

NEGLECTED CHILDREN PROTECTION STANDARD IN INDONESIAN CHILD SOCIAL WELFARE INSTITUTIONS

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ABSTRACT. Low quality of service system is Indonesian orphanages problem. This is indicated by the orphanages function, which tend to provide access to education rather than as the last alternative care institution for children. Responding to these problems, the government designed a national standard of care to position orphanages as institutions that function as service centres for neglected children and their families, namely the Child Social Welfare Institution (CSWI). This literature study aims to provide an overview of the social service standard set in Indonesian CSWI, as an effort to address Indonesian neglected children and their families' problems. The method of this research is descriptive analytical which aims to analyse the Regulation of Indonesian Minister of Social Affairs No. 30/2011 concerning Service Standards for CSWI and provide a description of the service standard based on the child neglect assessment and intervention guidelines by experts. The result shows that the neglected children protection standard in the Indonesian CSWI, is appropriate with the guidelines of child neglect assessment and intervention suggested by experts. Based on the regulation, the assessment process by the CSWI includes identification of the child condition, also the types and causal factors of neglect. In addition, besides providing alternative care services for neglected children, the institutions are also directed to provide services for families by increasing them family care capacity, to achieve reunification. However, further research is needed to examine whether the implementation of the service is in accordance with the Indonesian regulation concerning on the Service Standards for CSWI.

Keyword: child neglect; child protection; child social welfare institutions; social service

STANDAR PERLINDUNGAN ANAK TERLANTAR DI LEMBAGA KESEJAHTERAAN SOSIAL ANAK INDONESIA

ABSTRAK. Rendahnya kualitas sistem pelayanan merupakan permasalahan yang dimiliki oleh panti asuhan di Indonesia. Hal ini ditunjukkan dari fungsi panti asuhan yang cenderung sebagai lembaga penyedia akses pendidikan daripada sebagai lembaga pengasuhan alternatif terakhir bagi anak. Merespon permasalahan tersebut, pemerintah merancang standar nasional pengasuhan guna memposisikan panti asuhan sebagai lembaga yang berfungsi sebagai pusat layanan bagi anak terlantar dan keluarganya, yakni Lembaga Kesejahteraan Sosial Anak (LKSA). Studi literatur ini bertujuan untuk memberikan gambaran tentang standar perlindungan anak terlantar yang ditetapkan di Lembaga Kesejahteraan Sosial Anak Indonesia, sebagai upaya untuk mengatasi permasalahan anak terlantar dan keluarganya di Indonesia. Metode yang digunakan dalam penelitian ini adalah deskriptif analitik yang bertujuan untuk menganalisis Peraturan Menteri Sosial Republik Indonesia Nomor 30 Tahun 2011 tentang Standar Pelayanan Lembaga Kesejahteraan Sosial Anak (LKSA), dan memberikan gambaran tentang standar pelayanan berdasarkan pedoman asesmen dan intervensi masalah penelantaran anak yang dikemukakan oleh para ahli. Hasil penelitian menunjukkan bahwa standar pelayanan sosial di Lembaga Kesejahteraan Sosial Anak Indonesia menurut peraturan yang ada sudah sesuai dengan pedoman asesmen dan intervensi masalah penelantaran anak yang dikemukakan oleh para ahli. Berdasarkan peraturan tersebut, proses asesmen oleh LKSA meliputi identifikasi terhadap kondisi anak, serta tipe dan faktor-faktor penyebab penelantaran. Selain itu, disamping memberikan pelayanan pengasuhan alternatif kepada anak terlantar, LKSA juga diarahkan untuk dapat memberikan pelayanan kepada keluarga berupa peningkatan kapasitas pengasuhan keluarga, guna mencapai reunifikasi. Meskipun begitu, diperlukan penelitian lebih lanjut untuk mengetahui apakah penyelenggaraan layanan tersebut sudah sesuai dengan Peraturan Menteri Sosial Republik Indonesia Nomor 30 Tahun 2011 tentang Standar Pelayanan LKSA.

Kata kunci: penelantaran anak; perlindungan anak; pelayanan sosial; lembaga kesejahteraan sosial anak

INTRODUCTION

Child neglect is one of the most common problems and has various consequences for the welfare of the child. According to the document

of Convention on the Rights of the Child (1989), child neglect is a form of violence against children, in addition to physical violence, sexual violence, emotional violence, and exploitation. There are several types of child neglect, namely physical

neglect, emotional neglect, educational neglect, and health neglect (Barnett, et al., 2011). Physical neglect is the failure of parents or caregivers to meet children's basic life needs, such as food, clothing, and shelter. Emotional neglect is the failure of parents or caregivers to provide emotional support, security, and encouragement for children. Educational neglect is the failure of parents or caregivers to provide children with the experiences necessary for growth and development. Finally, health neglect is the failure of parents or caregivers to meet the basic health needs of children (Barnett et.al, 2011).

Child neglect is a common case in Indonesia. Based on the online information system of the Indonesian Ministry of Women's Empowerment and Child Protection, from 1 January to 31 July 2020, there were 346 cases of child neglect (Kamil, 2020). Meanwhile, based on the Indonesian Ministry of Social Affairs data, which is obtained from the Integrated Social Welfare Data Dashboard (DTKS), there were 67,368 neglected children in Indonesia (Mutiar, 2020). Most of these cases in Indonesia are carried out by the family itself, especially the parents.

Similar to the cases in Indonesia, several studies also show that child neglect is often carried out by families, especially parents/substitute families. The research conducted by NIS-4 or The National Incidence Study-4 (2005-2006, as cited in Barnett et al., 2011) indicated that as many as 92% of child neglect perpetrators are biological parents. Furthermore, according to the research results from Almuneef, Alghamdi, & Saleheen (2016), as many as 62% of child neglect perpetrators are parents. Similar to the two results of these studies, the research by Dufour, Lavergne, Larivée, and Trocmée (2008) indicated that of the 1.266 families involved in child neglect, 1.184 families with biological parents were involved in child neglect. Apart from biological parents, as many as 156 families consisting of 8 adopted families, 1 homosexual family, 74 non-married families, 50 families with single adults (non-biological parents), and 23 families with two adults (non-biological parents), are also involved in child neglect. These acts of abandonment that are often carried out by families must be addressed because these actions have harmful effects on children.

Several studies have shown that child neglect has several impacts on children's growth and development. These impacts vary at each stage of child development, namely at the stage of infancy and preschool children, the stage of school-age

children and young adolescents, and the stage of older adolescents and adults (Hildyard & Wolfe, 2002). As noted in Hildyard and Wolfe (2002), effects of child neglect include low IQ and language skills (Allen & Oliver, 1982; Culp et al., 1991; Gowen, 1993), the problem of 'attachment' (Egeland & Sroufe, 1981), low adaptability, withdrawal from the social environment, a more aggressive attitude (Bousha & Twentyman, 1984; Erickson et al., 1989), lack of social skills, inability to control emotions, dissociation, difficulties in fulfilling school demands (Egeland, 1991), and in fact, the effects are long-term until the child is an adult, such as the habit of running away from home (Kaufman & Widom, 1999), delinquency, and also criminal crimes (Maxfield & Widom, 1996; Rivera & Widom, 1990).

McCoy & Keen (2014) suggested that several factors cause child neglect. These factors include family factors, extrafamilial factors, and cultural factors. Family factors include the gender of the parent/caregiver, parental substance abuse, mental health disorders, and personality problems suffered by the parent/caregiver, as well as family structure and dysfunction. Extrafamilial factors include the lack of social support from extended family, friends, and social services, or in other words, the condition of the family which is socially isolated. Apart from a lack of outside support, this factor includes poverty. Furthermore, cultural factors include a culture that accepts acts of mistreatment of children in the family (McCoy & Keen, 2014). Among the several factors that cause child neglect, family factors are the strongest cause of child neglect (Stith et al., 2009; Mulder et al., 2018).

The existence of neglected children needs to be addressed, given that neglect conditions affect the growth and development of children. The government of Indonesia implements a child protection program to secure and protect children's rights (in Buchari et al., 2017) and to overcome the problem of child neglect in Indonesia. To carry out these efforts, an institution that can help neglected children in Indonesia is needed. An orphanage or a Child Social Welfare Institution is a child social welfare institution that has the responsibility to provide social welfare services for neglected children by providing assistance and alleviating neglected children, as well as providing substitute services for the child's parents or family in meeting their physical, and mental needs, as well as social services for foster children (Ministry of Social Affairs of the Republic of Indonesia, 2014).

The alternative care by the Child Social Welfare Institutions is temporary in nature, and the main objective is to seek to reunite or reunify the child with his/her family as soon as possible for children who have been placed in the institution (Gaudin, 1993). Therefore, in carrying out efforts to protect neglected children, Child Social Welfare Institutions need to provide interventions, both for neglected children and their families. In this case, apart from providing alternative care services for neglected children, Child Social Welfare Institutions also need to provide capacity building services for family care so that families can provide proper care for their children. This capacity building efforts of family care are given according to the problems faced by the family (Gaudin, 1993; DePanfilis, 2006; Mujiyadi et al., 2011 in Nasirin, 2013).

In Indonesia, alternative care institutions experience problems in the form of low quality of the service system. Based on the results of research by Save the Children, UNICEF, and the Indonesian Ministry of Social Affairs in 2007, 90% of children were placed in child orphanages for reasons of poverty. These children still have both parents and are placed in the institution with the main reason for continuing their education. Children, in this case, are required to live in orphanages or other alternative care institutions until they graduate from high school, and take coaching rather than proper care (in Sutinah, 2018). In other words, orphanages in Indonesia functions more as an institution that provides services in the form of access to education, rather than as an institution that provides the last alternative care for children. The alternative care system by orphanages in this case does not pay attention to the rights of children to be cared for by the family.

Currently, a national standard of care has been designed to improve the quality of orphanage services in Indonesia, so that the name of all institutions that carry out the function of alternative child care are changed to the Child Social Welfare Institution. The changes were made to position the orphanage as the last alternative care institution that functions as a service center for children and their families. This is as stated in the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 30/HUK/2011 concerning National Standards of Child Care for Child Social Welfare Institutions.

This article aims to provide an overview of neglected children protection standards regulated in the Indonesian Child Social Welfare

Institutions, as an effort to address the problem of neglected children and their families in Indonesia.

METHOD

This research used a qualitative and a descriptive analytical method which aims to analyse the Regulation of Indonesian Minister of Social Affairs No. 30/2011 concerning Service Standards for Child Social Welfare Institutions and provide a description of the service standard based on the child neglect assessment and intervention guidelines by experts. The aspects studied are related to the assessment and intervention process in child protection programs, which should be regulated in the national standards of care by Child Social Welfare Institutions in Indonesia, particularly for neglected children. The data used in this research were collected and derived from secondary data, which obtained from the Regulation of Indonesian Minister of Social Affairs No. 30/2011 concerning Service Standards for Child Social Welfare Institutions.

RESULT AND DISCUSSION

The family is the smallest social unit in society that has a very large role and influence on the social and personality development of each family member, especially children. The head of the household in the family is an important figure who leads the family, that is, to several other family members. Meanwhile, children are the smallest members of a family.

One of the arable fields of social work practice is the social work practice with children and families. According to Turney & Tanner (2001), social work with children and families is focused on extracting information about children and their various attributes, as well as the importance of the family's position as the child's first institution to interact. They suggested that working effectively with child neglect problems requires social workers to be able to overcome any difficulties regarding the attachment between children and parents or caregivers. In this case, understanding attachment or nurturing relationships is at the core of assessment in social work practice. The social work response to this problem, as stated by Turney & Tanner (2001), is that it needs to focus on the difficulties of the relationship between parents and children that manifest as the reluctance or inability of parents to offer reliable

and adequate care. The task of the social worker through the assessment process, in this case, is to understand the specific nature of the attachment problems that may play a role in the family, because without an accurate understanding of this, the intervention given will have the potential not to be based on the cause of neglect, but on the symptoms. Turney & Tanner (2001) suggest that attachment theory is the theory that can be used to assist social workers in understanding the quality of the relationship between children and parents or caregivers.

Meanwhile, Yulia & Krisnani (2019) stated that in implementing social work practice with children and families, social workers need to understand that each family has differences and uniqueness, and as social workers, they must be able to see the potentials and problems that exist in the family. These potentials and problems need to be concerned since, according to the Child Family Community Australia (2018), most parents who commit acts of neglect towards their children do not have the personal, financial, and/or support resources, yet they desire to be good parents and have potentials that can be explored and utilized for problem-solving. Therefore, besides focusing on the family's problems, Yulia & Krisnani (2019) stated that parents' or families' hidden strengths should be identified during the assessment process, which will then be strengthened through the intervention planning process.

There are seven stages of social service according to Johnson & Yanca (2010), including engagement, assessment, plan of intervention, intervention, evaluation, termination, and follow ups. In child protection, including for neglected children, the engagement process, as stated by Collins, Jordan, & Coleman (2013), involves activities in which social workers make contact with all family members, define problems by involving the perceptions of all family members, encourage families to interact with each other, make common goals, and make contracts with families.

Furthermore, after the initial approach process is carried out, an assessment process is then carried out to prepare plans for interventions or services needed, both for children and their families. According to DePanfilis (2006), assessment of children is carried out to determine the condition of the child, such as the level of development, physical and emotional health, functioning, as well as the child's explanation of the events and impacts experienced by them.

In addition to children, the assessment process is also carried out on families. Gaudin

(1993) stated that the family assessment process includes the identification of types of neglect, problems identified by parents'/caregivers, causal factors, priority setting, and structured assessment measurements. Identification on the type of neglect, as stated by Gaudin (1993), may indicate specific inadequacies or negligence which result in the child's basic needs that are not being fulfilled. Furthermore, he convey that investigating information about parents'/caregivers' perspectives on their family problems and their causes is important in intervention planning. In addition, identifying parents'/caregivers' perceptions of problem-solving priorities is important in determining actions for intervention. As the next stage, structured assessment measurement is an activity, in which social workers and their families learn about the characteristics of neglect, provide clear and focused interventions, and provide a way to systematically assess the outcome of the intervention. According to Gaudin's guidelines, in studying the characteristics of neglect, social workers identify and measure the quality of care, for example, using the Polansky's Childhood Level of Living Scale to measure the quality of physical and emotional/cognitive care for children; The Childhood Well-Being Scale to measure the quality of child care; The HOME Inventory to measure the quality of the care environment; The CLEAN Checklist to measure home cleanliness; and/or The Home Accident Prevention Inventory to measure the safety of the home environment). In addition, in studying the characteristics of neglect, social workers are also the quantity and quality of social networks (Ecomap, The Social Network Map); the quality of interactions between parents and children; and assess the risk of neglect and other forms of violence in the future (Gaudin, 1993).

Besides Gaudin (1993), DePanfilis (2006) also proposed that the assessment process includes the identification of problems and factors that cause neglect in the family that can have an impact on children's welfare. She suggested that this assessment process is carried out to gain an understanding of the needs, strengths, and resources of the family (DePanfilis, 2006).

After going through the assessment process, the next stage is intervention planning. The plan of intervention must be consistent with the results obtained from the assessment process (Johnson & Yanca, 2010). In this case, the plan of intervention must be tailored to the child's condition, type of child neglect, and also the causal factors (Gaudin, 1993; DePanfilis, 2006).

Thomlison (2004) in DePanfilis (2006) suggested that the services provided for neglected children are services that can ensure safety and provide skills and support for children in overcoming the effects of neglect, such as child care, mentoring, or behavioral and mental health care. For early childhood, the services provided can be in the form of educational games for parents and children. For school-age children, services can be provided that encourage an open and educational climate, which can help them improve their ability to control themselves, develop communication and problem solving skills, and learn how to defend themselves from bad social influences (Thomlison, 2004 in DePanfilis, 2006).

Relating to the family intervention, Gaudin (1993) suggested that actions of chronic neglect and those which manifest in a variety of problems require more sustainable interventions with multiple services. In addition to adjusting to the type of child neglect, intervention plans must also be done by dealing with causes rather than symptoms. He gave an example that if a child under five gets mistreatment in the form of neglect by a substitute parent/family, then the intervention given will be different between the parent/substitute family who has less knowledge about how to raise children and the substitute parent/family who has problems of alcohol abuse (Gaudin, 1993).

As stated by McCoy & Keen (2014), there are several causal factors which lead parents or families to neglect their children, they are parental factors, extrafamilial factors, and cultural factors. From those factors mentioned by McCoy & Keen (2014), it is possible that parents or families who commit acts of child neglect are those with various problems and deficits. Gaudin (1993) solved this problem by suggesting that the interventions carried out need to provide several concrete and supportive services from various sources, as well as a combination of individual, family, and group methods, which include individual counseling, behavioral methods, individual and group parenting education, and family therapy. In addition, interventions can also involve professionals from various scientific fields, who can provide a variety of services, such as representatives from child welfare, law enforcement, courts, schools, hospitals, health departments, and mental health institutions (Gaudin, 1993). These interventions are given according to the needs and problems experienced by the family and must be focused on all family members (McClennen, 2010). However, if after going through further intervention and assessment, Gaudin (1993) suggested that

the parents or extended family or relatives of the child are deemed to have the ability to provide care for the child, the child will then be returned to his/her family (reunification).

After intervention is given, the next stage is the evaluation process. According to the Generalist Intervention Model cited in Johnson & Yanca (2010), the evaluation process is carried out routinely by social workers to determine the development of children and families.

The next stage of social service is termination. In neglected children protection, the termination process, as stated by Fernandez (2013) and Sanchiricho & Jablonka (2000), includes activities where the neglected child and the family have succeeded in reunification. According to Collins, Jordan, & Coleman (2013), the reunification is carried out based on the results of an accurate assessment as well as assistance and monitoring carried out by social workers to families, where the result is that families have the ability to provide proper care for their children.

The last stage of social service is follow ups. In neglected children protection, this stage, as stated in Johnson & Yanca (2010), includes activities in which to ensure that families are consistent in achieving goals and applying their skills.

Yulia & Krisnani (2019) mentioned several roles of social workers in dealing with child and family problems, including facilitators, brokers, mediators, defenders, and protectors. As facilitators, social workers facilitate or enable clients to make changes that have been determined and mutually agreed upon. As a broker, social workers connect clients with goods and services, and control the quality of these goods and services. As a mediator, social workers carry out activities, such as behavioral contracts, negotiations, third-party conciliation, and various kinds of conflict resolution. In mediation, the efforts made are essentially directed at reaching a 'win-win solution'. As defenders, the role of social workers is divided into two, namely case advocacy and causal advocacy. When a social worker defends on behalf of a client individually, he or she acts as a case defender. Causal defense occurs when the client who is defended by social workers is not an individual, but a group of members of society. Furthermore, as protectors, social workers act based on the interests of the program, potential victims, and other at-risk populations. The protector role includes the role of various abilities related to power, influence, authority, and social supervision (Yulia & Krisnani, 2019).

We have now understand how the process of

child protection, particularly for neglected children, should be implemented in a Child Social Welfare Institution or foster care. So, how is it regulated in Indonesia? How is the standard of neglected children protection in Indonesian Child Social Welfare Institutions?

Adequate family care is a necessary service to ensure the fulfillment of children's rights. However, if the child does not receive adequate care in the family, alternative care thus becomes a social service needed by the child. The objectives of alternative care as stated in the Regulation of the Indonesian Minister of Social Affairs No. 30/2011, concerning Service Standards for Child Social Welfare Institutions, is that to provide an environment that can fulfill the child's needs for love, attachment, and permanence through a substitute family.

The Regulation of the Indonesian Minister of Social Affairs No. 30/2011, concerning on Service Standards for Child Social Welfare Institutions, states that the main priority of Child Social Welfare Institution is to provide support for children in the family with the main orientation on strengthening the capacity of caring for the child's family. In this case, the Child Social Welfare Institution must identify various alternative care according to the child's needs by prioritizing care by other family members, including relatives, as the first alternative. Meanwhile, the Child Social Welfare Institution is the last choice of alternative care services for children who cannot be cared for by the nuclear family, extended family, relatives, or a substitute family. The alternative care provided by the Indonesian Child Social Welfare Institution according to the regulation are as the following:

1) Emergency care

The Child Social Welfare Institution provides emergency care (for up to 1 month at most) for children who need temporary protection, while preparing long-term care in a family environment. This type of care is provided for a short period for children who are in an emergency, such as children who are victims of violence, children who are not delivered to the Child Social Welfare Institutions by their families, children who are separated, children who do not have a family or children whom their families are in a stress condition.

2) Short term care

The Child Social Welfare Institution provides temporary or short-term care (for 1 to 18 months) for children who need alternative care while

preparing for long-term care in a family setting or a substitute family (foster parents). This type of care is provided for children whose family care capacity still possible for strengthening. Returning children to their families should be the first alternative.

3) Long-term care

The Child Social Welfare Institution provides long-term care for children which, based on the assessment of the social workers, cannot be cared for by their family or relatives at all, or the child's parents are determined by the court to not be able to re-care for the child. This type of care is provided by the Child Social Welfare Institution while pursuing as soon as possible the permanent care solutions in the substitute family through fostering, guardianship, or adoption of children.

There are various reasons why children in Indonesia are placed in Child Social Welfare Institutions, either voluntarily or unintentionally. Meese (2010) stated that some children are placed in a Child Social Welfare Institution due to the inability of their parents/caregivers to provide proper and adequate care for their children. Some children are also placed in a Child Social Welfare Institution by the court order (accidental placement) due to acts of violence or neglect by their parents/caregivers in the house. For example, in a case of substance abuse committed by a parent/caregiver, the court may decide that the child needs care from someone other than the parent for the benefit of the child. Apart from substance abuse, parents/caregivers are sometimes unable to provide care for children temporarily, due to certain serious medical conditions or very severe financial conditions. Even though the child does not experience violence or neglect, parents may voluntarily allow the temporary removal of the child from the home (Meese, 2010). However, according to the Regulation of the Indonesian Minister of Social Affairs No. 30 of 2011 concerning the Service Standards for Child Social Welfare Institutions, economic and poverty cannot be the main reasons for the separation of the child from the family and the placement of the child in a Child Welfare Institution.

Similar to Gaudin's guideline (1993), the Regulation of the Indonesian Minister of Social Affairs No. 30/2011 suggested that alternative care provided by Indonesian Child Social Welfare Institution is temporary. Therefore, the regulation also suggested that Indonesian Child Social Welfare Institutions must seek

reunification of children with their families as soon as possible for children who have been placed in the Child Social Welfare Institution. As stated by the regulation, the Child Social Welfare Institution in this case needs to provide social services for neglected children, as well as provide reinforcement or intervention to the family and the environment where the child lives, to prepare for the reunification process and to provide the support needed to build the capacity of the family in providing care for the child. Support for this family can be in the form of psychosocial support, economic support, and creating family access to various sources of support that are available and needed by the family (The Regulation of the Indonesian Minister of Social Affairs No. 30/2011). This rule is in accordance with the child neglect intervention guideline conveyed by Gaudin (1993).

According to the assessment process, as regulated in The Regulation of the Indonesian Minister of Social Affairs No. 30/2011, the assessment process involves the identification of the child and family needs for services, including whether the child can continue to be cared for by his family or requires alternative care. The focus of the assessment on the child includes the child's identity; family background; physical, emotional, and social condition of the child; as well as the child's need for alternative care. Meanwhile, the focus of the family assessment includes the conditions of care that the child receives from the parents/family, as well as the parents'/caregivers' parenting capacity, including the parents'/caregivers' awareness and desire to provide optimal care according to the child's needs. Besides the problems faced by the family, the assessment process on the family must also identify the resources that can be used to help overcome family problems.

As the next stage, the intervention and strategies must be planned and implemented according to the child and family needs. As stated in The Regulation of the Indonesian Minister of Social Affairs No. 30/2011, the Child Social Welfare Institutions must ensure that the services provided for the child are appropriate to the child's rights. These rights include the rights for protection, development, participation, and life sustainability. However, the regulation does not specify the types of services provided according to the child's needs.

The intervention strategies for the family, based on The Regulation of the Indonesian Minister of Social Affairs No. 30/2011, must

also provide appropriate services according to the family needs. As stated in the regulation, if the issues faced by the family are related to parenting problems, the intervention provided is in the form of services to increase the capacity of caring for and functioning of the family. If the main issue faced by the family is poverty, then the intervention provided is in the form of financial assistance services, empowering families economically, or supporting families to access available social assistance programs. If the issue faced by the family is the access to education, then the intervention provided is in the form of assistance in access to education, such as school fees, school supplies, and transportation.

According to the Indonesian Law No. 14/2019 concerning Social Work, the practice of social work is the implementation of planned, integrated, continuous, and supervised professional assistance to prevent social dysfunction and to restore and improve the social functioning of individuals, families, groups, and communities. Meanwhile, according to this regulation, a social worker is defined as someone who has the knowledge, skills, and value of social work practice and has obtained a certificate of competence. So far, as stated by Zastrow (2017), the practice of social work is mostly done with individuals, families, and small groups. Subsequently, the practice is also involved in the scope of organizations, such as schools, school clubs, businesses, and human service organizations (Zastrow, 2017).

The Regulation of the Indonesian Minister of Social Affairs No. 30/2011 concerning the Service Standards for Child Social Welfare Institutions, stated that the functions and roles of professional social workers at Child Social Welfare Institutions include the following functions:

1. The function of handling problems of children and their families
This function is related to the assistance of social workers to deal with problems faced by children and their families or to assist in the development of the Child Social Welfare Institutions.
2. Source management function
This function promotes the role of social workers in case management and works by utilizing networks to strengthen care in the family.
3. Educational function
This function encourages social workers to provide accurate information about family

care to families and communities, as well as increase family capacity in caring (Dubois & Miley, 1985).

In case management, social workers begin their work in dealing with the problem from the assessment stage; formulation of care plans (both emergency, short-term, and long-term); implementing interventions to address special problems experienced by children and their families; and providing support for services and daily care provided by the Child Social Welfare Institution. In the assessment phase, the provision of social services by social workers who work at the Child Social Welfare Institution for children and their families begins with designing an assessment approach and an instrument that will be used to assess the child and his/her family. The assessment, in this case, becomes the basis for determining individual care plans and other services needed by the child and their family, both in the family and if the child is forced to stay at the Child Social Welfare Institution. From the results of these assessments, social workers then develop social work approaches and techniques that are under the characteristics and needs of children, for example through play therapy for children and family therapy (The Regulation of the Indonesian Minister of Social Affairs No. 30/2011).

In terms of providing strengthening and intervention to families, the Indonesian regulation concerning service standards for Child Social Welfare Institutions mentioned that social workers must support families to better understand the importance of family care, strengthen families, and build community support for family care. Social workers must also build networks with various sources to optimize their support for family strengthening, dealing with child problems, implementing alternative care by families, and services in the Child Social Welfare Institution. Social workers work with families to achieve the following goals:

1. Encourage parents to ask for help/support from professionals when experiencing difficulties;
2. Increase the understanding and capacity of parents about their role in child-rearing;
3. Helping to deal with stress experienced by parents related to parenting due to the limited capacity of parents or problematic behavior of children, for example bullying between children; and
4. Providing information to the public in to

understand and participate in strengthening family care and alternative care (The Regulation of the Indonesian Minister of Social Affairs No. 30/2011).

According to the assessment process and intervention strategies, as stated by Gaudin (1993); DePanfilis (2006); McClennen (2010); Collins, Jordan, & Coleman (2013); Fernandez (2013); Sanchiricho & Jablonka (2000); and Meese (2010), it can be seen that the regulation formulated by the Indonesian government concerning the service standards for Child Social Welfare Institutions in Indonesia, is relevant to the child neglect assessment and intervention guide and theory by the experts mentioned previously. However, this research does not show whether the Regulation of the Indonesian Minister of Social Affairs No. 30/2011 has been applied by the Indonesian Child Social Welfare Institutions when delivering the social services to neglected/foster children and their families. Therefore, further research is needed.

CONCLUSIONS

Child neglect is an incident of maltreatment against children that manifest as an 'act of omission' or there is no action taken by parents or caregivers against children yet has a dangerous risk for the child. Because this incidence is a common case in Indonesia, the Indonesian government thus implement a child protection program by providing social services for neglected children and their families through Child Social Welfare Institutions, which is known as orphanages. Furthermore, the service standard of these Child Social Service Institutions is based on the Regulation of the Indonesian Minister of Social Affairs No. 30/2011.

From this research, it is found that the child protection policy, formulated in the Regulation of the Indonesian Minister of Social Affairs No. 30/2011, indicated that the government of Indonesia has formulated appropriate Child Social Welfare Institution services needed by the neglected children in the institutions, as well as their families. These appropriate services were given through several stages, including the initial engagement; assessment; plan of treatment; intervention; evaluation; reunification; also the follow ups, which ensures the family to use their capabilities in nurturing and giving care to their children.

The suitability of the child protection policy in

Indonesia with the child neglect theories and guidelines expressed by the experts, is shown from the aspects that need to be identified in the assessment process, that is, the child's condition, neglect type, and factors causing neglect; interventions that provide services, both for children and families, where the services provided are in relevant to the child and family's needs; and the reunification as the main goal of alternative care.

Although this research shows that the Indonesian policy regarding the national standard of alternative care is in accordance with the neglected children protection guidelines and theories by the experts, the policy has not specifically mentioned the types of services for children according to their needs and rights. Furthermore, the service types for families have also not been specifically mentioned on certain family issues, such as families with mental health disorders, families with substance abuse, and other problems besides poverty and lack of family skills in providing care.

This research is expected to be a guide for child protection policies in Indonesia in developing national standards for alternative care for neglected children. In addition, the optimal policy regarding the protection of neglected children is expected to improve the quality of the alternative care system in Indonesia.

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