, 2011 & World Bank, 2012). Without replicating too much, it is still very relevant to modify PKSA's identification of

beneficiary mechanism and benefit package. It is recommended that PKSA uses staged-targeting approach, combining methods of geographic targeting based on prevalence measurement against the two main groups of children followed by community-based targeting. Findings from prevalence survey on violence against children recently conducted by MOSA, MOWECP and BPS should be utilized to map at-risk populations, and from there track down children who are in need of immediate assistance.

- A. It is recommended that PKSA structures its benefit package to uphold effectiveness, efficiency and relevance to the rights and needs of extremely vulnerable children, especially child victims of abuse:** 1) *Basic services* (affordable health and education as well as civil identity such as birth registration and legal services if and when necessary). In cases of children in need of immediate response, basic services should include those of medical, psychosocial and legal to ensure recovery, safety, rehabilitation and reintegration of children; 2) *Family services* (parenting programs, relationship counseling, mentoring schemes and practical assistance, and specialized to support child development such as education, social relationships and life-skills development); 3) *Protective services* to be called upon when immediate response is necessary and all other ways of addressing the protection circumstances of a child have been explored. This service might include temporary out-of-home care, alternative care, and permanency planning. These services should come out from rigorous processes of investigation (prosecution and forensic medical approaches if and when applicable).
- B. Expansion of PKH should accommodate the needs of vulnerable children and families through an outreach mechanism which combines the role of professional social workers, community participation and integrated service delivery.** Ideally, social workers in the village level would conduct scheduled outreach initiative. However, with the limited number of social workers in the village level, there are other personnel in the field who would be able to do this. Community leaders, facilitators of PNMP or other community empowerment programs, current Sakti Peksos, and PKK-Posyandu cadres could conduct the outreach. These outreach personnel could respond to referral from community members. They could also conduct visits to targeted population, such as childcare institutions, families with out of school children, families of children with disabilities, or other marginalized families such as those without permanent homes. Specifically to ensure the provision of assistance for children in institutions, institutions will need to be registered through local office of social services for accreditation and ensuring accountability of the agency. Instead of registering individual children, institutions would be registered and received quotas for the usage of assistance. As a start, the ongoing JKN mechanism, which provides services to institution-based registration, could serve as an example. In addition to the extension of the program, PKH should also include the provision of Family Development Sessions that focuses on parenting education to equipped parents in supporting their children in schooling. This is to ensure that children can meet the education goals to reduce their vulnerabilities
- C. Outreach personnel would need to make the necessary referral to services for provision of birth certificate, marriage certificate, identity card, and family card (Kartu Keluarga).** Marginalized families such as scavengers and homeless people usually do not have any legal identity document that in many cases are required to access services. Therefore, social assistance programs need to ensure that these families would have an access to services as well as at the same time could obtain their legal identity documents. Asides from distance, high costs, and perceived complicated process, customs and traditions such as dowry influence families' access to obtaining legal identity documents. In this situation, advocacy work by outreach personnel is also crucial to open access to legal identity.

D. Implementing one-step assessment procedure to reduce process time, repetition, and ensuring that all needs are assessed and referred properly. This will also include the development of the capacity of social workers and related professions to conduct outreach, referral, and provision of services. The most strategic next step would be to pilot a model that incorporates the different work on social protection, child protection, and poverty reduction in a **“One-Stop Integrated Service and Referral Center”**. With this model, resources would be pulled and maximized, the integration of various available services that have been challenging would also be facilitated, and families and children would directly be impacted. Different model of the center could be further developed depending on the available budget and current human resources. Ideally, this referral center should be located in the sub-district level (with potential village hubs) that is easily accessible for the surrounding community. This should not be a separate physical office, but it could be housed within a sub-district level office under the supervision of existing TKPKD and Office of Social Services in the district level.

Key elements of the model are: 1) Outreach as a way to identified vulnerabilities and collect demands from the community, 2) Well-trained human resources that are able to conduct comprehensive assessment, 3) One gate referral system and case management to ensure families to receive the needed services, and 4) Efficient coordination mechanism among key service providers for effective service provision. These key elements have to be implemented in a way that maximized and integrated the current resources and services (instead of adding new structures) and strong database system to support the model. Highlighted in this recommendation are the processes in the model that could solve some of the current challenges faced in the provision of services. Even without the center, implementing key elements of the model could disentangle some of the main issues in the provision of services.

Improved identification and comprehensive assessment

As presented in the above section, the root cause of miss-targeting and coverage of assistance is linked to the identification of poor families and children as the beneficiaries. The process in the center could improve the current targeting system. Families seeking help will be verified using an assessment system that measure both economic deprivation and other indicators related to increased vulnerability, such as occurrence of violence, out of school experience, or children participation in labor. This would provide the opportunity to update the family's information and eligibility for services. If the family is not listed, there will be a mechanism to add the family to the current system based on field visit/observation and village level meeting for verification. These processes will allow the unified database on poverty (BDT) to be continually updated and reflected the most current condition of the families. Outreach personnel will be able to direct identified families to the center for further assessment. They could also be a broker between the family and the center when the families are not able to physically reach the center.

Comprehensive need assessment process to ensure provision of suitable services

It is necessary to understand that whether a family is in the BDT, not currently on the BDT, or is no longer eligible to be on the BDT, the family would still go to the next process of need assessment. In this process, based on the assessment, social worker or referral worker would match the result of the need assessment to the available services. The provision of these services would depend on the coverage and expenditure of the services from the central government and/or local government. If the family needs basic services that could be provided by universal access, such as health insurance, no further proxy means tests are needed. Families will then receive the necessary support to gain those universal coverage services. For other needs that could not be cover by universal coverage, the referral worker will have to match the family's need and condition with the eligibility criteria of available services. If the family is eligible, the family will be

supported to receive the needed resources. If the family is not eligible to receive any type of mean tested programs from the central, provincial, or district level government, the family will then be referred to available community based or informal support.

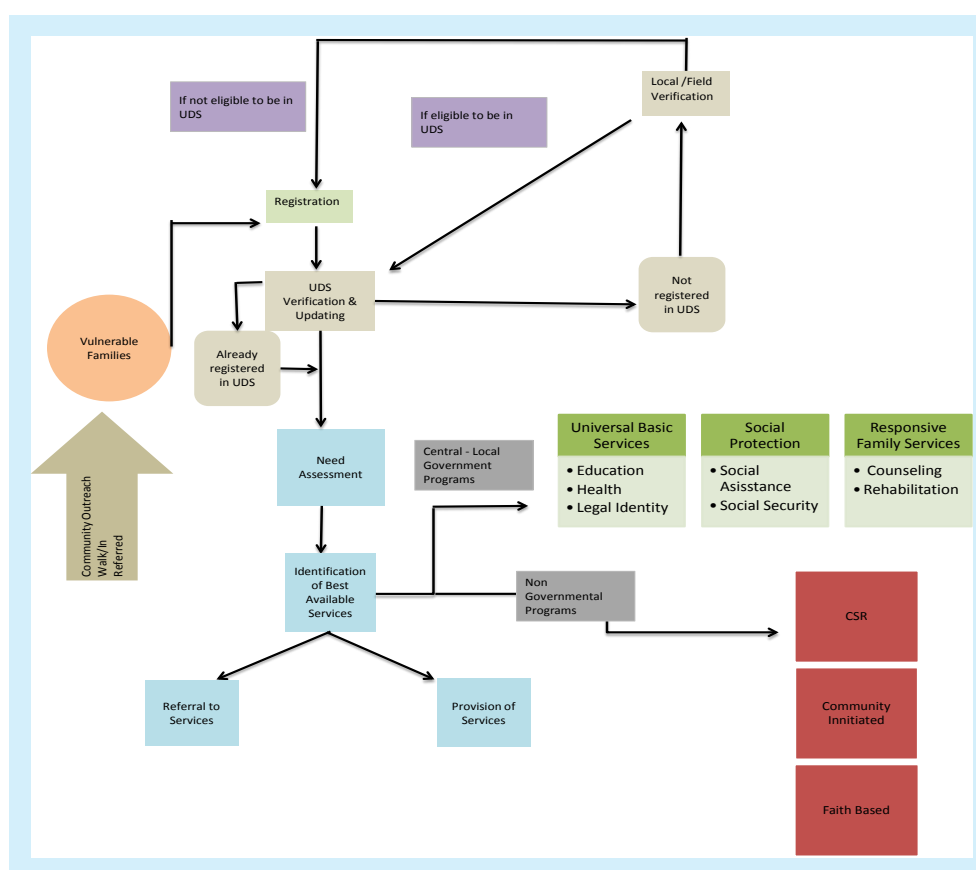
Ensured comprehensive approach in providing support for children and families

Once the assessment process is completed, a family would then be provided with a list of services that will be put in place to meet their needs. Central government, province, or local government could fund these programs. Provision of basic needs with focus on health and education, should be provided universally. This would ensure that all children get the same access to prevent them from becoming vulnerable. Aligned with the provision of basic services, families would also need community based social support to deal with daily life stressors as parents or adults. This would also cover the primary level interventions to reduce risk factors that could influence children to be vulnerable.

Social protection, particularly social assistance focused on child-family wellbeing and livelihood, would be provided to the most vulnerable families (mean tested eligibility requirements). Unconditional or conditional cash transfers to families should be combined with community-based grants and component of social support such as home visits, financial literacy, and trainings to develop entrepreneurship skills. This approach will strengthen family's capacity that will reduce the risks of vulnerability.

Responsive family support services are specific psychosocial services that are available for children and families who have experienced abuse, neglect, and other exploitations. This would also include possibility of reintegration with families when children are separated or institutionalized. Services such as crisis intervention, counseling, and family therapy will be referred to the district level.

The mechanism would look like the diagram below:



e) Availability of strong workforce of caseworkers, social workers, community facilitators is the key to the delivery of the services. When social workers are not available to do assessments, government officials, community facilitators, and community leaders could be trained with skills to identify and assess children and families. These paraprofessional workers can be recruited through networks in at the community level. Trainings needs to be continuous, building facilitators' skills based on standard of services, updated innovations, as well as provision of equipment to strengthen workers role in conducting outreach and referrals. Government official with strong sense of data as well as ability to navigate the system of services for children and families would be the frontline workers of the center that could also actively engaged and conduct outreach to local communities. When districts are not yet ready to implement the ideal model, few alternatives could be implemented. Outreach personnel could take the role of case managers that will identify vulnerable families, conduct assessments, and referred families to the center. The office could also be mobile, providing opportunities for other sub-districts to seek referral and services. A flexible yet scheduled office hour could reduce the need to hire new employees.

4. Alternative Care: Recognizing the significance of family-based care settings, legal closely supervised adoption should be promoted as alternative care for children who can no longer live with their biological families.

Law Number 4 Year 1974 on Child Welfare article 9 clearly stipulates that parents are the primary caregivers responsible for the welfare spiritual, physical, and social welfare of children. Law Number 23 Year 2002 on Child Protection article 14 asserts that every child has the rights to be cared for by own parents, except when there are reasons based on the existing law that order separation from parents for the best interest of the child. Article 26 in the same law further specifies the responsibilities of parents to provide care, safeguarding, education and protection, supporting child development according to their talents and aspirations, and to prevent child marriage. When parents are absent or are unable to perform their duties and responsibilities, their duties and responsibilities may be transferred to other family members, and when that is not available, adoption should serve as an alternative. Unfortunately, complexities in adoption process in Indonesia as set in Government Regulation Number 54 Year 2007 on Child Adoption may prevent people from applying for one. Especially when there are easier faster mechanism available, and that is to care for children in institutions. It is recommended to review such regulations while remain mindful to always serve the best interest of children.

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