EXECUTIVE SUMMARY

This is a summary of an evaluation report about the Child and Family Support Centres in Bandung and Yogyakarta, the ***Pusat Dukungan Anak dan Keluarga***, which are best known by the acronym PDAK. The report provides a documentary description and mid-term evaluation of the workings of the PDAK in Bandung over its first two years of operation (before the recent significant changes, where PDAK caseworkers have been merged with government social work teams in Bandung). This summary focuses on the work in Bandung: the more recent PDAK begun in Yogyakarta is briefly described in one section only. The report identifies aspects of the core model of PDAK and looks at issues and possibilities for sustainability and replication.

1. INTRODUCTION

The PDAK pilot project in Bandung began in October 2010 as a component of a broader programme of work by Save the Children on the care, welfare and protection of children in institutions, separated from family, and without appropriate family care in Indonesia. The programme aims to shift the dominant focus of much government and civil society provision from institutional to family based care as a solution for placement of children in various circumstances, particularly those separated from family for reasons of poverty or education, in institutions, on the street and abused, as part of the promotion and development of an active child protection system.

The PDAK works with and helps children and families, to provide family based care either in birth- or extended- family or, when necessary, alternative care in another family, with institutional care as a last resort. The main method is a supervised case management process that aims not only to promote and achieve family based care but also to demonstrate a model of social work practice that will support development of a child protection system focused on family based care. This case management approach is seen as distinct from that used by most government social workers.

Much of the case management work concerns social issues of family poverty, children's education and unnecessary institutionalisation. The model is intended for use in all social work practice and the PDAK will work with children in a variety of circumstances, including those who are abandoned, neglected, exploited, street children, pregnant, but the PDAK case work has so far mostly taken on children living in or about to be sent to institutions, with far fewer cases of violence and abuse at home, early unmarried pregnancies and family relationships, and four cases of `street children' (at October 2012).

The main deinstitutionalisation work undertaken by the PDAK to date involves taking children out of institutions and ensuring provision of family based care, and preventing children being sent institutions except as a last resort, by providing family support to fund and enable education and care for children in their own or an alternative family. The Deinstitutionalisation Programme, whose Manager also manages PDAK work, has three named project components: `Piloting National Standards of Care' (including identifying children already placed in institutions who can be re-unified with families), `Strengthening Government Roles (including `gate-keeping' - identifying children referred via government who can be diverted or prevented from being placed in institutions), and `Prevention Work' (which is used specifically to refer to particular rural places seen as `sending areas' – sending children to institutions; because this work is not located in Bandung, and also is not seen as part of PDAK, it was not included in this evaluation).

COMPONENTS OF PROGRAM	**CHILD AND FAMILY SUPPORT CENTRE (PDAK)** *Supervised case management*	**DEINSTITUTIONALIZATION**		
		Piloting of the National Standard of Care (NSC) *in institutions*	Strengthening Government Roles *Including gate-keeping*	Prevention of Institutionalization *in rural `sending' areas*

These components also use other approaches such as monitoring standards of care, advocacy to seek change in communities, advocacy work with government, but they need social work with children to deliver their aims and objectives.

The managerial positioning of PDAK `case management' under `de-institutionalisation' for a time led to a specific focus on the reunification of children in institutions to the exclusion of other groups of children, which limited the potential demonstration value of the supervised case management approach. It is the use of case management for all children in need of social work support, including street children, children in families (abused, neglected, pregnant, etc) that makes the model attractive to municipal government for use in development of a child protection system.

2. PDAK CASE MANAGEMENT – STAFF, STAGES, SUPERVISION

The Bandung PDAK is staffed by eight Case Workers (CW), four Senior Case Workers (SCW), one Case Manager, and one Data Base/ Administration Officer. The Case Manager supervises SCW and CW. A Project Manager (position vacant during the evaluation) manages the Case Manager, and also a Gate-Keeping Consultant and Gate-Keeping Case Worker who principally work with the municipal government (see below). There is also a Technical Adviser to the project. Only the Project Manager, Case Manager and Data Base/Administration Officer are full-time, and employed by Save the Children: others are part-time, contract staff, paid monthly according to hours worked. The Project Manager reports to the Save the Children Programme Manager based in Jakarta.

The CW are allocated to three children's institutions (pantis), one run by government and two run by non-government organisations, which are piloting the National Standards of Care. Case Workers provide social work practice; case management (including intervention plans and their implementation); make field visits, home visits, school visits; access service providers; communicate with other organisations; support deinstitutionalisation in pilot pantis; compile case records; participate in regular supervision. The SCW provide guidance and assistance to Case Workers; make field visits, home visits, school visits; communicate with organisations and maintain networks of providers; supervise case recording; prepare supervision reports; contribute to case management in pilot pantis; coordinate with the Technical Adviser, Case Manager, Project Manager.

Case management process

The core case management model of the PDAK involves named stages of individual assessment, intervention, monitoring and eventually case closure (which is called `termination'), although only the first and last are clearly defined sequentially. There are three basic criteria for assessment and termination: 1) the safety of the child; 2) the child's well-being, and 3) permanency planning. Assessment is marked by completion of a set of forms, including family biographical information and a `bio-psycho-social-spiritual' assessment, along with the formulation of a plan of action. Termination is defined by the decision-making process, completion of forms, case conference and signing off by clients and the case manager.

Stages of intervention and monitoring are less well defined sequentially, partly because during the monitoring process a new intervention may be required and subsequently a further cycle of intervention and monitoring of a changed situation. This means that it is effectively only possible to identify numbers of cases at three different stages: assessment, intervention/monitoring, and termination, and the middle stage (intervention/monitoring) varies in length depending on the type of case and intervention, how well it succeeds, and including factors such as bureaucratic delays.

`Straightforward' cases might include the need to obtain a birth certificate or funding for education: these are straightforward in terms of assessment, need and intervention decision-making, but may be time-consuming because of bureaucracy or barriers involved in achieving the end required. Although `straightforward' these bureaucratic barriers are aspects of cases involving other issues, such as reunification, which might otherwise be a shorter and simpler process. Persistence and motivation are required as well as appropriate networks and contacts.

Many cases are not straightforward, for example, involving abuse, violence, relationship issues, complex poverty problems and difficulties in identifying a safe place to live. In these, and in fact in most cases anyway, the process of supervision is very important in identifying potential interventions and decision-making.

Supervision

Case Workers make urgent decisions about cases as necessary, and where interventions are straightforward they can also decide what to do without reference to supervisors. Supervision involves the CW, SCW and Case Manager. It comprises managerial and non-managerial or professional supervision and has formal and informal aspects, along with active peer involvement. The non-managerial supervision concerns detail of social work practice, relationship with clients, intervention plans, decision making, contact with institutions and other providers.

The Case Manager formally manages all CW and SCW, but Case Workers' reports go through Senior Case Workers who are also able to make a judgement on the time and resources spent. Additional managerial supervision is checked timesheets and monthly reports for contract staff, which need to be signed off in order to set in motion the month's pay. At the end of the six-month contract, each CW performance and commitment is reviewed by the Case Manager and some are not renewed. Contracts may be ended much earlier where the quality if work is not good enough.

Most Case Workers work on at least five days each week, and often at weekends depending on the client's availability. Both CW and SCW are employed on a contractual basis, as self-employed `consultants' specifying the maximum number of hours/ days that can be claimed over a six month period - the maximum for CW is 90 days over six months – 15 days per month and for SCW is 72 days over six months.. Time is calculated by the hour and eight hours constitute one day. If CW work more than15 days in one month, this reduces time available in subsequent months over the half-year contract. Individual Case Workers had different approaches to claiming their time, and the PDAK developed rules: for example, CW can only claim for time spent with a client, not travel time except when visiting families outside the city. The SCW are paid more per day than CW.

If expenses are needed for clients, for example, to provide funds for family support, or for a small business to provide an income to keep children at home, CW must prepare `Terms of

Reference'. These TORs are submitted to Save the Children with other expenses needed by the PDAK: the funds are paid into the personal bank accounts of the Case Manager or Data Base/ Admin. Officer and disbursed from there. Receipts for expenses must be provided and one advance tallied off before another can be requested. This system is not conducive to the vagaries of work with clients whose lives are chaotic or who may need material support urgently.

Time spent by CW and SCW has two dimensions: that spent on individual cases and that spent on weekly casework by individual workers. CW make work schedules according to clients' needs, working evenings and weekends as necessary. They are available 24 hours – and can be contacted in emergency. The time spent on each case is difficult to disaggregate from the current data base.

3. PDAK CASES AND CASEWORK – NUMBERS, INTERVENTIONS AND OUTCOMES

Every month and every six months the SCW make a report on CW and supervised cases. Individual case records are kept by CW and maintained on a data base by the Data Base/ Admin Officer. The main uses of the data base currently are as a record, used for supervision by SCW and the Case Manager; as a basis for confirming time, activities and expenditure for timesheets and financial outgoings to families which require `terms of reference'; in the compilation of monthly programme reports; and to produce statistics for presentations etc. The Data Base Officer and Case Manager are the main users. Forms were designed especially for the case management process when the PDAK was set up. There are over 12 available record forms, and types of forms to be completed for each case are evolving. The range of files for each child varies, depending on the nature of the case: for example, a case conference and hence report may not be undertaken for every client. It is difficult to generalise across the whole data base about the way data is compiled, but there are some inconsistencies in the way forms are used by case workers. There is a lack of dates on forms.

Timesheets are used for determining consultants' pay, but tied in with case records because of the `piece work' rather than flat rate pay of CW and SCW. Timesheets are checked against CW progress reports, to ensure the time tallies: without a monthly report CW will not be paid.

Cases

Most PDAK reports record the cumulative number of cases handled since the start of operation in October 2010. By the end of October 2012, a total of 193 cases had been registered including those due to be assessed, in process of assessment, or already terminated. Of the total, 130 cases were still active and 63 had been terminated. The 193 total comprised 91 male and 102 female: of whom, 24 male and 39 female cases had been terminated: leaving 67 male and 63 female cases still active.

Two main classification sets are used in the data base: the stages of case management noted above, and types of case. Four categories are used to identify types of case: neglected children, street children, victim of violence, and commercial sexual exploitation of children (referred to by staff as CSEC). These categories are problematical, and definitions are unclear. The CSEC category is particularly misleading, and appears to have been used to include cases of young teenage pregnancy outside marriage. The neglected children category is used for all cases of children in institutions, which gives little indication of their circumstances. Most of the cases taken on by the PDAK are classified as neglected children – 177 of the 193 cases. This leaves 16 cases in the remaining three categories, of which five

are street children, four are victims of violence, and seven are `CSEC'. Most of the terminated cases are neglected children: all five street children cases and five of the seven `CSEC' cases are terminated, but all of the four victims of violence cases are active.

Many cases are still in assessment, partly because of the April 2012 increase in cases taken on under a policy to focus on `deinstitutionalisation'. In October 2012, a total of 69 cases were in the assessment stage – that is over half of the total active caseload. 28 cases were in the intervention stage, most registered since November 2011, but 6 registered between October 2010 and September 2011. 34 cases in monitoring stage, registered from October 2010 to March 2012.

The age range is up to 21 years, but only 5 cases are 19- 21 years (and 3 of these are 19 years). The age range with most cases is 14 – 17 years (87 cases, 40 male, 47 female): expanding this upwards to 14-18 years totals 109 cases; expanding downwards to 9-17 years gives 136 cases. The age with the highest number of cases registered is 15 years (17 male, 12 female). Younger age ranges have fewer cases: up to 5 years, 23 cases; and 6-8 years just 10 cases. The main gender differences are a preponderance of boys in early teens and a doubling of girls over boys in later teens.

Referrals in
The main source of cases has been child care institutions. At the end of October 2012, of the 193 cases registered with the PDAK since it began, 148 were from institutions, 19 referred by community NGOs, 13 from government (10 Provincial and 3 Municipal governments), 8 from individuals, 4 from a Legal Aid Foundation and one from a boarding school. Institutions thus make up over three-quarters (75 percent) of the total cases. Among these, the bulk of referrals are from three institutions piloting the National Standards of Care.

Casework support
Types of family support most used reflect the main types of cases of cases handled by the PDAK - children from institutions (`neglected children') - with a main aim of reunification and reintegration in family based care. Because the reason for their placement in institutions was often poverty and access to school, casework has involved finding sources of financial, educational and health support. Some of this work has involved dealing with the outcome of family breakdown.

The biggest area of support by far is good parenting training (including `positive discipline'), for 94 cases, done for individual families/ carers, which has been well-received and found useful. The next three major areas of support are: the provision of education equipment support (49), birth certificate (30) and medical support (33). Education equipment provided by PDAK includes uniforms, books, and other necessities. PDAK contributed to school fees in some cases, but has mainly developed the practice of getting children registered with necessary documentation to get a government supported school place. Acquisition of a birth certificate is a major part of identity documentation: if parent(s) do not obtain a certificate soon after birth, the process involves court and the level of complexity depends on the marital circumstances of biological parents.

There are fees involved in obtaining documents and/or costs of travel to other districts or even provinces depending on migration. A family may be living in neighbourhoods where rice for the poor is distributed but without identification they cannot receive it. In a rather bizarre twist, families who need a proof of poverty letter which can provide rice, free health services and education, have to pay for that letter: a question of saving up for the proof of

poverty. Some families do not know about government social protection programmes. Some poor families who do know and are entitled to health insurance and other social protection (such as cheap rice) do not make a claim, on the basis that there are others worse off who should receive it. Although some government health support is available for families at certain levels of poverty, this is also dependent on documentation proving that poverty, which may also be difficult to obtain, depending where they live, if they have moved, and the status of their identity card.

To some extent the issue of bureaucracy has been recognised in Bandung with the promulgation of a mayoral decree: an instruction from the Mayor to include 20 government departments to work together to support children in family based care - including Social Affairs, Education, Health, Civil Sector Administration, Women's Department. However, this system is still reliant on the case worker supporting families and children to get access to services. Some families do not know about government services and rely on the case worker to follow up entitlements.

The next most frequent form of family support involves `economic development' (21). Funds have been provided directly to the family to start a small business, which appear to be successful. The aim is to develop an income to support children and school costs not provided by government. The capital costs are comparatively low for project budget, but substantial investments for families.

Other types of case handled by the PDAK, such as sexual abuse, violence, family relationship problems, have required different forms of intervention, some reflected in other types of family support. Apart from shelter (10) the other major intervention is provision of psychological service (13). Therapy and psychological assessments and support have been provided in some cases.

Some interventions involve case workers referring on and using other services, including government and community resources. For example, CW support children and families in acquiring identity documentation, adoption procedures, and have accompanied children to hospital and to court. Some 207 instances of PDAK use of other services were recorded between October 2010 and October 2012. Most concern issues noted above: birth certificates through population and civil registration office (39), medical services through hospitals/clinics (31), education support through the Social Affairs Department (30) and other agencies (11), social protection through government (16). The use of other organisations to provide services is part of PDAK strategy: a current focus of work of the Case Manager is overseeing the development of a resource directory.

However, a principal form of intervention remains regular visits to children and to families, gaining trust, and supporting them in responding to changing situations, in both de-institutionalisation and other cases, which have involved avoiding family separation or child protection issues. These cases include teenage pregnancies in different circumstances: the interventions and outcomes are varied. In one case, involving rape and sexual abuse from a young age by stepfather, the case worker supported the girl through court, pregnancy and adoption of the baby. Another case of sexual (and emotional) abuse, by the head of a childcare institution of one of his residents, involved both reunification of the girl with extended family and dealing with their economic situation, support through legal processes, finding a school, funding transport to school, good parenting training, and monitoring for some time, until the girl found a job.

In two other cases of teenage pregnancy from early sexual activity, one resulted in marriage and keeping the baby, and the other in adoption of the baby. However, these outcomes involved a range of other issues, including providing support for hospital treatment for STDs, frequent meetings and counselling because of poor family relationships and support during pregnancy. In one case where the father of the baby was already married, the mother of the pregnant teenager strove to keep the pregnancy and birth secret and the baby adopted. This case raised other issues, where the initial client of PDAK was the pregnant girl, and the outcome of adoption suited her circumstances; however, the new-born baby needed an advocate CW to look at the situation on their behalf, rather than their interest being subsumed under that of the teenager.

Time and termination

The lengths of cases are varied: some taken on when PDAK began operation in October 2010 were still not terminated in October 2012, while other cases, such as the reunification of a baby, were completed within a few months. The length of a case depends partly on the issues, needs and goals identified in the assessment, but also on the difficulties of reconciling and achieving these. Thus, resolution of relationship problems within a family may play out over a long period. Matters, such as accompanying children through court processes, or healthcare, or dealing with bureaucracy to obtain identity documents, may be time that is outside the control of the PDAK. Setting up small businesses in preparation for reunification of children may take time before the income is ready.

Cases have been received every month, but the rate of termination has not kept pace. An influx of 45 cases in April 2012, followed by 18 in July, increased the number of active cases from 78 in March to 133 in August. Many cases were still in assessment stage in October that year. A main issue has been working towards a stage of termination, the key criteria for which are safety, well-being and permanency. Successful permanency planning often requires resolution of financial or documentation problems. The decision on termination of cases not only involves resolving financial difficulties, including education and health provision, and getting children into school, but may also require judgement on when support to family relationship problems can end. One of the problems with terminating cases is simply that many clients do not want the connection to end: they value the visits of case workers and maintaining the contact. For some this provides some local neighbourhood status and self-esteem, but it also functions as a safety net in children and families knowing they can contact their case worker at any time.

It was clear from the interviews that most families trust the case workers and their suggestions, value their visits, appreciate their attitude and politeness, and their level of education. Most of those interviewed for the evaluation had not heard of the PDAK itself, and those who had could not explain what it is. Generally children and families only know of case workers and not any organisation behind them. The lack of information about PDAK and case management, and minimal knowledge of social work, means that children and families are not aware of the processes of intervention including assessment and the aims of the work. There is no hard information available in a child or family friendly format to explain processes. Similarly there is no information in a simple format available for institution staff to explain family based care and reunification

4. CHANGE AND THE FUTURE – PDAK, ASSOCIATED PROGRAMMES AND GOVERNMENT

Two associated projects, a Monitoring Team (`piloting National Standards of Care'), and particularly `Gate-keeping', also aim to contribute to a functioning child protection system in Bandung. The monitoring team assesses institutions according to the provisions of the

National Standards of Care: this work is seen as being separate to PDAK. The Standards require that all children in institutions are assessed, which is followed up using case management practice, as an aspect of PDAK work. To support de-institutionalisation, Case Workers are based in three pilot institutions. The Monitoring Team (MT) in Bandung visit institutions once a week, and use a matrix tool to do assessments of the institution against the National Standards of Care (NSC). The MT plan actions in line with the NSC, such as reunification, that are carried out by the PDAK CW.

The Gate-keeping project has two contracted consultant staff dedicated to it: one allocated to work primarily in and with the municipal government as Case Worker acting as a registrar of cases; the other, the Gate-Keeping Consultant, a lecturer at the government school of social work and also a social work technical adviser to the national government, provides training and guidance for the project. The main work of the Gate-Keeping project is seen as giving support to government to carry out their duties in regard to child protection – strengthening the Social Affairs Department to handle all cases involving children and families and taking the lead in making the child protection system in Bandung. The GK consultant has been providing two types of training for all Social Affairs staff: on child protection systems, case management and good parenting, and on the NSC.

The work of the Gate-Keeping Case Worker/Registrar complements this training. Her role is to support the Social Affairs Department when cases came in, to make an assessment of the child to find out what could be done before or instead of sending the child to an institution. Before the GK project was established, when cases came in the Department would contact PDAK to take them on. The PDAK were seen as having resources of casework staff and some funds, as well as the case management method of work. The aim of GK is to support government to change its approach to deal with cases in order to avoid institutionalising children. This contributed to the way the government changes of October 2012 were implemented in Bandung.

The changing context for PDAK and government

Significant changes in government social work began in October 2012: in brief, the introduction of a set of new social workers (sakti peksos), allocated by central government to the municipality as part of a new strategy both increasing the number of social workers nationally and professionally certifying them, and the start of accrediting and thus changing the role of institutions from 2013.

The introduction of new social workers led to the reorganisation of municipal social work teams in Bandung, their re-designation, and the incorporation of PDAK case workers into those teams. This change also took on board PDAK case management practice, in addition to gate-keeping methods and aims of assessment, and reunification of children from institutions. The municipality is poised to utilise and incorporate the case management method of PDAK into everyday practice. In this, what has been of crucial importance is staff aptitude in quick responses to make use of opportunities presented in rapidly changing and even unexpected circumstances: as one mentioned, *`If we only referred to the written proposal then we would not do that. But we see this as an opportunity.'*

This change required training for all the social workers and the design and implementation of a new management structure for them. Training was provided by a team from PDAK and Save the Children, using the tools prepared by PDAK for its case management work.

The eight PDAK Case Workers and the Gate-Keeping Case Worker were added to the government social workers and together were divided into six teams of unequal sizes. *Team 1: implementing the National Standards of Care*: 28 staff; *Team 2: case management*: 22 staff; *Team 3: developing a referral system*: 5 staff; *Team 4: developing alternative Care*: 8 staff: *Team 5: Rapid Response Team*: 6 staff (part of a national initiative for urgent problems often found out from the media); *Team 6: Support system/ Registrar of cases*: one person – the Gate-Keeping Case Worker.
These changes mean that to a considerable extent the PDAK case management staff and system are merged with the government social work system. Apart from supplying the one staff member of team 6, the eight PDAK Case Workers are distributed across teams 1, 2, 3 and 4 – not in team 5. The PDAK Case Workers remain separately managed by the Case Manager and retain their system of supervision through Senior Case Workers. They report to the Case Manager.

It is planned to make use of local volunteers for PDAK work in the future, drawn from the many voluntary `community social workers' who are members of local community organisations in urban and rural areas. Standard Operating Procedures for the PDAK in Bandung were being produced in December 2012, to ensure a systematic approach. Another significant change for Bandung PDAK is the addition of a component on work with disabled children being set up by Save the Children. It is hoped that Provincial Social Affairs Department will have a budget from 2014 to use for transport and other costs that are currently part of PDAK approach to case management. The Mayor's decree for government departments to work together will need renewal at the end of 2013.

All of these changes implemented to date, and the national and local government ideas and plans for the future have implications for the sustainability and replication of PDAK. The government appears to be looking at early replication of elements of the PDAK model of work, such as case management and supervision, following on from the process of professional certification of social workers. The national government say "the system that the PDAK is using in these two places" [Bandung and Yogyakarta] is what they want to use elsewhere.

5. PDAK IN YOGYAKARTA
A PDAK was set up in Yogyakarta at the beginning of 2012, envisaged as a pilot for a community based model of child protection. The Yogyakarta work has strands of case management work, which is drawn mainly from piloting National Standards of Care, with a Monitoring Team and two case workers based in institutions. The main difference to Bandung is the prevention work linked up with local governance structures below District level, with work in villages and the development of child protection committees, with a community based case worker.

A PDAK case worker is placed in three pilot institutions, one run by government and two by local non-government organisations. She spends most of the time in the government institution but twice a week visits the others, and is on call when necessary. The aim of the PDAK is to reunify children in institutions with families. By the end of November 11 children had been reunified with families, and 20 cases are being handled from two pilot institutions.

6. ISSUES IN SUSTAINABILTY AND REPLICATION – EFFICIENCY AND EFFECTIVENESS
The essential components that distinguish the PDAK from other social work practice and which might be seen as the core of the model for replication include the case management approaches, supervision, accountability, intervention budgets, the use of community based

and government resources, competence of staff and professional ethos including a commitment to a rights basis and persistence in follow up, and a client focus (such as working hours to suit client).

In addition to this core practice, there are other aspects to be included such as referral systems, and especially any model for alternative care outside the institution and the nuclear, joint and extended family, the role of different prevention approaches, and the use of case records. Also important is the potential of the data base for research and advocacy, by monitoring and identifying common issues that, if tackled through policy changes would ease children's problems and case management processes. For example, the bureaucracy of identity documentation that acts as a barrier to school and citizenship: addressing this would work on preventing some problems.

Case types

The cases handled by the PDAK are classified into four groups but the titles of these categories do not indicate the full extent of problems: and although the PDAK has handled cases from each of the four groups, its predominant experience is with just one category – neglected children. Furthermore, most of the work in this category has focused on reunification, and some on keeping children within family to prevent separation. Much of this work has dealt with family finance and income, identity documentation, access to education, health and social protection services. The use of the category of CSEC, `commercial sexual exploitation of children', is a problem because while the cases are clearly justified as urgent and requiring social work, they would not conventionally be classified under this heading. The term obscures both the work needed and any data presentation on problems experienced by children. Cases of teenage pregnancy raised a number of issues, including relationships between pregnant daughters with their family and boyfriends, but also the question of who would care for the new born baby. In these cases, the client has been the pregnant girl, who has been the focus of resolving issues: but the new born baby needs a clear advocate for him or herself, to ensure their placement is in their best interests. Case management work with the fourth category, `street children', also needs further piloting. This may happen through the merger of PDAK and municipal government social work teams

Case progress

The four stages used to classify the stages of cases do not necessarily truly identify their progress. The length of each stage depends on different complexities, where bureaucratic barriers may take more months to sort out but less hours of time than cases involving relationship breakdown which require intensive support or, an accompaniment to court which consumes many hours in a week.

In order to make quantitative assessments of the time taken and progress of cases, some indication of their status within these stages needs to be recorded. Essentially this is an aspect of a monitoring and evaluation system that needs to be devised, with indicators for types of case and intensity of casework required. Part of the difficulty is that active cases can only be in one of three stages (not four) - the fourth stage, termination, simply marks when cases are completed, rather than about to reach that stage, terminated cases are not active. Because of the inter-changeability between intervention and monitoring, there is in practice only one other stages for active cases - assessment.

Caseloads and time taken

The time available to caseworkers is important given the situation in October 2012 where a large number of cases registered some 5-6 months earlier were still under assessment. Case

workers seem not to have claimed their full allocation of hours during 2012, especially in the second half of the year. Although this suggests more time is available, CW generally do not claim for all time spent on case related work (such as travel time or some time spent with children in institutions). There may not be extra time available in practice, if clients are only free in evenings and weekends and those hours are booked, or if the hours needed to visit schools or government offices are used up. Monitoring of the requirements of casework time needed, and caseloads is needed.

Training

CW are involved in what is referred to as `economic empowerment' - identifying means by which families can increase or develop income in order to provide fully for their children. This includes identifying and advocating for entitlements from government and seeking material support from local non-government organisations and charities. Often it includes identifying opportunities for establishing small businesses, for example grocery or confectionary stalls, as a salesperson for various goods (including selling on instalments), making use of existing skills such as sewing. The identification of opportunity is followed up with provision of capital, if this is agreed within PDAK. This type of work is generally outside the remit of conventional social work, although it may not be outside the experience of individual case workers, and such entrepreneurship seems to be within the conventional experience of many Indonesians – the problem for them being lack of start up capital.

Training could be provided for CW and SCW to develop and broaden their skills and knowledge on identification of opportunities and assessment of families. Some evaluation of businesses already established is needed to see how they have progressed. In addition, training might be provided on thinking beyond small business start up grants/loans, for those clients without such entrepreneurial interests, but have other skills that could be developed for them to sell or employed to use.

Other areas of training for CW might include issues of gender and sexuality, since cases have emerged but are classified unconventionally, and this might increase future capacity. Also, given that there have been difficulties in relationships in some cases, some training on dealing with friction, and approaching clients might be incorporated into basic training.

The need for replication raises the question of establishing and reviewing basic training for case workers. Existing case workers in Bandung have been drawn from the government social work school in Bandung, which will have its own style of work, even if teaching a standard national curriculum. Some initial training for case workers will be needed as the programme expands in order to achieve consistency, and a package of core competencies for PDAK and case management practice - areas of knowledge, skills and values – needs to be established to build on and support the transition from student or other social worker to being a PDAK case worker and SCW.

The importance of children's participation seems not always understood by partner organisations and some skills in training others, as well as advocacy and information materials are needed on this.

Supervision

The use of professional and managerial supervision is a distinguishing feature of PDAK work. Different types of supervision are required. For example new qualified and young case workers may neither have experience nor the cultural status to deal with a variety of circumstances they have perhaps never come across before. Pursuance of identity and

other documentation often requires persistence and motivation. In working with the complexity of family and other relationships the case worker may need time for reflection and discussion. Some decisions over choices of intervention are difficult to make, upholding the best interests of the client, ethical approaches and accountability. Thus, the use of professional supervision is not limited to newly qualified workers, but also for established practitioners as a form of reflection as well as checking alternative perspectives on case circumstances and options for action, and ethical issues.

Supervision needs to be incorporated in replication and with sakti peksos. This will need both identification of supervisors and development of training courses. Accredited training is needed to ensure minimum standards of practice, encourage sharing and development of skills. Supervisors should have experience of case work practice, whether they are lecturers or practitioners, and of being supervised, as well as passing a course.

Contracts, pay and other costs

PDAK case workers and government social workers (sakti peksos) have different contracts, pay and conditions, including access to transport and subsistence costs. They also have had different social work roles, and different expectations of availability for work in evenings and weekends. A difference in the quality of social work of government and PDAK was seen or experienced and noted by most interviewees. These differences need to be examined and addressed if replication is to be successful, in order to maintain the commitment and ethos of PDAK, ensure fair pay and conditions and hours of work, and accountability. This may involve piloting flat rates of pay for Case Workers whilst maintaining timesheets and other record keeping.

The PDAK provides funds for various activities, including training in the community, case conferences, travel outside of Bandung, capital for small business start up, therapy and report costs.

There are two issues with this that need to be addressed: how such funds or activities can be provided in future or without PDAK budget support; and developing a procedure for accessing cash to pay for them, which takes account of the need for urgent response in cases of any rapid or serious changes in the circumstances of clients.

Data base, records and monitoring

The PDAK regular recording of casework activities, children's and families' circumstances, case progress, along with timesheets and funds spent , and their compilation into a computerised data base offers a range of possibilities for research on social issues and social work,, and for monitoring progress of cases and developing practice. In order to make full use of these possibilities the data base some of the categories in use on case records, and some of the records themselves may need to be adjusted or refined. For example, there are various forms in use, but some repetition of information across forms, and individual approaches to the compilation of data means there is a lack of consistency across cases. The classification of types of case does not reflect the range of problems and social work needed. The stages of case management are not precisely defined.

The `merger' of PDAK and sakti peksos in Bandung raises questions over the continuation and use of the existing record keeping system, that need to be addressed for broader replication.

A monitoring system is needed, which will require reviewing classifications of cases and the stages of cases, consistency in case records, and identifying categories for casework

elements, for example small business set up and success, and time spent and expenditure on different types of cases.

Age policy

An age policy is needed, to consider the upper age limits of cases being referred and for how long past the age of 17 casework will be maintained. Many cases involve older teenagers: some referrals are aged over 17. An arbitrary cut-off at 18 will not take account of individual circumstances and needs, and some flexibility will be needed in whatever policy is determined.

7. SUMMARY CONCLUSION – REPLICATION AND RECOMMENDATIONS

The work of the PDAK is valued by users (children, families, institutions) and by government which is keen to see replication of the project. A strategy for replication needs to be devised urgently. The essential components that form the core of the model for replication include:

- the intensive case management approach with a client focus;
- professional as well as managerial supervision and accountability;
- gaining access to and use of entitlements from government departments, and use of community based resources in case work, including the development and use of referral systems;
- use of funds for family support, including start up or small businesses to provide income; reunification and prevention (gate-keeping) and a range of other case work;
- systematic case recording and use of data base.

These elements need consolidation and some require further development for successful replication (such as further piloting of case management with `street children' and others outside institutions, case recording and use of data base). Supervision is crucial, and accredited training for supervisors is required for replication and to develop practice. There are some additional components that need development such as a model for alternative care outside the institution and the nuclear, joint and extended family, different prevention approaches, a monitoring system, training packages and information/communication materials. Advocacy on identified problems, such as identity documentation, should be taken up. Children's participation needs consolidation and development. Some policies and practices need review, refinement, or change, such as an age policy, case recording consistencies, classifications of cases and stages. All of this work of consolidation and development needs to take account of the current speed and processes of change in government social work for replication and sustainability. The core areas of recommendations are interlinked around consolidation and development of case management and supervision.

Case management: Guidance for the case management approach and practice should be developed. The Standard Operating Procedures under completion need piloting. The categorisation of case management stages needs revision, based on analysis of cases and case work. An age policy for work with older children and young people, and accepting case referrals is needed. **Case Worker pay structure and conditions of work**: need reviewing for replication.

Case management and case worker training for replication: a number of areas of training should be development, including a core basic training for case workers/social workers in the use of this case management approach to social work and use of professional supervision. Training for further development includes small businesses and other `economic empowerment', dealing with conflict, issues in gender and sexuality, roles with dual clients such as teenage mother and baby.

Supervision: A strategy is needed to communicate, scale up and replicate professional and managerial supervision including development of professional supervision training courses; ethics and standards for supervision; lines and processes of accountability; and making a strategic plan for the development of accreditation for supervisors. The current `mailing list' and peer supervision should be included in replication, along with the development of practice networks and exchanges.

Data base and monitoring: Use of the data base should be reviewed for consistency in record keeping/ formats, dating, classifications used, methods for managing and recording case allocation, resources needed/expended, time taken, tracing progress. The data base needs to be included in replication which means that agreement on formats, linked to the development of a monitoring system needs to be piloted and agreed within a comparatively short time. The monitoring framework should be designed with a view to use towards a national data system on child protection: it should include prevention work. Training courses on using records/ data base need to be developed. The data base needs professional staffing for upkeep, monitoring, and research.

Casework: The typology of cases needs revision and more experience built up in using case management approaches with groups other than `neglected children'.
Alternative family based /foster care: A system and practice base needs urgent development, and clarity in current use of the term ensured, to avoid confusion with customary `kinship' care.
Prevention: mechanisms for prevention work in urban as well as rural communities, and including `late stage' methods such as gate-keeping for diverting children for institutions need development, along with advocacy work on issues such as identity documentation.
Children's participation needs further consolidation and training courses/materials developed.

Communication and dissemination: a strategy and materials explaining children's issues, PDAK work and approaches are needed for different groups, including families, professionals, and child friendly materials. Regular forums for social workers to exchange and develop practice are needed.