

# ASEAN Social Work Journal

- **Child Poverty in Asia: With Special Reference to Pakistan, Nepal and Malaysia**

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- **Justice Governance Initiative in Thai Juvenile Court Legislation: A Restorative Diversionary Measure for the Minor Offense with Low Risk Offenders**

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# FOREWORD

Welcome to the fifth issue of ASEAN Social Work Journal in July 2017. The journal is published by the Indonesian Social Work Consortium (ISWC). It is a networking forum among 14 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, following the formation of ASEAN Social Work Consortium (ASWC) at a regional level. 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, ASWC conference is held in Jakarta-Indonesia with a theme “*Growing Cooperation, Solidarity and Quality Social Services in ASEAN*”, with the purposes are:

1. To strengthen solidarity among social work educators, practitioners, and schools of social work;
2. To promote and institutionalize effective collaboration towards the achievement of responsive and excellent social work education in the ASEAN region;
3. To enhance and develop social work education and practice

With these purposes, we expect we will be able to strengthen our capacity and resources in education, practice, policy and programming to empower social work profession in contribution to social welfare in ASEAN region.

The 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. This condition is reflected in the absence of journal on ASEAN social welfare policy and programs being used in most schools of social work in ASEAN. 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 to explore

common challenges and potential 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, like Justice Governance Initiative, residential care for children, drug use, child poverty and stimulant support for housing of the poor. These are the problems occurring in many places in ASEAN countries.

**Bala Raju Nikku and Muhammad Jafar** describe the children in poverty in three selected Asian countries and advocate for robust child protection policies that can address structural and cultural barriers to child poverty and protect civil, economic and political rights of Asian Children. Asian social work has to respond to the issue of children in poverty because poverty is crime which is not committed by the poor citizens, but imposed to them due to weak governance and politics of resource distribution in many Asian countries. Child poverty is a tremendous obstacle standing between children and their rights.

**Decha Sungkawan** notifies that the latest amendment of Thai juvenile Act in 2010, a special measure of Family and Community Group Conference has been incorporated into and practiced in the system. This special measure has introduced a new justice paradigm of restorative justice governance into Thai juvenile justice system. The welfare model of juvenile justice is also shifted along with the new justice paradigm. This restorative justice governance initiative adopts a new corporatist model of juvenile justice where the multidisciplinary approach and an individual treatment-based in psychosocial development

**Hazel S. Cometa-Lamberte** explores that the success of rehabilitating children who end up in residential care depends immensely on the quality of intervention provided by the residential staff like the houseparents who stays with the children all day long. This study presents the perception of the houseparents regarding their role in child care management and to ascertain the factors in the personality and environment of the houseparents that facilitate or hinder their role performance.

**Paramjit Singh Jamir Singh and Azlinda Azman** argue that the impact of drug abuse on families is profound. The purpose of the qualitative study is to explore and examine the impact of drug abuse on families.. The research findings show that the caregivers' families encountered five types of negative impacts: financial problem, emotional stress, health issue, physical abuse and

work problem. This study suggests that the drug user family members should engage in support groups to obtain the emotional support and the needed information from other families who have similar experiences in dealing with stress caused by the drug user family members.

**Soni A. Nulhaqim, Maulana Irfan, et al** argue that home is a basic need, unfortunately there are still many people who do not have home and inhabitant indecent home, not only in big cities but also in villages. Ministry of Public Works and Housing tries to solve the problems through Self-supporting Housing Stimulation Program. One of the rural area that was considered to be successful in implementing the program is Cilame village Ngamprah district, West Bandung regency, Indonesia. Conclusions of the research results were that self-help housing stimulant support was based on the scheme of program and beneficiaries's priority through three categories which are house aspect, economic condition and number of inhabitants within a house. Village officials and institutions coordinate well in utilizing the program by promoting the principles of community development through *musyawarah* (meeting) approach, resident participation, community potential and active role of public figure and beneficiaries' priority.

I hope that you enjoy reading this edition.

**Fentiny Nugroho**

Editor-in-Chief

# Child Poverty in Asia: With Special Reference to Pakistan, Nepal and Malaysia

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## Abstract

The main purpose of this paper is to map the children in poverty in three selected Asian countries and advocate for robust child protection policies that can address structural and cultural barriers to child poverty and protect civil, economic and political rights of Asian Children. Using qualitative research paradigm, this paper argues for robust child protection policies in Asian countries that can address structural and cultural barriers to child poverty and protect civil, economic and political rights of Asian Children. Asian social work has to respond to the issue of children in poverty because poverty is crime which is not committed by the poor citizens, but imposed to them due to weak governance and politics of resource distribution in many Asian countries. Child poverty is a tremendous obstacle standing between children and their rights.

Key words: Nepal, Pakistan, Malaysia, South Asia, East Asia, Poverty

## 1. Introduction: Why Pakistan, Nepal and Malaysia?

Asian social work is very complex and dynamic; Asian region has more than half of the world population and prone of many natural and human made disasters (Nikku, 2014). Many countries in Asia are governed by parliamentary democracy model, supported by multi party system.

In this paper we have analysed two countries from South Asia (Pakistan and Nepal) and one from South East Asia (Malaysia) to map Children in

Poverty in Asia in general and explored what should be the role for social work on this issue.

The governance structures and population as well as level of resources are very different in these three countries. In the case of Malaysia, one dominant party, the National Front Coalition has won every general election and continues to dictate political affairs till date.

Pakistan, which was separated from India in 1947, is Islamic republic practicing parliamentary democracy but interrupted by four military governments till date. While Nepal used to be a monarchical state but had declared as a federal republic only in 2008 after a ten year internal insurgency waged by Maoists costing more than ten thousand lives.

The selection of these three countries within the Asia though purposive, provides an opportunity to analyse child poverty from different aspects. Both Malaysia and Pakistan are federal republic guided by Muslim jurisprudence. Nepal used to be a Hindu dominated monarchical country, but declared as a federal republic in 2008. Malaysia and Nepal are varying in geographical size and has about 30 million populations each, while Pakistan is six times bigger than Malaysia and Nepal representing 190 million of total population.

The three countries are diverse in terms of ethnicity and race. In multiracial and diverse countries there is a real need for peaceful coexistence among racial and other groups and close cooperation among ethnically-based political parties in order to have political stability and socioeconomic development. If the country would achieve sustained and rapid economic development, it cannot accept racial or any inter-group strife and violence, especially on a prolonged basis. Any political solution to inter-group conflicts, through some formula of power- and wealth-sharing, has to be viable and enduring (EPU, Malaysia 2004).

Pakistan reports sixty million people (one third of the total) are living below the poverty line out of 180 million of the total population. Similarly, Nepal is going through a series of political transitions and as a post disaster country reports about 40 percent of its 30 million populations are considered poor. Malaysia claims less than 5 percent of its population is poor. and studies have shown that the poverty in Malaysia is more a rural phenomenon, but also exists in urban pockets.

### **Children Poverty in Asia**

Asia represents least developed to most developed countries with various levels of poverty and social policy development. There are countries

that listed under the least developed countries ( LDC), such as Afghanistan, Nepal, and Myanmar to name a few, to the most developed countries like Japan and South Korea. Irrespective of a country's level of development, child poverty does exist in some form, scale and nature.

The governments of 117 countries agreed that absolute poverty is a condition characterised by severe deprivation of basic human needs (UN, 1995). Poverty is measured in different ways: the simplest measure of poverty is perhaps “people who are not able to earn a dollar a day are considered as hard core poor”. As for the World Bank's \$1 per day poverty line could be used, based on income rather than expenditure/consumption. A number of reasons why this kind of approach to measure child poverty in developing countries is far from ideal (see Gordon et al, 2001). For example, in ‘poor families across the world, parents often sacrifice their own needs in order to ensure that their children can have some of the things they need (that is, children are often allocated a disproportionate share of household resources). Conversely, in ‘rich’ households, parents may spend less than expected on young children so as not to ‘spoil’ them (Save the Children Finland, 2016).

The Asian Development Bank (ADB) considers things, like mobile phones, are seen as necessities and hence calculated a daily minimum of \$1.51. This raises Asia's poverty rate of 2010 to nearly one-third of the population, adding 343 million people to the ranks of the poor. The ADB suggests that food insecurity, and the risks of natural disasters, global economic shocks and the like, should also be taken into account when measuring poverty. This would further raise Asia's 2010 poverty rate to nearly 50 percent<sup>1</sup>.

The paper is divided in to four sections. After the brief introduction, the second section presents main themes that emerge from the literature review on children in poverty. Section 3 presents the situation of child poverty in Pakistan, Nepal in brief and in Malaysia in detail and section 4 is a conclusion which presents pathways for Asian social work to address child poverty.

## 2. Literature Review and Data Sources

Poverty is lack of power and a condition to live in uncertainty plus insecurity. It also means deprivation of resources, capabilities, choices, security and power which are needed to provide a standard of living that meet civil, cultural, economic, political and social rights. Sen defines that poverty

<sup>1</sup> Source: <http://www.economist.com/news/economic-and-financial-indicators/21614146-poverty-asia>

results from a lack of capability to ‘function’ or to ‘achieve’ well-being; where well-being is defined as the “ends”, and capability as the “means” to achieve it ( Sen 1999; Bhushal 2012; Nikku and Azman, 2014).

Conservative estimates by leading not for profit organisations working in the children sector argue that there are one billion children in the world today are deprived of at least one basic necessity of life, such as food, clean water, shelter or healthcare. Consequently, instead of enjoying their childhoods by running, laughing, learning and playing with friends, these children spend their formative years struggling to survive on bare minimum life supporting systems.

Gordon et al (2003) argued that poverty denies children from their fundamental rights.

Poverty affects every aspect of children’s lives. It limits their opportunities for education, puts them at risk for health problems and increases the likelihood that these children will be subjected to harsh forms of child labor and or early marriage. There are also high chances that these children experience famine and at risk for malnutrition, underdevelopment and stunting resulting in serious health consequences later in their life<sup>2</sup>.

UNICEF states that children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their full potential or to participate as full and equal members of society. Child poverty is a critical, complex, multigenerational matter. Children are often caught in an ongoing cycle of poverty. Child poverty also affects the country as a whole. It is a heavy burden for the economy of the nation when children who are deprived of their needs, grow up to become less healthy, undereducated, and less productive citizens.<sup>3</sup>

Creating an anti child poverty protection system is crucial in Asian Countries. By striking at both causes and consequences of child poverty, social work becomes a powerful line of work to eradicate child poverty in Asia and even in the world.

## **Measuring Child Poverty**

Following the 1990 Convention on the Rights of the Child (CRC), child poverty measurement has received increased attention, since signatory

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<sup>2</sup> See <http://www.care.org/work/poverty/child-poverty>

<sup>3</sup> [https://www.unicef.org/malaysia/media\\_news11-oped-understanding-multidimensional-child-poverty.html](https://www.unicef.org/malaysia/media_news11-oped-understanding-multidimensional-child-poverty.html)

countries are obliged to promote children's rights and protection. The three countries analyzed in this paper (and many other Asian Countries) are signatories of this convention.

In order to measure absolute poverty among children, it is necessary to define the threshold measures of severe deprivation of basic human needs for food, safe drinking water, sanitation facilities, health, shelter, education, information and access to services.

The UNICEF in 2007 initiated a study on child poverty and by 2012 where there were 54 countries participated in it (Fajth et al 2012). The mandate of protecting children includes the provision of basic needs such as nutrition, health services as well as protection from abuse, neglect, and maltreatment (Barnes et al., 2009). Child poverty should be assessed and measured using robust research tools for a number of reasons.

- First, the issue of child poverty is immense worldwide. About 50% of children in low-income countries are living in poverty; governments and bureaucrats need clear definitions and numbers, nature and scope of the problem based on tested measurement tools and analysis to back up their policy decisions despite of populist agenda driving the policy processes (Minujin et al., 2005; Roelen et al., 2009).
- Second, children rely on their parents, family, and their environment (for services) to cover basic needs essential to their development. Any type of deficiency (emotional, nutritional, educational, etc.) may have long term, sometimes irreversible consequences (Corak, 2006 ; Waddington, 2004).
- Third, children can be entrapped into poverty, left chronically poor on several dimensions ( Roelen et al., 2010)

We have observed the shifts in poverty studies from single dimension to a multidimensional perspective. Traditional models use welfare single variant monetary measures based on income or expenditure to define poverty. This univariate approach to poverty has been criticized by Sen (1976) for not adequately considering the context of the poor. Designed by Sen, the multidimensional approach to poverty prioritizes individual well-being, which depends not only on income but also on capabilities. Furthermore, multidimensional poverty measurement enable one to view how multiple dimensions are overlapped (Alkire & Foster, 2011). We are also aware there are limitations to statistical methods measuring poverty. Due to lack of time and resources available, we have applied qualitative tools to understand the

extent of deprivations. Based on the data collected from multiple sources, we have presented the nature and breadth of child poverty and how social work can make a difference in the Asian region, as the main focus of this paper.

UNICEF (2016) reported that children are two times more vulnerable to poverty than adults. A joint report of UNICEF and World Bank shows that in the year 2013, 19.5 percent of children in developing countries are living in household having an average income of US\$ 1.90 in a day or even with lesser income as compared to 9.2 per cent of adults. The statistics show that proportion of poor children is double than adults. According to an estimate, globally approximately 385 million children were living in extreme poverty. Speaking on the child poverty, UNICEF Executive Director Anthony Lake stated:

*Children are not only more likely to be living in extreme poverty; the effects of poverty are most damaging to children. They are the worst off of the worst off – and the youngest children are the worst off of all, because the deprivations they suffer affect the development of their bodies and their minds.*

A recent analysis released by the World Bank Group's new flagship study, "Poverty and Shared Prosperity 2016: Taking on Inequality", found that some 767 million people globally were living on less than \$1.90 per day in 2013, half of them under the age of 18. Ana Revenga, Senior Director, Poverty and Equity at the World Bank Group, stated (2016):

*Improving these services, and ensuring, sheer number of children in extreme poverty points to a real need to invest specifically in the early years—in services such as pre-natal care for pregnant mothers, early childhood development programs, quality schooling, clean water, good sanitation, and universal health care.*

Furthermore, today's children can access quality job opportunities when the time comes, is the only way to break the cycle of intergenerational poverty that is so widespread today. The global estimate of extreme child poverty is based on data from 89 countries, representing 83 per cent of the developing world's population.

Despite of gaps in data collection and politics of data construction, there are many different surveys to estimate child poverty in a country or a region. They are: Living Standards and Measurement Surveys (LSMS), the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), are available but not being carried out in many poor and

developing countries. One of the limitations of these surveys is that they treat children as routinely considered as a property of their household and are assumed to share equally in its fortunes (or misfortunes) and hence not able to capture the poverty dimensions of children. In the country like Nepal, a huge numbers of rural children work as domestic worker, while children in the urban families are left out and not captured by the research surveys.

A variety of secondary and grey sources that include government reports, not for profit reports, and academic literature published on child poverty were used in mapping the status of child poverty. We have carried out two consultations with selected key informants from each country included in the study, Malaysia, Pakistan and Nepal, to further validate the analysis. Arguments are presented in the form of case studies.

### **3. Mapping Child Poverty in South and South East Asia:**

#### **Pakistan**

Currently, Pakistan is the sixth most populous country in the world; 64% of the population is living in rural whereas 36% is living in urban areas. The country is currently experiencing a rapid population growth and it continues to grow at the given rate. It will be the fifth most populous country globally by the year 2050 (National Institute of Population Studies, 2014).

According to official claim, 21% population of Pakistan is living below poverty line. This includes the conditions of food insecurity and malnutrition of mother and child. The proportion of poor population is different in urban and rural areas of the country (Government of Pakistan, 2013). Pakistan stands at 26th position in the world in the rate of child mortality of the under 5 years (Bhutta et al., 2013).

Pakistan is one of the countries with massive child malnutrition, high rate of child mortality and poor literacy (Arif, Farooq, Nazir & Satti, 2014). It has also shown poor score on child related social indicators, although some improvement had been reported but still one third of the children are suffering of poor nutrition and under weighed (National Nutrition Survey [NNS] 2011). Children constitute 45% of total population of the Pakistan; that is why child poverty is one of the key issues in Pakistan (Gordon, 2015).

The existing data on measurement of poverty trends in Pakistan over

the period of five decades revealed that there has been remarkable fluctuation in poverty ratio. For example, poverty rate was 17 percent at the end of 1980s, but half of the children were under nourished (Arif, et al., 2014).

Two thirds of children in Pakistan are living in unhygienic living conditions - five persons live in one room with muddy floor (National Institute of Population Studies, 2013). Similarly, one fourth of children in Pakistan do not have access to toilet facility; they have to hide themselves in the bushes or fields for toilet purposes. In addition, more than 5 million children in Pakistan drink water from unsafe sources, such as rivers, open pounds and streams (Gordon, 2015).

**Table 1: Deprivation and Poverty among Children: country data**

| Country  | Children   | % water deprived | % sanitation deprived | % shelter deprived | % education deprived | % health deprived | % food deprived | % in absolute Poverty |
|----------|------------|------------------|-----------------------|--------------------|----------------------|-------------------|-----------------|-----------------------|
| Pakistan | 68,231,000 | 37.0             | 85.1                  | 46.7               | 38.4                 | 33.5              | 22.9            | 61.0                  |
| Nepal    | 10,921,000 | 19.5             | 51.0                  | 93.9               | 28.7                 | 32.6              | 27.4            | 90.3                  |

Source: Child poverty in the developing world supported by Unicef (2003)<sup>4</sup>

## Nepal

More than a third of Nepal’s population which is 12.6 million, means more than 4 million children live below the national poverty line<sup>5</sup>. The fact that two-thirds of Nepali children suffer severe deprivation and half of under-five children suffer severe malnutrition, present strong evidence for the scale of child poverty in Nepal.

Nepal is lagging behind Pakistan within the South Asia (see table 1) in most categories of the deprivation. Severe deprivation during the first few years of a child’s life causes irreparable damage, perpetuating poverty cycles across generations. Everything from cognitive development to employment potential is laid down within these formative years. Policy makers in Nepal should address child poverty as a high social policy priority.

Hulme and Shepherd’s (2003) five-tier categorization of poverty is useful to analyze the child poverty in the case of Nepal: always poor, usually poor, churning poor, occasionally poor and never poor. Social protection measures in Nepal are aiming into poverty and vulnerability. Addressing child poverty and deprivation has been a key policy arena for policy makers. As a result, despite of its several political transitions and rified with internal conflicts for a decade (1996- 2006), Nepal was able to introduce universal social pensions in 1995 even being a low income country

<sup>4</sup> [https://www.unicef.org/socialpolicy/files/child\\_poverty\\_in\\_the\\_developing\\_world.pdf](https://www.unicef.org/socialpolicy/files/child_poverty_in_the_developing_world.pdf)

<sup>5</sup> Defined as NRs. 5,089 per capita, per year in 1995/96 and NRs. 7,696 per capita per year in 2003/04.

in Asia ( see Köhler et al 2009; Koehler, 2011; Save the Children Finland, 2016).

The ten years of armed conflict of Nepal (1996-2006) took high toll on families and communities. In addition, different groups (for example army, Maoists, and other splinter groups) have used systematic violence against civilian populations, especially children and youth, who were recruited as child soldiers and information gatherers. As a result of internal conflict, thousands of children are separated from family and became victims of trafficking, detention, and gender-based violence (Nikku & Azman, 2014).

Children from large households, illiterate families, disadvantaged and Dalit households are likely to be the poorest, as well as children from rural areas and hill regions, from households with small landholdings, and from families with a high dependency. The incidence of child poverty is higher in families with illiterate household heads than in families with educated household heads. Child poverty is three times higher in rural households than in urban households. Children from households with small landholdings are twice as likely to be poor compared to children from households with large landholdings (UNICEF, 2010).

The 2015 mega earthquakes shocked Nepal's social, economic, political and cultural condition, also caused devastation that lead to disintegration of many families; thousands of children are at risk of further separation from their families. More than 10,000 lives had been lost, thousands were injured and over 250,000 shelters and 32,000 classrooms reported completely destroyed, pushing many children into extreme vulnerability and deprivation of basic rights ( Nikku, 2015).

### **Malaysia**

The Malaysia Millennium Development Goals Report (2010) estimated that over 720,000 children, below 15 years of age, are still subjected to the harsh realities of child poverty despite of the fact that overall poverty of Malaysia declined from 20% to 4% between 1989 and 2007. Other reports also estimated that there are about 17,000 children in Malaysia dropped out of school each year, with poverty being one of the contributing factors.

Economically, Malaysia is an upper-middle-income country in South-East Asia (Economic Planning Unit Malaysia, 2011). There are 13 states in

Malaysia, including Peninsular Malaysia, Sabah and Sarawak with a total land area of almost 330,803 km square (World Bank, 2011). Currently, total population of Malaysia is 28.6 million people, belongs to different ethnic and cultural backgrounds. Malays formed the largest group (49.7 percent) of the total population, followed by Chinese (22.84 percent), whereas Indians form the smallest ethnic group (6.81 percent).

A noticeable population is comprised of the 'Orang Asli' (the indigenous tribes) and people from other ethnic groups; 79.9 percent of the population lives in Peninsular Malaysia, 8.8 percent in Sarawak and 1.3 percent in Sabah 1.3 percent. Approximately, 11.3 million of the population are children below 18 years old. Of these children, 9.16 million are below the age of 15 and about 3.5 million are below 7 years old (non-schooling age). In addition, there are about 2.1 million non-citizens living in Malaysia (Department of Statistics Malaysia, 2010). Higher proportion of urban population than rural, as more than two-third of the Malaysian live in urban areas. Islam is the predominant religion in the country, practiced mainly by the Malays. Other religions are Buddhism, Hinduism and Christianity.

According to Malaysian standards, all those households having an income below USD 740 per month are considered low-income households, whether they are rural or urban dwellers. The government of Malaysia confirmed the target group for the income alleviation and income disparity reduction efforts under the New Economic Model formulated in 2010 (Mohamed & Antony, 2015). Inclusiveness programs of Malaysia have tried to enhance the income levels of low-income households from RM 1,440 (USD 480) per month in 2009 to RM 2,300 (USD 770) in 2015 (Government of Malaysia, 2011). The evidence shows that since its independence in 1957, Malaysia has made a hallmark achievement in the overall poverty eradication. In this regard, different public policies were instrumental in eradication of the poverty. Particularly, the New Economic Policy (NEP) formulated in 1970 was most significant one. The NEP helped to reduce poverty ratio from 49.3 per cent in 1970 to 17.1 per cent by 1990 (Government of Malaysia, 1991; Nair, 2000).

Children constitute about 34% of the total population of Malaysia (Hwa, 2013). Child poverty is a particular concern because of its long-term effects on cognitive, physical and emotional development as well as on health development. A 2004 study co-published by the Ministry of Education (MOE) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) found that almost 85 per cent of school students who dropped out

were from poor families, which was correlated with low interest, low academic achievement, and discipline problems. These factors have far-reaching implications for the future employment of children as they lack of skills and capacities necessary to enter the workforce. This will, in turn, increase their vulnerabilities to staying in poverty. Child poverty continues to exist in Malaysia despite of overall progress in addressing poverty, because they are members of poor households. Breaking this cycle is therefore important to ensure the sustainability of the poverty reduction achievements in Malaysia. It is estimated that 1.3 per cent of children under five are living below the poverty line, while 1.7 per cent of children under 15 belonged to this category. This translates to an estimation of 135,000 children under 15 years were living under the poverty line. Taking into account all children under 18, it is estimated about 157,000 children are living below the poverty line in Malaysia ( See Table 1)

**Table 2: Proportion and Number (000s) of Children in Poverty in Malaysia**

| Year | Children under 5 | Children under 15 | National poverty rate |
|------|------------------|-------------------|-----------------------|
| 1989 | 28.3% (676.7)    | 29.3% (1,966.4)   | 16.5%                 |
| 2007 | 8.1% (178.4)     | 9.4%(724.9)       | 3.6%                  |
| 2014 | 1.3% (33.3)      | 1.7%(135.0)       | 0.6%                  |

Source: Household Income and Basic Amenities Survey 2014, Department of Statistics.

According to Department of Statistics, Malaysia (2012), incidence of poverty decreased from 19.9% (1989) to 1.7%, which is a reflection of reduction in the percentage of children living in poverty and malnourished children. Household Income Data surveys shows about 400,000 children living below poverty line in Malaysia.

Malaysia ratified the Convention of the Rights of the Child (henceforth CRC) in 1995. Being signatory of the CRC; the country is bound to recognize the universally accepted rights of the child as described in this convention. In addition, Malaysia is also a signatory of the United Nations Convention on the Elimination of All Forms of Discrimination against Women/CEDAW (Department of Women’s Affairs Malaysia,1999). The current child welfare system in Malaysia replicates the British model of child welfare, which was

designed and developed with a belief that the state has a parental role of child care (Doling & Omar, 2002; Nikku & Azman, 2014 a).

## **Initiatives for Child Care in Malaysia**

Malaysia is currently developing a professional and institutionalised child care system for at-risk children. UNICEF (2013) reported that due to the absence of guidelines, views on decision-making and placement regarding children are problematic. A number of interim care alternatives to institutions, such as temporary shelter or fostering, provide an opportunity for welfare workers from a range of agencies to work in making the safe home environment. The government has various small programmes, mostly cash transfers, awarded through basic means testing based on families' registration and home visits by social workers. There is limited non-cash assistance, such as parental education and counselling. The alternative care system is a patchwork of government and private facilities. Parents may put their children into care for many reasons, including financial, family conflict, and disciplinary problems. Government facilities include homes for abused, abandoned, or poor children, services for children under provisional probation by the court; homes for children who commit crimes but are not sentenced to jail; and teenage girls accused of "vice" activities. Private facilities mostly care for abused, neglected, or abandoned children, orphans, and for children with disabilities, and many are faith-based.

Approved school or probation hostel provision is recommended for children committing status offences such as running away from home, engaging in sexual behaviour, engaging in substance abuse, being repeatedly disobedient to parents, and/or involvement in motorbike racing (Child Rights Coalition Malaysia, 2012). Malaysia is one of the six countries that participated in the development of the Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM) instrument and measure of child maltreatment prevention readiness in low- and middle-income countries (LMIC), an initiative by the World Health Organisation. Two of under state run initiatives are significant as stated by Hwa (2013).

### **a. National Policy on Children**

National policy on children was approved by the government on 29 July 2009. The main purpose is to develop interventions relating to children's

survival, protection, development and participation as provided for in the CRC. In addition, a Technical Committee chaired by MWFCDD is established in order to coordinate and monitor the implementation of the Plan of Action under this policy. It aims to ensure children's protection from all forms of neglect, abuse, violence, and exploitation and to encourage all organizations that deal with children to develop their own policies for the welfare of the child.

#### b. National Policy on Family

Government realized that child poverty cannot be curbed only by focussing on children, rather there is a need to address the family as a whole. Therefore, the National Policy on Family was launched on 17 December 2010. Its main aim was to establish a prosperous, healthy and resilient family, to ensure social stability which would result in eradication of child poverty. According to Hwa (2013), Malaysia has adopted three pronged strategy to tackle child poverty, involve the followings:

- Legal Framework: by drafting, amending and introducing new acts and regulations towards safeguarding the child's rights.
- Policies and Action Plan: designing and implementing policies and action plan to address child poverty by enhancing education and health pertaining to child and family.
- Incentives: means of assisting to ease burden of poor families in bringing up a child, while not implementing the concept of welfare state

## **Agencies Responsible for Child Welfare in Malaysia**

In Malaysia, main ministry responsible for taking care of the child related issues is the Ministry of Women, Family and Community Development (MWFCDD). However, there are other primary ministries which also deal with children welfare, including Ministry of Education, Ministry of Health, Ministry of Youth and Sports and Ministry of Home Affairs. The focal government agency responsible for child related issues is the Department of Social Welfare.

In addition to the above government structures, there are coalitions of various organizations for child welfare in Malaysia. Among them are the Malaysian Council For Child Welfare (MCCW), Malaysian Association for the Protection, and some others (Cheah and Choo, 2012). These institution are collaborated in addressing

an issue of children poverty in Malaysia; however, there is a further need for inter-agency linkages to obtain the maximum impact.

## **4. Can Asian social work address child poverty?**

What insights can be drawn from these three case study countries in this paper in terms of understanding children in poverty in Asia? What should be the role of Asian social work?

On the basis of insights derived from Pakistan, Nepal and Malaysia, we argue that multiple domains of deprivation complicate efforts to tackle poverty among children in Asia. This issue requires more comprehensive and coordinated approach involving government, researcher and child relief agencies, as well as social workers.

Poverty denies the fundamental rights of children. Poverty reduction and eradication programs in Asia should begin with keeping the children in poverty at the centre. Further efforts necessary is to deconstruct the existing definition of poverty. Policy makers should move away from a narrow measurement that addresses income exclusively to a definition that includes income poverty, deprivation and well-being.

We argue that government investment in basic social service for children is the key element to ensure success in alleviating child poverty. In the poorer countries, such as Pakistan and Nepal, social work efforts should be focused on advocacy for better implementation of national programs on nutrition, accompanied with health interventions, including community-based management of acute malnutrition and newborn babies. In addition, social work should also focus on maternal health initiatives and extend support to basic health services for girls and women in the period of childhood, youth and early adulthood, as well as improving access to water, sanitation and hygiene and education. In Malaysia, social work efforts should also be focused on better reporting of child abuse and protection mechanisms. An introduction a subject of child protection to school of social work may help in identifying the issue of children in poverty and deprivation.

Studies have shown strong link between poverty and conflict (Goodhand, 2003). Internal and external wars constitute a major external shock for households that increase vulnerability, understood as the risk of falling into poverty (Dubois, 2008). Both Pakistan and Nepal in South Asia have been suffering with ongoing internal conflicts, they are growing Talibanisation in

Pakistan and Maoist struggles in Nepal, and also post- conflict reintegration issues. Malaysia also reported with increased rate of child abductions by traffickers and abuse at home and schools. Social work in Asia should focus on making families resilient to human and natural disaster that shook the fabric of communities.

The exposure to frequent natural disasters, in the case of Nepal and Pakistan, coupled with poor governance are highly associated with absolute child poverty. Institutionalists tend to argue that many of Asia's problems including children in poverty derive from fragile, inefficient and or corrupt institutions. Although increasing quality of government tends to be associated with less poverty - as in the case of Malaysia - the negative effects of natural disasters on child poverty is associated with the efficiency of the country's institutions -as the case of Nepal. Increasing exposure to disasters and less or lack of coping and resilience mechanisms, as well as institutional arrangements are associated with higher rates of child poverty.

Most governments in Asia and also globally had not lived up to the promises made at the 1990 World Summit for Children. Despite some progress, it requires stronger leadership, sustained political will and new child led policies (UNICEF, 2002).

This paper concludes that child experience of poverty is very different from that of an adult. Child poverty is linked to far more than the absence of material wealth. Given the multidimensional and complex nature of child poverty, social policies and programs for child poverty reduction must go beyond the sectoral approach and promote an integrated social work intervention. Child-sensitive budgeting, monitoring, and analysis should be used to promote child equity initiatives. Investments in children are the best guarantee for achieving equitable and sustainable human development (Vandermoortele, 2000). Asian social work should proactively respond and ensure that the poverty reduction efforts place the children in the centre, involving them as actors rather than passive beneficiaries.

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# Justice Governance Initiative in Thai Juvenile Court Legislation: A Restorative Diversionary Measure for the Minor Offense with Low Risk Offenders

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## Abstract

Thai Juvenile and Family Court has been established more than six decades. Since its initiation in 1951, Thai Juvenile Court has adopted the welfare model of juvenile justice where all child and youth offenders have been generally protected in Thai Juvenile and Family Court through the administrative and the judicial officers. The latest amended of Thai juvenile Act in 2010, a special measure of Family and Community Group Conference has been incorporated into and practiced in the system. This special measure has introduced a new justice paradigm of restorative justice governance into Thai juvenile justice system. The welfare model of juvenile justice is also shifted along with the new justice paradigm. This restorative justice governance initiative adopts a new corporatist model of juvenile justice where the multidisciplinary approach and an individual treatment-based in psychosocial development plans for low risk juvenile offenders who commit minor offenses but the serious and violent and drug-related youth offenders who need treatment benefit the most may be not eligible for and likely to be excluded from the new treatment model of practice.

## Juvenile Crimes in Thailand

Youth crime brings about the issue of concern as numbers of children and youth in conflict with law for drug related and homicide and bodily injury offenses form the major offenses among the others. It is a remarkable situation of drug abuse and drug related offenses among children and teenagers in

Thailand and it is alarming increased in the recent years. Drug addict treatment centers have been established attach to the juvenile and family courts both in Bangkok metropolitan areas as well as in the major regional provinces in order to provide drug treatment programs particularly for the young and juvenile drug addicted population in the areas.

**Table 1.**

**The Number of Thai Juvenile Offenders in 2009- 2014 Classified by Age**

| <b>Age/<br/>Year</b> | <b>2009</b>   | <b>2010</b>   | <b>2011</b>   | <b>2012</b>   | <b>2013</b>   | <b>2014</b>   |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 7-14<br>years old    | 6,841         | 6,054         | 5,082         | 6,108         | 10,672        | 10,776        |
| 15-18<br>years old   | 39,530        | 38,003        | 29,967        | 28,168        | 26,091        | 25,761        |
| <b>Total</b>         | <b>46,371</b> | <b>44,057</b> | <b>35,049</b> | <b>34,276</b> | <b>36,763</b> | <b>36,537</b> |

Source: The Juvenile Observation and Protection Department, Ministry of Justice 2009-2014

**Table 2.**

**The Number of Juvenile Offenders in Thailand 2009-2014 Classified by Gender**

| <b>Year</b> | <b>Male</b> | <b>Female</b> | <b>Total</b> |
|-------------|-------------|---------------|--------------|
| 2009        | 42,604      | 3,767         | 46,371       |
| 2010        | 40,431      | 3,626         | 44,057       |
| 2011        | 32,260      | 2,789         | 35,049       |
| 2012        | 31,684      | 2,592         | 34,276       |
| 2013        | 34,279      | 2,484         | 36,763       |
| 2014        | 34,108      | 2,429         | 36,537       |

Source: The Juvenile Observation and Protection Department, Ministry of Justice 2004-2014

**Table 3.**

**The Number of Juvenile Offenders in Thailand 2009-2014 Classified by Offences**

| <b>Offence/Year</b> | <b>2009</b> | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> | <b>2014</b> |
|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Against property    | 10,073      | 9,742       | 7,078       | 6,800       | 7,260       | 7,208       |

|                         |        |        |        |        |        |        |
|-------------------------|--------|--------|--------|--------|--------|--------|
| Homicide & injury       | 6,388  | 5,474  | 4,051  | 4,086  | 4,263  | 3,759  |
| Sexual offence          | 2,538  | 1,812  | 1,482  | 1,576  | 1,636  | 1,383  |
| Public peace & security | 2,407  | 2,300  | 1,615  | 1,034  | 1,241  | 866    |
| Drug related offenses   | 12,352 | 14,695 | 13,845 | 14,773 | 15,530 | 16,508 |
| Weapons & explosives    | 3,413  | 2,889  | 2,282  | 2,274  | 2,613  | 3,252  |
| Other offences          | 9,200  | 7,145  | 4,696  | 3,733  | 4,220  | 3,561  |
| Total                   | 46,371 | 44,057 | 35,049 | 34,276 | 36,763 | 36,537 |

Source: The Juvenile Observation and Protection Department, Ministry of Justice 2009-2014

## Social and Economic Profiles of Thai Juvenile Offenders

Social and economic profiles of juvenile offenders in Thailand show that both juvenile offenders and victims of crimes often suffer from one or more aspects of social exclusion. It is a typical case that an offender may come from a childhood of poverty, or a victim may be a school dropout who is excluded from mainstream society. The communities or neighbourhoods for most of juvenile delinquency are usually affected by financial deprivation, lack of jobs, poor public transport, and low-quality schools and housing. These factors have led numbers of school age population became school dropouts who form the majority of juvenile offender population.

**Table 4. The Number of Juveniles in 2009-2014 Classified by Level of Education**

| Level of Education/Year | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|-------------------------|--------|--------|--------|--------|--------|--------|
| <b>Non-education</b>    | 2,040  | 1,874  | 133    | 1,047  | 344    | 1,041  |
| <b>Grades 1-6</b>       | 13,795 | 13,051 | 5,040  | 9,946  | 8,764  | 6,073  |
| <b>Grades 7-9</b>       | 18,405 | 17,468 | 19,558 | 15,212 | 18,621 | 15,744 |
| <b>Grades 10-12</b>     | 9,335  | 8,927  | 10,220 | 7,951  | 8,381  | 13,600 |
| <b>Others</b>           | 2,796  | 2,737  | 98     | 120    | 653    | 79     |

|              |        |        |        |        |        |        |
|--------------|--------|--------|--------|--------|--------|--------|
| <b>Total</b> | 46,371 | 44,057 | 35,049 | 34,276 | 36,763 | 36,537 |
|--------------|--------|--------|--------|--------|--------|--------|

Source: The Juvenile Observation and Protection Department, Ministry of Justice2009-2014

Most of the juvenile offenders have an education that ended between the seventh and ninth grades. A large number of them are from separated families and lived with their single parents and other types of living arrangement such as with grandparents in the rural areas and with relatives or employers in urban areas. The typical juvenile offenders reported that they committed the offence because of peer group influence particularly for drug related offenses. The interrelationship of these factors is self-evident. Economic pressures are also creating tremendous difficulty situations in the family and these situations impact family relations, which can result in attributing the juveniles under the influence of their peer groups.

**Table 5**

**The Number of Juveniles in 2009-2014 Classified by the Types of Family and Living Arrangement**

**Type of Family and Living Arrangement/Year**

|                    | <b>2009</b> | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> | <b>2014</b> |
|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>Two Parents</b> | 22,709      | 21,404      | 10,844      | 14,281      | 7,643       | 12,981      |
| <b>Others</b>      | 23,662      | 22,653      | 24,205      | 19,995      | 29,120      | 23,556      |
| <b>Total</b>       | 46,371      | 44,057      | 35,049      | 34,276      | 36,763      | 36,537      |

Source: The Juvenile Observation and Protection Department, Ministry of Justice2009-2014

## **Development of Thai Juvenile Justice System**

In historical perspective of juvenile rehabilitation, Thai society had learned how to treat the juvenile and young offenders different from the adult offenders since the country has a political reform that led to change in the political system from the absolute monarchy to the constitutional monarchy in the early 1930s. It had been in practice to send the juvenile delinquents to vocational schools under the Primary Education Act 1935 or to reform schools under the Instruction and Training of Certain Classes of Children Act 1936 for

treatment after trial instead of imprisonment. However, under these provisions, treatment of the juvenile was available only after the court's order and there were no special provisions made for juveniles before adjudication. Juveniles were, therefore, detained in the same detention facilities as adult offenders and they were required to undergo the same court procedures as adults.

The first Juvenile Court had been initiated in the early 1950s with the principle of "Parents patriae or parent of the nation" that express power of the state to intervene against abusive or negligent parents. The first juvenile and family court, Central Juvenile and Family Court, had been established in Bangkok in 1952 under the Juvenile Court and the Juvenile Court Procedure Act 1951 and the observation and protection center was also established under the juvenile and family court jurisdiction. The jurisdiction of the juvenile courts in Thailand had been expanded into a few major cities during its inception; Song Khla in the south, Chiang Mai in the north, and Khon Kaen in the northeast. The juvenile offenders in these Juvenile court jurisdictions during this period are rehabilitated mainly within the homes for juveniles; the observation and protection centers or detention centers.

The Juvenile Court and the Juvenile Court Procedure Act 1951 was later revised as the Establishment of the Juvenile and Family Courts Act 1991. The Act expressed the principle of the "best interests of the child" with respect to the protection of children and their families. A child who violates the law is not regarded as a criminal offender, considering that he or she is under-aged and victimized by unsuitable social environment and that his or her wrongdoing is not committed out of malice. The child can repent and express willingness to undergo correction and rehabilitation under adult care and supervision.

## **Adjudicative and Institutional-Based Rehabilitations**

Rehabilitation services in justice system in Thailand are currently provided with a limited model of practice which is possible in a few types of justice institutions particularly in the institutions for young and juvenile offenders. In the other types of justice institutions such as the maximum securities for the long-termed imprisonment and adult offenders where security is the most concerned for the authority, rehabilitation programs and social work interventions in these kinds of justice institutions are almost impossible. Most of the rehabilitation service for the juvenile offenders that provided in the justice system is the traditional agency-based or institution-

based practice which focuses mainly on a group rehabilitation program such as educational and vocational rehabilitation services. Individual-based rehabilitation programs are impossible for a large population over three hundred thousand of both adult and juvenile offenders in Thai justice system.

In the last few years the legal counsels who provide their legal service in the juvenile cases for the juvenile and family courts have been appointed by the Juvenile and Family Court all over the countries. One of the legal counsel's functions is to recognize the rights of the juveniles and child rights protections as well as to support the new rehabilitation models for the juvenile offenders in the juvenile justice system where social work profession and multidisciplinary perspectives in juvenile justice that focusing on juvenile protection and rehabilitation programs have been adopted.

## **Restorative Justice Governance Initiation**

In current Thai juvenile court legislation, the Juvenile and Family Court and the Juvenile Court Procedure Act 2010, the measure for diversion programs through an individual-based rehabilitation plan instead of prosecution and adjudication options are stipulated.

Section 86 of the Act provides a special measure option in place of criminal prosecution for a case that child or juvenile is alleged of a crime committing and the criminal offence that is punishable by a maximum of 5 years' imprisonment. The accused child or juvenile has shown repentance for his or her act before the prosecution, and the Director of the Juvenile Observation Centre considers by taking into account the age, personal records, behaviors, intelligence, education background, physical and mental conditions, occupation, cause of the offence with low risks for reoffending, that the child or juvenile may reform himself or herself without the requirement for prosecution. The rehabilitation plan shall be subject to consent from the victims and the child or juvenile. The implementation of the rehabilitation plan shall be reported to the court. If it appears to the court that the process of preparing the rehabilitation plan is unlawful, the court may issue an order as it considers appropriate.

In preparing a rehabilitation plan pursuant to section 86 of the Juvenile and Family Court and the Juvenile Court Procedure Act 2010 that provides an individual rehabilitation plan through the family and community group conference that the stakeholders' meeting where the meeting members may include a child or juvenile and his or her parties, the victim parties and

psychologist or social worker. The conference facilitator may also invite community representatives or agencies that have relevant duties or that have been affected by the offence, or a public prosecutor. The rehabilitation plan has to be completed and proposed to the public prosecutor for consideration within 30 days from the date on which the child or juvenile has shown repentance for his or her act.

Section 90 of the Act also provides that when a prosecution is brought to the court against a child or juvenile and the alleged criminal offence is punishable by a maximum of 20 years' imprisonment for the serious offenses, the pre-sentence conference may be conducted at the court before sentencing.

## **Reintegrating into the Society through Diversionary Measure**

These diversionary and pre-sentence conferences are organized around the restorative justice governance principles where the victims, the family and community members are often included in the conference and the rehabilitation plan for each individual juvenile is discussed and created. As the conference facilitator and case manager in the family and community group conference and monitoring rehabilitation plan for the juvenile, psychologist and social worker collaborate their work with multidisciplinary perspectives as the other professions, including investigation officer, legal counselor, public prosecutor, judge, lay judge for the juvenile court, probation officer and the others who participating in the process. This special measure also provided psychologist and social worker to shift their practice approach from the agency-based model to the practice model that fit to each of the individual case. Often time that psychologist and social worker who participating in the diversionary conference as the conference facilitator and case manager applying the strengths-based rehabilitation approach (Poulin, 2010) that focuses on the individual juvenile's inherent strengths, resources, and coping abilities. Individual juveniles are viewed as being capable of change. They are partners and active participants in the changing process. The psychologist or social worker is not the problem-solver; the juveniles themselves are the problem-solvers. The psychologist and social worker's primary function is to help the individual juveniles recognize, marshal and enhance their inherent strengths and abilities. With this strengths-based practice model, the individual juveniles are experts with focuses on empowering them and establishing collaborative helping relationships.

## Discussion

The rehabilitation models for the juveniles in the observation and protection centers have been very much provided by staff who may have been trained in the general child protection following their high schools or vocational schools degrees. The only professional staff works in the observation and protection center may be legal advisor who may serve in the system as a probation officer. The agency-based rehabilitation programs are usually supervised by the directors of the homes for juvenile who designed the rehabilitation programs mostly by legal orientation. This traditional agency-based practice is problem focused. Juvenile offenders tend to be viewed as having deficits and pathologic problems that need to be overcome to improve their functioning abilities. The agency-based rehabilitation programs focus on formal and vocational education programs that offer classes within the homes for juveniles or detention centers. These educational programs may fit and appropriate for some of youth offenders but numbers of them do not gain the benefits from the rehabilitation programs provided for them with different reasons, particularly those with learning difficulties and the school dropouts, who form the majority of the juvenile offender population.

To provide the rehabilitation services for the captive clients in the justice system is now very much challenged mission not only for the professionals in criminal justice system- prison administrators, probation officers, psychologists, social workers, educators, and the others - but also for all public in the society. The most concerning issue of offender rehabilitation services is how effective it is and the issue concerns for the professionals involve within the issue, including psychologists and social workers, is the recidivism among the offenders and ex-offenders.

The argument in this paper is that the idea of enhancing the psychosocial development is necessary for everyone particularly for young person that need to be provided as an on-going process. The process is more even needed among the youth and juvenile offenders who are getting caught in the justice system and numbers of them spending their time in the justice process in the detention centers. However, the traditional agency or institutional-based practice model provides the psychologists, social workers and other professionals with a limit of multidisciplinary perspectives in their practice process as the client's system and the supporting resources for this model of practice is much limited within the institutions and detention centers that may serves by a few professional personnel.

In the strengths-based model of practice, collaborative helping relationship is formed among professional and an individual juvenile, family, group, organization, or a community, for the purpose of empowerment and promotion of social and economic justice. The relationship often time involve direct work with an individual juvenile systems of all sizes as well as indirect work on behalf of individual juvenile systems. Thus, psychologist and social worker has to form the professional collaborates with individual juvenile and with their systems that may benefit them. The psychologists and social workers in this area of practice have to exercise their skills through multidisciplinary perspective as they have to collaborate with the other professions within the individual juvenile's system or the client's system that may include juvenile justice officer, psychiatrist, criminologist, educator, health care worker, different areas of therapist and a lot more in the system.

On-going research on "Development of Family and Community Group Conferencing Models in Juvenile Justice System" found that numbers of psychologists and social workers in different juvenile court jurisdictions in Thailand work hand in hand in collaborating and facilitating their cases through the strengths-based model of practice that allow them to exercise more of their multidisciplinary perspectives in enhancing the psychosocial development for the juvenile offenders who are released to their families and the communities on the conditions set into the rehabilitation plan (Court of Justice-Thailand, 2017). While the juvenile offenders are able to continue their psychosocial development normally in the physical and social environments with their families and communities, the psychologists and social workers are able to expand their collaborating with other professions and supporting resources more for their clients from the community outside the institutions or detention centers. Psychologists and social workers with multidisciplinary perspective in the process of enhancing psychosocial development of youth and juvenile offenders need to understand functions and how to collaborate with other professions in the system in contributing into psychosocial maturation of each individual juvenile they work with. However, this individual strengths-based model of practice is still limited with numbers of conditions mainly due to the limited numbers of the professionals and resources involved. Thus, only a few numbers of juvenile offenders with first-time offense record who committed minor offenses are eligible for the measure.

## Conclusions

Thai juvenile offenders are largely belonging to the members of marginalized and excluded families who committed mostly violent and drug-related offenses. According to the existing rehabilitation programs provided in the system, these groups of juvenile offenders are treated in the traditional institutional-based rehabilitation programs within detention centers. The latest amended of Thai juvenile Act in 2010, a special measure of Family and Community Group Conference has been incorporated into and practiced in the system. This special measure has introduced a new justice paradigm of restorative governance into Thai juvenile justice system. The welfare model of juvenile justice is also shifted along with the new justice paradigm. This restorative justice governance initiative adopts a new corporatist model of juvenile justice where the multidisciplinary approach and an individual treatment-based in psychosocial development plan for the first-time crime-recorded juvenile offenders who commit minor offenses. For the marginalized violent and drug-related and reoffending youth offenders who form the majority of Thai juvenile offenders and who may need treatment benefit the most are not eligible for and likely to be excluded from the new treatment model of practice.

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# **An Analysis of Houseparents Role Performance in a Residential Care Facility for Children**

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## **ABSTRACT**

The success of rehabilitating children who end up in residential care depends immensely on the quality of intervention provided by the residential staff like the house parents who stays with the children all day long. This study presents the perception of the house parents regarding their role in child care management and to ascertain the factors in the personality and environment of the house parents that facilitate or hinder their role performance.

Keywords: House parents, Residential Care, Social Worker, Child Care

## **Introduction**

Children who end up in residential care are usually psychologically and emotionally traumatized. Hence, institutional care for these children requires a high level of emotional maturity from house parents and other residential staff. It is of utmost importance that the staff, especially the house parents, have sufficient understanding of the psychological and emotional needs of the children. One of important roles of a houseparent is providing emotional stability to children under their care. In this way, the children would feel secure while they try to recover from their traumatic experiences and prepared to be reintegrated to the mainstream society. The success of children who stay and rehabilitated in the residential care depends immensely on how the staff,

specially the house parents who spend longer working hours with children, develop and maintain meaningful relationship and provide emotional stability to the children.

It is essential that residential care facilities would be able to provide the children with programs and services that best simulate family care. In any child residential care facility, the role of the residential staff, especially the house parents, could be considered as the most crucial since they are directly involved with the children, twenty-four hours a day. The house parents' task is the heart and core of the residential operation since the quality of their service could both directly and indirectly affect the developmental growth of every child in residential care. However, in reality little attention is given to the important role of house parent. This is reflected in the scarcity of reading materials about house parents role in residential care for children, all over the places.

## **Literature Review**

### **The Legal Basis**

In the Philippines, the term of houseparent refers to residential care staff who is responsible in implementing the basic needs provision, as well as well balanced and organized activities that simulate a family life such as structure and experience for children under their care (DSWD Administrative Order 11 series of 2007). It used to be that house parents stay with children for twenty four (24) hours, but this leads to house parents become over exhaustion, disillusionment and cause a high rate of staff turnover. To address this problem, the DSWD created the Administrative Order no. 15 series of 2012 "Revised standards on residential care service" which amended the Administrative Order no. 11 series of 2007. Under this new rules, the house parents as much as possible should be of the same sex with the children under her/his care, must be a high school graduate with at least forty (40) hour training/seminar on care giving. For a residential care facility to be given at level one (1) accreditation by DSWD, at least one house parent should be assigned in every 16 hour shift. For level two at least one (1) houseparent for every twelve (12) hour shift and for level 3 at least one (1) house parent for every eight (8) hour shift.

In any residential care facility in the Philippines, the house parents work under the home life services department of a residential care. They are primarily responsible for children's daily living experiences that will

help foster relationship with others, for implementing of house rules, giving appropriate work assignments to children to gain life skills, and responsible for teaching the children in personal care as well as ensuring proper clothing, food and nutrition (DSWD A.O. no. 15 series of 2012). House parents are also involved in the psychosocial activities for children, such as accompanying them in the medical checkup and therapies. Likewise, they assist children in their educational needs such as helping them in their school assignments and representing them in schools. Social workers and other residential staff, like teachers and medical personnel, depend on house parents' feedback regarding the daily progress of the children. Their observations help these professionals make a thorough assessment of the child's developmental growth under their care.

### **HOUSEPARENT AND CHILDREN IN RESIDENTIAL CARE**

The work in residential care facilities entails a kind of helpfulness towards the children anchored in a therapeutic and educational principle. "Applications of these helping principles depend greatly on the maturity and the capacity of the residential staff to establish meaningful relationship with children under their care". However, there are more regulations established for the safety of the child and staff in residential care than ones that allow for closer, more personal relationship between the residential staff and children" (Reid and Hagan, 1952, Hyde, 2006).

Working in residential care with children demands a high degree of staff maturity. The qualifications include ingenuity, patience, and courage. Residential care staff like house parents should have sufficient understanding of both intellectual and emotional abyss that children had been living through. It is necessary to train and equip house parents with technique that would stimulate their minds and nourish their own emotions, to prepare them and reinforced their staying power, especially when children become overly excited and endlessly demanding (Flint, 1969 and Kahan, 1994).

All residential care staff build a collaborative efforts by bringing their different expertise, strength, skills, knowledge and experience in a variety roles in order to provide children with a consistently safe and nurturing environment (Department of Family Protection and family support). Though most often the role of the house parents is seen to be less significant than other residential care staff (Colton, 1998), their work in reality is enormous. Their main task demands both individual physical and emotional capacity to do the

household chores, take care and interact with children for twenty four hours as well as to coordinate with the multidisciplinary team. House parents are considered substitute parent for children in the residential care. Their role is to help the children cope with institutional care. Their work encompasses all aspects of child development while living inside the residential facility. They perform like a normal parents and stay with the children for twenty four hours a day. They are responsible for providing substitute care such as love, care, and affection to the children in care. An essential ingredients in working with children in residential care that every staff should be aware includes “bodily comfort which means ensuring that the physical needs of children are met and that residential care provide security; recognition of individual needs; predictability, which means that care should offer a sense of order in life of a child to enable them to have meaning in life; and dependability (Henry Maier, 1979 as cited by Kahan, 1994).

However, in reality since house parents’ role is diffused, most often they are too busy to be aware of the importance of emotional needs of the children. They are preoccupied by the enormous task of supervising the homework, ensuring that their physical environment is clean, keeping the children tidy, well-fed and healthy. It is heartening to know, however, that even with these enormous tasks that the house parents need to perform, the harmonious relationship form between the parent and the child cannot be underestimated in residential facilities. There are children that form deep and lasting relationships with their houseparent. Such relationship can provide support later in their lives. Thus, it would be fair to say that “house parents role revolve largely around helping the disadvantaged children cope with the isolated world of the residential institution (Payne and White,1979).

One of the major challenges for the house parents in residential care is handling children’s behaviors. Coming from different backgrounds with different traumatic experiences, children manifest behavioral-related problems that would be difficult for the house parents to handle of. However, no matter how difficult their job as house parents, many of them found job satisfaction in working with children. As Poole discussed, for “there are times when even the best, most well-behaved children could be a pain more so with kids who come from broken and very dysfunctional families. One would think that working in a residential care is the worst career choice anybody could make. For some, that may be true. But there is no better way to make a difference. Few house parents cannot name at least one child that has turned

their life around while in their care and consider them part of their family (Rod Poole as cited by Hyde, 2001), a houseparent himself, said that one reason to become a houseparent in spite of all the problems is “If we don’t give of our lives and care for these kids, WHO WILL?” (Hyde, 2001).

Another challenge is the demand to care and stay with the children versus the need to care for their own children, especially during holidays. This kind of situation causes major emotional conflicts on some houseparent that some do not stay for long in this job while others do have second thoughts of even raising their own children while working as house parents. This is because many feel extreme guilt and blame their job’s conditions for not been able to take care of their own children. On the contrary, other house parents claimed that while it needs great organizational skills to juggle their job as houseparent and raising a family of their own, they found it is quite an enjoyable and satisfying job(The Houseparent and Residential Childcare Worker Network, 2007).

## **Statement of the Problem**

The study intends to determine the perception of the house parents regarding their role in residential child care management and to establish the factors that facilitate or hinder their role performance.

## **Research Approach**

The study used a descriptive and an exploratory type of research. Qualitative and quantitative data analysis were utilized in the interpretation of the findings of the study. These include personal profile and professional qualification of the house parents, Performance Evaluation Ratings for two consecutive years and the result of the Rapid Assessment Instruments.

## **Research Respondents**

The respondent of this study are thirty one (31) house parents from one of the oldest child caring facility in the Philippines.

## **The Research Method**

Prior to data gathering activity, the researcher first conducted a profound observation to the residential care facility. The purpose of which is to have a better understanding of house parents’ activities and to ensure that the research instruments used is applicable to the setting of the said agency.

This study used the research instruments which has been pre-tested to house parents in a similar child caring institution prior to its implementation to ensure data accuracy, they are: interview guide for house parents; focused group discussion and rapid assessment instruments.

## **FINDINGS**

The study reveals there are significant aspects of personality of the house parents that affects their role, as follow:

- a. Biological – house parents’ age ranges from 23 years to 55 years old. When it comes to gender ratio, female house parents (80%) are dominant. They have also registered for longer period of service compared to male house parents, with an average of ten (10) years of service, while eight (8) months being the shortest period and 23 years being the longest period of service. While female house parents are assigned to all types of clients, male house parents are only strategically assigned to clients that require the use of physical strength and male role model, such as in the cases of children with cerebral palsy, male children and youth, and male children with mental retardation. House parents and children’s ratio as well as house parents work shifting schedules depend on the severity of their clients’ case. Those assigned in the special children dormitories handling children with mental and physical problem follow a 16 hour shift, while those assigned in infants, toddlers and elementary grades follow an eight (8) hour shifting schedule. Physical strain brought about by the difficulty of their role affects house parents’ moods at work, especially in handling children’s behavior. Twelve percent (12%) even admitted of losing self control to the extent of abusing the children physically or verbally, sometimes. All of them agreed that the lack of sleep, not enough rest and being physically sick could made them easily irritated while at work.

On the other hand, house parents are able to take initiative in taking care of their physical and mental well being, this is aside from the regular rest and recreation, as well as spiritual retreat given by the residential facility. Some ways of taking care of themselves includes being with thell families, watching shows, taking a short nap, praying, taking vitamins, being optimistic, and avoiding gossip inside the residential facility.

b. Emotional - results of the Rapid Assessment Instruments - Willingness to Care Scale and Index of Life Satisfaction, revealed an average score for all House parents. This results seems to confirm their love for the children and how their job gives them life satisfaction. House parents claimed that no matter how difficult the children behaviors sometimes, all of them have learned to love each child; the children have become their inspiration at work. They just cannot stop thinking of the children, even when they are already off duty. Their most joyful moments in the center is bonding with the children. The latter reciprocating actions, such as appreciating house parents roles, giving simple gifts, saying thank you or sorry, gives an exhilarating feeling to house parents that what they do is not merely a job, as quoted: “pag ganito na, hindi ko na naiisip na trabaho itong ginagawa ko” .

For all house parents, working with children as a form of living can be viewed into three things 1) Opportunity to serve, love and care for children without asking for a reward; 2) “trabahong di kayang pantayan ng pera;” 3) “nagkatrabaho ka na, nakatulong ka pa at natututo ka pa sa buhay;”; and the benefits they get from working with children includes 1) Feeling of contentment, fulfillment and joy of helping others 2.) “Rewards in Heaven” 3) It gives them realization that they are blessed. 4) A chance to have an extensive experience in working with the children.

c. Social aspect - 85% of the house parents are married and living within the metro with their families. Of the married house parents, 66 % have child/ren of their own and most of them prefers to be with their families during their day off. Family is something that every houseparent considered as their inspiration and source of their strength. 49% believe that because they have very supportive families, they can persevere with the demands of their job. However, family problems such as sickness and financial needs also affects their mood and the way they relate to other staff and the children.

One important aspect of house parents' role is maintaining open communication with other key actors in child care management inside the residential facility. They communicate and collaborate with other residential staff (nurses, doctor, social workers, admin staff and janitorial staff) to ensure quality of service to the children. They appreciate the importance of giving feedback to the medical and social work units with regards to the children's condition. Some of (58%) house parents made

their everyday decision regarding work situation based on the institution policies, traditional practices such as daily rhythm activities and by way of prioritization on risk assessment. They have authority to decide on the following: household activities, cleanliness of the dorm, children's school needs, duties assigned to children, children's sanctions, daily routine of the dorm and during emergency cases. On the other hand, they obtain help from their co-house parents, other staff (nurses, PT, OT and doctor), social workers and their supervisors in the situation when a child has a serious medical illness or has behavioral problem, inside and outside the residential facility, has educational needs that need serious decisions, as well as when house parents involve in a serious decision making condition.

The above data shows that house parents are capable of building relationship and generate support from other staff, also from their families. They are able to effectively negotiate things among themselves, with their supervisors and their families that will impact to the quality of their care to the children.

- d. Cognitive aspect – house parents' educational attainment is much higher than the minimum requirement of the Department of Social welfare and Community Development which demands a high school graduate. 97% of house parents have finished college with additional one or two courses mostly related to the medical fields, such as nursing and dentistry, while the rest are high school graduates. Prior to their work as house parents, 87 % of them worked in medical fields while the rest worked as teachers, sales clerk/agent, factory workers and even janitorial and central supply staff in a child caring facility. Most house parents believed that their educational background and previous work experiences had helped them to further understand the complexity of their job. RAI results also yielded that those who scored average or good are house parents with higher educational attainment.
- e. House parents spiritual conviction – spiritual belief is instrumental for house parents to stay committed in their job. 50% of the respondents believe that they are able to cope with the demands of the job because they have faith in God and that being in this kind of work is not merely by chance but is the will of God. All of them agreed, however, that their spiritual well-being has grown to a greater degree when they started

working as house parents in a faith based organization. Some of their activities would include visits to the church located inside the facility before and after their work and attend spiritual rites and activities such as Mass, Holy Rosary, and spiritual retreats. Praying a lot, they said, helped them to cope with the difficulties of their job.

2. Houseparents' perception of their role at present corresponds with the perception of the agency. Both perceived their role as a substitute parent to the children in the residential care with task that entails both physical, which is to assist children's daily needs; and psycho-emotional involvement, which is to creatively and effectively handle children's behavioral needs and provide emotional stability.

However, although house parents have a sense of understanding about their role, there was a lack of proper job orientation given to them before they started their job. 90% of them claimed that they were given a copy of their job description when they were hired while the rest were not. Only 54% were oriented by their co-house parents or other staff in the dorm. For the 28% who were not oriented at all before starting their work, they only learned about their specific task from observing and asking their fellow house parents, the children and other staff. House parents feel that the orientation given to them were not sufficient to know the do's and don'ts of their work. The orientation is not structured and standardized; there are some who were oriented and trained only for a day and others who feels lucky to be trained for a period of one week. The period of orientation affects the level of confidence in performing their jobs in the beginning. Though they feel that they were able to perform their job satisfactorily, house parents believed that improper orientation put their jobs at risk.

This findings show that failure to read their job description coupled with the lack of structured training and orientation resulted to role strain and role confusion in a number of house parents when they started their job. Thus, though house parents' role expectation corresponds with the task of the job, it because they have stayed longer in their job that they realized what the most important aspect of their role, which is providing emotional support to the children.

6. Study shows that house parents have the ability to negotiate in order to effectively perform their role both in their work and in their families.

Asking for assistance and coordinating with other staff and their supervisors indicate that they are aware of their capabilities and limitations in doing their work. However, there is a problem between the coordination of house parents and social service unit when it comes to the progress report of the children, which means that this is one area of role negotiation that house parents needs to improve. On the other hand, giving in to each other's needs suggests strong collaboration among house parents and indicates that they are able to effectively negotiate among themselves when they have to fulfill their personal needs without sacrificing their work responsibility. Clarifying their expectations to their families about their job gives a way to an effective negotiation role.

7. The result of the Rapid Assessment Instruments administered to the house parents indicates that generally they have the capability to care, to be innovative, and affectively involved and compete in their job.

## **CONCLUSION**

1. The personal and the family situation of the house parents mentioned in this study are significant in the success of them to perform their roles. They possess enough compassion and personal courage to be able to confront the daily basis of human suffering and turmoil that they see in their job. Such qualities suggest that house parents' personalities fit the demands of the job; hence, despite of their role difficulty they are able to stay longer and still feel a level of fulfillment and satisfaction. Likewise, their educational attainment is indication of an adequate level of cognitive strength in the part of the house parents' role. This means that they are quite capable of simple analytical skills needed in doing their work.
2. The extent of house parents' understanding of their roles prior to and during the performance of their job, high degree of cooperation and, constant coordination among the multidisciplinary team facilitate the execution of quality performance among the house parents. This is important in achieving as well as sustaining the delivery of quality service in a residential facility.
3. Support from colleagues is very important for house parents, not only in doing

their job but more in the degree of support that each of them is able to impart to each other both on the professional and personal level. Likewise, support and understanding from their families is also essential as it is considered as the main inspiration of the house parents.

4. The use of Rapid Assessment Instruments is instrumental in this study and can be used by the agency to examine house parents' role performance and its effect to the children. Likewise, it could also be utilized by social workers and house parents to monitor children's emotional level, especially because many institutions do not have resident psychologist. The measurements could facilitate early discovery of a possible clinical problem on children and help the social workers to plan for proper intervention. On the case of the house parents, RAI could be utilized before and after they are hired to facilitate monitoring activities of their progress in implementing their roles and could be a basis of a program development that would help facilitate house parents perform their work effectively.
5. House parents' personal qualities had play an effective role in negotiation among themselves, between their work and families; and these facilitate satisfactory role performance in their job in the residential care for children.

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# Impact and Challenges on Family Members Living with a Drug User: A Qualitative Analysis

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## Abstract

The impact of drug abuse on families is profound. The purpose of this qualitative study is to explore and examine the impact of drug abuse on families. Eighteen (18) drug user family members in Penang volunteered and shared their experience in the study. Findings showed that the caregivers' families encountered five types of negative impacts: financial problem, emotional stress, health issue, physical abuse and work problem. This study suggests that the drug user family members should engage in support groups to obtain the emotional support and the needed information from other families who have similar experiences in dealing with stress caused by the drug user family members.

Keywords: Drug abuse · Impacts · Drug user family members

## Introduction

The number of substance abuse cases are escalating. Harbin and Murphy (2000), stated that drug abuse affects both neurological function and behavioural regulation. People take drugs for numerous reasons, including peer pressure, increased energy, to relieve from stress, to relieve pain, to relax, to feel an increased sense of self-esteem, to escape reality and for recreation. Unfortunately, drug addiction is often regarded as atrocious, since it can cause significant negative impacts not only on the user, but also on the user's family (Oreo &Ozgul, 2007).

According to Capello, Templeton, Krishnan, Orford, and Velleman (2000), drug user family members will suffer trauma and physical as well as psychological pressures. Barnard (2005) asserted that if one of the family members is involved in drug abuse, the impact will affect other family members as well. Research by Capello, Orford, Velleman, Templeton, and Krishnan (2000) found that drug user family members often associated with anxiety, depression, health problems, stress and psychological disorder as the result of drug user among family members.

Drug user family members cause various adversary effects towards the family members, which may include rift in family relationship, losing jobs, poor performance in school by children of drug abuse parents, greater risk of domestic violence and child abuse are some of the negative impacts that normally occurs in drug user's family. These impacts have also affected physical, emotional and mental health of the drug user's family members (Kassem, 2010). Lee et al. (2011) in a Singapore study discovered that if one of the family members is tangled with drug abuse, it would compromise the relationship between the drug user and his friends or relatives. The family members of the drug user were also facing difficulties with regards to their emotion, social, financial and career.

Barnard (2005) also confirmed that drug user family members only brought on numerous negative impacts towards the dynamic and social functions in a family. According to a qualitative research done on 69 family members in Scotland, most members in a drug user's family experience stress, conflicts, and anxiety. Parents were also reported quarrelling about their affected children and consequently this has led them to a stressful condition.

Morris (2010) highlighted that drug user family members also cause negative impacts towards the emotion of other family members. Besides that, Franco (2010) ascertained that parents involved in drug abuse affects their children emotion. This is because these parents were inclined to domestic violence, child abuse and were irresponsible towards their children. In addition, Franco also exposed that the affected children experienced depression, anxiety, eating disorders and suicide attempts as well.

Furthermore, Franco (2010) reported that children of the parents who abused drugs tend to be involved in the same situation. Barnard (2005) did agree with Franco's (2010) findings because his findings also asserted that the risk of drug involvement among drug user family members are greater. Therefore, this qualitative study seeks to explore and examine the impact of

drug abuse on families in Penang, Malaysia.

## **Methodology**

### **Study design**

This study adopted the qualitative research method through in-depth interviews from respondents who can provide a great amount of information on their life experiences. In-depth interviews excels when addressing particular sensitive topics on individual, such as personal histories, perspectives, experiences, opinions and feelings (Mack, 2005). The objective of this study is to explore and examine the impact of drug abuse on families.

### **Respondents**

Eighteen (18) respondents from Penang who have drug user in the family were selected to participate in this study based on these criteria: (1) they must be the head of the family, (2) they are from either the nuclear family, extended family or single parent family, (3) they must live in and take care their drug user family members for at least one year, (4) they must be at least eighteen (18) years old. Interview location were selected by the respondents, either at their own home or at Penang National Anti-Drug Agencies, based on their preference.

### **Data Collection**

This study used a semi-structured interview using an in-depth interview technique to gather the data. Data collection was done between June 2014 and December 2014. Each interview took between 45 to 90 minutes. Interviews were conducted in Malay and selected statements which have been translated into English were presented.

### **Data Analysis Procedure**

The data collected for each of the interviews were transcribed and reviewed at least twice by researchers to ensure accuracy. The transcribed data were tagged in order to identify its meanings, and then groups relating to emerging themes and sub-themes were constructed. Selected verbatim quotes from the respondents are presented to depict the identified themes and sub-themes.

## **Ethical Considerations**

Approval was obtained beforehand from the Director Penang Anti-Drug Agency prior to the commencement of study. Respondents' consents were also recorded in written format after briefing had been conducted. The briefing includes objective of the study and respondents' right to discontinue the interview and/or withdraw from the study at any time without any penalty. In order to ensure anonymity and confidentiality, statements made by the respondents were coded. Fortunately, all respondents engaged and cooperated in this study until the end.

## **Findings**

### **Respondent's Background**

Eighteen (18) drug user family members in Penang volunteered in the study. They comprised of eleven (11) Malay, (3) three Chinese and four (4) Indian families. There were six (6) male and twelve (12) female respondents, which consist of mothers (4), fathers (3), wives (7), children (2) and brothers (2). Their ages ranged from 24 to 66. All respondents have stayed together with their drug user family members from three (3) to forty (40) years.

### **The Impacts of Drug Abuse in the Family**

Five (5) impacts of drug abuse in the family were identified based on the data analysis: (1) financial problem, (2) emotional stress, (3) health issue, (4) physical abuse and (5) work problem. The following are the discussions of each impact identified from this study.

#### **Financial Problem**

Majority of the caregivers (13 respondents) interviewed were facing financial problem because their drug user often demanded money from family member just for buying drugs. The following are statements made by the respondents who are facing financial problem.

*My drug addict son was always asking money from me..My income is not enough to afford his drug habits which causing me financial problem. I am not able to pay for groceries and rent (Father)*

*I have financial problem because my son always asking for money..Until at one point I have to borrow it from my employer just to pay my son's debt. (Mother)*

### **Emotional Stress**

All eighteen (18) respondents involved in this study acknowledged that they were suffering emotional stress due to thinking too much on the drug abuse problem of their family members. Overall, eight emotional stresses had been expressed and identified in this study: stress, embarrassment, capitulated, anxiety, feeling guilty, fear, powerless and depressed. The following are statements given by the respondents to illustrate the issue.

*I am stressed, embarrassed, worried, capitulated, and depressed having a child who is drug addict... Maybe this is God's reckoning on me because of my previous sins.. (Mother)*

*I feel guilty having a husband who took drugs. Sometimes I feel tired to pursue the life with a drug addicted husband. I am afraid if one day he will kill me because of drugs.. (Wife)*

### **Health Problem**

Seven (7) respondents in this study stated that drug abuse among family members affected their physical health. For instance, high blood pressure, weight loss due to loss of appetite, heart problem and diabetes. The following are the respondents' statements regarding this issue.

*When I think of my son who is addicted to drug..my blood pressure increased..I have high blood pressure.. Doctor said I suffered from such illness due to too much thinking and depression.. (Father)*

*High blood pressure, heart problem, loss of appetite and I also have diabetes because I have been thinking too much and depressed with my husband's behaviour who is a drug addict..(Wife)*

### **Physical Abuse**

Seven (7) respondents in this study revealed that they had been abused by their family members who involve in drug abuse. Result of the study found out that majority of the respondents had suffered against physical abuse. The statements below illustrate the feeling of the respondents on physical abuse that they had gone through.

*My husband often beat my children and me if I don't give him money to buy drugs.. Moreover, after he took drugs, he accused me that I had affair with other guy and he released his anger by beating me (Wife)*

*My father always beat me since I was a child up until now. He beat me when he is on drugs.. (Child)*

### **Work Problem**

Eleven (11) respondents in this study stated that they were confronted with work problem such as loss of focus at workplace because they were thinking too much on drug abuse issue of their family members. The following are the respondents' statements regarding this issue.

*I really cannot focus at workplace because my mind was always thinking of my child who is drug addict.. I had to go back early and my salary was cut.. (Mother)*

*Sometime I lost focus, cannot do work, thinking of my brother..Since I cannot focus during work, my employer always scold me.. (Brother)*

## **Discussions**

The findings of the study revealed that almost every respondent involved in this study faced financial problem because their family members who stuck on drug abuse issue often requested money to buy drugs. Despite majority of the respondents had financial problem, they insisted to provide money to the drug user in order to avoid fights between them. This finding is consistent with other studies (Franco, 2010; Butler, 2010) that highlighted similar situation.

Respondents also claimed that they had to provide money for their family members who involved in drug abuse to purchase drugs because of affection and love, although they faced financial difficulty. In addition, respondents also expressed their disappointment towards their family member because they had to borrow money from their employer just to settle debts. This finding is similar to McDonald, Russell, Bland, Morrison and De la Cruz (2002) and Murphy (2002) which also claimed that the affected families were also in debt because of the drug abuse problem.

Emotional stress is found to be the most important problem faced by the respondents. According to Oreo and Ozgul (2007), there is high probability that drug abuse will definitely cause emotional stress to the family members. Butler and Baulds (2005) discovered that drug user family members often faced with emotional stress, such as shock, anger, embarrassment, feeling guilty, helplessness, giving up and depressed. These findings are also in line with

other studies that had been conducted in western countries. The expression showed by the drug user family members in these countries also share similar symptoms. Overall, there are eight types of emotional stresses that have been identified by the respondents in this study. These include, embarrassment, stress, giving up, anxiety, feeling guilty, fear, helpless, and depressed. Parrott (2014) classified such expressions as negative expression.

Findings by McDonald et al. (2002) in Ireland ascertained that drug user's family members often facing physical health problem caused by drug abuse case in the family. Fisher (2002) who conducted his study in Australia reported that two over three drug user family members suffered from extreme stress which led to various physical health problems. Other studies also claimed that extreme stress faced by the drug user family members indirectly affect to their physical health (Singh, 2010).

Respondents in this study also reported that their physical health declined tremendously because they thought too much on the drug abuse issue that occurred in their family. Physical health problem encountered by the respondents in this study including high blood pressure, weight loss due to loss of appetite, heart problem and diabetes. This finding is identical to study's findings repeated by Fisher (2002) and Mehra (2002) which affirmed that almost every drug user family members facing physical health problem such as ulcer, high blood pressure and chronic cough.

Caetano, Nelson, and Cunradi (2001) discovered that drug user family members are susceptible to domestic violence. Majority of the respondents had gone through physical abuse. To illustrate, a female respondent, who is the wife to the drug addict, had been beaten by her husband due to unfounded suspicion, such as an affair with another person. Furthermore, physical abuse on the family members often occurred as a result of hallucination. Respondents also stated that physical abuse was also unavoidable should any of family members were not able to provide money to the drug user to purchase drugs. Such finding is consistent with Butler's (2010), who claimed that drug user usually tend to become aggressive and abusive towards the family member. This event often led to injuries if the family members are not able to fulfil the drug user's request.

McDonald et al. (2002), Fisher (2002) and Mehra (2002) asserted that drug user family members experienced work problems because they think too much on the drug abuse problem among the family. Finding of this study also conformed to studies that had been conducted by McDonald et al. (2002),

Fisher (2002) and Mehra (2002), where respondents revealed that they often distracted and lost focus at the workplace because thinking too much on drug abuse issue in the family.

Furthermore, respondents also revealed that they cannot focus at their workplace as a result of thinking too much on the drug abuse problem in their family. This condition often forced them to leave their workplace earlier that caused their salary inevitably deducted. They have also been scolded by their employer since they cannot focus on their work. This finding is consistent with study that had been conducted by McDonald et al. (2002), which discovered that respondents in Ireland were forced to reduce their working time because they had to go back home early in order to take care of their family members who are involved in drug abuse.

## **Recommendation and Conclusion**

The study revealed that the main impacts on drug user family members revolved around the areas of financial and problems, emotional stress, health problem and physical abuse. This implies that the drug user family members should engage in support groups. By involving in a support group, they will be able to obtain stronger emotional support and information from other families who have similar experiences. In these support groups, caregivers could share and exchange experiences with other caregivers. According to Farkas (2012), the involvement of caregivers in support groups can reduce stress and at the same time reinforce social function of the drug user family members in dealing with their daily life.

Having a drug user in a family does pose a huge and enormous challenge. It can become more significant unwieldy when the caregiver not only unemployed or with very little income, but also live in the rural areas where job opportunities are quite limited. Considering inadequate formal education and insufficient knowledge on handling the drug user, therefore it is essential to develop a special program to address this issue. Such program should be tailored to equip the family with skills to handle stress and challenges caused by their drug user family members.

Hence, the intervention from social work practice is imperative. Social work intervention can minimize family dilemma, conflict, stress and provide assistance that the families are able to cope better the challenges they face.

Social workers have a significant role to empower the families through support group intervention.

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# IMPLEMENTING MODEL OF STIMULANT SUPPORT FOR SELF-SUPPORTING HOUSING IN RURAL AREA (STUDY CASE IN CILAME VILLAGE, NGAMPRAH DISTRICT, WEST BANDUNG REGENCY)

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## Abstract

Home is a basic need, unfortunately there are still many people who do not have home and inhabitant indecent home not only in big cities but also in villages. Ministry of public work and housing tries to solve the problems through Self-supporting Housing Stimulation Program. One of the rural area that was considered to be successful in implementing the program is Cilame village Ngamprah district, West Bandung regency.

The research type is descriptive with qualitative approach and case study technique. Informants in this research were village officials, Village Community Empowerment Institution (LPMD), public figure that supported the program, Unit Management Activities (UPK) and beneficiaries. Data sources used are primary and secondary data sources. Data collection techniques include in-depth interviews, non-participative observation, focus group discussion and literature study. Data analysis was conducted through data reduction stage, data display, and drawing conclusions.

Conclusions of the research results were that self-help housing stimulant support was based on the scheme of program and beneficiaries's priority through

three categories which are house aspect, economic condition and number of inhabitants within a house. Village officials and institutions coordinate well in utilizing the program by promoting the principles of social development through *musyawarah* (meeting) approach, resident participation, community potential and active role of public figure and beneficiaries' priority. Implementation phase of Program Assistance was conducted through: rapid response of program offer, establishment of institutional program, data identification of beneficiary, proposal submission, program implementation, along with program monitoring and evaluation. Suggestions were addressed to program beneficiaries and providers that need to be established an understanding on program scheme and the importance of research on social services model that are considered successful.

Key Words: Stimulant Help, Poor Housing, Village

## Research Background

The function of home for human is not merely a building to cover from sun heat, wind, cold weather, etc. There are other dimensions that cause a home has very important meaning for human life. One of these dimensions is social dimension. Home is a place for members of smallest social group, which is family, to interact with each other as a family. From these homes, an individual was born as social being. It is also a place that families' norms are socialized by parents to their children. The condition of homes occupied will be a crucial factor influencing the quality of family life. Thus, home is one of human fundamental needs.

However, not all of families have decent home. Indecent home is not only incapable of protecting from rain, weather threat, and health disturbance but also disturb the quality of family entirely.

The habitant of indecent home must be a poor family. Due to poverty, they are unable to fix their home with their own effort. They are absolutely in need of help to repair their home. They need government help.

In order to solve these problems, government has implemented a program of Fund support for Indecent Home (Rutilahu). This program has stimulant characteristic; thus, it is also known as "Self-Supporting Housing Stimulation". It means that government will only support several needs to fix an indecent home. The rest must be fulfilled by owner or community.

On the program Fund of helping the indecent home (Rutilahu) or

“Self-Supporting Housing Stimulation Plan”, government facilitates to build Community Self-help Agency (Badan Keswadayaan Masyarakat/BKM). This organization member is public figure along with the acceptance of this program. BKM has function to manage the activity of the program, including searching several parties that could help to fulfill the need of repairing indecent home which is the target of program.

This program has promising result. Indonesia statistics Agency (BPS) issued data of the last 3 years, the number of indecent home is decreasing 890,000 units. In 2013, the number of rutilahu was 3.4 million units. In 2016, the number of rutilahu has decreased. Currently, the number of rutilahu is 2.51 people. Even though the result is significant, the program must still be evaluated to be more effective and efficient.

To maintain the quality of this program, the program implementation was adjusted with potential within village and community among village institutions, public figure, program beneficiaries, and program schemes. Cilame Village in Ngamprah district, West Bandung regency is one of the villages that perform outstanding in the implementation of Fund helping of indecent home Rutilahu. The achievements of this village include the organizational aspects and institutional mobilization within village which maximize the success of program. Thus, this research was conducted to study the “Implementation Model of Stimulant Support for Self-supporting Housing in Rural Area” (Study case in Cilame Village, Ngamprah district, West Bandung regency).

## Literature Review

According to Charles O. Jones, the definition of program is an approved way of achieving goals. There are three pillars of activity in operating a program: organizing, interpretation and implementation / application: (Jones in Suryana, 2009: 28) One of the program implementation model is the model developed by David C. Korten. This model approaches learning process and known as the model of conformity of program implementation.

Korten describes that this model has three elements that exist in the implementation of program which are program itself, program implementation, and program target groups. Korten states that a program will be successfully implemented if there is a suitability of the three elements of program implementation. First, the suitability between program and beneficiaries, which is the suitability between program offers and target

group (beneficiaries) needs. Second, the suitability between program and implementing organization, it must be suitable between tasks required by the program and ability of implementing organization. Third, the suitability between beneficiary group and implementing organization, which is the suitability between terms decided by the organization of program and ability of beneficiaries group (Akib and Tarigan, 2000: 12).

Suharto, in his paper (without years) revealed the social service perspective by the government: Each country has different definitions, systems and approaches to overcome poverty and inequality. Therefore, it has different social security strategies and systems. Social security is generally implemented in various forms of income support directly related to taxation and income-maintenance policies. However, social security often includes several schemes to improve access to basic social services, such as health care, education and housing (see Huttman, 1981, Gilbert and Specht, 1986; Cheyne, O'Brien and Belgrave 1998). Social security in the form of income allowances can be defined as benefits in cash, while tangible goods or social services are often defined as benefits in kind (Shannon, 1991; Hill, 1996; MHLW, 1999).

In Law Number 17 Year 2003 regarding Finance of Republic of Indonesia it is stipulated that national expenditure is divided by organization, function and type of expenditure. The breakdown of expenditures by type of expenditure consists of workers expenditures, goods expenditures, capital expenditures, interest, subsidies, grants, social assistance and other expenditures. Furthermore, the mechanism for allocation of social assistance expenditures is further stipulated in the Ministry of finance Regulation (PMK) Number 81 / PMK.05 / 2012 regarding Social Assistance at Ministries / Agencies. In the PMK, Social Assistance is defined as expenditure in the form of money transfer, goods or services provided by Central / Regional Government to community in order to protect from possibility of social risk, improve economic and / or society welfare. Based on the regulation of number 32, Year of 2011, Social Assistance could be in the form of money or goods only that can be transferred into individuals, families, communities and non-government institutions.

In Law no. 4 year 1992 regarding Housing and Settlements, the house is a building that serves as a residence or occupancy to foster a family. John F. C Turner, 1972, in his book *Freedom To Build*, states that, "Home is an integral part of the settlements, and not only in the form of physical appearance, but it is a growing process and associated with socio-economic mobility of its inhabitants over a period of time. The most important thing of house is the

impact on its occupant, not in the form of its tangible or physical standard. Moreover, it is stated that the interaction between house and occupants are what houses could give to occupants and what residents do to house “.

In the definition of Siswono Yudohusod, a house is a building that serves as a residence or occupancy and means of fostering family. Thus, it is not only as a residence or occupancy that is used to shelter from climatic disturbance and other living things, but also a starting place for the development of life. (1991: 432).

National policies and strategies regarding housing and settlements state that home is one of basic human needs beside food, clothing, education and health. Its functions are not only as protector against nature / weather and other creatures, but also as a socio-cultural role of family education, cultural nursery and life value, preparation of the younger generation, and manifestation of identity. In the framework of the ecological relationship between humans and environment it is clearly stated that the quality of human resources in future is strongly influenced by the quality of housing and settlements. (Source: National Housing Policy and Strategy of Settlement and Infrastructure Department)

In Law no. 4 year 1992 regarding Housing and Settlements, housing is located and part of the settlement, housing is a group of houses that function as a residential environment or a residential environment equipped with environmental facilities. Housing construction could encourage more than a hundred kinds of industrial activities related to the housing and settlement (Source: Policies and Strategies of Housing and Settlement Housing Department of Settlement and Infrastructure Infrastructure).

The residential pattern of a village is an aspect that can clearly illustrate how the relationship between physical structure of village and the internal life pattern of community. According to PH Landis, it is divided into four residential patterns (Rahardjo, 2010: 98-99): 1) The Farm Village Type (FVT): This pattern of settlements is usually seen in the families of farmer or residents living together and adjacent in a place with Agriculture land around it. 2) The Nebulous Farm Type (NFT), this pattern is almost identical to the FVT pattern, except that there is a residence living outside the settlement along with its farmland. 3) The Arranged Isolated Farm Type (AIFT), this kind of

settlement pattern shows that inhabitants live around the road and each of them was settled in their farm land with a trade center between them. 4) The Pure Isolated Farm Type (PIFT), this kind of settlement pattern shows that inhabitants live in their respective farmlands apart and far away from each other and trade center.

## **Research Method**

The type of research which is used in this research is descriptive research of the Implementation Model of Housing Stimulant Assistance Program in rural area (case study in Cilame village Ngamprah District, West Bandung Regency). Moreover, the research approaches that were used in this research were qualitative approach and study cases. The informant of this research is chief of village, village apparatus which are economic and development, social welfare divisions, chief of Village Community Empowerment Institution (LPMD), chief of citizens association (RW), chief of neighborhood association (RT), assistance program from activity implementers unit (UPK) and people that receive benefit from decent home stimulant help program (BSPS).

The source of data was obtained through primary and secondary data sources. The source of primary data was achieved from research informant, while secondary data was achieved from various sources such as Ministry of Public Works, local government and past researches.

The techniques of data collection are in-depth interview, non-participative observation, focus group discussion, and literature review. Data analysis of this research was done simultaneously with data collection. Sequentially, the collected data was analyzed through data reduction and data reduction in order to draw a conclusion.

The location of research conducted from April until July in 2017 was Cilame village, Ngamprah district, West Bandung regency, West Java province. Cilame village was chosen because it was the best implementor of BSPS program and awarded an appreciation from Ministry of Public Works, which was proven by a visit from deputy of Ministry of Public Works to personally supervise the program and attract much attention of national television.

## **Result and Discussion**

### **1. General Description of Cilame village**

Cilame village is one of the village that is located in Ngamprah district, West Bandung regency. Cilame village is led by a chief village and assisted by village officials. Besides, Cilame village has several institutions such as Village Consultative Agency (BPD), Village Community Empowerment Institution (LPMD), Family welfare and Empowerment (PKK), Karang Taruna, community protection, Babinkamtibmas, Babinsa and Indonesian Ulama Council (MUI).

Based on data from Cilame Village Profile, in 2016, Cilame Village is inhabited by 35,511 people, consisting of 17,892 men and 17,619 female residents. Based on age category, the population from 0 to 14 years is 11,968 people. Population aged 15 to 49 years is 20,125 people and the population aged 50-75 years is 3,668 inhabitants.

From the perspective of educational level, the majority of Cilame village is elementary school graduate. However, the educational level of people in Cilame village cannot be categorized to be low because there are also several people that have educational level from bachelor, master, until doctoral degree. The distribution of educational level for rural area is dominated by elementary until senior high school graduates. While educational level of university is spread in modern residential area.

**Table 1. Educational Level of Cilame Village**

| <b>Educational Level</b>             | <b>Number</b> |
|--------------------------------------|---------------|
| 1) No/not yet enterschool            | 4.339         |
| 2) Not yet graduated from elementary | 4.771         |
| 3) Elementary school graduated       | 8.415         |
| 4) Junior High School                | 5.464         |
| 5) Senior High School                | 7.328         |
| 6) Diploma I/II                      | 453           |
| 7) Academic/Diploma III              | 1641          |
| 8) Diploma IV/Bachelor degree        | 2858          |
| 9) Master Degree                     | 219           |
| 10) Doctoral Degree                  | 23            |

Source: Cilame Village Profile, 2016

Even though Cilame village is center government part of West Bandung regency, in reality the economic level and social welfare of this village is still low. The majority of residents in this village have profession as farm workers and casual workers with salary around 300,000 until 1,500,000 IDR per month

(\$ 1 = !3,400 IDR). Physically, Cilame village is seen to be a modern and city-like area. This is because it is one of the villages that is located in central government area of West Bandung regency. Some areas of Cilame village that are located near central government area have much concern not only on construction but also on development as well. It is seen that many places that change from agricultural area to residential, buildings, and any other area.

On other side, especially remote area, the condition is really desolate from the perspective of economic, society welfare, infrastructure, and any other supporting facility is still limited. Low economic and social welfare condition is seen from large number of indecent home in this village. Currently, there are 200 units of indecent home. Most of indecent home is non-permanent home ( stage-like home). Large number of indecent home has been a primary concern of central and local government. Several programs have been conducted to reduce the amount of indecent home such as Decent home stimulant help which was promoted by Ministry of Public Work. Besides, the local government has also promoted indecent home Program (RTLH) under Ciptakarya. Lastly, village government has also promoted alike help through Village Funds Allocation (ADD). In this research, the discussion will only be limited on one program only which is Decent home stimulant help (BSPS) from Ministry of Public Works.

## **2. Self-Supporting Housing Stimulation Plan in Cilame Village**

Self-Supporting Housing Stimulation Plan (BSPS) is a facility from government in the form of stimulant help to build or renovation for people that have low income. In this context, low income people (MBR) is people who have limited purchasing power that need government support to gain decent home. This program is specialized to low income people that has indecent home. This self-supporting housing is a house built on initiatives and efforts of the community, either individually or in groups, which includes repair, renovation, expansion or construction of new houses and the environment.

The main purpose of this program is empowerment of low income people to build or increase quality of home with self-help in order to build a decent home on comfortable environment. The objects of this program are built new (PB), increasing quality (PK) and building infrastructure and public utility (PSU). Based on regulation of Ministry of Public Works number 6, year 2013 about Guidelines for the Implementation of the Self-Supporting Housing Stimulation Plan Article 4 of the BSPS Program beneficiaries must meet the

following criteria:

- a. Indonesian citizens;
- b. Low income people with fixed or non-fixed income;
- c. already married;
- d. Own or control the land;
- e. Does not own a house or own a house but is unfit for habitation;
- f. Has never received help from housing stimuli from the Ministry of Public Housing;
- g. Precedence that has a plan to build or improve the quality of the house that is proven by:
  - h. Have building material savings;
  - i. Have begun to build houses before getting stimulant help;
  - j. Have other assets that can be used as additional funding for stimulant of development or improvement of house quality;
  - k. Have savings of money that can be used as additional funds for stimulant development or improvement of house quality; And / or
  - l. Have been empowered with self-help housing empowerment system;
- m. Seriously participate in stimulant assistance programs and self-help housing empowerment;
- n. Able to work in group.

In relation to the funds obtained by beneficiaries in this BSPS Program, if it is referring to the technical guidelines (implementation of BPS Program) basically there are three criteria of beneficiaries, ranging from houses with minor damage, houses with moderate damage and houses with heavy damage. Based on the technical guidance of the BPS Program, each category will get different grants according to the level of damage to the house that will get assistance. However, the results shown that in Cilame village, the amount of aid funds is generalized at Rp 6,000,000 in 2012 and Rp 7,500,000 in 2013. The reason for the aid fund is generalized because different amount of aid to different houses will cause social jealousy. This condition encourages BPS Program in Cilame Village to have much concern on heavily damaged home that need urgent fund aid.

### **3. Model of Self-Supporting Housing Stimulation Plan in Cilame Village**

The Implementation Process of the Cilame Village Self-Supported

Housing Stimulation Program is conducted through the following process in respond to BSPS Program offer, establishment of Implementing Unit, (UPK), identification of beneficiaries, Reception and checking of potential beneficiaries, BSPS program submission, BSPS implementation, monitoring and reporting of program.

#### **4. Responding BSPS Program Offer**

The BSPS program is intended to get uninhabitable housing funding support from the Ministry of Public Works and People Housing (Kemen PUPR) in 2012 and 2014. The offer was responded by the Village Chief of Cilame after obtaining information through letter from CiptaKarya and local governemnt of Bandung Barat regency (DCKTR KBB). At that time, DCKTR KBB informed that the the Ministry has BSPS Program to assist poor people in the form of home improvement fund aid for indecent home. Referring to the integrated data owned by DCKTR KBB that in Cilame Village there are many indicent home, DCKTR KBB instructed the Village Head to submit BSPS Program proposal. Due to good information and relationship between DCKTR KBB and Village Government Cilame, then head of Cilame Village establish Unit Management Activities (UPK) to manage proposals for BSPS program.

#### **5. Establishment of unit management activities (UPK) of BSPS**

At the village level, the Village Head (Kades) assigns the Head of Economic and Development Affairs (KaurEkbang) as coordinator of BSPS Program. Furthermore, the village head also coordinate with the Village Community Empowerment Agency (LPMD) of Cilame Village to be actively involved in this BSPS Program. Then, Head of Village issued a Village Head Decree about the establishment of Unit Management Activities (UPK) BSPS Program Cilame Village. The chief of UPK is the same person with head of LPMD and has three members from the LPMD while KaurEkbang in UPK is in charge of managing various administrative issues.

#### **6. Beneficiary Identification of BSPS Program**

After the UPK was established, the village government along with the UPK held a community meeting at the Village Hall to socialize the BSPS Program. This socialization was attended by head of neighbourhood level (RT), head of higher neighbourhood level (RW) and hamlet in the area of Cilame village. UPK provides information regarding BSPS Program, criteria of potential

beneficiaries and technical implementation of the program. In addition, the Village Head and UPK persuade head of RT and RW to gather information regarding candidate of beneficiaries of BSPS Program in their neighborhood. The result is RW 01 until RW 18 will be candidate of beneficiaries as it is located in remote area while from RW 19 to RW 25 will not be classified as candidate of beneficiaries because it is located in modern area.

As a follow up of the meeting, the head of RW and RT conducted data collection of potential beneficiaries for residents who have indecent homes with the criteria of non-permanent house or stage house made of wood and bamboo. There are 3 criteria for indecent home which are roof, floor and wall (aladin). First of all for Roof, indecent home has roof that had been damaged and potentially collapsed. Surprisingly some residents home do not have roofs. For the floor, which is in Sundanese term, bamboo floor (in local/Sundanese term called palupuh) was also in damaged condition. For wall, that was made of woven bamboo (cubicle) was also fragile enough as it could collapsed at any time. Besides stage home, some other houses are permanent, but in terms of quality it is classified as an old house and had been damaged. The roof is vulnerable to collapse; the floor has many cracks and many holes on walls that are vulnerable to collapse. Initially the Head of RW and RT who registering were confused about whether this permanent house could be included in the list of potential beneficiaries or not. However, with the consideration of vulnerable to collapse and may endanger other residents and neighbors, the head of RW RT decided to submit the house as one of the potential beneficiaries of BSPS Program.

Beside the condition of house that is indecent, other criteria to be considered are age factor (eldery), marriage status, and economic conditions of residents that will be listed as beneficiaries. The people who are categorized as underprivileged in Cilame Village mostly work as farmers, small traders and factory workers. Their average earnings are between IDR 300,000 and IDR 1,500,000 per month. Moreover, another consideration is the number of residents within the home until 3-4 families. Thus, the criteria of the beneficiaries that will be priority are unsuitable housing conditions, economic conditions of residents, and the overload number of residents within the house.

Based on these criteria, the head of RW, RT and its officials conducted a data collection of potential beneficiaries. The next step is summoning a meeting among inhabitant. Head of RW, RT, dusun and candidate of beneficiaries were involved in this meeting. It discussed about BSPS Program along with asking

candidate of beneficiaries to complete the administration requirements such as photocopy of ID card, photocopy of family card and fill out registration form. After all data is completed, the list of potential beneficiaries is submitted to the UPK in the Village level

## **7. Receipt and Data Checking of Beneficiary Candidates by UPK**

The Activity Management Unit receives complete data of potential beneficiaries from head of RW. The data is verified directly by UPK. This verification activity also includes taking photos of front, inside, sides and roof of indecent house (four dimensions) of each potential beneficiary and request administrative completeness of prospective beneficiaries who have not yet completed the data.

In the process of verifying and collecting administrative data, UPK has a problem related to the administrative issues of potential beneficiaries which is land ownership certificate. In this BSPS Program, the occupied land should be self-owned. Unfortunately, some potential beneficiaries have built houses on land owned by relatives or other people's land. One case happened in RW 08 where there was an old lady who live alone, has no children or family, poor economic condition, and the house was stand on the land belongs to someone else (neighbors). Moreover, the house was also categorized as indecent.

Beside land ownership issues, some potential beneficiaries do not have Citizenship Identification Card. This is certainly an obstacle in the proposal submission process of BSPS Program because it requires several administrative data such as land ownership, Citizenship Identification Card and family card.

In order to solve those problems, the village government issued certificate stated that the land had rights to be used even though it was owned by other party. The certificate was directly signed by head of village, owner of land, user of land in stamp along with several witnesses. For residents who had not citizenship identification card, village government was trying to make a citizenship identification card for the residents.

## **8. Submit of BSPS Program Proposal**

The submission of BSPS program proposal was attached with administrative completeness and photo of the house which was prepared by UPK. Then, the proposal was sent through the Office of CiptaKarya and Tata Ruang (DCKTR) of Kabupaten Bandung Barat which would be sent to Ministry of public work. Several obstacles were occurred during proposal submission

process. The proposal was not readable by system in the Ministry because the format is not suitable with ministry requested.

To solve those problems, UPK and team from DCKTR KBB came to the Ministry of Public Works Office in Jakarta and immediately corrected the proposal in accordance with the direction and request of ministry. Then, the proposal was directly given and processed by Ministry. The number of submissions was nearly 1,000 housing units, yet it was only approved 234 units in the first phase and 270 units of houses in the second stage.

## **9. BSPS Program Implementation**

After two months of proposal submission, the list of beneficiaries of BSPS Program from the Ministry of Public work was finally released. The list was also accompanied by Direct Community Assistance (TPM) members from Ministry of Public work.

After the list of beneficiaries had been published, village officials invited beneficiaries to have meeting in village office. The meeting was attended by head of UPK, TPM, village, RT, RW and beneficiaries to discuss regarding BSPS program. Village officials were also reminding beneficiaries to use these facilities in accordance to its objective which is fixing home. Hopefully there will not be any misused fund. In the meeting, beneficiaries succeeded to establish Self-Help Group (KSM). Each KSM consists of 10 beneficiaries with organizational structure consisting of head, Secretary, treasurer as consequently member respectively and member itself. The distribution of KSM membership is divided based on domicile or residence area. Head of KSM was selected and appointed directly by the UPK with the consideration of several points such as reliable, able to communicate and coordinate well with UPK and Village, and level of activity in the community.

After the meeting, TPM and UPK were related to BSPS Program by building materials store that would act as supplier of building materials in the implementation of BSPS Program. The stores were chosen based on their location near Cilame village. There were at least six prospective building materials store. In the determination of choosing building materials store, each store is required to fill out the shop survey form. The contents of this form were price list of materials, completeness of store administration such as SIUP and SITU, ownership of transportation and bank account number of store.

After filling in the form then TPM and UPK determine the supplier

of building materials store. Then CV Mustika was selected as the building materials store for BSPS Program. The Selection of CV Mustika was because it met several requirement especially administration requirement that only CV Mustika could fulfill it. Other building materials stores did not have SIUP and SITU. Then, the owner of CV Mustika signed a contract of agreement as a store for building materials supplier in Cilame Village for BSPS Program. During working process, CV Mustika cooperated with other building materials store to avoid social jealousy and fulfill the needs of goods that cannot be provided by CV mustika with a short period of time which was only about two months. Even though the goods came from different store, administratively it remain on behalf of the name of CV Mustika . In this case, CV Mustika is the responsible and coordinator of building material provider of BSPS Program in Cilame village.

After the meeting had been conducted and building materials had been chosen, the next stage was disbursement of fund.

The disbursement of fund was located in BRI Bank KCP Gado Bangkong that could be directly taken by beneficiaries with the assistance of TPM and UPK. In the process of disbursement, beneficiaries were asked to sign letter of disbursement that was provided by bank and directly accept account book disbursement. On the first period of BSPS program, direct funds went into the accounts of each beneficiary. Then, the money was disbursed and deposited into Village account. Next, village officials transferred amount of money into the account of building material supplier store. As for the second year BSPS, after the money went to the beneficiary's account, then the money would be transferred directly into the account of building material supplier store. In this case, both first and second period of BSPS Program beneficiaries were not received physical money yet; it was in the form of account books.

After the disbursement of funds, TPM and UPK directed KSM to summon a meeting at RW level. Parties involved in the meeting were head of RW, RT and KSM who were accompanied by TPM and UPK. The meeting was discussed technical implementation of the program, planning and date of fixing each beneficiary home. In the process of repairing the house, head of KSM arranged the time of repairing the houses of the beneficiaries. Some KSM decided to sequentially fixing houses after houses. However, some other KSM fixed houses simultaneously. The timing of fixing home depended on the agreement among KSM and its members as well as community leaders such as head of RT and RW. KSM was also coordinated with TPM and UPK.

Moreover during the meeting, KSM also recorded the required amount of building materials by each beneficiary on the form of money needed to be provided by BSPS Program. The recorded data of building materials needs was also assisted by TPM and UPK. Then KSM and beneficiaries submit the list of building materials needs to CV Mustika. At this stage, beneficiaries could directly select the building materials they need. Next, the selected building materials will be sent and distributed directly by the store to the address of the beneficiaries. The process of shipping and distributing these building materials were also accompanied and supervised by TPM and UPK.

When building materials had arrived, fixing home could be done. However, there were several obstacles faced by the beneficiaries. Some beneficiaries complained that they could not afford workers to fix their home because the assistance itself went down to beneficiaries in the form of construction materials worth of 6,000,000 IDR for the first period of beneficiaries in 2012 and 7,500,000 IDR for the second period of 2013. Even though beneficiaries were assisted in the form of building materials, they cannot afford to pay workers. On the other hand, the committee still demanded to beneficiaries that this program must be implemented.

Another meeting must be conducted to solve this problem. The meeting was attended by KSM, TPM, and UPK. It was finally agreed that aid funds could be taken partially by beneficiaries for workers costs. The amount of money was taken from 300,000 to 1,000,000 IDR. Beneficiaries could only disburse twice in order to minimize probability of money being misused. This policy was not actually included in the BSPS Program Implementation Technical Instructions, but it was an initiative to solve problems that occurred in the field.

The policy was only been done in several RW, not all of RW implemented it. UPK and TPM supported the policy because the program must be done anyway. In deciding this policy, UPK and TPM emphasized that the money received should be accountable and should not be misused. When using money, UPK and TPM controlled it through the head of KSM. At the end of the period, head of KSM was required to make a report on the use of money to UPK and TPM. Due to the policy, beneficiaries found it helpful to implement home improvement processes.

In the process of fixing homes, some beneficiaries employ one or two workers. Some beneficiaries asked other residents who had expertise in building house to help. The workers lived in area near beneficiaries. At that time, the cost of paying worker was 70,000 IDR per day. Some workers were

willing to work unpaid for 2 days. Moreover, beneficiaries were also assisted by neighbors and local residents who also helped the process of home improvement (self-help).

Furthermore, local residents actively participated in helping the process of repairing the house. The forms of participations was either workforce or material. Workforce participation was done by directly involved in the process of home improvement, while material participation was such as donations of food, money, building materials such as wood, bamboo, cement, nails, and etc. Mostly, the participation was conducted by each head of RT. However, in some other areas, some head of RT were not cooperative in coordinating his citizens to do self-help. Thus, it took a long time to finish fixing home.

Besides self-help initiatives of the local residents, there was also a self-help form of personal beneficiaries themselves. Some of the previous beneficiaries had already had savings for fixing their home even to build houses. The savings was either in the form of money or building materials such as such as sand, brick, tile, etc. Thus, beneficiaries felt really assisted by BSPS Program to fix their houses or build houses. The funds aid was disbursed to purchase building materials that had not yet been owned.

In the implementation of this program, some beneficiaries felt stimulated to fix their home. Surprisingly, some of them made a loan to their relatives and neighbors to increase the capital (self-help) of home improvement which was twice or six times higher than BSPS Program itself. One of beneficiaries spent 70,000,000IDR. This case causes the fact that at present, some of the beneficiaries have mortgage repayment costs.

In this BSPS program, there was problem of social jealousy of beneficiaries candidates that did not getting help. Some of them went directly to head of RW and RT to protest and ask why they were not listed as beneficiaries. Fortunately, this problem could be directly solved by local RW and RT officials by providing insight and explanation to those who were not listed as beneficiaries. The decision making was made directly by Ministry of public work as the institution that issued the program. RT, RW and even Village officials were not involved to determine the recipient of assistance. However, what should be kept in mind was that RT, RW and Village officials had been trying to list indecent home to receive this assistance. After several explanations, finally they understood and stop protesting. Fortunately they also helped other people who were included as beneficiaries of BSPS Program.

## 10. Supervision and Reporting of BPS Program

In the process of fixing home, the average time taken was 2 weeks. The supervision and assistance were conducted by KSM, TPM and UPK. The process of controlling and accompaniment was conducted routinely among 0%, 40%, 80% and 100%. TPM conducted assistance among 5-6 times. TPM was always coordinated with KSM.

After the home improvement process was completed, the next stage was reporting. Basically the preparation of Accountability Report of BPS Program Implementation of Ministry of public work must be made by KSM and beneficiaries. But in practice, the report was made by TPM and UPK. KSM only reported verbally and provided various evidence of money disburse in the form of memo from building materials store which were obtained by each beneficiaries. Usefulness of this memo was to prove that the money was not misused. Moreover, KSM also provided a self-help recapitulation note collected when the fixing house was in process. After the reporting phase was completed, there was no advanced coaching program from BPS. Thus, the role of both TPM and UPK companion was only up to the activity report stage. Then, the assistance process was completed.

## Analysis

Analysis of research findings uses Huttman's view of social services in the perspective of housing and physical environments (Houtman (1981: 281-310), which is Housing for poor people with low income and quality of life that required social worker skills in handling housing.

Analysis of Housing and Quality of Life is based on the results of research from Self-Supported Housing Stimulus Program aimed at empowering Low-Income Communities to be able to build or improve the quality of houses independently in order to inhabit decent house in a healthy and safe environment. The scope of this program was Low income residents which are residents who occupy indecent home based on three categories, which are inadequate aspect of house from roof, floors and walls, the aspects of economic conditions including the category of poor and the number of families that occupied are more than two families. While the rule-based criterion that receiver of this stimulant aid is intended for: Indonesian citizen; low income people with fixed or unfixed income, already married; own or control the land; has no home or own indecent home, has never received housing stimuli from

the Ministry of Public work and Housing; Precedence that has a plan to build or improve the quality of the house as proven by: having a saving of building materials; have begun to build houses before getting stimulant help; have other assets that can be used as additional funds for stimulant development or improvement of house quality; and / or have been empowered with self-help housing empowerment system, seriously following the stimulant assistance program, able to work in groups. While the criteria of aid objects in this BPS Program include: indecent home located above the land: physically controlled and clear boundaries, not inherited land that has not yet been divided, not in disputed status and its use in accordance with the spatial plan. Unfinished buildings from the community's efforts to the highest level of middle structure and building floor area of 45 m<sup>2</sup> (forty-five square meters), subject to land consolidation or relocation activities in order to improve the quality of housing and slum areas, and / or Exposed to natural disasters, social unrest and / or fire.

Analysis of social worker skills are needed to handle the housing issues. Based on the research result it is shown that relevant skills in social work practice in housing for assisting construction of housing with the category of indecent homes is verifying candidates of beneficiaries; Facilitate KSM to assist the needs of beneficiaries in accordance with DED; Develop and empower KSM; And report progress of activities (progress report) and compile a final report. Assistance is executed in a process that starts from responding to program offerings, develop institutions to handle program, data identification of beneficiaries, proposal submission, program implementation along with monitoring and reporting. Assistance is conducted through musyawarah (meeting) approaches, participation, community potential, active role of public figure and beneficiaries along with priority scale of beneficiaries.

## **Conclusion and Suggestion**

### **1. Conclusion**

Based on the results of research on the Implementation Model of Self-Supporting Housing Stimulation in Cilame Village, several conclusions formulation could be drawn as follows:

- a. Self-Supporting Housing Stimulation help for society living in indecent home is based on program schemes and beneficiary priority scales, resulting in beneficiary criteria from three categories: indecent aspects of

- the house from roofs, floors and walls, aspects of economic conditions, including low-income category and the aspect of number of families resident that inhabitant of more than two families in a house.
- b. Head of Village and village institutions cooperate well in utilizing the program that come from the central government through the Ministry of Public Works and People Housing by promoting the principle of social development through musyawarah (meeting) approach not only at the village level but also RW, the participation of residents in the form of effort, thought, money, material , The potential of the community in the perspective of local economic resources such as the involvement of businessman in the form of local materials and the active role of public figure along with beneficiaries and priority scale of beneficiaries based on the criteria and completeness of documents.
  - c. Implementation phase of Assistance program is carried out through the following steps: rapid response of program offer, establishment of institutional program, data identification of beneficiaries, proposal submission, program implementation along with monitoring and evaluation program.

## **2. Suggestions**

- a. 1. For beneficiaries, institutions, and communities are advised in utilizing programs that come from outside of community especially government programs. Several steps that must be conducted are rapid response to the program, understanding the program scheme and society needs, musyawarah (meeting) approach and participative principles on both submission process of proposal and its implementation.
- b. 2. For program provider institutions, general and comprehensive guidelines are necessary in order to get quick response of beneficiaries and also provide opportunities for potential beneficiaries.
- c. 3. Research on social service model categorized successfully managed by central, regional and private government and NGOs need to be conducted continuously for both academic and practical interests in order to enrich the repertoire of knowledge of social service model and social policy.

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