

# ASEAN Social Work Journal

- **Buddhist Community Work in Cambodia**  
CHUN BORA  
HIEU VAN NGO  
SUON SAN
- **An Assessment of the Employment of Women with Disabilities in Soc Son District, Hanoi City**  
DO VAN TRAI  
NGUYEN THI ANH
- **Assessment in Social Work (Child Abuse Case)**  
FENTINY NUGROHO  
DJOEMELIA RASANTI DJOEKARDI
- **Importance Of Supervision in Social Work**  
ISMAIL BABA  
FAUZIAH SHAFFIE
- **Social Work and Social Welfare Education and Practices in the Thai Context: Current Status and Future Challenges**  
PUCHONG SENANUCH
- **Case Management for Child in Conflict with Law**  
RENDIANSYAH PUTRA DINATA  
BAMBANG SHERGI LAKSMONO

# Content

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## **Buddhist Community Work in Cambodia**

CHUN BORA HIEU VAN NGO SUON SAN .....	1
---	---

## **An Assessment of the Employment of Women with Disabilities in Soc Son District, Hanoi City**

DO VAN TRAI NGUYEN THI ANH .....	13
-------------------------------------	----

## **Assessment in Social Work (Child Abuse Case)**

FENTINY NUGROHO DJOEMELIA RASANTI DJOEKARDI .....	23
--	----

## **Importance of Supervision in Social Work**

ISMAIL BABA FAUZIAH SHAFFIE .....	47
--------------------------------------	----

## **Social Work and Social Welfare Education and Practices in the Thai Context: Current Status and Future Challenges**

PUCHONG SENANUCH .....	61
------------------------	----

## **Case Management for Child in Conflict with Law**

RENDIANSYAH PUTRA DINATA BAMBANG SHERGI LAKSMONO .....	73
---	----

# FOREWORD

Welcome to the sixth volume of ASEAN Social Work Journal. The journal is published by the Indonesian Social Work Consortium (ISWC). It is a networking forum of fifteen government and non-government social work organizations, social workers and social work education associations in Indonesia. ISWC was established on August 10<sup>th</sup>, 2011 in Jakarta following the formation of ASEAN Social Work Consortium (ASWC) at a regional level in Manila, the Philippines. The main mandate of ISWC is to facilitate strategic initiatives for promoting the roles of social work profession and social work education to enhance the nation's social development policies and welfare services.

This year the 7th ASEAN Social Work Consortium (ASWC) Conference is held in Putrajaya, Malaysia with the theme "Enhancing Inclusivity and Resilience among Community ASEAN Social Work Response". The conference aims to strengthen the cooperation and networking among stakeholders in ASEAN Member State (AMS) within the context of social work. This conference is also an ideal platform for member countries to share their best practices in the field of social work and to develop customised programmes /activities for the implementation of the ASWC work plan.

This journal is one of the initiatives which complies with the purposes above. This journal belongs to us, the ASEAN country members. This is part of workplan formulated by ASWC which Indonesia is responsible to publish this journal. Sharing of knowledge and experience that involve social work and social policy scholars together with policy makers on various areas of social welfare still need to be augmented. We greatly hope that this journal will be able to facilitate productive exchanges of research, practice, knowledge and ideas among social work practitioners, social work educators and students, social policy scholars, government officials and decision makers in order to explore common challenges and potentials of partnership in promoting social welfare mainstreaming in the ASEAN region. The spirit of this journal should lean on these fundamentals

On behalf of the Indonesian Social Work Consortium (ISWC), I am thanking all of you for your participation and contribution to this journal. The

cooperation of ASEAN members is crucial to ensure the development and sustainability of this journal.

**Drs. H. Toto Utomo Budi Santosa, M.Si**

Chairman of the Indonesian Social Work Consortium

# EDITORIAL NOTES

The articles of this journal are selected from those sent by the authors of ASEAN member countries. I am very pleased to be able to highlight a wide range of issues in this volume 6, like supervision in social work, community work, social work assessment, case management, social work education and issues on child as well as disability. These are a reflection of social work education, practice and the social problems identified in many places in ASEAN countries.

**Chun Bora, Hieu Van Ngo and Suon San** examines the experience of Buddhist monks engaging in community work. Respondents are well grounded in the values of compassion, altruism and holism. They have demonstrated awareness of a wide range of social, economic and health needs in their communities, and responded to those issues through charitable work, spiritual guidance, psychosocial support, education and training, public awareness, infrastructure construction and environmental improvement. They have also struggled with cultural norms, professional capacity and fund raising.

**Do Van Trai and Nguyen Thi Anh** notify that research on women with disabilities nowadays are completely new; this area seems to be ignored by many researchers. However, some statistic has shown that women with disabilities face much more challenges than men with disabilities, such as, sexual abuse, discrimination and so on. This paper as a part of the study titled Integration of Social work into Employment Support to Women with Disabilities in Soc Son district, Hanoi city presents a picture of women with disabilities in the occupation and education aspects.

**Fentiny Nugroho and Djoemelia Rasanti Djoekardi** analyze social work assessment in child abuse case. Assesment is one of the stages in the problem solving model. The purpose of this paper is to assess eligibility of a grandfather to be the carer of his abused grandchild. When the assessment was conducted, the grandfather lived in Yogyakarta, Indonesia, while the child lived in the other country. The assessment employed some techniques of data collection, namely, in-depth interview, observation and analysis of drawings. Consistent with the ecological perspective, the assessment includes

family, social network and resources. In brief, this article demonstrates how a comprehensive assessment underlies decisions about the capacity and safety of alternative care-givers for children. Right decision on the future carer of the child will highly determine the child's growth, development and well-being.

**Ismail Baba and Fauziah Shaffie** argue that supervision in social work is very important. Effective supervision is essential to enhance the standards of quality for the Social Welfare Department (SWD) in Malaysia. It will also improve the social workers' competency and social development of the nation. Findings show that fewer than ten percent of the supervisors (mid-level managers) were formally trained in social work. However, all of them received frequent in-service training regarding social work. Findings also indicate that all of respondents perceive that supervision is essential for their work. However, due to a lack of staff and heavy workloads, many are unable to carry the task effectively. The results also indicate that most of the supervisors believe that the social work discipline depends primarily on other disciplines; body of knowledge, skills, and values. 60% felt that others who are not trained in social work can conduct social work supervision. Based on these findings, three-day workshops on supervision were provided to all of the respondent groups. As a result, they begin to see that supervision has three major tasks: administrative, education, and support.

**Puchong Senanuch** describes about the evolution and development of social work and social welfare education and practices. It explores current social work and social welfare education, ethical principles for social work practices, and standards of practice, as well as related laws, which define social workers' roles and tasks in Thailand. Furthermore, the current issues and challenges of social work and social welfare education and practice are also discussed.

**Rendiansyah Putra Dinata and Bambang Shergi Laksmono** discusses the implementation of case management in dealing with Children in Conflict with Law (ABH) at Child Family Support Center (PDAK) Cianjur Regency, West-Java-Indonesia. The results describe the case management process from the initial / identification process to closing the case. This study also resulted typology models and typology of the case management process for ABH, which are: the Crisis Intervention Model which was conducted to respond

to cases requiring immediate handling; the other is the Coordinative Model that emphasizes coordinative and participatory efforts in case management process; and the Comprehensive Model that performs all core processes in case management

I hope that you enjoy reading this edition.

**Fentiny Nugroho**

Editor-in-Chief





# Buddhist Community Work in Cambodia

CHUN BORA  
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## Abstract

Drawing on in-depth interviews with 28 monks in 24 provinces, this study examines the experience of Buddhist monks engaging in community work. Respondents are well grounded in the values of compassion, altruism and holism. They have demonstrated awareness of a wide range of social, economic and health needs in their communities, and responded to those issues through charitable work, spiritual guidance, psychosocial support, education and training, public awareness, infrastructure construction and environmental improvement. They have also struggled with cultural norms, professional capacity and fund raising.

**Key Words:** Buddhism, community work, Cambodia

## Introduction

Buddhism has been integral to Cambodian society since the 13<sup>th</sup> century. It is estimated that 97% of the population have identified themselves as Buddhists (Pew Research Center, 2012). Article 43 of the Cambodian Constitution has enshrined Buddhism as the state religion. There are about 4,815 temples and 60,370 monks in Cambodia (Ministry of Cults and Religions, 2016). Throughout the country, pagodas, or *wats*, have established a prominent presence in communities and often served as a grounding place for community life. Buddhist leaders, particularly monks and nuns, have not only offered spiritual guidance, but also engaged in social development. They

have been readily recognized as important partners in the development and implementation of Cambodia's development goals and strategies (see Adams & Carroll, 2012; Delaney & Scharff, 2010). Still, their specific experiences in community work are not well-understood, and there has been a prevalent tendency among observers to equate their Buddhist community work with professional social work. Drawing upon the analysis of 28 monks in 24 provinces in Cambodia, this paper aims to shed light on the experience of Buddhist monks engaging in community work. It sets to examine their guiding values, their perceived roles and expectations from community members, their identification and responses to community needs, and their ongoing challenges.

## Background

Theravada Buddhism is a prominent religion in Cambodia and has guided how Cambodians live, work, and relate to people and their environments. The teachings of Buddhism, grounded in the philosophy of impermanence (Anichange), suffering (Dukkhang), cause and effect (Karma) and selflessness (Anatta), aim to liberate human beings from suffering. The Buddha's *Four Noble Truths* assert that: (1) suffering exists; (2) suffering arises from attachment to desires; (3) suffering ceases when attachment to desires ceases; and (4) freedom from suffering can be accomplished by following the *Eightfold Path*. The Buddha's *Eightfold Path* consists of Panna (discernment and wisdom), Sila (virtue and morality), Samadhi (concentration and mediation), which together promote right understanding, right thinking, right speech, right conduct or action, right livelihood, right effort, right mindfulness, and right concentration (Bodhi, 2012).

Within Buddhism, pagodas have served as the center of community life. Historically, monks confined their work to domestic tasks, including sewing their own robes and building houses. In contemporary society, they are not only spiritual leaders, but also teachers, advisers, carpenters, architects and doctors. In the post-Khmer Rouge period, an increasing number of monks have participated in formal professional training and applied practical skills for the benefit of the community (Suon San, 2014).

In recent years, research studies have documented involvement of Buddhist leaders in addressing various social issues, including: gender-based violence (Elsenbruch, 2018), youth violence (Work, 2014), and maternal health

(Crookston, Dearden, Chan, & Stoker, 2007). In an extensive report on faith-inspired organizations and development in Cambodia, Delaney and Scharff (2010) recognized Buddhist values, rituals and institutions as the cornerstone of Cambodian identity. They pointed out that pagodas can offer important support for community development projects, and that working with Buddhist institutions could strengthen effectiveness, reach and sustainability of development efforts. Their report also highlighted several successful local, grassroots Buddhist-based initiatives, such as the work by Buddhism for Development and Mlup Tapang Development, to address productive (editor's note: not sure if the author meant reproductive health. Either clarify with author or just take it out) health, environmental conservation, as well as some large-scale initiatives supported by international organizations, such as UNICEF, to support people living with HIV, to educate community members about health, and to prevent disease infection. Their report is congruent with an inventory of temples and faith-inspired organizations, produced by the Ministry of Cults and Religion (2016), which demonstrates how Buddhist temples and organizations have tackled a wide range of issues, such as poverty, HIV/AIDS, access to education, environmental degradation, nutrition, gender inequality, through charitable activities, formalized training and services, and community development initiatives.

Thus far, the limited literature has established that Buddhist temples and faith-inspired organizations can play an important role in addressing contemporary social, economic and environmental challenges in Cambodia. It has also documented early efforts to develop a directory of Buddhist temples and Buddhist-based organizations offering social work-related programs and services. This research extends the body of knowledge by examining guiding values, roles and functions assumed by Buddhist monks in the Cambodian context.

## **Methodology**

This research used a multi-pronged approach. In preparation for the inquiry, the research team reviewed the relevant academic literature, as well as the existing information and reports prepared by the Ministry of Cult and Religion, organizers of Buddhist summits and faith inspired organizations. Our review of the existing body of knowledge was intended to establish the context for the study and to identify the substantive gaps. The research team

then interviewed 28 monks either via telephone (N=24) or in person (N=4) to learn about their perspectives on Buddhist community work and related practical experiences. The interviewees represented 24 provinces: Banteay Meanchey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Thorn, Kampot, Kandal, Keb, Koh Kong, Kratie, Mondol Kiri, Pailin, Peah Sihanouk, Phnom Penh, Posat, Preah Vihea, Prey Veng, Ratanakiri, Siem Reap, Steung Treng, Svay Rieng, Takeo, Tboung Khmum, and Udon Meanchey. We also complemented the interviews with field visits to four communities where we observed social interactions and activities in the natural setting. Throughout the research process, we documented our interviews and observations. We then used Nvivo 12, an analytic software program, to analyze the transcribed data from the individual interviews with monks and our fieldnotes. The analytic process involved open coding, categorization of codes, and examination of the relationships among the codes and categories.

This study had some limitations. Given scarce resources, the research team did not intend to provide an exhaustive representation of Buddhist community work in the country. Rather, we confined our analysis to a small set of Buddhist leaders. Even though our critical insights drawn from the analysis can contribute to deeper understanding about Buddhist community work in the selected communities, such learning should not be generalized and would benefit from further research.

## Results

Our analysis of the interviews and fieldnotes illuminated the experience among Buddhist monks in supporting their communities. Respondents shed light on their guiding values, their identification of and responses to community needs, and their reflection on the challenges to their practice.

### **Guiding Buddhist Values**

Respondents indicated that they have incorporated the four sublime states in Buddhist teaching, namely *Meta* (loving kindness), *Karuna* (compassion), *Mudita* (sympathy), and *Upekkha* (equanimity), as their guide in community work. Most respondents readily identified compassion as the central value in their interactions with community members. They often reinforced the statement that, “our work is to help people with compassion,” and emphasized the importance of being “kind” and “generous” in helping

others. Furthermore, several respondents perceived altruism as an important value in their work. They stated their commitment to “service to others”, particularly supporting the most vulnerable community members. Several respondents also highlighted the value of holism, pointing out the need for helpers to attend to “all physical, emotional, psychological and spiritual aspects of being.” Expression of holism was also noted: “Good work is made out of good thought, good speech, and good action for oneself and society.”

Grounded in the stated values of compassion, altruism and holism, respondents acknowledged their ethical responsibility in responding to human suffering and personal crises. In varying ways, they expressed the ethos by stating “Buddhism encourages Buddhist monks to be involved and to help community members, and to develop our society.” Respondents were willing to provide care to those who are perceived to be “less fortunate”, including: people living on the streets, abandoned elders and children, beggars and drug users. They used such verbs as “help,” “do charitable work,” “solve problems,” and “take care” to describe their community work.

### **Community Expectations and Needs**

Respondents were well-connected to their communities. Depending on community needs, they were expected to assume a wide range of roles, such as spiritual leader, teacher, counselor, mediator, and caregiver. Most respondents shared the view that their community members want them to be resourceful leaders who embody integrity, uphold Buddhist teaching and contribute to the betterment of individuals and society. They felt the pressure to demonstrate breadth and depth in their knowledge, and to possess diverse skillsets.

Respondents identified a wide range of social, economic and health needs in their communities. In the social arena, they were particularly concerned about domestic violence and abandonment of children and seniors. In the economic arena, they were confronted with the challenge of addressing the high rates of poverty and unemployment. In health, they saw the need to respond to community members living with mental illnesses and people living with HIV and/or serious health conditions. In education, they felt compelled to support young people without access to formal education, as well as those who have dropped out of school.

## **Buddhist Responses to Community Needs**

In response to the identified needs, respondents indicated that they have provided both pagoda- and community-based services to community members. Their community work has primarily involved charitable activities. For example, they have regularly shared their food supplies (i.e. rice, soy/ fish sauce, instant noodles, sugar, dry fish and drinking water), contributed by Buddhist followers during traditional ceremonies, with individuals living in impoverished communities, orphans and poor patients in hospitals. Many respondents expressed the belief that their charitable work would double the blessing for those who have made donations: one from giving to monks and one from the beneficiaries of monks' giving.

Beyond charitable work, respondents uniformly indicated that they have attended to spiritual, social and psychological needs as part of their regular Buddhist practice. For example, they have offered their blessing to worshippers on a daily basis as well as during special occasions. They have led chanting ceremonies and offered lectures and workshops on Buddhist teaching and good living. They have counselled those community members struggling with personal and interpersonal challenges. Using diverse types of communication media, including radio, TV, Facebook and YouTube, they have provided general moral education. Furthermore, several respondents elaborated on their efforts to address social inequities. They have offered specific services to support socioeconomically disadvantaged young women and men to access formal education. A monk stated,

*“My goal is always to improve the quality of life and to make a difference for our disadvantaged people, so they have better lives. We are strongly committed to using our energy, knowledge, experience, and skills to invest in disadvantaged people and to help them break the cycle of ignorance and poverty, bringing them a more comfortable environment for poor children, families, and communities through compassionate care and education.”*

Some respondents also saw monks and nuns as the recipients of their intervention. They have invested resources to support young monks to pursue higher education, and to provide care to elderly monks and nuns. Many respondents brought to our attention their involvement in environmentally focused activities. They have developed and championed various community programs that plant trees, dig wells, and create ponds and water canals. Several respondents provided testimony of their efforts to help develop community infrastructure, such as building roads, schools, health centers and affordable housing.

Respondents elaborated on their diverse use of pagodas in addressing community needs. Most viewed their pagodas as sites of cultural conversation and development, where they have taught community members about Khmer culture and traditions, celebrated the various cultural ceremonies such as Cambodian New Year, Pchum Ben (honoring ancestors), Bon Kathen Tean (offering new robes to monks), and Bon Pkha (fundraising ceremony). Several respondents took pride in their pagoda-based programs that have offered general education, life skill coaching and vocational training to community members. A number of respondents indicated that their pagodas have dedicated space to provide free accommodation to students, abandoned elders and homeless individuals. They have also used their pagodas as places for healing and conflict resolution, and their practices have incorporated religious teaching, religious rituals, and counseling.

### **Locating and Responding to Challenges in Buddhist Community Work**

Respondents identified three types of challenges that they have experienced in their community work: cultural norms, capacity and finance. With respect to cultural norms, several respondents indicated they have consistently negotiated between their respect for human dignity for all community members and the ingrained Buddhist belief about the association between present suffering and past wrongdoings. They perceived disapproval from some community members for their work with socioeconomically disadvantaged women, victims of domestic violence and people living with mental illnesses. In fact, several respondents were reminded on occasion by some community members that those individuals who have been confronted with difficult life predicaments are simply paying for their past sins. Several respondents further felt a great deal of pressure to conform to strict expectations about their behavior and interactions with others. For instance, they felt the expected avoidance of interpersonal interactions with community members of the opposite sex has made it difficult for them to provide specialized skill training programs to marginalized women and girls. Some also expressed their reluctance to become involved in collaborative efforts to prevent HIV infection or to support those living with HIV/AIDS, and to address reproductive health. Other than offering reassurance and comfort to those at risk of or living with HIV infection, they did not feel comfortable to discuss safer sex and harm reduction practices. A monk asserted:

*Monks cannot directly help vulnerable girls or women talk about HIV/AIDS as monks cannot talk about sex. Monks can only encourage them and comfort them verbally. Monks can hardly be advocates as monks have to be humble.*

In a few cases, respondents were confronted with the belief from some community members that monks should not be involved at all in any community work, and instead confine their Buddhist practice within their pagodas.

With respect to capacity, respondents acknowledged that they have had limited formal social work training. As a result, while they find it easy to help vulnerable community members meet basic needs, they have struggled to offer them emotional, psychosocial support. They further identified their shortcomings in developing and managing long-term projects and programs.

Finally, respondents pointed out the inherent limitation to monkhood: they own nothing and rely on community support for their own survival. Their efforts to help vulnerable community members therefore depend on their ability to engage with and to mobilize resources from wealthy community members. In addition, their lack of technical capacity to seek formal funding from local and international granting agencies has impeded their access to resources.

To address the identified challenges, respondents would like to see more collaboration between professional social workers and Buddhist leaders to jointly organize public forums to discuss the roles of monks and nuns engaging in community work. In fact, they suggested the research team organize a public forum to share the findings and to invite further dialogues on Buddhist community work. Respondents recommended more emphasis on university-pagoda partnerships that offer both short- and long-term training to help strengthen professional capacities among monks and nuns, particularly in the areas of project/program development, implementation and evaluation, clinical counseling and responsive support for vulnerable community members. While most respondents would like to see more financial contributions from ministries and donors in supporting their work, they also recognized their own potential role in mobilizing community resources during traditional celebrations, as well as the need for them to demonstrate integrity and accountability in their use of funds. Many respondents conveyed their aspiration to be positive role models, to demonstrate worthiness of community investment in their work, and to “inspire community members to change and develop their personhood and society.”



## Discussion

This study focused on the experience of monks in Buddhist community work, particularly their guiding values, their perceived community expectations and needs, their responses to community issues, and their challenges. The findings demonstrated that respondents are well-grounded in Buddhist teaching, and have regarded compassion, altruism and holism as the essential guiding values. They pointed to a wide range of social, economic, and health needs in communities, and highlighted the diverse responses among monks to community issues, including charitable work, spiritual guidance, psychosocial care, education and training, public awareness, infrastructure construction and environmental improvement. The results also brought attention to the challenges related to cultural norms, professional capacity and finance experienced by monks in their community work, as well as the potential strategies to address the identified challenges. The results are congruent with the existing research studies that highlight the role of Buddhism in development in Cambodia, particularly in addressing environmental issues, providing care for vulnerable community members, facilitating access of socioeconomically disadvantaged families to health care, improving food security (Adams & Alsindi, 2014; Adams & Carroll, 2012; Hodges & Scott, 2013; Miwa, 2015). They have further reinforced the challenges facing monks in Buddhist community work, including varying levels of education and professional competency, and a lack of support for their participation in programs dealing with 'taboo' issues (Adams & Carroll, 2012).

The results also cautioned against the prevalent tendency to equate Buddhist community work with social work in Cambodia. The International Association of Schools of Social Work (IASSW) and the International Federation of Social Workers (IFSW) has approved the following definition of the social work profession:

*“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing”.*

Within this academic/professional context, the guiding Buddhist values of compassion, altruism and holism, highlighted by respondents, are compatible

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<sup>1</sup> <http://ifsw.org/policies/definition-of-social-work/>

with the selective principles of social work, such as the inherent worth and dignity of human beings, collective responsibility, and interdependence among people and between people and the environment. Less emphasized among respondents were the principles of social justice and human rights, which would demand due attention to structural inequalities and inequities in social, economic and political arrangements. Subsequently, Buddhist community work, as articulated by respondents, has primarily focused on charitable work to offer temporary relief to immediate basic needs. The emergence of some limited programs to address gender- and class-specific issues, such as access of young women to primary, secondary and post-secondary education and sustainable livelihood for socioeconomically disadvantaged families, holds promise of moving Buddhist community work toward Buddhist social work.

The critical assessment of the current state of Buddhist community work in Cambodia is not intended to reinforce professional protectionism. Buddhism has been a way of life for 97% of the Cambodian population and social engagement of Buddhist spiritual leaders has been crucial to the development of Cambodian society (Delaney & Scharff, 2011). Throughout history, Buddhist monks and leaders have established an illuminating record of social activism in support of human welfare, human rights, peace and justice (Bloom, 2018). The assessment, therefore, points out the opportunity for social work institutions and professionals to transform Buddhist community work into a uniquely Cambodian social work practice. As suggested by monk leaders participating in this study, social work schools can foster and/or strengthen reciprocal partnerships with Buddhist institutions. They can support Buddhist monks, nuns and leaders to assert Buddhist teaching and to develop strong grounding in the principles of social justice and human rights. This collaboration can also support Buddhist monks, nuns and leaders in gaining theoretical knowledge and practical skills in order to engage, assess, and develop, implement and evaluate intervention at the individual, group and community levels. At the same time, social work schools can seek input from Buddhist leaders to infuse spirituality into social work education and practice. The notable presence of pagodas and the integrated Buddhist way of life in communities across the country could be considered as the essential context and asset in community social work practice in Cambodia.

## Acknowledgments

The investigators would like to thank research participants who took time to share their experiences and insights. We express our thanks to Professor Tracy Harachi, Professor Josef Gohory and Professor John Maston for offering mentorship and technical guidance throughout this project. We appreciate the technical support provided by the Royal University of Phnom Penh Research Unit. We are grateful for the financial support from the RUPP (through the coordination of RUPP Research Unit).

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# An Assessment of the Employment of Women with Disabilities in Soc Son District, Hanoi City

DO VAN TRAI

NGUYEN THI ANH

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## Abstract

Researchers have tended to ignore studying women with disabilities. However, a few studies have shown that men with disabilities face far fewer challenges than women who are often victims of sexual abuse, and discrimination. This paper presents partial findings of the study, Integration of Social work into Employment: Support to Women with Disabilities in Soc Son district, Hanoi city. It presents data regarding women with disabilities in occupations, education and points out obstructions to their participation.

**Key words:** social work, people with disabilities, women with disabilities, employment, education.

## Introduction

In 2010, The Vietnamese Prime Minister approved a significant project, Social Work Development, informally known as project 32. The project aimed to build the social work profession in Vietnam in order to contribute to the modernization of the social welfare system. It intended to promote people's awareness of social work by recruiting more social workers and by upgrading social work knowledge and skills. At the halfway mark, this project has achieved some important results. Especially in social work legislation, social service networks, social work education as well as in communication to raise people's awareness of the profession. In its final years, it will concentrate on deepening social work skills in specific fields of practice, particularly in social work practice with people with disabilities, social work practice in schools and hospitals.

After the start of Social Work Development Project, the Vietnamese Government sponsored the People with Disabilities Support Project in 2012. This project aimed to help people with disabilities develop their abilities to meet their needs and to create conditions for people with disabilities to participate equally in socio-economic activities. However, the 2012 project and the People with Disabilities Law, approved in 2007, did not notice the distinctive features that create greater inequality for women with disabilities. While men with disabilities are more likely to marry and seek employment, women with disabilities are more vulnerable to abuse and unemployment. They are at greater risk of discrimination.

Because of these differences, this study focused on scanning the situation of women with disabilities in Soc Son district, Hanoi city. The study conducted a survey of 60 women with disabilities from ages 18 to 55. It aimed to document the need so that appropriate policies and supports in employment based on the specificity of each target group could be developed.

## Research Findings

### Overview of Women with Disabilities in Soc Son District

*Types of disabilities:* According to the survey results, mobility impairment accounted for the highest rate of disability, with 40% followed by intellectual disabilities with 21.67%. The least were women with speech impairments at 8.33%.

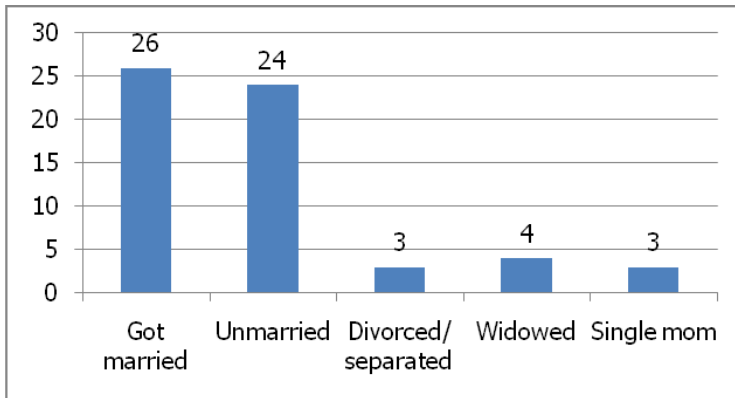
**Table 1: Categories of women with disabilities in Soc Son district**

Type of disability	Percent (%)
Mobility impairment	40
Visual impairment	10
Nerve impairment	15
Speech impairment	8.33
Intellectual disability	21.67
Others	5
Sum	100

*(Source: Survey in Soc Son district, 2017)*

*Marital status:* Chart 1 shows that 43.33% (26/60) of women with disabilities in this sample between the ages of 16-55 were married. The number of unmarried women with disabilities was 40% (24/60). Widowed, separated and divorced women, accounted for 16.67% (10/60).

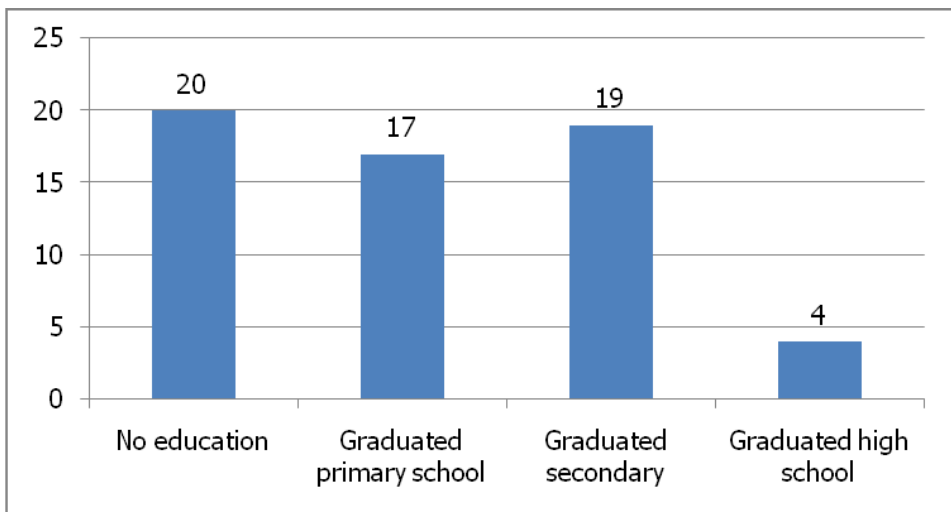
**Chart 1: Marriage status of women with disabilities in Soc Son district**



(Source: Survey in Soc Son district, 2017)

*Education:* Chart 2 shows that 20 women with disabilities had no education, 19 women with disabilities graduated secondary (31.67%), and just 4 women with disabilities have a high school degree.

**Chart 2: Education of women with disabilities in Soc Son district**



(Source: Survey in Soc Son district, 2017)

# Employment of Women with Disabilities

*Vocational training of women with disabilities:* According to the survey results, 12 of the 60 women in the sample had received training for employment in the fields of informatics, cooking, and beauty care. In the process of participating in vocational training, the participants reported facing various challenges including accessing transportation, and obtaining learning materials. After taking part in a training course, some of the women have continued to pursue employment patiently but others gave up because of lack of funds. For the forty-seven women with disabilities who did not participate in a training course, the research collected some data to explain their decisions

**Table 2: Reasons of not participating in training courses from women with disabilities**

Reasons	Percent (%)
No information provided	46.81
Not the subject of the courses	31.91
Not oriented for future plan	38.30
Inability to absorb	38.30
No suitable course	27.66

To further clarify some of the factors influencing participation in training, the Chairman of Women with Disabilities Association, Director of Warm Heart Cooperative Crafts in Soc Son District reported that the majority of women with disabilities at their program are of working age, however, they are mainly from poor families experiencing employment instability, and a myriad of health problems. Many of the women with disabilities work in trades more familiar to their families such as farming, animal husbandry, cultivation, milling and retail trades.

*Employment status:* According to the survey data, 55% (33/60) of women with disabilities are currently employed. Women with disabilities have lower accounting jobs with 45% (27/60) in which unprecedented work is 28.33% proportion (17/60 people) remaining 10/60 people (16.67%) of women with disabilities had been working, but at the time of the study were unemployed.



**Table3:Employment status of Women with disabilities**

Status	Amount	Percent (%)
Working	33	55
Nonworking	27	45
Sum	60	100

Breaking down the employment status of women with disabilities within specific agegroups, the data shows that women under 25 with disabilities have a very low, employment rate.Only 29.41% of this group were working; the majority never worked. In the second age group (25-40), some women were employed, unemployed or had never worked. The number of employed and unemployed in age groups 25-40 and over 40 are basically the same.

*Occupation:*The Women in the studyages18-55 were engaged mainly in agriculture: farming, animal husbandry, cultivation, milling (percentage 51.52%). The study showed that 15.15% of women with disabilities made crafts and were working at Heart Hong- Cooperative Society Disability Soc Son district. The remainder are working in the field of services: photocopying, printing, and housekeeping. The income of women with disabilities is centered primarily on agriculture, self employed, self-employment,trading and in unstable jobs. None of the womenwere employed in government agencies.

**Table 4: Women with disabilities’ occupation in Soc son district**

Occupation	Percent (%)
Farming	51.52
Craft	15.15
Housekeeper	12.12
Social enterprise	9.09
Saleswomen	12.12
Sum	100

*(Source: Survey in Soc Son district, 2017)*

The degree of change of occupation shows the unsustainable occupation of women with disabilities. The older and more experienced women had more opportunities to choose work. However, up to 16.67% of women with disabilities used to work but were unemployed at the time of this study.

*Challenges with women with disabilities at work:* According to the study, 33 women in this study were currently working hard and faced at least one of the difficulties listed in Table 2.7. Disabled women's appearance was the most prevalent challenge with 84.85% of employed women experiencing this discrimination. Lack of skill was the second highest challenge. A high percentage of women with disabilities (75.76%) were either unqualified to meet job requirements or, as for 69.70% of the women, the quality of their work was too low to meet the standard. Discrimination in pay was also noted as a considerable problem (63.64%). The same percentage of women (63.64%) reported the job being unsuitable for the condition of their health. The difficulties of an uncomfortable work environment and boredom at work were perceived by the lowest percentages of women, with only 9.09% and 12.12% respectively.

**Table 5. Challenges of employed women with disabilities in Soc Son district**

Challenges/Difficulties	Percent (%)
No skills	75.76
Low quality. Does not meet standard	69.70
Equipment not suitable for work	51.52
Working conditions not ensure health, and safety	42.42
Long working hours	15.15
Unfavorable appearance	84.85
Job mismatch	30.30
Inappropriate work	21.21
Work does not fit health	63.64
Being paid less than normal workers	63.64
Low salary	69.70
Distant workplace	24.24
Uncomfortable environment	9.09
Heavy work	36.36
Work boredom	12.12
Stress	18.18
The public infrastructure not convenient	48.48

(Source: Survey in Soc Son district, 2017)

*Poor Health:* Up to 30% of the women participating in the survey noted that they were not healthy enough to work. A large percentage of the study sample reported health problems impeding their participation in the work force. In the sample 87.5% of the women quit because of health reasons, and 28.33% of women with disabilities never participate in the work force because of health.

*Sustainable employment:* Of all the women who had worked or attempted to work, all had either quit, lost jobs or been rejected at application. Some women with disabilities (20%) lost their jobs due to employer layoffs. Other women (23.53%) applied but were rejected. Forty per cent of women had quit because the work did not fit their knowledge or expertise. Meanwhile, 94.12% of women with disabilities never go to work because of their workmanship does not meet the demands of the job. All of the women in the study believed that they had difficulty finding suitable jobs.

*Guilt, self-deprecation, discrimination:* According to the survey, in the group of women who were out of work, 30% reported that feelings of inherent guilt and inferiority were an issue for them at work. In the group of women who had never gone to work, 29.41% believed that feelings of guilt and inferiority and discrimination influenced their non-participation. At least 40% of women in this study quit their jobs because of stigma, discrimination.

*Working time:* Although the majority of women with disabilities working in agriculture and free trade do not have a fixed schedule, most of them work about 8 hours per day. However, 25% of women with disabilities have left their jobs due to long working hours.

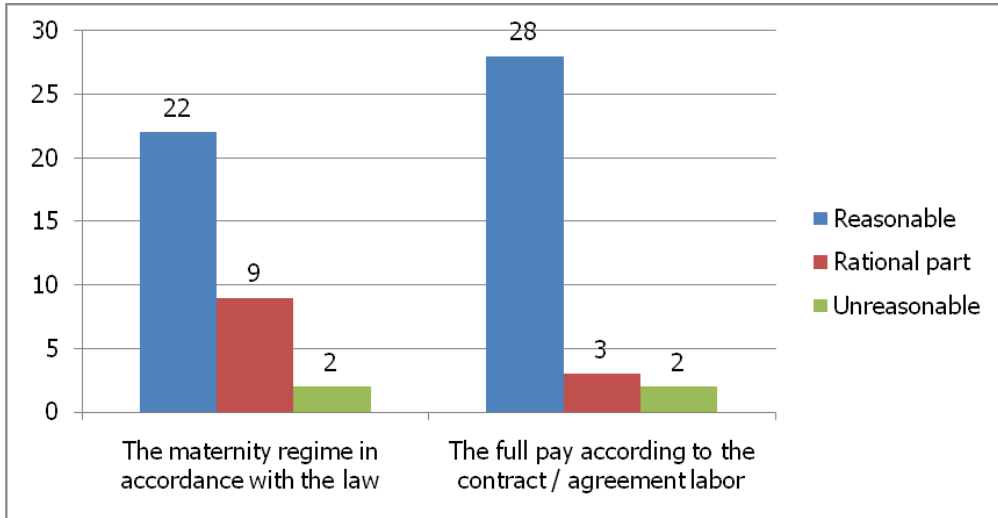
*Difficulty in movement:* For many of the women in this study, mobility limitations were a factor in their employment history. Physical difficulties influenced the decisions of 37.5% of women who quit their job; of the group of women who were out of work, 50% reported that limited mobility was a reason for not being in the work force. These challenges are due to a lack of accommodation in the work place and external infrastructure problems. Stairs, inaccessible public transportation, and accessible roads limit the disabled from participation.

*Families:* For 76.47% of the women in this study who had never worked, family was a factor. Some families were reluctant to allow their daughters or sisters to enter employment.

*Implementation of policies for female workers with disabilities in facilities providing employment:* Most of the women reported that the maternity policy

in their workplace was in accordance with the law. They also agreed that the workplace enforced the policy of full pay according to the contract/labor agreement.

**Chart 3: Reasonable degree of policy implementation for disabled women workers in establishments providing jobs in Soc Son District**



(Source: Survey in Soc Son district, 2017)

## Implications for Further Studies

Vocational training and job creation for people with disabilities in general, and women with disabilities in particular in Soc Son district of Hanoi still face many difficulties in meeting needs. Most women with disabilities do not have jobs, have very limited education, experience many life difficulties and live in poor households. The study provided some data that could be useful in planning and promoting social work programs supporting the employment of women with disabilities in Soc Son district, Hanoi. Social Work can be an important force in moving toward the goal of equal participation of women with disabilities in the workforce and in their participation in the development of the country.

The district of Soc Son already has model programs that focus on supporting women with disabilities in daily life, finding an occupation, and integration into the community. These models offer opportunities for research to assess and find out the best practices for women with disabilities.

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# ASSESSMENT IN SOCIAL WORK (Child Abuse Case)

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## ABSTRACT

Social work assessment is one of the stages in problem solving model. In this paper, its purpose is to assess eligibility of a grandfather to be the carer of his abused grandchild. The assessment employed some techniques of data collection, namely, in-depth interview, observation and drawing. In comply with ecological perspective, the assessment includes family, social network and resources. In brief, a comprehensive assessment shows that the grandfather is eligible to be his grandson's carer.

**Keywords:** Assessment, child abuse, child neglect, family system

## INTRODUCTION

This article describes a comprehensive assesment related to child abuse case. The child is abused and neglected by his biological mother. Miller-Perrin (2017) calls it "Maltreatment". This paper is not a research-based paper, but rather describing social work practice experiences in conducting an assessment. In social work, assessment is crucial, because data which is obtained through the assessment process will determine the next steps. According to Kirst-Ashman, in social work practice, there is a Problem-Solving Model which consists of assessment, planning, intervention, evaluation, termination and follow-upsteps (Kirst-Ashman, 1993). However, this article will focus more on assessment, the first and critical step. The assessment objective is to obtain information whether or not the child's grandfather is eligible to be a permanent carer for his abused grandchild. In Indonesia, law ensures that a carer has responsibility to facilitate the child development (Law on Child Protection). Using ecological perspective; grandfather is part of larger system. Consequently, we interviewed all related systems.

This assessment uses a qualitative approach (Neuman, 2006 and Collins 2010), therefore, direct quotations of the informant statementsare

presented as significant data of the assessment. The techniques of data collection in this assessment were depth interview, observation and drawing. Depth interviews were conducted with a semi-structured interview guide. Observation was intended to have a description about home conditions/facilities and interaction among the family members. In this assessment, drawing was used as a technique of data gathering to know children's feelings. All techniques were combined to obtain accurate information, which is very important to make deep analysis and create intervention plan. Informants include grandfather (Harry) and his family (the wife Diah, Harry's stepchildren Nisa and Tia, also Udin, Diah's uncle), neighbours (Amir and Ahmad), friends of Tony and Diah (Marni and Anton), as well as the kids' teachers (Wati and Hira).

### **Case**

A three-year old child named Willy is neglected and abused by his biological mother. His mother, Sarah, is a single parent. The mother is not able to do her role as a mother. She is alcoholic, drug abuser and likes clubbing. Therefore, she always gets up late (about 11 am), so Willy who gets up early – as other normal kids do – has been abandoned. They both live at a small apartment in Canterbury, England. But Willy has biological grand-father (Harry) who lives in Surabaya, Indonesia. He has married an Indonesian woman named Diah. She has two children; both are girls, their names are Nisa and Tia. They live together with Diah and Harry. Although they are Harry's step children, but he loves them very much, especially the youngest one. In 2017 the social worker found injury on Willy's body, but his mother said that it happened because Willy fell down. Few days later, again there are bruises on Willy's face. Medical examination proved that Willy was abused. Besides, his nutritional status and language development are lower than those at his age. He is identified to be neglected and abused. The English social worker asks for an assistance of Indonesian social worker to conduct an assessment on the grandfather. The assessment is aimed to assess whether or not the grand-father is eligible to look after Willy, because Harry shows his willingness to take care of Willy; he feels pity for him. As the grandfather is part of a system - family and community-, therefore, those who are interviewed are not only the grandfather, but also his wife and step children, extended family, neighbours and friends of Harry and Diah, as well as teachers of Diah's children. Also, observation is conducted on Harry's house, to assess whether or not it is suitable for Willy. The house



is huge with individual bedrooms, there is also a swimming pool for kid and basketball field. Beside interviews, social worker also asks Nisa and Tia to draw how they think and feel if Willy stays with them. Their drawings describe that they hand in hand with Willy while showing their cheerful faces. The family has a close relationship with full of affection.

## **ASSESSMENT RESULTS AND DISCUSSION**

### **A. Assessment Results**

The assessment result will be presented in some points are as follows:

1. Characters of grandfather and step grandmother
2. The reasons for becoming Willy's carer
3. Relationship in family
4. Views on becoming Willy's carer
5. Relationship with community
6. Resources, potentials and weaknesses
7. Potential problems
8. Home conditions
9. Social support

### **1. Characters of Grandfather and Step Grandmother**

Informants regard that grandfather (Harry) and stepmother (Diah) are nice persons. They feel close to Harry and Diah. They express their views in the following quotations:

Nisa, the eldest child (10 year old) says :“Dad (Harry) is caring, funny (he likes to joke), likes to get angry for the sake of children to be good ones, for example, because I do not do my homework, become lazy or sleep all day. I feel close to dad, though is not as close as my sister's relationship, Tia; I communicates with him by talking and helping dad gardening. Mama is caring, decisive, a good figure, understanding to me. For example, when I am fighting with a friend and tell her, mama would listen to me. If mama gets angry, usually she becomes silent. I should apologize first, then mama would talk to me again” (Nisa, Diah's first child)

According to Tia, Diah's second child (7 year old): “Dad is a funny man (he often makes joke after dinner), caring and kindhearted. However, he will get angry when I am told to go to my room but I am disobeyed him, and watch television instead. Mama likes to order me to study, discipline, and get angry

a lot compared to Dad. I am often punished by going to the room if I make a mistake. If I have realized my mistake, then I say it to mama and apologize, I will be allowed to go out of the room, free of sanctions”(Tia, Diah’s second child).

Anton claims that Harry is his best friend. He explains further: “He is a good man. He is a very trusted friend”. Anton and Harry always stay in touch although they do not really communicate on daily or monthly basis. However, at least they inform their presence to each other. Anton says that he knew Harry was stationed in Singapore or in the Middle East and vice versa. Furthermore, Anton explains : “Harry is a man who is loyal to his family and a thinker: he always consider things carefully before taking a decision, “he thinks before action and everything should be correct” (Anton, Harry’s friend)

According to a neighbor (Ahmad), “Diah is a good person”. He claims that he often experiences Diah’s kindness. Some forms of Diah’s goodness as a neighbour perceived by Ahmad is that she often gives her attention toward her neighbors and gives souvenirs from abroad. (Ahmad, neighbour)

Harry is friendly, a loving person, a highly disciplined figure in terms of time and work. In Topo’s view (Diah’s uncle) he is an excellent figure, He ever saw Harry shouldered Tia from his house to Harry’s house which its distance was around one kilometer. Not only placing Tia on his shoulder while walking, he even ran. Harry never gets sick, maybe just flu. He has healthy lifestyle. Furthermore, he says: “there would be no problem with Willy’s presence in the midst of the family. Diah’s children really care about Willy. I saw it when Willy visited here. They really care and love children very much. Diah’s Children often invite Topo’s grandchildren to play at their house. They are close to Topo’s grandchildren” (Topo, Diah’s uncle).

Diah is regarded as a compassionate person, especially to children. Additionally, Diah is such a good person, highly responsible, flexible, sociable and not picky in term of making friends. According to Diah’s friend (Marni), if Willy lives with her, there wouldn’t be any pernicious influence for Diah’s biological children since they also grew very fond of Willy. In her opinion, there will be no harm at all since they welcome each other. Marni mentions it as follows, “Yes, I think it’s a good thing. Diah is such highly responsible person, she really loves her children, and she is a really good person. I’m friend of her for few years, maybe around three or four years. She has a flexible personality. That means it’s easy to be friends with her. She does not look up at our social status. It’s easy to feel close to her. She never treated us differently” (Marni,

Diah's friend)

Another neighbour (Amir) says that in the community's view, Harry is regarded as very friendly and disciplined. Furthermore, Amir claims "Harry is fond of children and such a good person. If there is villager's gathering, he will come, despite of the fact that they can barely have a chat but still he shows hospitality and even come always on time. Harry is really wise, I am sure he can treat Diah's children and Willy properly."(Amir, neighbour).

## **2. The Reasons for Becoming Willy's Carer**

Harry has a very strong reason for adopting Willy, not only because Willy is his own flesh and blood (his grandson). He says: "there is my blood in Willy", besides, I feel sad over Sarah's treatment ( Harry's first daughter) to her son. Seeing Willy's condition encouraged a strong will for Diah to adopt Willy" This is because, among others, Diah wants to have children from her current marriage, but Harry feels that he is no longer young "when I remarried I was 60 years of age"(Harry, grandfather)

According to Harry, Diah noticed how Sarah nurtured Willy. It was started when Sarah visited and spent some time with Harry's family. Usually in the morning Sarah handed Willy to Diah to be taken care of, cleaned and bathed, while Sarah went back to sleep until late afternoon, then in the night Sarah went out until the next morning. The same thing also happened to Willy's diet, which according to Diah was very unhealthy since he was always given chocolate and sometimes raw vegetables like raw blended spinach. This is also confirmed by Topo (Diah's uncle).

Harry & Diah also witnessed Sarah's treatment against Willy. In December 2016, Harry's family came to Canterbury. Harry and Diah saw that until the age of 2.6 year-old Willy still could not speak. At that time Harry also noticed that there was something unusual with Sarah. Her place was filthy, she was still addicted to drugs and she always smoked in the room, Harry says: "it's not good for Willy's health" Regarding her filthy place, Harry claims: "when I went to Sarah's house, I had to clean and tidy up her stuffs first only then I can sit.The last time I came to her house, I wanted to put a cup coffee on the dining table but there was no empty place (and clean one); the place was full of rubbish so I had to cleaned it up first.

Moreover, Harry informs that "Sarah would let Willy sit in front of the television in the morning and give him chocolate, in the hope that Willy would not be hungry and stay quiet. It was also the same as Willy's diet, 'no vegetables,

just biscuit'. This was done because Sarah wanted to continue to sleep until noon, as at night Sarah engrossed herself with drugs (smoked cannabis and so on). The same happened with Sarah's daily life. Sarah's lifestyle including her daily activities had already turned upside down, day becomes night and night into day. At night Sarah often goes to a party with her friends, so that her activities in the morning often turn chaotic, one of the consequence is Sarah often forget to take Willy to school" (Harry, grandfather).

Another thing that makes Harry eager to adopt Willy is because Harry knows that Sarah is currently pregnant. Harry is afraid that if there is a baby, Willy will increasingly go unnoticed. Harry is worried the existence of Willy and her baby just 'a trick' she can get assistance from Social Security. Therefore, Harry assertively says: " that is why Willy has to come with me".

The original idea to adopt Willy came from Diah. She was the one who told Harry to do so. She gave reasons: feeling pity of Willy and many troubles experienced by Willy. In non-verbal way it can be seen that Diah shows sincerity and seriousness to adopt Willy; she has teary eyes and looks extremely sad when she informs about Sarah's treatment towards Willy when they were staying with Harry familiy. She gives examples are as follows: Sarah took Willy away in the evening, and she just got back at 6 am. At 2 am Diah was very anxious when they had not returned. She woke Harry up and asked him to find Willy and sent him a thick blanket. When Sarah and Willy first came to Singapore (when Harry worked there), with shining eyes, Diah tells stories, how she prepared the room with a blue shade for Willy. Diah bought him blue shirt and blue coated hangers for Willy. But the hangers were not used by Sarah because all dirty and clean clothes were mixed and stuffed into one in the suitcase.

The other Diah's motivation for taking Willy is her wish to have a son. The first time Diah saw Willy, Diah grew fond of him. Diah's children also feel close to Willy. For Diah, Willy is a gift; having a boy but in another way. According to Harry it is not a problem because Willy is also Harry's flesh and blood. Diah does not mind if one day Willy's father wants to meet Willy. Willy's father already have children from a woman other than Sarah.

The social network of Harry and Diah also confirms that Willy should be taken care of Harry and Diah. Anton, Harry's friend says that Harry always acts and works with his heart and he is very determined. "Harry takes a decision to adopt Willy using his heart (when he says this, Anton put his right-hand on his chest), he wants the best for his grandson". Moreover, he says "He is the only

person who can take care of Willy ... blood is always the best". Anton thinks that Harry is having difficulty in this adoption process because of its different culture... it is easy in Indonesia but it is not as easy and simple as in Wales. Anton also says that Harry is very concerned about Willy's growth with no father figure, "Harry wants Willy to have Harry's father figure, because Willy is his grandson" (Anton, Harry's friend)

According to Marni (Diah's friend), Willy would be much better in Indonesia and raised by Diah and family because she believes that Willy will be better treated. Staying with Diah in Indonesia will be more comfortable and convenient for Willy. Aside from convenient shelter and good environment, there is also another reason why she would agree Willy to be cared by Diah's family; the reason is that Willy's biological mother is sick. Marni highly supports Diah's plan to take care of Willy. Another reason why Marni agrees upon Diah and Harry's intentions to adopt Willy is a matter of time. He says that Diah and Harry have more spare time so they can split the time to take care of Willy well. Marni said it as follows, "They must have their own reasons anyway. The intention is not to separate the child from his mother. But his mother is also sick. Perhaps Mr. Harry and Diah are right here ; they have some spare time. They do not really have many activities, so they can take care of and give full attention to Willy. " (Marni, Diah's friend)

According to Amir, a neighbour, Willy's parenting by Harry and Diah is a good thing for the children in Gala village since they can have foreign friend, which can help them to increase their knowledge, especially

English language (Amir, neighbour). In Amir's opinion, Willy's placement in Diah- Harry's family is very propitious for Diah' children who have already grown up and she might wish to have a son since she only has daughters. In Amir's opinion, when Willy was here, kids were at peace, and good. Willy is such funny kid. Amir believes that the effect of Willy's presence for the familial relationship will not cause any harm since household duties are done collectively by Harry and Diah, for example cleaning the house. According to Amir, they rarely fight; Harry really fond of Diah, for example when Diah broke the new pot that they just bought, Harry was not angry at all, instead he hugged her (Amir, neighbour)

According to Topo (Diah's uncle), Willy would be better taken care of by Harry family. The reason is that he has already known that Harry really cares and be responsible towards children. He informs "Harry chose to live in Indonesia since he realized that the development of children needs to

be accompanied by him. Harry is probably aware of it and considered his children. He does not want, when two of his children growing up there with no one accompanying them. Actually, he reluctantly left the existing contracts, for example, previously he had a contract in Turkey, but he chose to return to Indonesia to support the children. I believe, if he can love his step children this deeply, surely he is fond of his biological child like Willy.” (Topo, Diah’s uncle)

### **3. Relationship in Family**

Diah has already had two children when she married to Harry. The eldest named Nisa (10 year), while the youngest named Tia (7 year). They called Harry “dad” and Diah “mama”

Based on interviews with the family’s social network (neighbours, friends and school teachers), they all have the same views that Harry-Diah is a good and harmonious family. Some statements below from them make it clearer:

“Diah family has good harmony. Because of this, Willy will be successfully adopted by the family of Diah and Harry; I am sure there would be no significant problems” (Ahmad, neighbour)

Tia’s teacher informs that Harry made the sports field for the family; however, everyone is allowed to use it. Not only Tia schools, but also local community is allowed to use Harry family’s field. Furthermore, Hira explained about the good way of Diah and Harry in nurturing their children. According to her, “the way Diah nurturing her children can be accounted for. Hira often sees Harry takes Tia to school. Oh yes, Harry is very fond of Tia, when he gets out of the car, he lifts Tia, picked her up, kisses her, and they shake hand, only after that Tia will go” (Hira, Tia’s teacher). Harry and Diah are also very good at instilling good attitudes towards their children. Further Hira says: “Tia is happy to have a brother (Willy). Once I asked Tia. ‘Tia do you have younger sibling? No. Are you happy to have a brother? Yes, I am. I want to have a brother’.” (Hira, Tia’s teacher).

The communication between Willy with Harry and his foster family in Canterbury is maintained by keeping in touch with Willy. Every Sunday he makes a video call. Harry adds that every time he has vacation to Canterbury (twice a year), Willy is invited to join and spend time with him, Diah and the girls ...

Countryside atmosphere and a strong family bond convince Harry that things like these are very good for Willy ... ‘There are Diah, Nisa and Tia that always accompany Willy for 24 hours. Harry also had a thought of the

daily routine for Willy if he would live with them, he said: “every morning Diah wakes up at 5 am, Nisa wakes up at 5:30, while Tia and I wake up a little bit late usually at 6, then we feed our dogs and chickens, after that we take a shower and have breakfast. I take Tia to school at 6.30, later on when Willy is here, he can join me and Tia to go to school. When Willy cannot go to school, for example because he is being sick, there will be Diah at home.

Nisa is getting closer to Harry. The closer relationship between Harry or Dad is shown by Nisa when Harry comes home, she immediately took his hand.

When Diah married Harry, Tia was still little, she was about five months old. Because she already attached to Harry since her childhood, Harry is just like a biological father for Tia. She is very fond of Harry. Tia was worried, she even cried if Harry is in bad condition. For example, when Harry flew to England to attend his ex-wife funeral, Tia cried fearing unsafe flight. It was raining. Tia was afraid the plane was struck by lightning. With a sense of joke, Diah calmed Tia. “He is on the plane, Dad will not be getting wet because of the rain, child”. Harry and Tia have established a very good emotional relationship.

At home they have *rules* that they must adhere to, as follows: do not shout (if you want to call or talk you should approach the person), etiquette at the dinner table; scoop food using your spoon in small amount; if you want to say something, the food must be ingested first; if you want to leave the table first, you have to ask a permit to leave; if you want to enter anyone’s room, you should knock the door first.

Every Friday, the kids love to play snakes and ladders game, they call it “championship”. The winner feels himself/herself as a champion and is allowed to show his/her pride. Friday is eagerly awaited by children. According to Tia, Friday is a very enjoyable day

Harry often gives *rewards*, for example, buying them shoes. At that time Tia got 2<sup>nd</sup> rank and Nisa got 4<sup>th</sup> rank, they were given a prize to vacation to England.

For Harry, with kids being on the top 5 in their class, they are already doing well in school, so they deserved a *reward*. Diah imposes sanctions, for example, when children do something that inflict financial loss, they should pay it using their own allowances. Normally, the sanction that will be applied by Diah is her attitude towards her children become cold and silent before the kids apologize and admit their mistakes

Giving stimulant to response, Harry and Diah are trying to encourage the kids (especially Nisa) to be opened to discuss it with Diah. Nisa tells Diah

that her friend does not dare to talk about a guy with her mother because she would be scolded, when a friend asked her, Nisa says that she talks about it with her mother casually.

Towards Nisa: she need to be treated more gently, she understand it better if she was told gently. Towards Tia: she will understand it better if she were told in a harder way.

According to Nisa, sometimes Harry and Diah have different opinions but never really have a big fight; their relationship tends to be harmonious. She gives an example: “for example, they disagree on driving car’s issue (Diah often turn on the turn signal, Harry told her to not to turn the turn signal too often), when they cook (they usually cook together, Harry wanted Diah follow his way, especially if it is his favorite a dish). Mama usually obeys him. Nisa likes it most when Harry cooks red chicken (Indian cuisine). Harry is fond of spicy cuisine

Nisa’s favorite activity is watching a movie together on the 2nd floor, for example, Harry Potter movie, go to the beach (15 minutes by car). They usually go to the beach on weekend. Harry and Tia swim, Nisa and Diah just look around. For Nisa, doing activities together is exhilarating, she feels a lot closer to her family. Usually Harry is the first person who initiates these activities. Nisa likes to watch a movie together the most for she feels intimate with her family, and usually Harry will explain the meaning of the story.

Tia feels extremely happy when they get together every Friday to play snakes and ladders game, she is always looking forward to Friday. She is more pleased with the schedule of playing snakes and ladders game with family rather than the schedule to watch a movie. Aside from these activities, Tia is also pleased with the swimming activity at their home. Tia does not want their parent attitudes and ways of caring for her and her sister to be changed. She wants it to remain as it is today. She is glad if someday Willy stays with her, she will play with Willy and teach him subjects at school. In addition, Tia also wants him to play with her friends in the village so that Willy can easily adapt and at the same time he can learn the Javanese language. Furthermore, Tia wants to teach him Indonesian and Javanese language at home.

With Harry’s new family, Anton (Harry’s friend) also knows Diah well, because when holidays season comes, Harry will brings his family to spend their holidays in Canterburry. They always meet each other and according to Anton’s view: “they are lovely Family ... always taking each time. and they are happy living in the village “.



#### **4. Views on Becoming Willy's Carer**

Along with Nisa and especially Tia, Harry confidants that Willy will grow & develop well in the countryside, where the air is still clean. Harry recounted the adaptation process experienced by Nisa and Tia in Gala (the village where they live now);“ when Tia was 3 years old (about the same age when Willy will move to Gala), within only 3 months Tia was fluent in Javanese language. Gala village is a very ideal countryside for Willy to live in. Everyone here knows each others” (Harry, grandfather).

Diah wants to build an emotional bond with Willy. Further she says : “I want to make Willy feel close and affected toward me and his family”.I will tell his own identity, but will also explain that although Willy is not my biological child and has his own mother, but Willy will be cared for and cherished as my own child”. Currently, Tia and Nisa have been given home duties/responsibilities as training for them. Nisa’s duties are like washing the dishes, while Tia’s responsibility is taking chicken eggs daily and bringing it into the kitchen and taking Gio (their dog) for a walk together with Harry.Diah will also do the same to Willy.

Nisa feels delighted and affectionate to Willy, aside from feeling sorry for Willy. She also thinks that Willy is funny (having lot of laughs). According to her, “once a week, dad makes a video call, chatting with Willy and his foster parents”. Because of his mother’s bad treatment over him, social worker in Canterbury placed him temporarily at foster parent care.

When Nisa and Tia are asked to draw two pictures for each, which reflect their current family and the family with Willy. Both of their first drawings are the same, they show happiness and unified family. In the following picture with Willy in it, visible images are remain the same, they still a happy family, as well as Willy (all smile).

They believe that through Willy’s presence, their families will be more complete and happier

#### **5. Relationship with Community**

Harry & Diah house looks magnificent in the middle of houses in the rural area. When they are asked whether or not there was any resistance or protest from the people around when they built the house, they answer: “there was no refusal, they were nice”. Furthermore, if Harry built something and needed assistance, the neighbors gladly offered their hands (of course Harry paid adequate wages). Harry and Diah home are equipped with a field that

can be used to play football / badminton / basketball and volleyball. The field can be used by anyone including elementary and high school students around their home. Diah explains: “I came to the school and told them that the field could be used if they needed it”.

Harry is very active in the activities held by the community, “I love coming to the wedding, circumcision ceremony and even when someone passes away, although I do not fully understand the language”. When the community organized a village carnival in celebrating the 72 years of Independence of the Republic of Indonesia, Harry actively participated and won. Regarding the presence of Willy, Harry believes that “community will be pleased and they will love him. In this village, the village kids can play with Willy. Willy will love it! I’m sure!”

According to a neighbour, “Diah is quite close with the surrounding community in this village. Diah’s kindness as a neighbour is also shown, for example, doing a visit when there is neighbor who passes away. She also attends the event that is being held by local community such as wedding party” (Ahmad, neighbour).

This is also confirmed by a teacher. According to her, “Harry is very close with the local community. For example, it was shown by Harry participation in events, such as carnival. Tia’s parents communication with her school is also considered very good” (Hira, Tia’s teacher)

Hira also says that she is very pleased with Diah family (Tia’s mother). Diah and Harry families have a very good relationship with Tia’s school. A lot of kindness are shown by Diah and Harry’s family for Tia’s school, for example, they provide sport field for the sports subject practice for Tia’s school. Moreover, she explains “the school is very grateful by the existence of the field. In addition to this, Hira said that Diah often provides her car as transportation means for students at Tia’s school if there is a competition held somewhere. Diah always offered a ride for the students to come along with her” (Hira, Tia’s teacher)

This is also confirmed by Marni (Diah’s friend), Topo (Diah’s uncle) and Amir (neighbour). In addition, Harry also often invites the village children to come to his house; and the children are taught English.

## **6. Resources, Potentials, Weaknesses and Problem**

The assessment identifies available resources, potentials, weaknesses and problem related Harry’s plan to be Willy’s carer.

Harry and Diah plan to send Willy to the local nursery school nearby. Moreover, Harry explains : “Willy can go to school with Tia and he will be picked up by me or Diah, three times in a week”. For the rest of the days he can study at home, he can learn Indonesian from Diah and English with me. Diah is good at Indonesian, I am good at English. For other subjects, such as mathematics, it is going to be fine since we can look for teachers to teach Willy “ (Harry, grandfather).

Based on the results of assessments conducted by experts, Willy experiences Disinhibited Social Attachment Disorder and speech and language delay. They have found a therapist for Willy, in particular to address his speech and language delay issues. The therapist can arrange home-schooling for Willy 3 times a week which costs IDR 1,200,000/month. Moreover, there is a recommendation for two (2) Psychologists, namely Mrs. Sinta and Mrs. Dewi who have experiences in handling Willy’s psychological problem. Mrs Dewi was recommended by a colleague, a lecturer of Faculty of Psychology. Mrs. Dewi looks better, in terms of educational background and experiences in dealing with attachment problems.

Harry also has promised: “I promise to my children and it’s my will ... will provide / ensure funding for Diah’s children and Willy until they enter university. If anything happens to me (died), their life is guaranteed and Willy will stay with Diah, as his mother and Nisa as well as Tia as his sisters”. According to Harry’s friend, Harry’s financial condition is very stable. When Harry was young he worked hard and always got big project. Harry has a life time skills in communication; “He often had to negotiate by talking and discussion”. He saved the results of his hard work and is managed by a financial adviser, so that his financial condition until present is very controlled (Anton, Harry’s friend)

If Willy would be cared for by Diah and Harry, Diah is not really worried about cultural constraints. She views: “it may not be too problematic because Harry has no culture shock problem. He was just wondering, people here often ask detailed questions to him (eg going where, going with whom, etc.). As for language barrier, usually small children learn quickly. He will always be with Tia. Tia will ask Willy to play with her peers, so that eventually he will be able to speak Indonesian / Javanese “. Initially they wanted to put Willy into an international school, but they first try to place him into local school so he can socialize more with other children and able to speak Javanese more quickly. Diah shares that her experiences in caring for two children can also be useful for raising Willy. She has 2 parenting experiences with different characters. Her

eldest daughter (Nisa) is a teenager who begins to argue with her frequently, while her youngest daughter (Tia) has a stubborn character. Diah want to treat her child as a friend (for her older children). As the youngest child has such hard character, so Diah will act harder. Not everything she wants will be given by Diah. If she throws tantrum, she will ask her to go to the room. If she has calmed down then she can meet her mama. Then it is time for Diah to ask her what was wrong, why she got angry.

Diah is concerned about children's health. According to Diah, being healthy is a very valuable and regarded as expensive thing. At home Harry and Diah also have garden and love gardening, especially Harry. Diah often accompanies Harry gardening in the front garden of the house. "We plant vegetables, currently, I am planting Chinese okra. The important thing for my husband is there is a company to chat with. In the daylight he wears a hat. Sometimes I just accompany him. Sometimes people say he is very dilligent beating the local people. He seems very happy." Harry does not allow children and Diah to use motorcycles. He thinks his children and his wife would be safe if they use a car. Children agree with the ban. Diah is also fine with it.

For Willy, Diah always wants and tries to be the same as her treatment toward her own children. Diah always wants to be there for Willy, especially when Willy needs her. For example, when he cries because of no food in late afternoon, Diah will not directly provide the food for *the rules* of her at 17:00 pm the kids cannot eat any meal yet. The consideration is that dinner starts at the 17:00 pm or so, snack would make them have no appetite at dinner. Diah wants to establish intense communication with Willy. Diah wants Willy to think that Diah loves him and Willy feels: "Oh yes she really loves me". Diah will provide care in the same way to Nisa, Tia and Willy. Every morning Diah prepares provision (meal) for children to bring to school. She puts it for the first one who will go to school. Diah want to teach independence for their children as she applied to Nisa. Nisa is required to go to school by herself. "I do not want my kids to get spoiled.

Willy is very fond of chocolate. But according to Diah it can be conditioned and accustomed to like foods that is good, healthy and available in the area where they live. Diah family does not like chocolate. They are not really into it. According to Diah, Willy will be easy to follow and adapt. Diah feels confident that she is the right person to be the mother of Willy. Diah's reason is that she has already owned two children. This means she is not the new parents learn parenting. Another reason is Diah loves Willy, Diah cares with Willy. A further

reason is Willy still has blood ties with her husband Harry; Willy is still a family. Diah feels Willy would be better taken care of by his own family. Diah family can give a sincere love for Willy.

As a human, Diah has strengths and weaknesses. According to Diah, her prominent feature is discipline. Diah wants their children are consequent, not spoiled and not whiny. The prominent thing about Diah as a mother is that Diah willingly give everything for a child. That is not everything in material term. Diah is willing to give and can fight so that the children would be a good persons. She will do anything for the future of children. Having admitted by Diah, her chatty habit as her weaknesses. It will take a long time to calm her when she is being angry. Harry is used to advise his children secretly (without Diah knowing it) not to do anything that will make Diah angry. "Tia, do not do so to mama ...". Harry is already aware that Diah will not get angry for nothing; there must be a reason.

Related to positive influence that will be given by Diah for Willy, Diah feels confident that she can do it. Starting from providing security and safety feeling, furthermore Diah is also very confident that she can give a sincere love for Willy. "Willy's also not really far away. He will be with his grandfather". Diah thinks Willy is experiencing delays in communication's development progress, because maybe Willy communicates less with Sarah. Currently, Willy's condition is getting better. He goes to school. Perhaps because he is now in school so he has more vocabularies. She plans to give a speech therapy for Willy. In terms of capacity to meet the physical and material needs of children, for her, children do not need new clothes if there are many decent clothes to wear. As for the food: cereal for breakfast, staple food for Harry: milk and cheese, while for Diah and her children is rice. Showing affection and warmth, for example with saying a hello and asked the children: "How was your day? What did you do today? ". When the child vents, Diah will be a good listener.

There is a religious subject at their schools. Tia follows the Quran teachings three times a week. Diah does the pray five times a day ( as a model) so that her children will follow her as well. From the social aspect, Diah does not restrict her children relationships. The most important thing is that Diah knows whom their children associate with. According to her, by socializing, children learn new things, and kids can filter it by their own. Harry also reminds that living in a village does not mean that there is nothing to be concerned about. In terms of cultural aspect, at school children are taught Java language lessons. They also get involved in cultural ceremonies and carnival.

According to Diah, “Willy is still a little boy, so it depends on how the education is given to him. He cannot decide it yet who is good and who is not, it is we the adults who gave him an understanding about the value of good and bad things”. If Willy joins them, Diah says there is not really much change. For this whole time, the family already has values and rules that have been agreed upon and adhered to every family member, so if Willy comes in, he will be supported and assisted to adapt to the values and habits of the family. For example, eating habits, Diah family is already accustomed to eat healthy and natural food.

How does the impact of Willy towards Nisa and Tia? According to Diah, at first, children may be jealous, but here is the crucial role of Diah and Harry, they must be fair. For example, at first, maybe there is more attention towards Willy in order to support him in the transition / adjustment. This is not a problem as they already discussed it with Nisa and Tia since a long time ago. Most importantly, in this process the children are considered as partners in supporting Willy so that they can have a feeling that they are always being involved. Diah’s hope that Willy could be nurtured by them .Although she would be very sad if the court decides otherwise,

however, certainly the court knows best for Willy. The most important thing is: all the best for Willy. Furthermore, “we as a family have been tried as much as possible because we think that the family should be the one who nurtured him. If the Court provides opportunities for her families to care of Willy, they will make every effort to help Willy related to speech therapy. Diah feels confident with it. At first, the whole family will help Willy: At home, they usually speak English. Outside home, accompanied by Tia, he will gradually be able to speak local language (Javanese).

A suggestion from Topo is if one day there is a problem in the family, Diah is expected to give way to Harry. Because Harry has this character: he cannot be told if he has not yet felt and experienced by himself. Topo acknowledges that he understands Diah family because previously Diah could not drive a car by herself, so Topo drove it for her. Thus, Topo often overheard Diah family’s conversations and know about close relationships in the family. When Willy stays at Diah’s home, Topo would provide support, such as, giving help in building communication, so Willy can get familiar with his new area. In his opinion, in the beginning there will be language barrier, but it is fortunate for Willy, he can use both English and Indonesian. He can be taught the language used in the local area step by step. According to him, children will be easy to

learn.

According to Nisa's teacher, "Nisa can be a good sister to her younger siblings. She can also speak English very well which is very useful as a means to communicate with Willy in order to teach him Indonesian, Javanese and other things. However, according to Wati, Nisa will have no difficulty in helping Willy, because among her friends she is known as a good person. She can get along and socialize easily and adjust herself well" (Wati, Nisa's teacher)

According to Tia's teacher, Tia's relationship with her friends at school is also good. Further, Hira informs that "Tia has never done anything cruel or teased her friends at school. Although physically Tia has a bigger posture compared to her schoolmates, Tia gets along well with her peers. So far Tia has not had a bad record at her school regarding her behavior. Tia's achievements are considered good, she has good grades. Furthermore, Tia is a very diligent child. If the task is not completed yet, Tia will continue to work on it until it is finished. She does it diligently and patiently. With her well-recorded achievement, according to Hira as Tia's teacher, she can help Willy to learn Indonesian language. Tia can also speak English." (Hira, Tia's teacher).

## **7. Home Conditions**

The house of Harry-Diah is very spacious and beautiful, with wooden furniture. Total land area is 2,100 metres square and its building area (having two floors) is 350 metres squares. The house has four rooms downstairs and three rooms on the second floor. At the front there is a spacious terrace with 2 sets of rattan and wooden furniture where there is sort of large fridge to store different types of beverages. Inside the house, there is a guest room, a family room and kitchen. There are two kinds of kitchen, one is a kitchen that is for daily used and the other one is only used occasionally (there are various appliances such as microwave, oven, all the spices in bottles, various sizes frying pans, etc.). In the kitchen which is used daily, there is a dining table. It is a favorite spot for the family. Diah feels that this space can also help her to communicate with children, because while cooking and the children sit at the dinner table to do something, she can ask questions and talk with children.

At the back part of downstairs and upstairs there are guest rooms, because once a year, Harry's biological son or extended family or friends visit them. They really enjoy staying there. At the rear of the guest rooms there is a laundry room.

Currently Harry- Diah sleeps in up stairs room, as well Nisa and Tia. The bed for each child is quite huge. It is enough to fit two people. The original plan, if Willy lives with the family, he is going to sleep with Tia. Then when he will have already settled and felt alright to sleep on his own, then he would sleep in a room that is currently occupied by Nisa so he will still be on the same floor together with Tia and Diah-Harry. Nisa is quite happy to move down stair, she will get back to her previous room since it is a lot larger than the current one.

On the upper floor there is room to play chess and guitars, as well as a large TV for the family to get together while watching a movie together.

Outside the house, there is a spacious garden with a swimming pool and fish pond. Across the house, there is a vast land belongs to Harry-Diah as well. Over there Harry does sort of farming by planting a variety of vegetables and corn, as well as a variety of flowers. At this place there is a football field where Tia plays football with her friends. This field can also be used to play basketball and other kinds of sport. On the side of the house there is an open space with cement floors, where there is a home for their dog. Separated with high wall, next to it there is a vast land where they raise chickens. Every day they take eggs for daily consumption.

Anton asserts : “This place is very suitable for Willy, a very loving place with happy family”. According to him, for Harry “family is a big thing”. Further Anton informs that Harry is very happy to stay in Gala, because it reminds him of his childhood, where Anton and Harry lived and grew up, everybody interacted each other and felt safe (Anton, Harry’s friend)

## **8. Social Support**

In the decision to put Willy in her home, Diah needs support from the family. The support comes from both of the family of her mother and the family of Harry. This support is more likely in the form of moral and emotional support. In addition, the mother (Diah’ mother) also takes its role in the care of children as in when Diah is sick. From Harry’s family, Diah needs advice and suggestion on raising Willy. Diah’s mother has a plan if later on Willy were placed in Diah’s house; her mother will teach Willy Indonesian language and Javanese.

If Willy lives with Diah’s family, Ahmad (neighbour) will provide moral support. Additionally Topo is also willing to provide emotional support, such as to be a frequent visitor, inviting Willy and children to go out, so they will not feel bored and feel that they have friends and family. Topo will also invite



Willy to come and play in his house. In his opinion, Harry really cares toward children. Topo's grandchildren feel at home at Harry and Diah's house. They also love to play with Diah's children. Topo conveyed as follows: "Yes, maybe the children come here to play, so the children will not feel bored with his own family, having friends and family. Children's world is all about playing, so we must try to make sure that the children will not lost their world. So, yeah, maybe take Willy to play at our home. "

If Willy lives at Diah's house, Marni (Diah's friend) says that she will provide assistances at best she can gives. Such assistances will be provided in the form of moral support and advices. In addition, Marni also willingly offers her help to look after Willy if needed, for instance in a state of Diah were sick and no one took care of Willy. Marni says as follows: "people here have never complained, so far there is no problem. As long as Mbak Diah capable to look after Willy, of course we support it. Yes maybe I give a suggestion. if I am capable to do it, I will help as much as I can if Diah is getting sick". (Marni, Diah's friend)

Amir and his wife are familiar with Harry-Diah's family; if they are in need of their help, they are happy to support them. As neighbors they can help them as well, for example, when there was flood, they immediately jumped over the boundary wall of his home to help Harry- Diah's family, because they were sleeping on the second floor, so they did not know that there was flood (Amir, neighbour)

## **B. Discussion**

In this section, the important points of assessment above are summarized and discussed.

Ecological model views that individual is primary element of family, which is part of larger element. Human is regarded as individual. Because there is influence from environment, the individual is attached to his/her family system, where this system is also attached to the larger social system, such as, school, work and society. This social system is more macro in nature. It consists of ideology, culture, gender, ethnic group, religion, and so on. All social systems and the factors are inter-related, creating a reciprocal influence and each of these is mutually influencing (Okun, 2002, ; Robbins and Chatteriee, 2006).

In relation to Harry - as primary element of family (the family in this sense includes the wife Diah, Harry's stepchildren Nisa and Tia, as well as

Topo, Diah's uncle) –it is obvious that Harry loves his family very much. It can be seen in the case of Willy care. His wife who is relatively young wants to have a child with Harry, but because he feels that he is not young (60 years), so it is impossible for him to have a child on his own, Diah suggests to adopt Harry's grandchild. The grandchild (Willy) is abused by his own mother. Diah loves to raise Willy together with Diah's other children. The social system outside Harry's family includes neighbours (Amir and Ahmad), friends of Harry and Diah (Marni and Anton), as well as the kids'teachers (Wati and Hira). Social network of Harry and Diah describes good characters of this couple. All interviews with social systems surrounding Harry give a clear picture about Harry's eligibility.

Based on the assessment, it seems that Willy's grandfather (Harry) and the family are eligible as Willy's carer. Moreover, the potentials of grandfather care are identified based on the assessment are as follows:

- a. Willy has a close relationship with Harry. The grandfather has economic capacity to send him to study at university.
- b. The grandfather, step grandmother, Diah's children are happy to have Willy living with them. They all love him.
- c. The grandfather's house is suitable for Willy
- d. Extended family and community also support and ready to assist if Willy live with the grandfather's family.

The identified resources include:

- a. School for Willy is close to home. The teachers are familiar with grandfather's family because their children are students there. It is hoped that the teachers are able to give support to Willy.
- b. There is homeschooling service to develop Willy's language capacity, both for speech therapy and developing his fluency in English and Indonesian language
- c. The availability of psychological services for Willy due to neglect and abuse he experienced previously.

According to Convention on Rights of Child, child protection leans on "child's best interest". The Convention also ensures that a child must live in an environment in which the child can grow and thrive. Therefore, the child must live in an environment which assures that his physical, emotional/psychological, and social needs are fulfilled. Attachment theory holds that "psychological problems derive from disturbances, deprivations, or disruptions in early

caregiving relationships and from resulting distortions or limitations in internal representations of self, others and relationships. These internal representations are believed to guide feelings, thoughts, and expectations in later relationships” (Coady and Lehmann, 2008). Based on the assessment described above, it can be seen that Willy has experienced disturbances and deprivation in his early caregiving relationship. He is neglected and abused by his mother. These are believed to guide feelings, thoughts and expectations in later relationship. Therefore, Willy must be removed from the bad conditions.

Furthermore, according to Erickson (quoted from Morris, Charles G, 2003), for a child at Willy’s age, he is placed at the stage of Initiative vs Guilt (for 3-6 year old child). At this stage, a child shall:

- Be able to do something new and original
- Develop his initiative, so he is not fully dependent on his parent.
- Be able to use language symbols.
- Because of his initiative, there is a courage to broaden his scope, therefore at this age a child often asks many questions
- Go to kindergarden and pre-school: at school he can meet friends and together with them solving the existing problems
- School and home must give opportunities to child, so his initiative will develop.
- Over dependency on parents can cause guilty feelings.
- Always use positive sentences

The best carer for a child is his/her biological parents. However, when the parent has problem and therefore cannot do good parenting, in order to apply the main principle of “child’s best interest”, the child should have other parents, who can give him/her a conducive environment where the child can grow and thrive, also all their needs are fulfilled.

Based on the above description, a question is raised: can Sarah fulfill Willy’s needs? So far, under her care, he has been neglected and abused, he has experienced delay in speech and language development, also he has problem of disinhibited social attachment disorder. The older a child is, the more complex his needs and parent obligation. And Sarah is pregnant, when her baby is born, her attention to Willy can be worse, because she must take care of newborn baby. Looking at the abilities advised by Erickson above, can Sarah fulfill those needs, so Willy can develop well?

If Sarah is regarded to be unable to achieve “best interest of child”, then the alternative carer should be found. The best one is those who has family

ties. In Willy case, his grandfather and step grandmother have offered to be his permanent carer.

Base on the assesment on Harry family, there are availabilities which are identified to fulfill Willy's needs:

1. The family is a complete family, with lots of affection, warmth, and strong family ties. Nisa and Tia are cheerful kids, active, have great academic performance and good social relationship.
2. Harry, Diah and the kids are fond of children (the relatives and community can see this). All of them have a great hope that Willy is allowed to live with them. We can see Harry and Diah's sincerity (genuine) and seriousness to take care of Willy.
3. They can fulfill Willy's physical, emotional/psychological and social need.
4. For ex, they are used to eat healthy food, having rules and discipline to the family members (so Willy can learn norms), having love, many friends, and support from friends, extended family and community.
5. The attachment and healthy bonding can be established, for example, Harry and Diah do not work outside home, so they can always be there and give Willy adequate attention.
6. Harry has a home which is safe and good for Willy to explore his capacities
7. Harry has financial plan to send Nisa, Tia and Willy until university level
8. There are support for problems of speech and language (they will invite a speech therapist to their home) and psychologist for Willy's attachment problem (they will go to Jakarta in early stages of teatment, later it can be continued in Solo-about 1 hour driving by car from home)
9. In general, Harry is healthy, although he has high blood pressure and cholesterol. He likes farming and walking.
10. Based on home assesment, they have excessive bedrooms (7 rooms). In the beginning Willy can sleep with Tia, but if he is ready to sleep by himself, he can have his own room. These rooms are close to Diah-Harry's bedroom. The house also has fish pond, swimming pool, a field for playing football, basket ball and volley-ball.

It appears that social system and facilities provided by Harry lead to Harry's eligibility of becoming Willy's carer.

## **CONCLUSION AND SUGGESTIONS**

Based on the description above, it can be concluded that assessment is an initial but very crucial stage in intervention process of social work. Through

a comprehensive assessment, the case can be analysed in a great depth and therefore, the intervention plan can be formulated more accurately. The assessment for child abuse case should consider various aspects, especially if permanency plan will be conducted for the child. “child’s best interest” is main principle to be adhered to. For permanency planning, social workers shall assess the eligibility of prospective carer; and for this purpose, ecological perspective is employed. Moreover, the assessment also covers potentials and resources to help the child grow and thrive, biologically, psychologically, socially and spiritually. Finally, it is important to note that the assessment in child abuse case shall be able to identify problems, weaknesses, needs, potentials, strengths of related systems for the best interest of child and ultimately, for child’s well being.

Considering the assessment of the grandfather’s family and based on the principle of “child’s best interest” and Willy’s capabilities must be developed , it is suggested that Willy should be adopted by his grandfather and grandmother.

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# IMPORTANCE OF SUPERVISION IN SOCIAL WORK

ISMAIL BABA

FAUZIAH SHAFFIE

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## Abstract

Supervision in social work is very important. Effective supervision is essential to enhance the standards of quality for the Social Welfare Department (SWD) in Malaysia. Having good quality social services will certainly increase client satisfaction as well as the morale of the staff. In return, it will improve the social workers' competency and social development of the nation. In assessing how the social work supervision has been practiced at SWD, a group of researchers decided to conduct a modest survey for one hundred sixteen (116) supervisors concerning both how they perceive client satisfaction and their attitudes about supervision. Purposive sampling was used where four (5) small group discussions (FGDs) conducted at four different sites in Malaysia, from August to October in 2014. The respondents consisted of sixty percent female and forty percent male mid-level managers in the SWD. Most of these supervisors have had at least ten years of working experience as social workers and were familiar with social work supervision. A twenty-two-item questionnaire was developed to gauge how well they know supervision. These questionnaires were developed based upon literature review about supervision in social work. Findings showed that fewer than ten percent of these mid-level managers were formally trained in social work. However, all of them received frequent in-service training regarding social work. Findings also indicated that all of these respondents felt that supervision is essential for their work. However, due to a lack of staff and heavy workloads, many were unable to carry the task effectively. The results also indicated that most of the supervisors believed that the social work discipline depends primarily on other disciplines; body of knowledge, skills, and values. Sixty percent felt that supervision is not considered as part of the supportive task of a supervisor. Another 60% felt that others who are not trained in social work could conduct social work supervision. Based on these findings, three-day workshops on supervision were provided to all of the groups. As a result, they

began to see that supervision has three major tasks: administrative, education, and support. Many were also mindful that, due to their heavy workloads they should conduct their tasks as supervisors sufficiently no matter how heavy their workload is. This will enhance their skills and knowledge in supervision. Finally, all of them acknowledged that supervision, as a work culture, must be practiced at SWD.

**Key words:** supervision, social work, work culture, competency.

## Introduction

Social work supervision refers to as a professional relationship process that takes place between supervisors and subordinates that emphasize the responsibility and accountability for the development of social work competency. Within this relationship, the supervisor plays an important role in providing guidance to the supervisee on how the social work theory, knowledge, skills, values and competency can be applied when providing services to clients. It is a reciprocal process where both supervisor and supervisee share their responsibility towards enhancing the quality of social work intervention to its clients (American Board of Examiners in Clinical Social Work, 2004; Association of Social Work Boards, 2009; Austin & Hopkins, 2004; Baba, 2014; 2010; International Association of Schools of Social Work, 1984;Lorenz, 2001;NASW, 2013;Payne, 2001).

Supervision is essential for those who want to be competent social workers. Social work departments (SWD) and social work related agencies in Malaysia are the place where social workers should demonstrate their social work skills, enhance their social work knowledge and practice their social work values. This is where social workers are exposed to many different practice areas which involved working with individuals, families, small groups, organizations and communities. By making supervision part of the professional culture, the author believes that all social workers should have the opportunity to be supervised by experienced and trained social workers.

Social workers, particularly those who just started their career in the field of social work, should be guided on how to integrate the values, knowledge and skills that they have learned and later apply them into the real world. Supervision is an ongoing process and it should be applied to all social workers regardless which level or rank that they belong to.



# Social Work Supervision

With the formation of the International Association Schools of Social Work (IASSW), the Asia-Pacific Association Schools of Social Work Education (APASWE) and the Asean Social Work Consortium (ASWC), the social work as profession has grown rapidly. In the recent years many of the Association of Southeast Asian Nations (ASEAN) such as Malaysia, Thailand, Indonesia, the Philippines, Vietnam, Cambodia and Singapore has also been given a lot of attention in the social work areas, more importantly, enhancing social services for its clients (Shaffie & Baba, 2013). As these countries have developed, the demand to provide a better quality of life has become more noticeable. Therefore, the need to fulfill client expectations has become more complex (Baba, Shaffie & Ali; 2013; Baba 2014; Shaffie & Baba, 2013; NASW, 2013). Looking at the current situation, it is important that all social workers be competent and remains equipped with skills, values and social work knowledge to be able to deliver their services professionally and ethically. This is also to ensure that clients are protected from any misgivings and maltreatments or harm infringed by the social workers. (Ms'ud, Ali, Gill, 2000).

Social work began as a profession in the West where its development stage started to take place in Asia in the 50s and 60s. However, some developing countries are still struggling and with a difference of opinion on what social work should be. Some still argue that social work should be placed under psychology, sociology, medicine, political science, education and management. This battle continues between the academicians, policy makers, politicians and even so-called social workers not trained with insufficient knowledge in the field. As a result, many social work programs that are offered at the higher learning institutions do not call their programs "social work" and have used other names that do not reflect the field or profession. Thus, it is not surprising why there are many definitions of social work or what constitutes social work supervision (Baba, 2010; Shaffie & Baba, 2013).

For the purpose of this paper, the author uses the definition of supervision that has been used by the NASW (2013). The NASW defined supervision as:

*"...as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process" (p. 6)*

## Problem Statement

As Malaysia has become more industrialized and urbanized, the need to train more qualified social workers is becoming more crucial. Industrialization and urbanization bring about social change that affects individuals, families, groups and communities. Social change may bring positive results but may require some forms of adjustment, adaptation and reconstruction of social milieu. As social problems are becoming more complex, Malaysia needs to be more sophisticated in dealing with some of the unresolved social issues. Social workers play a vital role in promoting a social wellbeing of people. However, this can only be achieved if social workers are trained in helping people solve some of their social problems (Baba, 1990; 2002; 2010; 2013; Baba, Crabtree & Parker, 2011; Baba & Shaffie, 2014; Barker, 2003).

A formalized social welfare program in Malaysia began with a special department established by the colonial administration in 1912 (Baba, 1990). The social welfare services in Malaysia during the colonial period include areas such as education, labor and health. The Colonial Office at that time not only concentrated on the welfare of migrants but also focused on some aspects of social development of the indigenous community. Mair (1944) described that during the colonial era, community work through various organizations such as village councils, community associations and co-operative societies; housing; relief for the destitute; youth services; home industries and prison were also part of the work of the Social Welfare Department. Although the early development of the Social Service Department in the Colonial Office focused heavily on labor conditions, this was the beginning of more systematic and formalized social services in Malaysia (Ali, 1988; Baba, 1990)

This was also the period when social work as a profession began to receive recognition as a discipline that required special knowledge and skills (Mair, 1944). In order to carry out the social welfare functions, a social welfare officer required appropriate training and qualifications. In a way, efforts had already been made as early as the 1940s to recognize social work as a profession that needed special knowledge and skills. This was the beginning of the development of the social work profession in Malaysia.

The first Department of Social Welfare was established in 1946. In 1964, the Department was elevated to become the Ministry of Social Welfare (Malaysia Association of Professional Social Workers [MASW], 1973). However, the Ministry was abolished in 1985 and was placed back as a department again under the Ministry of National Unity and Community Development (Baba, 1990;

2002; 2010 & 2013). The Department has a duty not only to provide professional services but also to implement government policies on matters pertaining to welfare. The social welfare services carried out by the Department include casework, foster care and adoption, juvenile probation and parole, protective services for the aged, institutions for delinquents, and child protection. To-date, the department is still the largest government agency and employer of professional social workers in the country (Baba, 1992; 2002; 2010 & 2013).

Social work was not developed exclusively by the Social Welfare Department alone. In 1952, the Ministry of Health made a major contribution by introducing medical social work in local hospitals. One of the earliest medical social work departments in Malaysia was established in 1964 at the University Hospital Kuala Lumpur. Most of the social workers during this era received their social work training in England and Australia, but many were trained at the National University of Singapore, formally known as the University of Malaya (Baba, 1992; 2002; 2010 & 2011; Baba, Crabtree & Parker, 2011).

The formation of Malaysian Association of Social Workers (MASW) was a major event in the development of social work in Malaysia. The MASW is a professional body formed in 1973. Its main objective is to promote and maintain the standards of social work in Malaysia. This task has been difficult due to poor participation from members and relevant social service agencies. Nonetheless, the MASW made major contributions toward the development of the first social work education program in Malaysia (Baba, 1992; 2002; 2010 & 2013).

The development of undergraduate social work education at higher learning institutions in Malaysia began at the Universiti Sains Malaysia (USM) in 1975. The program was introduced because there was a need to produce more professionally trained workers in social work and community development (Ali, 1988, Baba, 1992; Fattahipour, 1991; Sushama, 1992; Yasas, 1974). The need to train professional trained social workers in the country was not only meant for the workers at the Ministry of Social Welfare at that time, but also was projected for other relevant ministries such as the Ministry of Health, Ministry of Education, Ministry of Culture, Youth and Sports and the Ministry of Rural and Economic Development (Yasas, 1974). The demand for professionally qualified social workers was viewed not only to deal with the remedial and curative functions that had been practiced in the past by the relevant ministries, but also began to focus on the preventive and developmental aspects (Baba, 1992; 2002; 2010 & 2013; Desai, 1991).

## Research Questions

Social work continues to flourish in Malaysia as a “profession” and is becoming more identifiable as a discipline that needs further development despite our own diversified perceptions on the discipline. The growth of social work education and the social work profession have become more visible, at least intellectually, in terms of their usefulness, particularly after seven universities have decided to offer social work programs in the country. The development of social work programs at higher learning institutions has also suggested that Malaysia recognizes the need to train more social workers in order to address its social problems and social development issues. The emergence of social work programs has also served as a social indicator that Malaysia needs to develop better services for its people. In order to deliver better social services for the clients, Malaysia needs to have qualified social work practitioners that can manage, educate and provide supportive help to their subordinates especially for the new qualified social workers who just started their careers. Thus, effective supervision is essential to enhance the standards of quality for all social work agencies particularly for the SWD in Malaysia. Having good quality social services not only will increase client satisfaction but will also enhance the self-esteem and dignity of the social workers. This paper presents the following research questions:

- a. Are Malaysian social workers “professionally” trained?
- b. How do they perceive supervision?
- c. How much do they know about social work discipline its own body of knowledge, skills and values?
- d. What are their challenges in providing social work supervision?

## Methodology

The main objective of this paper was to explore to what extent the senior social work practitioners or the social work supervisors at the SWD in Malaysia perceived and felt about supervision.

### Procedures

The author was approached by the SWD through the Malaysian Association of Social Workers (MASW) to conduct a series of workshops on supervision for their middle managers. Prior to the workshop, a series of discussions with the welfare officer in-charge and a few academicians in

social work were asked for feedback in order to design appropriate workshops for middle managers. After further negotiation on the timeframe, learning objectives and curriculum, the authors agreed to conduct a three-day workshop on supervision at five different sites throughout Malaysia.

### **Research Design, Sampling and Data Collection**

The first workshops were conducted in Malacca in order to cater for the social workers from the southern part of Malaysia. The second workshop was held in Penang to serve participants from the northern region of Malaysia. The third workshop was conducted in Kuantan for social workers from the east-coast and Federal Territory. The last two workshops were conducted in Sabah and Sarawak for their respective social workers from each state.

The study sample consisted of 116 senior social workers. Majority of them have a baccalaureate degree from the Malaysian universities and have had at least ten years of working experience as social workers. Before the workshop began all participants were required to sit for a pre-test session in order to see how well they know supervision in social work. At the end of the three day workshop everyone sat for a post-test session in order to assess what knowledge was gained regarding supervision.

Purposive sampling was used for the research and self-administered questionnaires were used for data collection in all sites. All workshops were conducted in Malay language between August and December, 2014. In order to secure full participation, the author personally administered the pre and post-test sessions with the help of a few organizers from the SWD. All participants were given between 10 to 15 minutes to complete their pre and post-test sessions.

### **Instrumentation**

Self-administered questionnaires were designed specifically for the workshop in the Malay language by the researcher. The instrument was constructed based on the literature review on issues that are related to social work supervision such as from the Association of Social Work Boards (2009), Austin & Hopkins (2004), Beddoe (2010), Bennett & Deal (2009) and NASW (2013). The questionnaires consisted of issues related to knowledge, attitudes and skills in social work supervision. All questions were measured using “true,” “false” or “don’t know.”

# Findings

## **Demographic data**

The majority of the participants were Muslim Malays. In terms of gender, the majority of the participants (60%) were female. Almost all of them were married and virtually all of the participants were over 35 years of age. In terms of professional background almost all of them did not possess a degree in social work at the time they were employed.

## **Are they “Professionally” trained?**

Almost all of them have not received any formal training in social work either at the baccalaureate or master level. However, many of them had participated in many in-services for training in all aspects of social work management, knowledge and skills. In other words, they had been exposed to social work education ever since they were employed as social workers at SWD.

## **How did they perceive supervision in social work?**

In the pre-test session the majority of them acknowledged the importance of social work supervision in order to enhance the quality of social work services to their clients. However, many did not have the time to supervise and did not know how to conduct proper supervision in social work. Supervision, how the participants described it, was done by observing and emulating their senior workers or supervisors on how they carried out their tasks. Once they were familiar with a certain task, the workers eventually would be left on their own to carry out their tasks. In other words no formal and regular supervision was given to their subordinates. Once the junior staff became self-reliance, they then became kkmthe supervisors for the new intake of social workers. Another major finding was that many of the senior staff stated that they did not have the time to provide supervision due to time constraints and the overwhelming workload.

In the pre-test session many of the senior social workers perceived that supervision was part of the administrative function as well as an educational activity. However, they were not able to fulfil these roles since there were many constraints as mentioned above. Many also stated that being able to provide supportive roles to their subordinates was not part and particle of the role of supervisor.

Overall, many participants were mindful that, due to their heavy workload, they should conduct their tasks as supervisors no matter how heavy their workload so they can enhance their skills and knowledge in supervision. Finally, all of them acknowledged that supervision should be viewed as a work culture that must be practiced at SWD.

### **How much do they know of social work disciplines regarding its own body of knowledge, skills, and values?**

In the pre-test session many of the senior social workers felt that social work did not have its own body of knowledge, skills and values. Many felt that social work relied very much on other disciplines such as psychology, sociology, management and political science for its own body of knowledge.

## **Discussion**

Based on the findings, Malaysia certainly needs to relook at their hiring process of whom they should employ as social workers at the SWD. Having qualified manpower to do the social work intervention will enhance the quality of social services and image of the SWD. Having qualified manpower means that both the supervisor and supervisee should hold a degree from an accredited social work program or school. Since Malaysia has seven universities that already offer this degree it should be achievable to hire the right graduates in social work for the SWD.

Social work supervision should have the following components – administrative, educational and supportive. Administrative supervision empowers the supervisee to understand agency policies that include its mission and objectives. Social workers need to know the organizational structure of the SWD's organization, its clientele and services rendered. At the same time they are required to know how the SWD relates to other supporting agencies and what kind of networking they should embark on with these agencies. Networking and collaborating with other agencies should be viewed as improving the quality of social well-being of the SWD's clientele (The Association of Social Work Boards, 2009; Austin & Hopkins, 2004; Baba, 2014; Beddoe, 2010; Bennett & Deal, 2009 and NASW, 2013).

On the educational component, supervisors are responsible to enhance social work knowledge, skills and values to their supervisees. The supervisor empowers their supervisees on becoming professional social workers. Based

on the educational supervision, supervisees should know how to conduct professional interventions which involve social treatment, prevention, rehabilitation and social development. At the same time, supervisees are taught how to manage ethical issues that may interfere with social work intervention (The Association of Social Work Boards, 2009; Austin & Hopkins, 2004; Baba, 2014; Beddoe, 2010; Bennett & Deal, 2009 and NASW, 2013; Payne, 2001).

With regards to the supportive component of supervision, supervisors assist supervisees who are struggling with their personal versus professional values. Supervisors help supervisees cope how personal values can supersede their professional values. Having to face with non-judgmental attitudes when dealing with clients not to mention having heavy workloads can lead to burnout and stress. This is when the supervisees need a lot of supportive help from the supervisor. Supervisors who do not have the right qualifications may struggle to provide emotional and psychosocial support to their supervisees (The Association of Social Work Boards, 2009; Austin & Hopkins, 2004; Baba, 2014; Beddoe, 2010; Bennett & Deal, 2009 and NASW, 2013).

Having identified some of the roles that supervisors should play it is important that the social work program at higher learning institutions in Malaysia offer courses on social work supervision, especially at the master level of social work education. These higher learning institutions may also offer short-term courses on supervision for senior social workers of the SWD. The training should not be confined to SWD alone but to other senior social workers or supervisors from other government and non-government agencies that employ social workers. This is also one way to improve current services and the quality of social work in Malaysia (The Association of Social Work Boards, 2009; Austin & Hopkins, 2004; Baba, 2014; Beddoe, 2010; Bennett & Deal, 2009 and NASW, 2013; Lee, 1915)

With regards to issues on untrained social workers, there is a need to introduce a social policy pertaining to the acceptable qualifications for social workers in Malaysia. Social work is a helping profession and it has its own body of knowledge, skills and values. Malaysia needs to have a policy where only qualified social workers can occupy the social work positions. This is to ensure that qualified social workers are liable when improper conduct or intervention could possibly harm their clients. Social workers also have a direct liability when they are incompetent in executing their duties as trained social workers (American Board of Examiners in Clinical Social Work, 2004; Association of Social Work Boards, 2009; Austin & Hopkins, 2004; Baba, 2014; 2010; Etzioni,



1969;Flexner, 1915;NASW, 2013)

There is a need for future research to study how well new social workers cope with their professional growth and development. Further study is also needed in terms of what kind of support and educational input have they received when providing social work intervention to their clients.

## Conclusion

In conclusion, supervisors in social work should be persons who received proper training in the field. Supervisors play a very important role in providing quality supervision towards the professional development of their supervisees. They are leaders in providing standards that are required by all trained social workers. They also act as role models for the inexperienced social workers who are grappling with their professional development. As supervisors they should be competent managers, educators and passionate in providing social and emotional support for their supervisees. They need also be aware of their own professional growth and development. Good supervision will produce competent social workers and in the end will not only enhance the quality of service to clients but will also improve the image of the social work profession as a whole.

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# Social Work and Social Welfare Education and Practices in the Thai Context: Current Status and Future Challenges

PUCHONG SENANUCH

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## Abstract

The paper aims to explore the evolution and development of social work and social welfare education and practices in Thailand. It will explore current social work and social welfare education, standards of practice as well as related laws, which define social workers' roles and social worker employment in Thailand. The current issues and challenges of social work and social welfare education and practice are also discussed.

**Key Words:** Social Work, Social Welfare, Education and Practice, Thailand

## Emergence of Social Work Education and Practices

In Thailand, the social work profession originated with the nationalistic ideology of Prime Minister Field Marshal Phibunsongkram in 1938. The aim was to create public support and strengthen the Thai state through institutions upon which the Thai people could depend. He announced a policy of social welfare and social security to strengthen nationalism. Impressed by the Elizabethan poor law in England, he implemented the Beggar Control Act in 1941, (Phongvivat, 2002). He also became the first Director-General of the Department of Public Welfare (DPW), which was established in 1944 and aimed "to help and promote the well-being of Thai people," (Department of Public Welfare, 1997). The DPW was the government agency that employed most social workers and oversaw homes for the aged, assistance for the disabled, shelters for the homeless and destitute, orphanages as well as a land settlement scheme for landless people. The first western social work training program in Thailand was launched in 1942. It was a one-year program conducted by the Council of

Women's Culture as a training institution for social work practitioners. The Council offered a Diploma (Certificate) for those who completed the program. The trainees were government employees who worked in the Council and the Department of Public Welfare. "Due to many difficulties, such as, a lack of appropriate teachers, the program terminated after 3 years of operation," (Mongkolnchaiarunya: 2009). By the 1950's, social work education and the social work profession had been established along with socio-economic and social welfare development. The first school of social work was founded in the Faculty of Social Administration at Thammasat University in Bangkok in 1954. The faculty offered a social work degree program to serve the Department of Public Welfare.

Over the past fifty years, Thailand has become more industrialized and urbanized, bringing social changes that have affected individuals, families, and communities. As social problems become more complex, so too does social workers' involvement in psycho-social issues. Poverty and social wealth disparities, public health, gender inequality, domestic violence, human trafficking, drugs, aging and disaster relief remain persistent challenges facing Thai society, (Senanuch, 2017). The Social Work Profession Act of 2012 defined the "social work profession" as practitioners who have knowledge and skills in social work. The Act also mandated that social workers work towards prevention and solutions for individuals, families, and groups of people or communities to promote their welfare in society. Meanwhile, the Social Welfare Promotion Act of 2003 defined "social welfare" as a social service system relating to the prevention, resolution, development and promotion of social security to fulfill such fundamental needs of people as education, health, accommodation, occupation and earning, leisure, justice and general social service with a view to enhance their quality of life based upon self-reliance. This act outlines baseline standards regarding human dignity and human rights. Additionally it details social workers' involvement at all levels, including with both individuals and groups who may be suffering from a hardship or are in need of assistance. This requirement encompasses, but is not limited to children, youths, older persons, the indigent, disabled or handicapped, the disadvantaged, and those who have been sexually harassed.

## **Current Social Work and Social Welfare Education**

In Thailand, the social work curriculum is approved and accredited

by the Commission on Higher Education, Ministry of Education. The curriculum also requires gaining the recognition of the Office of Civil Service Commission. Social work degree programs in Thailand are offered both at the undergraduate and graduate levels by higher educational institutions. The degree programs offered in the higher educational institutions include the Bachelor of Social Work, Master of Social Work and Doctoral programs in social administration. The second school of social work was founded in 1990s at Huachiew Chalermprakiet University, a private university established by the Chinese philanthropic foundation, "Poh Teck Tung Foundation" in order to meet the increased need for the profession with the expansion of the social welfare system. The Educational Progress Report states in its description of the Faculty of Social Work and Social Welfare that, "due to the rapid social changes in Thailand, there is a great demand for professional social workers to work with individuals, families, groups, and communities who face social problems. The Faculty believes in the abilities, dignity, and rights of human beings. With the assistance of well-trained social workers, people can more effectively cope with their own problems. Therefore the social work program is designed to provide students with knowledge, skills, attitudes, and a code of ethics relevant to the social work profession in order to serve the needs of a changing society," (Huachiew Chalermprakiet University, 2000:7).

In the early 2000s, social work education expanded to other parts the country, with five social work degree (B.SW) programs having been founded in other institutions including:1) Krirk University 2) Prince of Songkhla University3) Mahachulalongkornrajavidyalaya Buddhist University 4) Mahamakut Buddhist University and 5) Pibulsongkram Rajabhat University.

The undergrad degree programs recruited students from high school graduates with intentions to continue to higher education. At this point, seven bachelor of social work degree program are available in Thailand. There are three master degree programs of social work. At the Faculty of Social Administration, Thammasat University provides two master degree programs, a general master degree of social work (M.S.W.) and a master degree of social work, with a focus on social welfare policy and administration (M.S.W. Social welfare administration and social welfare policy). Meanwhile, the Faculty of Social Work and Social Welfare at Huachiew Chalermprakiet University offers one master degree program focused on social welfare administration (M.S.W. social welfare administration). There are two doctoral programs conducted at both universities, which emphasize social administration (Ph.D. Social

Administration).

The Thailand Association of Social Work and Social Welfare Education (TASWE) was established in 2013 by the network of existing schools of social work and social welfare. TASWE has been legally registered with three specific objectives: 1) to develop and promote social work and social welfare education, 2) to support the study, research and development of a body of knowledge on social work and social welfare practices, and 3) to support social work and social welfare networking at both national and international levels, (TASWE, 2017). The Council serves as a support organization to all universities that offer social work program in Thailand in addition to acting as a consultant for government and non-government organizations that require assistance in social work training and education. TASWE conducts and hosted national and international conferences as follow:

1. The 2<sup>nd</sup> International Conference on Social Work and Social Welfare Education in 30 November, 2013, Bangkok
2. The 3<sup>rd</sup> ASEAN Social Work Consortium Conference in 13-16 August 2014, Bangkok
3. The 4<sup>th</sup> ASEAN Social Work Consortium Conference in 3-6 August 2015, Phuket province
4. Asia-Pacific Growth and Crisis: Social Work and Policy Discourses in 20-24 October 2015, Bangkok
5. The Workshop on development Cooperation among Practitioners, Educators, Educational Institutions on Social Welfare in ASEAN during 11-17 September 2016, Bangkok
6. The 2<sup>nd</sup> Workshop on development Cooperation among Practitioners, Educators, Educational Institutions on Social Welfare in ASEAN during 11-15 September 2017, Bangkok

TASWE has also developed Thai Qualifications Framework for Higher Education with a specification of competency standards in Social Work and Social Policy Programs in 2015. Now, all social work degree programs need to adapt their curriculum to meet the requirement of the national educational standard framework.

### **The Social Work Professional Organization**

The aim of The Social Workers Association of Thailand (SWAT), founded



in 1957, is to promote and advocate for the social work profession by providing standards of practice, developing a body of knowledge on best practices, and provide social networking support and welfare among members and related organizations, both at the national and international levels. The administrative team is elected every two years. The majority of the board committee has worked as senior officials in the Ministry of Social Development and Human Security. However, it should be noted that the “association hardly takes any significant role in social work and the development of social welfare and is now operating in a deficit as a result of lack of income from membership fees or other fundraising projects,” (Mongkolnchaiarunya, 2009). There are approximately 2,401 members of the association, (Social Workers Association, 2017). The Association of Thai Medical Social Worker and the Association of Psychiatric Social Worker were also recently established as the guideline bodies for the social workers in these specific areas of practice.

### **Development of the Standard of Practice for Social Workers**

Due to the significant role social workers play in a myriad of social issues, it is vital that the Social Work Profession Act of 2012 be enforced. Many laws outline social workers’ duties in relation to the prevention and resolution of individuals’ problems, especially regarding those with impaired or diminished living standards. It is appropriate to have an organization regulating the profession of social work in the form of a professional council to control standards and ethics of social work practice. This includes, but is not limited to, the promotion of knowledge and standards of practice, which help to insure that social work professionals are qualified and informed on contemporary practices. Section 3 of the Act articulates that “authorized social worker profession” are those who are registered and granted a license from the Council of Social Work Profession. The definition of “social worker” in the legislation is further articulated as one whose profession is to use knowledge and skills on social welfare, while working on prevention and finding solutions to persons, families, group of people or communities in order to live happily in society. “Authorized social worker” refers to one who is registered and granted a license from the Council of Social Work Profession. The Council of Social Work Profession, established in 2012, provides the standard guidelines for social workers and social work practice. Currently, the social work profession is recognized and registered under the Act. To date, there are 1,841 social workers in Thailand, who have passed the licensing exams, (Council of Social

Work Profession, 2017).

### **Social Work Practice Required in the Legislations**

Since the early 2000's, social work practices in Thailand have gained further legislative supports, which define the social workers' role in relation to solving, protection and prevention of social problems for the people. The additional legislation is detailed as follows:

1. The Social Welfare Promotion Act 2003 and the Social Welfare Promotion Act (Amendment 2007): This Act encourages all sectors to participate in social welfare services including individuals, families, communities, local authority organizations, religious as well as business sector.
2. The Child Protection Act 2003: This Act aims to define procedures and amend methods for assuring that children are taken care of, nurtured and develop in a safe environment. It is understood that these protections in turn will promote the stability of the family and prevent the child from being abused, exploited or discriminated against. It is also detailed expedient ways to improve and foster collaboration between government agencies and private organizations to provide child protective services.
3. The Older Persons Act of 2003: Thailand is moving into an aging society. In 2001, it was estimated that more than 7% of total population was over 65 years old. The act aims to protect, promote and support the rights and benefits of older persons.
4. Promotion and Development of the Quality of Life of Persons with Disability Act of 2007: Social welfare provision for people with disability began by providing social assistance since the 1950's, progressing towards an emphasis on rehabilitation, (Senanuch, 2011). This Act focuses on the legal rights and protections from discrimination, and enhanced access for disabled individuals to help promote independent living and the improvement of vital social services.
5. Domestic Violence Victim Protection Act of 2007: This Act delineates the complexities of domestic violence problems including their intimate nature. Therefore, these cases cannot be dealt with perfectly in a criminal capacity under the auspices of the Criminal Code, which is intended to penalize offenders, rather than reform or protect victims of domestic violence. For these reasons, the establishment of a law that protects victims is more appropriate than only applying criminal law.
6. Mental Health Act of 2008: There is still a significant stigma and lack of

education surrounding mental illness. This Act provides a strategy for treatment, care and rehabilitation as well as protections for the rights of those with the mental disorders.

7. The Anti-Trafficking in Persons Act of 2008 (Amendment 2015 and 2017): Thailand is a source, destination, and transit country for men, women, and children subjected to forced labor and sex trafficking. Human trafficking is a complicated problem, which continues to increase across the region. This Act aims to combat human trafficking, focusing on protection, welfare services for victims, severe punishment for traffickers and those who use trafficked persons (TIP), while also providing measures to fight TIP.
8. The Destitute Protection Act of 2015: This Act aims to provide care, rehabilitation and protection for destitute persons who lack the stability to maintain a normal life, housing, and a sustainable income. These people are unable to help themselves and cannot rely on others. Their standards of living are often far lower than minimum standards. The Ministry of Social Development and Human Security has established shelters and welfare homes for those who are living in destitution and provides social services to support and sustain enhanced social functioning for independent living.
9. The Gender Equality Act of 2015: This Act aims to promote gender equality and to prevent unfair discrimination among the sexes. Those found guilty of gender discrimination face a jail term of up to six months, or a fine of up to 20,000 baht or both.
10. The Beggars Control Act of 2016: This Act repeals the 1941 Act on Control of Begging, which makes begging in the street an offence. All offenses are punishable with imprisonment not exceeding one month and/or a ten thousand baht fine. Penalties for traffickers and those seeking to benefit from begging are more severe: prison sentences of up to three years and fines as high as 30,000 baht. Government officials found complicit face more extreme punishments with up to five years in jail and/or up to 50,000 Baht in fines.

These legislative Acts facilitate social work, by providing legal grounds for action across a diverse spectrum of scenarios and individuals. The Ministry of Social Development and Human Security has established at least five social resource funds to support the practice and delivery of social services. In addition, it promotes the involvement of organizations, businesses and local authorities in social welfare through Cooperate Social Responsibility (CSR)

activities.

### **Social Worker Employment**

At the present, approximately 2,600 social workers are employed largely by public welfare agencies. Government agencies are committed to providing direct social welfare benefits and assistance to people and families in need and advocating for the better provision of community-based services. Specially, the government agencies include the Ministry of Social Development and Human Security (MSDHS), Ministry of Public Health (MPH), Ministry of Justice (MOJ), Ministry of Education (MOE), Ministry of Interior (MOI), Ministry of Labor (MOL), National Police Bureau, Ministry of Defense (MOD), and Local Government Administrations (LGA). A few social workers are hired by non-governmental organizations (NGOs) specializing in promoting human rights and child protection, combating domestic violence and trafficking as well as supporting the poor and homeless. Social workers are also employed by non-governmental organizations such as The Council of Social Welfare of Thailand, Holt-Sahathai Foundation, Women Foundation, and The Center for the Protection of Children's Rights among others, (Sungkawan, 2015). Currently, there are roughly 200 professional social workers in NGOs. The remainder include those who work in related practices but not as social workers, such as community development workers, social development workers, and probation officers. Most of them are employed in the private business sector or own their own enterprises.

### **Conclusion: The Issues and Challenges of Thailand Social Work and Social Welfare Education and Practice**

The major issues and challenges facing social work in Thailand are a lack of social recognition of the profession's importance. The overarching perception of social workers is related to emergency scenarios in which food, clothes or money are distributed as needed to victims of a disaster. However, social work education and practices in Thailand have aimed to expand both its professional capacity as well as bolster public knowledge about the diverse roles social workers can assume. The Council of Social Work Profession has started to develop competency standards for all social workers and maintain those standards in social work and welfare. Gradually, the social perception of social work is improving. The number of qualified social workers is increasing and with that has come improved welfare for individuals, families, groups

and communities. Changes include creating a social dialogue and awareness in Thai surrounding human rights, dignity and equality among citizens. In addition, The Thailand Association of Social Work and Social Welfare (TASWE) has developed the national educational standard framework for Social Work and Social Welfare curriculum by the Thailand Association of Social Work and Social Welfare Education. However, social work in Thailand could still bolster the number of students that enter the concentration each year. For many, the perception of the profession remains one of charity workers primarily for women. The number of students who enroll in undergrad social work degree programs has decreased. Educational institutions do not prioritize interest by offering social work degrees, even though local government bodies continue to have a need for social work professionals. Furthermore, the number of qualified training agencies and supervisors for field instruction is also still limited. Meanwhile, the number of social workers who are recruited from other academic disciplines continues to grow. Currently, the social work path and trajectory for professional development remain unclear. The Social Worker Profession Act aims to resolve these issues.

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# CASE MANAGEMENT FOR CHILD IN CONFLICT WITH LAW

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## ABSTRACT

This study discusses the implementation of case management in dealing with Children in Conflict with Law (ABH) at Child Family Support Center (PDAK) Cianjur Regency. This research uses qualitative method with descriptive research type. The data collection implements in-depth interviews, with 7 informants consisting of 5 Social Workers and 2 supporting informants. The results describe the case management process from the initial / identification process to closing the case. This study also resulted models and typology of the case management process for ABH, which are: the Crisis Intervention Model which was conducted to respond to cases requiring immediate handling; Coordinative Model that emphasizes coordinative and participatory efforts in case management process; and Comprehensive Model that performs all core processes in case management.

**Key Words :** Case management, child in conflict with law; social work

## BACKGROUND

The case management approach is considered as an appropriate approach to responding to the complexity of child protection issues in Indonesia. Child protection issue which tends to be multidimensional, requires the government to have a child protection system that can integrate or coordinate existing service source systems. Through case management, handling issues related to child protection can be done comprehensively and continuously.

Phenomenon in Indonesia in recent years shows that children are not fully protected yet. Data on the Survey of Violence Against Children (SKTA)

conducted by the Ministry of Social Affairs with other institutions in 2013 showed that as many as 3 million children or 1 of 4 boys aged 13 to 17 year old were physically abused; 1.4 million or 1 in 8 children experienced emotional abuse; and 900,000 or 1 in 12 children experienced sexual violence. As for girls aged 13 to 17 year old, 1.5 million children or 1 in 7 children have experienced physical violence; 1.2 million or 1 in 9 children experienced emotional abuse; and 600,000 or 1 in 19 children were sexually assaulted. This condition is worsened by the fact that 78.7% of boys and 85.1% of girls aged 13 to 17 years do not know where to report if they become victims of violence / mistreatment.

Central Bureau of Statistics (BPS), Ministry of Women Empowerment and Child Protection (KPPA) jointly by UNICEF in 2016 also mentioned that, about 1 of 4 girls in Indonesia, married before they turn 18 year old. The study also showed that underage married girls 11 times more likely to drop out of school than girls in school; and they also have a higher risk of death due to complications during pregnancy and childbirth than adult women. Speaking of vulnerability, the Directorate of Child Social Welfare of the Ministry of Social Affairs of the Republic of Indonesia in 2016 also noted the abandoned toddler population in Indonesia amounts to 997 thousand children; abandoned children and street children totaling 2.3 million children; children in conflict with law numbered 7.466 children; and children needing special protection amounted to 6.300 children.

Regarding to the fulfillment of children rights, the recent occurrence also shows there are still many children in Indonesia have not received their right. Susenas 2016 noted that about 1/3 or 34% of children under 18 year old do not have birth certificates. This is due to the cost of making a birth certificate is too expensive. In addition, many parents have the perception that birth certificate is not necessary; they do not understand the requirements of birth certificate issuance, as well as distance to go to civil registry office is far that needs transportation cost. Regarding to these, there is a fact that, 13.31% of all Indonesian children live in poverty.

The issue of child protection is not only a national phenomenon, but also an occurrence in the regional level, especially the buffer zone of the capital city, such Cianjur Regency. Cianjur regency itself experienced what Sigh (1967) called “rural land with urban phenomena” or a rural land in which urban symptoms have emerged. On account of the development of industrial estate in Cianjur Regency makes the areas are in undergoing transformation of the region covering physical, economic and social transformation. Yunus

(2008) calls it as “the process of becoming urban” (p.162). This condition makes some areas in Cianjur Regency are in the vulnerable category.

Sagala, et al (2017) in his research has mapped the vulnerability level in each sub-district in Cianjur Regency by observing Human Development Index (IPM), poverty level, social problems and infant malnutrition (p.24). Based on the results of his research, he noted that the level of vulnerability in every district in Cianjur regency is at a moderate to high level, and as many as 13 of 33 districts in Cianjur regency have high levels of vulnerability. The districts with a high level of vulnerability, among others are Sukaresmi District, Cikalong Kulon, Cilaku, Sukaluyu, Ciranjang, Campaka, Sukanegara, Campakamulya, Argabinta, Leles, Cijati, Tanggeung and Cikadu.

Vulnerability that occurred in some of these areas also make Cianjur Regency faced with issues related to child protection. BPS in Sagala (2017) estimates that approximately 1,470 children in Cianjur District are abandoned in 2012 until 2015. The Family Planning Service for Women’s Empowerment and Child Protection (DPKBP3A) reports that 338 children were subjected to violence and sexual harassment in 2014 to 2016. Based on the data of recipients of the Family Hope Program (PKH), it was found that 76,870 children live below the poverty line by 2016, which is also at risk related to care or protection.

The complexity of the problems experienced by children in Indonesia including in Cianjur regency requires the government to strengthen the existing child protection system. Child protection is not only defined as an attempt to protect children from violence or discrimination, but also as an effort to fulfill their rights. Child protection system allows all parties jointly make efforts to prevent or respond to mistreatment, exploitation, neglect and violence experienced by children (Wulczyn, et al. 2010 in Thopstone, et al., 2014).

Based on the results of Thompstone’s research, et al (2014: 27), Child Protection System in Indonesia is not only responsibility of one authority. This responsibility is shared between the Ministry of Women’s Empowerment of Child Protection (KPPA) and the Ministry of Social Affairs (Kemosos); or at the regional level between the Office of Women Empowerment and Child Protection (DPPA) and the Social Service (Dinsos). UNICEF (2014) on Issue Briefs on the results of research conducted in six provinces in Indonesia shows that there is no coordination mechanism to coordinate, supervise, or monitor various forms of intervention in child protection. In addition, UNICEF (2015) in other studies mentioned that the community and the family have not

obtained the right service that is appropriate and easily accessed. Therefore, cross-sectoral coordination is necessary to strengthen the child protection system in Indonesia, especially in providing direct services to children who need protection that children and families can obtain appropriate and accessible services.

A case management approach can be the solution in creating an integrated coordination mechanism. As Moore (1992) pointed out, case management is “a mechanism for coordinating services” (p.418), even “enabling Social Workers within the same institution as well as different agencies to coordinate their efforts in providing services to clients through cooperation of professional teams to expand the scope of service delivery required “(Barker, 2003 in NASW Standards for Social Work Case Management 2013, p.13). Case management allows clients to obtain comprehensive, competent, effective and efficient services (Weils & Karls, 1985). When it is implemented along with a broader child protection strategy, case management can be a powerful tool to ensure that children and families have an access to proper services (Simmel, et al 2014 p.1)

Case management is one of the ‘core technologies’ of the social work profession (O’Connor, 1998 in Moore, 1990). O’Connor (1988) divides it into two levels: level of practice that refers to the direct activity of handling cases; and at the system level that can support the practice of case management itself, such as administrative arrangements, interagency networks, and the use of both formal and informal source systems. The O’Connor concept was used by experts and practitioners in the following years. Shore and Raiff (1993) emphasize the importance of variable ‘meta’ at every stage of case management practice to create a good case management practice. Then Simmel, et al. (2014) emphasizes the importance of looking at the macro / system level and in addition to the micro / individual level / practice in strengthening case management services in child welfare. Arega, et al. (2017) emphasizes the importance of system components as well as the process / practice component in creating integrated case management for risky children.

In recent years, case management approach has been introduced in Indonesia. Since 2010, together with Save the Children, the Ministry of Social Affairs of the Republic of Indonesia have been initiated the establishment of the Child and Family Support Center (PDAK) at Provincial Social Services and District / Municipal Social Services to demonstrate how professional interventions in child protection through case management approach

(Martin, 2013). Various efforts at both the macro / system level and at the micro level / practice have been done by the Save the Children team in each region, so that the Provincial Social Service as well as the District / Municipal Social Service can use the case management approach in the implementation of child protection.

PDAK was first established in 2010 in Bandung West Java, and then in Yogyakarta in 2012, Lampung and Kupang in 2015 and in West Sumba in 2016 (Sudrajat, 2015). Whilst in Cianjur regency PDAK was established in 2014 with the number of cases handled always increasing every month. In 2017, PDAK Cianjur was dealing with 283 cases of which 59% were abandoned, 18% were victims of sexual violence (whether legal or otherwise), 11% were children in conflict with law (juvenile offenders), and 12% including child victims of physical violence, sexual violence, victims of economic exploitation and victims of sexual exploitation (Database Management Case of PDAK Cianjur, 2017).

PDAK Cianjur currently receives many references regarding children in conflict with Law. By 2017, 30% of all cases handled by PDAK Cianjur were ABH either Children in Conflict with Law or Child Victims. It is due to the passing of Law no. 11 of 2012 on the Criminal Justice System of the Child (SPPA) which explicitly mentions the role of Professional Social Workers in handling ABH either Children in Conflict with Law or Witnesses and Child Victims.

The use of case management in PDAK included in the handling of ABH is based on the view that child protection issues are multi-dimensional problems which require multi-service (Sudrajat, 2015 p.2). PDAK then underlies the service with the view that there is an incision between the individual and his / her social environment (person in environment). Thus, PDAK through its social workers not only helps the individual, but also creates social conditions that encourage the optimization of individual functions in their social environment.

Previous studies show the effectiveness of case management in providing direct services to children and families such as: behavior change (Sekar, 2017); return child to family (McCormick, 2011); improve effective access for the community (Guenther, et al., 2012). The concepts and best practice of case management have been widely discussed in previous studies (McCormick, 2011; O'Leary & Squire, 2009; McGeehan, 2005; Kolisetty, 1990). However, not many research had discussed the implementation of case management in handling of ABH. This reason leads researchers to conduct a research on

the implementation of management of handling cases ABH in PDAK Cianjur regency.

## RESEARCH OBJECTIVES

The purpose of this study includes:

- a. Understanding the case management process in handling ABH in PDAK Cianjur regency
- b. Figuring out the supporting factors and obstacles of case management process in handling ABH in PDAK Cianjur regency.

## METHODS

This study uses a qualitative approach in order to gain a deep understanding. The location of this research is The Child and Family Support Center (PDAK) Cianjur Regency, involving informants who are considered understand the purpose of research, such Social Worker and supporter of the program. The information that gained through *in-depth* interview and study documentation are analyzed by identifying patterns and relationships of the resulting information.

## RESULT OF THE DISCUSSION

Conceptually, the case management process consists of six stages comprising of the initial phase/ identification, assessment, plan of intervention, intervention implementation, review, and closing. Field findings on the ABH case management process will be outlined in the six stages of the case management process.

### **Initial phase / Identification**

The initial phase / identification in the handling of ABH is done by receiving a case referral from the police, coordinating with the referring party, then establishing initial contact and finally determine the contract.

### **Receiving Referrals from the Police**

The initial phase /identification process undertaken by Social Workers in handling ABH cases is receive theo case referrals from the Police. Referral

from the Police is also accompanied by a letter of reference addressed to the Head of Social Services on Request for Assistance Inspection or Assistance the ABH. The existence of referral from the police is inseparable from the existence of Law Number 11 Year 2012 on the Criminal Justice System of Children (SPPA Act) which explicitly mentions the role of social worker in handling ABH, such Children in Conflict with Law (Juvenile offender), Child Victim and Witness Son. Police in Cianjur regency have been exposed to the SPPA act and understand it, hence many of them refer to social worker to attend diversion, make social reports, and provide assistance to strengthen ABH psychosocial function. Aside from submitting a referral letter, the referring party may also fill in the referral form provided by PDAK. The referral form contains information on referrer identity, referral time, referral reasons, referring teams, child identities, family information, and case summary overviews.

### **Coordinate with Referring Parties**

Further activity in the initial phase / identification in handling ABH is to coordinate with the referring party. Coordination with the referring parties is intended to provide input to social worker regarding the implementation of assessment to be conducted, to confirm the truth of the case, as well as to obtain an initial description of the case to be addressed. Other purpose of coordination is to assist the social worker in establishing ~~making~~ initial contact with clients and family. Aside from contacting the referrer, social worker can also make initial contact with client and family. The social worker may also contact the Social Service element at the local level, in this case is the Para-Social Worker (Tenaga Kesejahteraan Sosial Kecamatan or TKSK) to accompany clients in initial contact.

### **Establishing Initial Contact and Contract**

After coordinating with the referring party or making direct contact, social worker can establish initial contact up to the contract with client and family in handling of ABH. Every social worker has different ways of employing initial contacts until the client and family are willing to sign an approval contract to become a client. The most common way performed by social worker in making the initial contact is by introducing themselves, explaining their motives and objectives, explaining the services provided, and afterwards follow with an assessment or even the contract if possible. Social worker also shows a letter of assignment and should express empathy to

client in order to build trust with clients and families. Initial contact is important in enabling client and family to become familiar with the social work profession and finally willing to sign the contract form.

### **Assessment**

Assessment process in handling of ABH can be done through initial assessment, advanced assessment, rapid assessment, which involving other profession and conducting triangulation.

### **Initial Assessment**

Initial assessment is undertaken by social worker at the time of initial contact, either with the child or family using some forms, such as the Child 'Face Sheet' Form and the Family Care Vulnerability Form. The Child 'Face Sheet' Form contains information about the child's identity, education; information about family; name of sibling; current child situation; daily child activities; communication with family; health condition; and skills / interests of the child. While the Form of Vulnerability of family care to children" includes the identity of parents; child development; issues of parenting, economic, protection and education. Whilst the Family Care Vulnerability Form contains information about the identity of family members; child development; physical development of the child; issues of parenting, economic, protection and education.

Usually, in the initial assessment the child is still not open to the social worker yet; responding to this, social worker should conduct several visits to build 'rapport'. Establishing 'rapport' in initial assessment is done by discussing light issues, not directly talk into the substance, conducting informal interviews and ~~conducting~~ assessments in a favorite place of the child. In addition, the initial assessment does not need to be too fixed on the instrument, but first understanding what will be collected. The results of initial assessment may complement the information that will be obtained later in the advance assessment.

### **Advanced Assessment**

Advance assessment is an attempt by social worker to understand the case more deeply. It is carried out by using various assessment tools (tools assessment), such as 'genomap', to know the family structure and client relationships with their families; 'liferoad map' to find out the delightful



and distressing events that clients have experienced throughout their lives; 'history map' to know the chronology of the event; and 'body map' to find out which parts of the body that experiencing sexual violence. On advanced assessment, examples are used in providing questions to the client to make it easier for clients to understand the questions posed. Social worker must also understand the non-verbal language shown by the children during the assessment process.

Advance assessment is not always fixed on existing instruments. Social worker in conducting advanced assessment should understand the main points and can develop questions based on answers from clients. In-depth information will be obtained after social worker have held several meetings. In fact, such information has been collected since social worker conducted the initial assessment. Implementation of advanced assessment can be done in the preferred place by the client, or social worker can ask permission to the family to allow private time to talk together with the child. At the end of the meeting, social worker plan for the next meeting.

### **Rapid Assessment**

Rapid assessment is an assessment process that is usually done simultaneously with the initial process / identification. Rapid assessment is done by only give a quick question based on the questions in the instrument. Information obtained from rapid assessment results includes: client identity; educational conditions; family condition; economic conditions; potential / strength; client's spiritual bio psychosocial condition; and client care situations. Other information obtained are chronology of events; problems faced by children today; service needs; potential and resources owned; causative factor; impact / effect; the relationship between the perpetrator and the victim; expectations and desires for problems encountered; the socio-economic condition of the family; and the conclusions of the problems encountered. Information obtained from the rapid assessment is not deep.

### **Involving Other Professions**

Assessment process in ABH handled by social worker is also done by involving other profession, usually psychologist. The involvement of a psychologist is based on an indication that clients experiencing psychological problems, therefore social worker needs to ensure these. In addition to the

indications that clients experienced psychological problems, such as trauma, the involvement of psychologists in the assessment process also provides input to social workers whether the psychological problem will be one of the focuses to handled or not. Although the involvement of other professions is undertaken within the framework of the assessment process, it is also necessary that social worker encourages the child to perform psychological examination. Beside involving psychologists, social workers also involve teachers in conducting assessments related to ABH behavior in schools.

### **Triangulation**

Given the importance of the assessment process in handling ABH, social worker should make an effort to obtain valid and comprehensive information about the client. Activity in the next assessment process conducted by social worker is triangulation. Triangulation is assessments at different times and through different sources / informants. Triangulation of time is done by always confirming the information obtained from each visit to the client and conduct the assessment periodically. Triangulation of resources is done by reconfirming information obtained from client to the family.

### **Intervention Planning Process**

Intervention Planning Process by social worker in handling ABH is carried out through case conferences, family meetings, consultations and unilateral planning.

### **Case Conference**

Case conference is an activity in planning interventions to formulate intervention plan involving various related professions. In case conference, social worker explains the results of their assessment and along with attendees developing a map of the problems and plan the activities to be undertaken to deal with each of these problems.

### **Family meeting**

The process of intervention planning can also be conducted by involving family through family meetings. Family meetings are conducted by social worker by involving Supervisor. The main agenda at family meetings is to encourage family involvement in case management.

### **Consultation**

Besides conducting case conference or family meeting, social workers also conduct intervention planning through consultation. Consultation is implemented through face-to-face meeting with a client or one of the client's family members in formulating an intervention plan. Social worker also give her/his views to client and family during consultation activities; however, decisions remains in the hands of client and family.

### **Unilateral Planning**

Unilateral planning is a process of planning interventions without discussing or consulting with client, family or other professions. The social worker formulates an intervention plan based on the results of the assessment that has been undertaken. Social worker undertakes unilateral planning by writing an intervention plan on Social Reports without consulting or discussing it in advance with client, family or other professions.

### **Implementation of Intervention**

Implementation of interventions conducted by social worker in handling of ABH based on field finding including activities of strengthening / changing behavior, capacity building, facilitation and advocacy services.

### **Strengthening / Changing Behavior**

Strengthening / changing behavior is done to prepare clients and families to attend diversion and to follow up the results of diversion; prepare clients and families to attend Police Investigation Report / BAP, both at police and prosecutor level; preparing clients to face the court, either as witness, victim or defendant. Strengthening / changing behavior is also done to minimize the psychological impact of sexual violence experienced; increase the motivation of children to attend school; and increase the acceptance of child and infants resulting from the sexual violence experienced by the child.

### **Develop Family Support**

In addition to strengthening / changing behavior in interventions to ABH, social worker also intervenes by developing family support to encourage its involvement in overcoming problems experienced by client. Developing family support can be implemented in order to meet the client's education needs; discussing parenting plans by explaining the 'positive' and 'negative' of

alternatives given; encourage parental oversight of client; encourage family to be involved in client law process as well as to motivate family to fulfill the needs of the child's legal identity.

### **Assistance**

Assistance by social worker in handling ABH is assisting children and families in the process of diversion, Police Investigation Report / BAP, and Court.

Assistance in diversion process is mandate of SPPA Law; therefore, social worker must assist ABH client to do diversion. This is also done by social workers from the implementation of diversion to post diversion to ensure clients and families implement the diversion agreement.

In addition to mentoring the diversion process, social worker also does mentoring on the Police Investigation Report / BAP. Supervision of Police Investigation Report / BAP can be done both at the police and prosecutor level. In fact, when the examination / BAP requires client to do a visum (medical report) at the hospital, social worker also assists client and family to do the visum.

Further assistance by social worker is assisting during the process in the court. While doing so, social worker makes every effort to calm client when she or he feels fear, especially when meet with the offender. Social worker sometimes is also given chance to provide information in the court room.

### **Access to Services**

Intervention can be performed by social worker by accessing clients to necessary services, such as education, psychological help, health, and civil registration. As a result of the legal process, an ABH sometimes cannot meet her/his educational needs. ABH sometimes faces obstacles in accessing education services due to stigma from the community, or have to undergo a period of detention in Correctional Institution for Children / LPKA. In response to this issue, social worker assists them by finding education services in their area or ensuring clients receiving an informal / high school equivalency examination at LPKA. In accessing educational services that exist in the area, social worker utilizes local human resources, in this case TKSK.

ABH, especially victims of sexual violence, sometimes experience psychological impact. Responding to this, social worker refers client to psychological services that are not only for psychological examination but

also to get psychological *'treatment'* from psychologist. This *'treatment'* is not only addressed to client but also to the family. Social worker also try to make it possible for clients to receive less expensive or even free of charge services.

Other problem experienced by ABH, especially victim of sexual violence who was tested positive for pregnancy, is refusing the pregnancy and wanting to do an abortion. Responding to this, social worker connects client to health service the client, in this case a doctor, so that client could understand the risk of an abortion. Similar to access for psychological service, social worker also seeks ways that clients can receive less expensive or even free of charge health service.

Aside from posing problems that need assistance from services of other professions, ABH also sometimes have questions related to the legal process that they face. Those questions obviously are not the authority of the social worker to answer. Therefore, social worker takes steps to bring client into contact with legal service which can provide information and understanding about the legal process. In addition, social worker also contacts civil registration services so that children's rights for legal identity can be fulfilled.

### **Review**

The review process conducted by social worker is through monitoring activities of client progress and reward giving as reinforcement.

### **Monitoring Client Progress**

Monitoring the progress of client case is done by social worker by looking at the development of client behavior after a variety of intervention efforts. In conducting monitoring, social worker employs the evaluation form to find out how far the client's behavior changed after several social work interventions. This evaluation form also aims to see the achievements of each indicator of the agreed intervention objectives in the intervention planning process. Supervisors always ask the achievement of each indicator to social worker.

### **Giving Reward**

Reward is considered can increase the positive behavior that has been shown by the client. Social worker gives reward ABH when she/ he has reached the agreed objectives of intervention. Reward can be anything the client likes

as a reinforcement form to maintain the changed behavior of client. The type of reward has been previously agreed between social worker and the client, given by social worker along with advice that client they can maintain the behavioral changes that have been achieved.

### **Closing the Case**

Social worker closes the case by carrying out termination preparations and conducting termination.

### **Preparation of Termination**

At termination preparation, social worker conducts home visits to explain to client and the family that the objectives of services have been reached and the mentoring activities will be ended. The preparation of this termination is not only submitted to the family, but also to those who know the services provided by social worker.

### **Termination**

Termination is implemented if the objectives and activities of intervention have been achieved and implemented, and if the age of the client is 18 year old client is married. Termination activities are carried out by reading out the termination forms that include the reasons for the provision of services; agreement on the purpose of the intervention; interventions / activities undertaken; changes / improvements achieved / current client conditions; goals that have not been reached; and to whom and what aspects will be referred to and finally asking client to fill out the feedback form.

Termination is also done by involving the witnesses, such supervisor or Case Manager, and provides direction to the client in order to maintain the changes that have been achieved. At the termination stage, social worker also reminds client that in the beginning of the contract it stated that the services will not available forever, instead there is a time limit. Social worker also asks client to sign the termination form, and expresses her/ his gratitude to client on participation during the process.

### **Three Models of ABH Handling Management and Typology of Case Management for ABH**

Analysis of field findings conducted by researchers that is by comparing the case management process undertaken from each social worker's

informants. As a result of this comparison, three models of ABH handling management by social worker were obtained. These models are crisis intervention, coordinative model and comprehensive model.

### **Crisis Intervention Model**

This model tends to be implemented to respond to cases that require immediate treatment. Therefore, the process / stage performed by social worker in this model likely to be fast and non-participative. The process in this model includes: 1) **initial phase / identification, which is** done through direct identification which is developing initial contacts without prior coordination with the referring party; 2) assessment is conducted through rapid assessment, not a comprehensive assessment. These assessments are conducted in conjunction with the initial / identification process by only provide questions solely based on the questions in the instrument. Information obtained from rapid assessment is known not deep enough, but merely the general picture; 3) intervention planning is undertaken 'non-participation', through unilateral planning or with 'low participation' through consultation; 4) intervention can be implemented through strengthening / changing behavior, developing family support, mentoring, and access to services. 5) conduct review by monitoring progress of client which can be accompanied by reward or not; 6) Closing the case through the termination, accompanied by preparation or directly which are not accompanied by the preparation.

### **Coordinative Model**

This model emphasizes coordinative and participatory efforts in the case management process. The process / stage in this model includes: 1) initial process / identification is done through indirect identification by conducting initial contact without prior coordination with the referring party; 2) assessment is undertaken through a comprehensive assessment by conducting preliminary assessments and advanced assessments. In this model, social worker performs assessments involving other professions and triangulation; 3) planning interventions carried out in a participatory manner through case conferences involving several professionals and family gatherings, involving the whole large family members in formulating the plan; 4) intervention is emphasizing on access to services that connects the client or family to the required services; 5) conduct review by monitoring client progress; 6) closing the case through direct termination.

## Comprehensive Model

This model performs all core processes in case management. The process / stage in this model include: 1) initial phase / identification is done through direct identification or indirect identification; 2) assessment is conducted through a comprehensive assessment by conducting preliminary assessments, advanced assessments, involving other professions and triangulation; 3) intervention planning can be employed, either through participation or non / low participation; 4) intervention can be done through strengthening / changing behavior, developing family support, mentoring, and access to services; 5) conduct review by monitoring client progress which can be accompanied by reward or not; 6) closing the case through direct termination.

**The differences between the three models are illustrated in the following table:**

**Table 1. Typology Case Management for ABH**

Process / Stages	Crisis Intervention Model	Coordinative Model	Comprehensive Model
<b>Initial Phase / Identification</b>	Direct identification	Indirect identification	Conduct direct or indirect identification
<b>Assessment</b>	Rapid assessment is not a comprehensive assessment	Doing comprehensive assessment	Conduct comprehensive assessment
<b>Intervention Planning</b>	Non participative / low participation	Participatory	non participative / low participation
<b>Intervention</b>	Strengthening / changing behavior; developing family support; assistance or access to services	More focus on access to services	Strengthening / changing behavior; developing family support; assistance; or access to services
<b>Review</b>	Through monitoring accompanied by reward or not	Through monitoring	Through monitoring accompanied by reward or not
<b>Case Closing</b>	Termination accompanied by preparation or not	Terminate	Terminate

*Research analysis using approval and difference methods (Neuman, 2013: 577)*



## CONCLUSION

From the field finding and analysis on the implementation of case management in handling ABH in PDAK Cianjur, it can be concluded as follows: first, related to case management process in handling ABH in PDAK Kabupaten Cianjur, from interview result and documentation study with informant it is noticed that carried out processes covering the initial phase / identification; assessment; planning interventions; intervention; review; and closing the case. The processes can be notified in the following table:

**Table 2. Case Management Process in Handling ABH in PDAK Cianjur**

No	Process	Explanation
	Preliminary Process / Identification	Process is conducted through the acceptance of case referral from the police; coordinate with the referring party; and make initial contact until the contract;
	Assessment Process	Process is employed through initial assessment ; advanced assessment; rapid assessment; involving other professions and triangulation.
	Intervention Planning Process	Process is done through case conference, family gathering, consultation, and unilateral planning.
	Implementation of Intervention	Process is implemented through strengthening / changing behavior, empowering clients and families, mentoring, and accessing services.
	Review	Process is carried out through the monitoring development and giving reward
	Case closing	Process is done through preparing termination and executing the termination itself

*Source: Prepared Research*

Secondly, this research produces typology of ABH case handling process, they are: 1. Crisis Intervention Model which likely to be employed to respond to cases that require immediate handling; 2. Coordinative Model that place greater emphasis on coordinated and participatory in the case management process; and 3. Comprehensive Model which performs all core processes in case management.

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