WHO ARE CHILDREN WITHOUT PARENTAL CARE?

Children without parental care are defined as all children not living with their parents, for whatever reason and in whatever circumstances. This can include children whose parents are alive, but not providing care for them.

Millions of children around the world are growing up without one or both of their parents. Many more are at risk of separation, due to the impact of poverty, disability and HIV/AIDS or such crises as natural disaster and armed conflict. Asia has the highest number of orphans due to all causes.¹

Children without parental care find themselves at higher risk of discrimination, inadequate care, abuse and exploitation, and their well-being is often insufficiently monitored. Many children are placed unnecessarily and for too long in institutions where they receive less of the stimulation and individual attention needed to grow to their full potential. Inadequate care environments can impair children's emotional and social development and leave them vulnerable to exploitation, sexual abuse and physical violence.

The 65th UN General Assembly in December 2009 adopted a resolution to approve the Guidelines for the Alternative Care of Children (A/RES/64/142). The Guidelines are intended to enhance the implementation of the UN Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so, and set out desirable orientations for policy and practice.

Articles 9 and 18 of the UN Convention on the Rights of the Child affirm that normally a child should be brought up by its parents. However there are exceptions to this rule and Article 20 notes that when a child is ‘temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment’ the State should provide ‘special protection and assistance’. This alternative care can take a number of forms including foster placement, adoption or if necessary placement in suitable institutions.

When parents are struggling to overcome poverty, AIDS or natural disaster, families may be compelled to place their children in public care institutions, where their access to quality education is likely to be poor (thus thwarting the aim of MDG 2, universal primary education). Children separated from their mother at an early age, especially if they remain in institutional setting for a long time, may suffer from damaged emotional and physical development and are at greater risk of early death – diminishing reductions in child mortality (MDG 4).

THE SITUATION IN INDONESIA

There is limited reliable data on the exact number of children without parental care in Indonesia. However, based on data from the 2000 National Census, over 4.4 million children are estimated to be living with one but not both parents, and over 2.15 million children living with either parent. However, of those 2.15 million children, more than 70 per cent of children still had both parents alive and only 10 per cent had lost both parents, with just over 15.5 per cent having one living parent.²

According to 2007 estimates, there are between 5,250 and 8,610 residential care centres in Indonesia, with more than 90 per cent of them privately owned. Between 225,000 and 516,000 children live in these homes at any one time.³

Nearly 1.8 million children live in religious boarding schools. Increasingly, these boarding schools, serve as a quasi-“orphanage” for vulnerable children. Children often enter the boarding school before

² Save the Children, Ministry of Social Affairs of the Government of Indonesia and UNICEF. Someone that matters: The Quality of Care in Childcare Institutions in Indonesia. 2007
³ Ibid
the age of ten and remain until graduation. With much of the care of children left to older youth, the ability of residents to develop adequate social and coping skills is reduced. Children who become self-sufficient for care can also resort to physical discipline or bullying.4

According to the Ministry of Social Affairs, there are an estimated 230,000 street children in Indonesia.5 It is unknown what percentage of children live on the streets during the day, returning home at night and what percentage of street children has no home. Regardless, children on the streets survive under harsh circumstances.

Culturally, there is a strong recognition of the role and responsibilities of family, including extended family, for the care of children. Evidence shows, however, that in the past ten years, there is a growing trend toward reliance on residential care or childcare institutions.6

About half of all children in institutions in Indonesia have one or both surviving parents, but they live in institutions in order to access basic services such as food, shelter, education and health care. These trends have been exacerbated by weak policies of the past, that have tended to use institutions to solve all problems related to children, from orphans to neglected children to street children. Those who are not cared for by the childcare institutions are working and living on the streets across major cities with little or no access to any form of care.

The Indonesian Ministry of Social Affairs is currently in the process of reorienting the entire system away from institutional care to family based alternatives in recognition of the high numbers of children deprived of a family environment, insufficient development of foster care or other forms of family-based care, the large numbers of children living in institutions and the poor quality of care many receive. The new strategic plan of the Directorate of Social Services for Children emphasizes enabling families to care and support for their children, and that placing children in institutions should be considered a last resort.

The Ministry has recently begun conditional cash transfer programmes, such as the Family Hope programme and Social Welfare for Children programme, to enable vulnerable families to provide care and fulfill the needs of their children. The programmes require that the funds are used to assist children to access education and health care, with parents also attending classes to learn improved parenting skills. The monthly cash transfers amount to approximately US$ 28 per child and target the poorest households. While the cash transfer programmes are moving out of a pilot stage, there are remaining issues to clarify.

The Ministry is also deliberating the ratification of the Hague Convention 1983 on the Protection of Children and Co-operation in Respect of Inter-Country Adoption, and developing the draft of Government Regulations on Foster Care and Alternative Care and other relevant Ministerial Decrees.

UNICEF’S ROLE

UNICEF is focusing on strengthening the capacity of families to care for their children, promoting family- and community-based care solutions and improving the quality of care in institutions.

Given the lack of reliable data, UNICEF has supported a number of studies and assessments on child care and child welfare systems to improve understanding of the situation of children in children’s homes and boarding schools as well as on the legal systems, structures, and capacity to protect and provide services for children deprived of parental care.

UNICEF has also supported the strengthening of the child welfare work force and the professional development capacity of the Ministry of Social Affairs. Currently in Indonesia, the role of social workers has been viewed as the bureaucratic administration of government grants. With advocacy

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4 Save the Children, Ministry of Social Affairs of the Government of Indonesia and UNICEF. Someone that matters: The Quality of Care in Childcare Institutions in Indonesia. 2007
efforts from UNICEF and other civil society members, the government is recognizing the importance of a professional cadre of well trained social workers who promote family and community care, promote positive child care practices, identify vulnerable households and children to provide pre-emptive services and provide case management for families and children in need. UNICEF has been supporting the translation of this new vision for social workers into reality.

Working with civil society and faith-based organizations, UNICEF has helped to develop a model of family-based care support for vulnerable children and the deinstitutionalization of children. For example, UNICEF has been working with Muhammadiyah, one of the largest religious-based not-for-profits in Indonesia which operates, amongst other services, many residential children’s homes. UNICEF has strengthened Muhammadiyah’s understanding of the importance of family and community care and trained staff members now advocate and work with the residential care institutions to return children to family-based care.

Indonesia’s vulnerability to sudden emergencies has also led UNICEF to support the development of policies on separated and unaccompanied children in emergencies which affirms the importance of family based care for separated children and regards institutional care as the last resort. The Ministry of Social Affairs has developed a central-level policy which defines separated children, prohibits adoption during emergencies, recognizes the role of family-based care and recognizes institutional care as a last resort.

UNICEF also brings global experience of family tracing and reunification of children separated or orphaned during emergencies, which proved critical in the post-tsunami response.

**WHAT MORE NEEDS TO BE DONE?**

Continued efforts are required to advocate at all central and sub-national levels of government on the importance of family based child protection systems.

More work is required to strengthen the capacity of social workers to promote family and community care, promote positive child care practices, identify vulnerable households and children to provide pre-emptive services and provide case management for families and children in need.

Where residential care centres do provide assistance to children, it is important that efforts are maintained to ensure that standards of care are developed, implemented and monitored.