

ASEAN Social Work Journal

■ **An Analysis on Mainstreaming Education Method for Children with Disabilities in Vietnam**

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■ **Impact and Program Evaluation of The Child Abuse Prevention and Intervention Network (CAPIN) Program**

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■ **Narratives and Disclosure of Service Providers: A Phenomenological Approach in Understanding Children Involved in Drug Trade in Davao City, Philippines**

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Rr. Endah Sulistyaningsih
Alfrojems

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■ **AN ANALYSIS ON MAINSTREAMING EDUCATION METHOD FOR CHILDREN WITH DISABILITIES IN VIETNAM**

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FOREWORD

Welcome to the 8th issue of ASEAN Social Work Journal in July 2020. It is our great pleasure that in the midst of this challenging times because of covid-19 pandemic, this journal can be published. The journal is published by the Indonesian Social Work Consortium (ISWC), as a workplan of ASEAN Social Work Consortium (ASWC). The main mandate of ISWC is to facilitate strategic initiatives for promoting the roles of the social work profession and social work education to improve the nation's social development policies and welfare services. Social Work in Indonesia has become stronger, including in social work education which two universities offer doctoral level programs. The issuance of Law on Social Workers in 2019 would enhance more significantly social work of the country. In response to covid-19 pandemic, the pillars of ISWC organize series of webinar, and the association of social workers offers on-line psychosocial services.

This journal belongs to us, the ASEAN country members. The birth of this journal is a significant part of the dynamic movement of the ASEAN country members. As an ASEAN Community we can maximize this journal to strengthen our bond, to highlight our potentials and also to reduce boundaries and weaknesses, so that we will be able to establish strong partnership. Through sharing our research findings in this journal, hopefully we would be able to achieve these. Especially during covid-19 pandemic, the spirit of brotherhood shall always become a lent for solidarity of ASEAN social work.

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

We all wish you stay safe and healthy in these challenging times due to covid-19 pandemic.

The edition eight of ASEAN Social Work Journal focuses on child issues. Children are expected to be the nation's future. However, in reality protection toward them still stays a big challenge. The articles of this edition discuss the child problems in several settings. They are the weakest group of population, therefore, we -as adults- have responsibility to protect them, so they are able to thrive well. Only if this is ensured, they will be the future of a nation.

Do Van Trai, Nguyen Thi Thu Trang, Vu Lan Anh and Tran Dai Phuoc highlight mainstreaming the education of children with disabilities in Vietnam and identify its obstacles. There are three types of education for children with disabilities: specialized education, inclusive education, and integrated education. However, efforts to improve inclusive education in Vietnam are fragmented and have not yet been incorporated into a national action plan. The first priority is to pay attention to issues of disability especially with a human rights-based perspective. Traditional Vietnamese perspective seems to show love and sympathy for people with disabilities, such as giving gifts or exempting university entrance exams for visually impaired candidates actually only increase the separation and discrimination against people with disabilities. It tends to reinforce a stereotype that they are only a group of inferior people who cannot function, unless they receive special help. It is important to affirm the equality in rights and abilities between people with and without disabilities.

Jowima Ang-Reyes evaluates program and impact of Child Abuse Prevention and Intervention Network (CAPIN) Program in Philippines. The government has embarked on a comprehensive integrated approach to children's development along the areas of survival, protection, development and participation. The baseline information in child abuse case management can be used for the crafting of innovative intervention and case management program. Research and case studies indicate that children often suffer even from the start of the investigation because authorities responsible for them are not sensitive

and systematic in their approach. Interviews often end up becoming a series of cross-examination and victim blaming. Children are made to recount the traumatic experience several times to strangers. In response, the CAPIN program introduce and pilot One Stop Shop interview process by utilizing a Multidisciplinary Team. The conduct of a singular interview process with the child abuse survivors will prevent repeated interviews to gather facts about the case and circumstances surrounding the abuse.

Kanya Eka Santi and Alfrojems argue that there are several challenges of supervision of social work in child protection during covid-19 pandemic in Indonesia. The rapid rise of covid-19 cases prompts government to mandate health protocols aimed at preventing the spread of covid-19. It has had an impact on social services provided by social workers, especially in the field of child protection. During the pandemic, supervision of social workers has ensured that services meet standards of practice. The supervisors also provide necessary supports to social workers during these fast-changing times. The results of this study indicate that the challenges of supervising social workers consist of working from home, working in the office, personal protective equipment, case responses, place to stay (accommodation), health insurance, and cross-institutional coordination. These six areas of issues have significant influence on social workers in completing their tasks, especially in social work supervision.

Melba L. Manapol and Leah Mae Jabilles describe Children involvement in drug trade in Davao City, Philippines. Harsh realities faced by the children have forced them to face a bleaker future and living a life of insecurity and higher risk in terms of abuse and exploitation. This includes children engaged in drug trade. The study describes the situation of children involved in drug trade through the narratives and accounts of the child focused service providers who have direct encounter with children and their families. Findings reveal that more and more children are lured into the drug trade business and their age is getting younger (as young as 8 years old). Drug trade has become a family affair with the parents as promoter in the participation of their children. Reasons are economic, troubled environment and families becoming dysfunctional. The exploitation and use of children in drug trade as well as the involvement of families in the trade are mainly attributed to the lack of opportunities for poor families to provide for their basic needs.

Pham Hong Trang and Pham Hong Nhung explore about teaching skills in sexual abuse prevention to school-age children in Vietnam. The phenomenon of high rate in child sexual abuse case found each year in Vietnam does not just reflect the dark side of society but also raise a wake-up alert about gaps in education. This research study describes the experiences of providing sexual abuse prevention education for school-age children. The Sexual Abuse Prevention Skills (SAPS) educational program is designed to build important strengths for children so that they can remain safe. Further, this paper highlights issues encountered, such as, cultural issues, students' anxiety, inconsistency in educational contents, low awareness, and a lack of facilities and time for education. In order to improve the impact of this education, it is necessary to implement synchronous solutions from many partners, including the State, the schools, teachers, family, and the children as well.

Rr. Endah Sulistyaningsih and Alfrojems argue that sustainable development is development which is able to see potentials of the regions in Indonesia by focussing on younger generation as one of the important factors. The quality of these children is driven by several factors, and one of them is parenting skills or parenting style, as care of "significant others" is the first thing received by a child in his/her development process. Later, this process will contribute to mental development, ways of thinking and behavior of every child. The importance of parenting skills is one of the reasons for implementing intervention programs carried out by government and non-government organizations (NGO). Non-government organizations that currently exist in Indonesia can be categorized into national and international agencies. The programs of international NGO have been running for a long time. The results of this study indicate that families who received benefits from the international NGO programs have good parenting attitudes towards children.

I hope that you enjoy reading this edition

Fentiny Nugroho

Editor-in-Chief

AN ANALYSIS ON MAINSTREAMING EDUCATION METHOD FOR CHILDREN WITH DISABILITIES IN VIETNAM

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Abstract

The Ministry of Education and Training of Vietnam in 2005 committed to the orientation of inclusive education throughout the country, and the Ministry adopted a Decree on inclusive education for children with disabilities in 2006. In 2010, the enactment of the Disability Law once again affirms the commitment of the Government of Vietnam to provide educational opportunities for the whole society, thereby affirming the provision of inclusive education for all children with disabilities. Given the existing legal and policy framework, now is the time to address other issues. Base on the background the purpose of this study is how the education of children with disabilities in Vietnam and identify factors that affect to the accessibility to Children with disabilities' education?. This study using qualitative method to persuit the purposes. The result of this study is going to give a broad view on children with disabilities as well as results in implementing mainstreaming education in Vietnam.

Key words: mainstreaming education, children with disabilities, Vietnamese government, children law.

Child Protection in Vietnam Context

According to Vietnam Children Law which was issued in 2016, child protection refers to the implementation of appropriate measurements for ensuring safe and healthy life for children, the prevention and response to

child abuse and the support for disadvantaged children.

In Vietnam, system approach is currently applied into child protection. This approach focuses on establishing laws and social welfare system for all potential harm children. Literally Vietnamese children's difficult circumstance that comes from the change of economy and society as Vietnam transitioned from a centrally planned economy to a socialist-oriented market economy in 1986. As a result, despite impressive socio-economic developments during the years after that transition, Vietnam has faced with serious challenges due to the growing disparities and inequalities in the society. Currently, there are nearly 5.5 million Vietnamese children experience at least two deprivations in education, health, nutrition, shelter, water and sanitation or social illusion. This means that many children here are far away from accessing to quality health care which could increase their mortality risk. Particularly, it is more than two-in-three children aged one to 14 years experiences violent discipline and more than 170,000 children are without parental care, destitute or abandoned. There is just one-in-ten children with disabilities attend secondary school out of 1.3 million disabled children and 1.9 million children under 5 suffering from stunning, leaving permanent physical and brain damage. Besides that, according to data from Ministry of Labor, Invalid and Social Affairs, in 2007, there is 3,800 drug users were children, at least 900 children were sexually abused and as estimated 13,000 street kids . In 2006, about 16% children from 5-14 years old were child labor. Along with this, the number of children affected by HIV/AIDS has been sharply increased. To be noted, the figure of teenagers who broke the laws was increasing. Ministry of Justice reported that 15,589 teenagers were arrested for theft, fraud, drug use and so on.

Mainstreaming Education Method in Relation with The Policies and Programs

Convention on the Rights of Persons with Disabilities (CRPD): Vietnam signed the Convention on the Rights of Persons with Disabilities (CRPD) in October 2007 and is expected to ratify it in 2014. CRPD is an important international step in declaring and protecting the rights of all disability, and it has brought the issue of disability from a charitable perspective to a more human rights-based perspective. By signing the CRPD, the Government of Vietnam has expressed its views on disability that it is not only a medical issue but also includes social barriers and separation from everyday life by discrimination and old standards. This is also a new step in Vietnam's commitment to protecting the

rights of all Vietnamese with disabilities, repeating words that have appeared in Constitution (Articles 59 and 67) and continuing the French mission, Order for Persons with Disabilities in 1998. Once the CRPD is approved, Vietnam will “take on the assurance and expedite the process of realizing all human rights and fundamental freedoms for all people with disabilities.” without distinction based on any standard of disability” (UN, 2006).

The Biwako Millennium Framework for Action (BMF) is an effort of Vietnam and other countries in the Asia-Pacific region towards building an inclusive, barrier-free and human-based society without isolate people with disabilities from society. This is a guide to regional policies on disability rights issues within the Asia-Pacific Decade of Disabled People 2003 - 2012. The framework includes 7 goals and key issues:

Firstly, independent organizations of people with disabilities, as well as family associations and related parents.

Secondly, women with disabilities.

Thirdly, early detection, early intervention, and education.

Fourthly, training and employment, including freelance work.

Fifthly, exposure to construction environments and public transportation services

Sixthly, contact with information and communications, including information technology, communications and assistance.

Lastly, poverty reduction through capacity building, social security and sustainable livelihood programs.

During the period from 2003 to 2012, Vietnam has made remarkable strides in writing new laws and policies according to BMF guidelines. The country has also conducted periodic assessments of disability policies and programs against the goals set by BMF. In addition to signing the CRPD, Vietnam has clearly expressed its determination to pursue a human rights-based approach to disability, and above all wishes to build a society that includes all people with disabilities.

Law on People with Disability (2010): By the support of many stakeholders, non-governmental organizations, and encouraged by commitments with CRPD and BMF, Vietnam enacted the Disability Law (PWD) in June 2010, and this Law has come into effect since January 1, 2011. The Law on Persons with Disabilities plays a solid legal foundation for the protection of all people with disabilities in

Vietnam. However, there are still many difficulties in implementation, especially in the early days of implementation of the Law on People with Disabilities. Local organizations, agencies and stakeholders did not receive the necessary guidance from central decision makers and officials. To address these issues, in April 2012, the Ministry of Labor, Invalids and Social Affairs passed Decree 28/2012/ND-CP, which was the first legal guideline for its implementation.

For the first time, Vietnam has an official definition of disability, and it will certainly help to collect data, categorize and identify the extent of disability as well as monitor the impact of programs. According to the Law on Persons with Disabilities and Decree 28/2012/ND-CP, the Government recognizes 6 types of disability: mobility; listening and speaking; look; nerve; wisdom; and other disabilities (Government of Socialist Republic of Vietnam, 2012). The Decree also clarifies how to assess disability levels (particularly severe, severe, and mild).

This official definition has some differences from the International Classification of Functions, Disability and Health (ICF) 3. ICF-based surveys generally classify into six categories of disability - vision, hearing, movement, concentration / memory, self-care and communication - and four levels of disability - no difficulty, one difficult numbers, many difficulties, and cannot be implemented (WGDS). ICF's categorization groups and disability types that Vietnam officially recognizes have some similarities, but there are still many differences. This may be because Vietnam's official definition of disability does not place much emphasis on social circumstances and environmental factors such as the ICF Framework. However, as more and more surveys and surveys in Vietnam are based on the ICF framework and the Washington Group questionnaire on Disability Parameters (WGDS), the differences between the definitions of ICF and the Vietnamese Government may cause many obstacles.

In addition to providing an official definition of disability, the Law on Persons with Disabilities also sets out the rights of Vietnamese people with disabilities in equal access to quality medical care, rehabilitation, and education, employment, vocational training, cultural services, sports and entertainment, transportation, public places, and information technology. The law also provides an essential legal framework for an inclusive, barrier-free society and provides equal opportunities for people with disabilities.

This law also stipulates that teachers, lecturers, office workers and educational assistance staff who directly participate in the education of

people with disabilities will receive benefits. In addition, the Law also clarifies the duties and activities of Centers for Inclusive Education Support and Development.

Children with Disabilities in Vietnam

According to the Ministry of Labor, Invalids and Social Affairs (MOLISA), 1.3 million people with disabilities are children between the ages of 5 and 18 (NCCD, 2010). Physical disabilities, intellectual disabilities and hearing impairments are the three most common disability groups.

Table 1: Percentage of child with disability

Unit: %

	Percentage of child with disability from 2-17 years old		
	Total	2-4	5-17
Whole country	2,79	2,74	2,80
Area			
Urban	2,42	2,53	2,39
Rural	2,94	2,82	2,97
Regions			
Red River Data	2,23	1,46	2,46
North Midlands and Mountainous	4,42	3,19	4,79
North Central and South Central Coast	2,52	2,07	2,64
Central Highlands	2,97	3,84	2,77
South East	1,77	1,93	1,73
Mekong River Delta	3,26	5,29	2,79
Gender			
Male	2,57	2,48	2,60
Female	3,00	2,99	3,00

Source: National survey on people with disability, 2016

The data shows the disability prevalence for children aged 2-17. They are broken into two age groups (age 2-4 and age 5-17) because there are separate sets of questions for those groups. The CFM is structured this way because children in different age ranges required some different questions to address the age-appropriateness of various activities. Overall, the disability prevalence rate for children was 2.79 percent, with basically no difference in prevalence

between the age groups. Rates varied much less based on their characteristics than they did for adults.

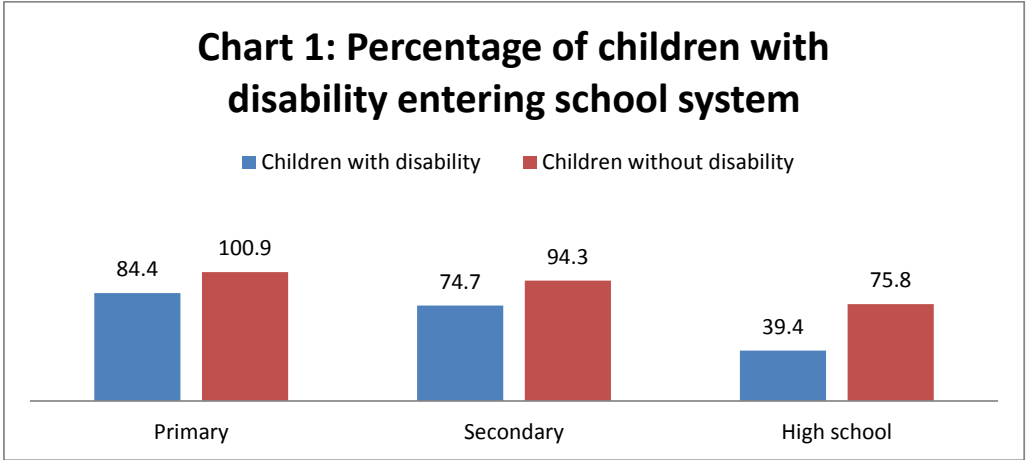
Table 2: Percentage of difficulties of children by functional domain, age group and gender

Unit: %

Types of disability	Age group 2-4			Age group 5-17		
	Male	Female	Total	Male	Female	Total
Vision	0,12	0,06	0,09	0,17	0,16	0,16
Hearing	0,16	0,10	0,13	0,25	0,24	0,25
Lower mobility	0,40	0,27	0,34	0,57	0,51	0,54
Cognition	1,02	0,58	0,81	0,65	0,48	0,57
Communication	0,66	0,30	0,49	0,92	0,69	0,81
Self-care	NA	NA	NA	0,34	0,33	0,33
Upper mobility	0,38	0,19	0,29	NA	NA	NA
Psychosocial	2,24	1,90	2,08	2,32	2,16	2,24
At least one	2,99	2,48	2,74	3,00	2,60	2,80
Multiple	0,83	0,34	0,60	0,88	0,78	0,83

Source: National survey on people with disability, 2016

This table shows the CWD prevalence rates breakdown by type of disability and sex. Unlike with adults, the most common type of disability is psycho-social. This relates to many developmental issues that children experience that are not generally identified by the other questions in the CFM. Communication is another type of disability that is relatively more common in children than adults. Children identified as having a disability comprise those with cognitive difficulties, hearing difficulties, or various development issues. Because these conditions are not as obviously a “disability” to laypeople as are problems with mobility or vision, it is likely that children with these difficulties are under-identified as disability in the population. Note that upper mobility is listed as not applicable in the table. This is because in testing of the CFM it was determined that a question on upper mobility did not identify more children than the other questions and so was dropped from the module to make it as short as possible. Children in that age range with upper body mobility issues are generally included in the self-care category.



Source: National survey on people with disability, 2016

The Facts of Mainstreaming Education for Children in Vietnam

The Ministry of Education and Training (MOET) has long affirmed its commitment to providing inclusive education for all Vietnamese children, regardless of gender, ethnicity, social role or any other factors can lead to separation. The National Education Action for Everyone (EFA) Plan 2003 - 2015 has proven that MOET is always pursuing new developments and approaches to ensure all children have minimum exposure is primary education. However, this Action Plan does not emphasize education for children with disabilities, demonstrating a lack of concern for disability at the time at the leadership level. In fact, it is that children with disabilities who have few learning opportunities can make Vietnam fail to meet the EFA goals in 2015. Facing this problem, the Ministry of Education and Training issued Decision 23/2006 / QĐ-BGD & DT about inclusive education for children with disabilities. In 2007, the Ministry of Education and Training (MOET) developed a specific plan to support the education of children with disabilities, namely the Strategy and Plan of Education for Children with Disabilities in the 2007-2010 period and a vision to 2015.

Recently, the Ministry of Labor, War Invalids and Social Affairs (MOLISA), in conjunction with the Ministry of Education and Training, has also made important strides in the implementation of inclusive education through the publication of an establishment and operation guide of inclusive education support centers. These centers will provide information, materials, curriculum,

support for parents, early detection, early intervention and other services that are useful to people with disabilities and their families. These centers also operate in a network of inclusive education services, connecting parents with teachers, health professionals, etc. With the publication of Joint Circular No. 58/2012 / TTLT-BGDĐT- BLDTBXH on establishing conditions, procedures for establishment, operation, operation suspension, reorganization and dissolution of the Development Assistance Center Inclusive Education for Children with Disabilities, MOLISA and MOET hope to build effective centers in all 64 provinces.

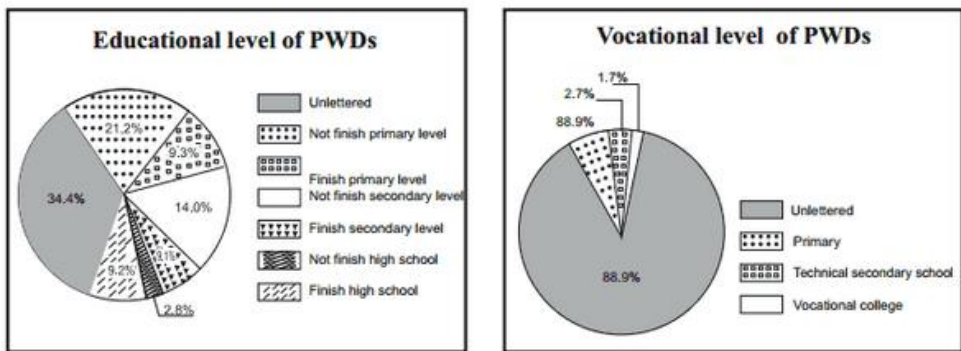
There are currently three types of education for children with disabilities in Vietnam: specialized education, inclusive education, and integrated education. According to the 2010 annual report of the Coordinating Committee of activities to support Vietnamese people with disabilities, there are currently 106 specialized schools across the country, each capable of serving about 100 students. Although there have been many efforts to open new specialized schools, now only two schools are added each year. These specialized schools primarily serve deaf and visually impaired students, while those with mobility disabilities often attend school at a regular school if lucky, or are cared for in rehabilitation centers or at home. Moreover, most specialized schools are located in urban areas, although 75% of people with disabilities live in rural areas (ILO, 2013).

Inclusive education includes daytime community classes, volunteer groups, ethnic classes, and compassion classes. Although these classes are very useful in creating strong relationships between children with disabilities and the community, they often take place on a small scale and are not able to serve many children with disabilities.

In fact, inclusive education serves the largest number of children with disabilities who can go to school. In the 2008-2009 school year, the Ministry of Education and Training's statistics showed that 390,000 children with disabilities were attending normal schools throughout the country (HI, 2012). Although this figure shows that many children with disabilities are benefiting from inclusive education in Vietnam today, it is still only 28% of the total number of children with disabilities. In addition, most of these students are currently attending kindergarten or primary school; The enrollment level of children with disabilities in lower secondary schools is less than 1% (NCCD, 2010). Clearly, the current system is not yet equipped to serve the learning needs of children with disabilities. Without adequate support, many children

with disabilities are unable to qualify for promotion, and they only continue to repeat classes until they are too old to go to school or the cost of attending school is too high for their benefit gain. Moreover, the so-called “integration” is essentially just placing students in the regular classroom without providing any additional assistance. Although students with disabilities still have the ability to learn in a classroom like this, they have a lot of difficulties in learning. Integration classes like this reduce the chances of a child with a disability to succeed.

In summary, only 9.2% of people with disabilities in all three above-mentioned education methods had a high school diploma (NCCD, 2010). The chart below describes in more detail the education levels of people with disabilities.



Source: Investigation on the Implementation of the Ordinance on Persons with Disabilities, MOLISA, 2008 (NCCD, 2010)

Conclusion

Inclusive education for children with disabilities in Vietnam is a complex issue that needs urgent attention from government officials, teachers, parents, and society as a whole. We have had some success, such as the increasing number of children with disabilities in public schools. However, efforts to improve inclusive education in Vietnam are fragmented and have not yet been incorporated into a national action plan.

According to many teachers, staff, and parents of children with disabilities, the first priority is to pay attention to issues of disability especially with a human rights-based perspective. The traditional Vietnamese perspective on people with disabilities should probably be reconsidered. Some actions that seem to show love and sympathy for people with disabilities, such as giving gifts or exempting university entrance exams for visually impaired candidates

actually only increase the separation and discrimination against people with disabilities, reinforcing the stereotype that they are only a group of inferior people who cannot function unless they receive special help. Moreover, the problem of disability is often exploited only from the perspective of emphasizing the differences but not mentioning the similarities at all. The outline of stories about people with disabilities should not stop at admiring the energy of children with disabilities or pitying them for physical defects; these stories can completely go one step further and affirm the equality in rights and abilities between people with and without disabilities.

Another step that needs to be taken immediately to support the development of inclusive education is to integrate it into the most basic part of pedagogical training programs. The character of inclusion needs to be woven into pedagogical training, not just added as an elective subject. In the words of Mel Ainscow, a well-known inclusive education specialist, "... it is difficult to change the output of every student unless there are changes in adult behavior. Therefore, the first step to developing an inclusive school lies with the teachers (Ainscow, 2007). Yes, it is only the teachers who are in the best position to promote the acceptance of children with disabilities into normal schools and provide them with an education capable of serving all their needs.

MOLISA and MOET need to try to cooperate more closely in the field of special education, and these two ministries also need to use the support from ministries, agencies, and other stakeholders. Disability is a multi-dimensional problem, so of course there will be many stakeholders. If we want to see inclusive education become a reality, it is essential to find ways to bring all stakeholders together. In the last decade there have been many NGOs working to improve the lives of people with disabilities in Vietnam, and there have been many projects focusing on inclusive education. Many educators across the country have also devised novel ways to implement inclusive education. If they are given the opportunity to share their experiences and best practices, we will see great progress in the integration into the national education system.

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IMPACT AND PROGRAM EVALUATION OF THE CHILD ABUSE PREVENTION AND INTERVENTION NETWORK (CAPIN) PROGRAM

JOWIMA ANG-REYES

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Abstract

The basic of rights and privileges of children is protection and it all are clearly stated in the 1986 Philippine Constitution. The government has embarked on a comprehensive integrated approach to children's development along the areas of survival, protection, development and participation. CAPIN program was introduced and piloted on different municipalities in Pampanga and Calamba, Laguna. The conduct of a singular interview process with the CA survivors will prevent repeated interviews to gather facts about the case and circumstances surrounding the abuse. Operational since October 2007, the CAPIN Program is a collaborative initiative between Consuelo Alger Foundation and various stakeholders from the local, LGUs', PNP, Medical Doctors and others. Based on these statement the question of this research is how impact and program evaluation of the CHIPLD abuse prevention and intervention network (CAPIN) program. The research was conducted using a mixed qualitative and quantitative research methodology: key informant interviews, focus group discussions, site visits, key informant interviews and use of secondary data from CAPIN reports.

Keywords: program evaluation, children, integrated approach

Overview of the CAPIN Program

The context of child abuse acknowledges many forms and is not limited to inflicting physical, psychological and emotional abuse. Adult and guardians of children have the tasks and responsibilities to ensure that the best interest and safety of the child is the paramount priority. Often, abuse takes place within the home and inflicted consciously or unconsciously. Ignoring children's needs, putting them in unsupervised and dangerous situations without regards to their wellbeing or making a child feel worthless and hopeless through

constant verbal, emotional or psychological abuse are some of the forms of child abuse (Patil and Udapi, 2015).

The protection of the rights and privileges of children are clearly stated in the 1986 Philippine Constitution. *“It highlighted that the State has responsibilities towards the welfare of the country’s children and youth population. However, like any other country, the Philippines is constantly affected by global changes and adjustments that affect families and their children”* (Yangco, 2006). *While development intends to bring progress, it has negative effects on families, especially to children. It can be observed that the increase in the pace of living, rapid technological development, urban migration and congestion, and increased participation of women on the labor force are some developments that put stresses and pressures on the family* (Patil and Udapi, 2015). The above mentioned stresses and pressures on families are eventually communicated, transmitted and manifested in children who are amongst the most vulnerable members of the family. At worst situations, these changes lead to maltreatment or abuse of children.

In the Philippine context, child abuse or maltreatment may include any of the following:

“(1) Psychological or physical abuse, neglect, cruelty, sexual abuse and emotional mal-treatment; (2) Any act by deeds or words which debases, degrades, or demeans the intrinsic worth and dignity of a child as a human being; (3) unreasonable deprivation of his/her basic needs for survival such as food and shelter; and (4) failure to give medical treatment to an injured child resulting in serious impairment of his/her growth and development or in his/her permanent incapacity or death” (Yangco, 2006.).

The Philippine government, through the Department of Social Work and Development (DSWD) and the Council for the Welfare of Children (CWC), has embarked on a comprehensive integrated approach to children’s development along the areas of survival, protection, development and participation. Part of the holistic approach is the prevention and early detection of child maltreatment as well as the recovery, rehabilitation and after-care for abused children. Thus, it is important that a referral system for reporting child abuse cases illustrate the mechanism for reporting and documentation of the child abuse case management as a means to determine how the needs of these children were addressed. This baseline information in child abuse case management can be used for the crafting of innovative intervention and case management program.

The SCJC of the Department of Justice in collaboration with DSWD

illustrated the referral process in phases, from the source of referral to the next proponents while advocating for a comprehensive, multidisciplinary approach in managing cases. *Research and case studies indicated that children often suffer even from the start of the investigation because authorities responsible for them are not sensitive and systematic in their approach* (Verba and Balanon, 2003; Childhope 1995; CPTCSA 1998; SCF UK n.d.).

Often, interviews end up becoming a series of cross-examination and victim blaming. Children are made to recount the traumatic experience several times to strangers who usually comprise of a network of people that make up the referral system, thus forcing the children to relive their traumas repeatedly. It is of utmost importance that when the interviews are conducted, privacy and confidentiality should be ensured (Protacio-Marcelino, et al., 2000).

In response, the CAPIN program was introduced and piloted on different municipalities in Pampanga and Calamba, Laguna. The *ONE STOP SHOP* interview process by utilizing the Multidisciplinary Team has been the key point. The conduct of a singular interview process with the CA survivors will prevent repeated interviews to gather facts about the case and circumstances surrounding the abuse. Operational since October 2007, the CAPIN Program is a collaborative initiative between Consuelo Alger Foundation and various stakeholders from the local, LGUs', PNP, Medical Doctors and others.

The Types of Child Abuse Cases

*While the study was conducted in 2016, the following statistical were updated.

The Philippine Statistic Authority reported that in 2019, a total of 2,855 children were victims of child abuse. Out of these 2,855, 67.4% or 1,924 were female while 32.6% or 931 were male. Most cases occurred in the National Capital Region, followed by Central Luzon and Central Visayas. The most common types of child abuse recorded were sexual abuse, neglect, and maltreatment. In understanding the context of child abuse, dimensions and impact to the lives of the children and their families, categories of child abuse are defined, only reported statistics are provided.

Child Labor In 2019, it was reported by the Philippine Statistics Authority that 24 children were victims of child labor. 66% of these were female while 33% were male. Child labor was observed to be prevalent in rural communities than in urban.

Commercial sexual exploitation of children includes child trafficking,

child prostitution and child pornography. In 2019, the Philippine Statistics Authority reported that 174 children were victims of commercial sexual exploitation, 94 % were female while 6% were male.

Physical and Sexual abuse of children. Physical and sexual abuse of children constitutes 4.4 % or 126 and 22.5% or 644 of the child abused cases in 2019, respectively. Most cases reported were rape, incest, physical abuse and acts of lasciviousness. Most victims were female children comprised 92.5% of the physically and sexually abused Children Population (PSA, 2019).

Children in Conflict with the Law. Children in Conflict with the law is seen as a vulnerable sector in relation to child abuse. Children often come in conflict with the law when involved in drug-related activities, status offense, sex and property related and behavioral misconduct, just to mention a few. The Philippine National Police reported that in 2018, a total of 441 children, aged below 9 years old- 11 years old, and were in conflict with the law. As for children aged 12 years old to 17 years old, the PNP reported at total of 8,076 children were in conflict with the law in 2018 (Macaraeg, 2019).

Children Affected by Armed Conflict and Displacement According to the Report of the Secretary-General for Children and Armed Conflict, it was able to verify the following 2018 data; there were a total of 19 children (10 boys and 9 girls) who were recruited and used in armed operations; 4 children were detained for their alleged association with armed groups; 57 children (16 killed, 41 maimed) were killed and maimed; 3 cases of rape of girls; 2 verified attacks on schools and educational personnel; and 13 children abducted.

Children and Drugs . According to the ILO Convention 182, one of the worst forms of child labor is the use of children in illicit activities including the production, sale and trafficking of drugs are difficult to trace and identify given the hidden and illegal nature of the trade. In 2020, an article published by the Human Rights Watch stated that children's rights advocates in the Philippines have documented 101 children were extra-judicially executed or killed as bystanders during anti-drug operations from mid-2016 through 2018.

Street children. Street children are mostly the children from urban poor families living in informal settlements and slum communities in Metro Manila, Metro Cebu, Metro Davao, Cagayan de Oro, Cotabato, Zamboanga, General Santos, Bacolod, Iloilo, Angeles, Baguio, Legapsi, Naga, Olongapo and other major Philippine cities. Pushed by various factors such as poverty, unemployment or underemployment, dysfunctional family relationships,

and peer influence, among others, these children have made the streets their abode and source of livelihood.

Joy' Story

Joy (not her real name, beneficiary of the CAPIN program) narrated that Ms. Beth (MSWDO) gave them encouragement and emotional support by constantly telling them not be afraid and giving them assurance that she will help them file the legal case against her perpetrator.

“Si Maam Beth po. Sila yung nagpapalakas ng loob namin. Tutulungan ka nila kung saan ka pupunta. Kung wala po sila, hindi po namin matutuloy ang kaso. Malakas po ang utang na loob namin sa kanila.” (It’s Maam Beth who helped us be stronger. They helped us wherever we go. Without her we would not have been able to file the legal case, we owe her a lot) Joy (CAPIN Program Beneficiary, CA survivor)

Case No. 1: Incest Sexual Abuse Case

Joy was 13 years old when she was sexually abused by her paternal grandfather. The incident occurred between 2009 and 2013 when Joy was left in the custody of her paternal grandfather and her parents were not home. Finally, Joy gathered her courage and told her parents of the abuse and they immediately reported to the MSWDO of Guagua, Pampanga. Joy stated that she and her family were informed of the CAPIN program and the other team members were to be notified to conduct the single interview. At first, due to anger, Joy’s father was in haste to report the matters to the police. MSWDO provided assistance by orchestrating the entire process conscious of the CAPIN protocol. Joy said that the forms they filled up and the interview conducted by Ms. Beth was done in a non-threatening and embarrassing way that encouraged her to disclose pertinent information and felt safe. The family was provided the legal support needed. Her abuser was later on imprisoned. However, before the initial trial took place, he died inside the prison. Despite being blamed by her relatives that Joy destroyed their family’s reputation, she said,

“ Alam ko kaya ko kasi supportive sila nanay at tatay, nagsalita ako kasi dapat hindi na mangyari ito sa ibang katulad ko, at alam ko na may matatakbuhan ako at pamilya ko kagaya ng pagtulong at suporta nina Ate Beth(MSWDO) sa amin, laking pasasalamat namin sa tuloy tuloy na suporta, ngayon nagaaral na uli ako”. Joy was accompanied by her mother when she arrived at MSWDO office in Guagua, Pampanga the day of the interview.

Post Counseling. Joy was assisted and completed the CAPIN process. However, it was notable that there was the absence of post-counseling support after. Joy was able to move on as she narrated, *“Kapag may nakakausap ka ay nailalabas mo ang nasa loob mo”* (whenever I speak to someone, I am able to release my heartaches). One factor contributory to her healing process was the fact that her perpetrator died while incarcerated and no longer fear for safety.

I. Research Methodology

A consultative and participatory research approach was utilized by engaging and interacting consistently with key stakeholders and beneficiaries through various field visits and coordination for the data gathering phase. The approach for the study comprised the interactions with key stakeholders from the LGU DSWD, PNP, Department of Education, DILG, and Department of Health including partner lead agencies, the Provincial Government of Pampanga and Open Heart Foundation Worldwide, Inc., Calamba, Laguna respectively. The research was conducted using a mixed qualitative and quantitative research methodology: key informant interviews, focus group discussions, site visits, key informant interviews and use of secondary data from CAPIN reports.

Focus Group Discussion (FGD)

The FGD was conducted for two groups of participants/implementers of CAPIN program from Pampanga and Calamba, Laguna. In order to maximize time and resources, three simultaneous FGDs with 37 participants were conducted in Pampanga while one FGD with a total of 14 participants was conducted in Calamba, Laguna. All components of the CAPIN Program were represented. Table 1 below represents the participants in the Focus Group Discussions:

Profile of FGD Participants

Profile of FGD Participants: Gender	Frequency
Male	8
Female	28
Total	36

Table 1. Profile of FGD Participants by Gender

The distribution of FGD participants based on Gender shows that 78% were female and 22% were male.

Profile of FGD Participants: Occupation	Frequency
Social Worker	9
PNP	8
Barangay Health Worker/ Health Officer	6
Administrative Officer	3
School Representative	3
Program Officer	1
Barangay Officer	5

No Answer	1
Total	36

Table 2: Profile of FGD Participants (Occupation)

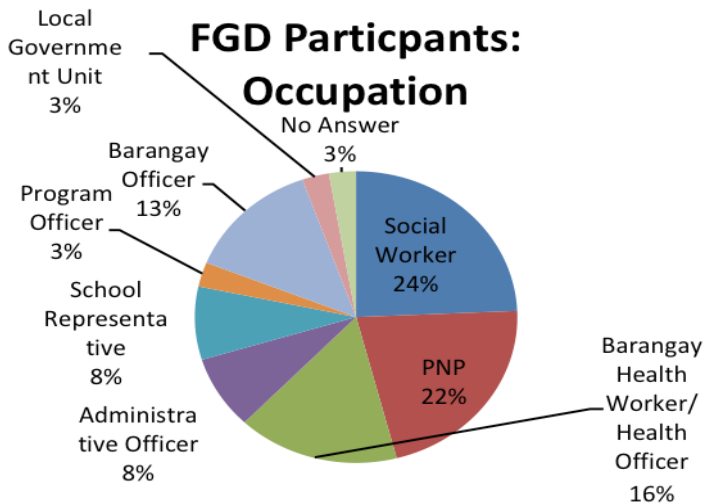


Chart 2: Profile of FGD Participants (Occupation)

The distribution of FGD participants based on Occupation shows that most of the participants who attended the FGDs were Social Workers at 25%, followed by members of the PNP at 22%, Barangay Health Workers and Health Officers at 17% and Barangay Officers at 14%. There were also representatives from School administrations and Local Government Units.

Number of Years in CAPIN	Frequency
0-3 years	11
4-7 years	10
8-10 years	6
11 and above	3
No Answer	6
Total	36

Table 3: Profile of FGD Participants (Active Service in CAPIN)

Number of Years in CAPIN

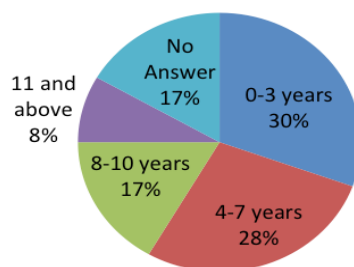


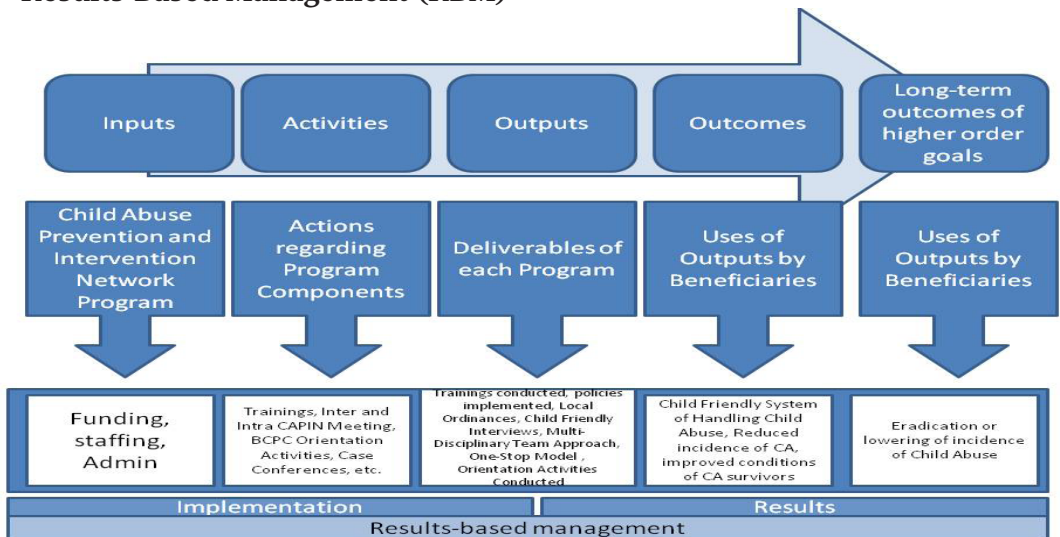
Chart 3: FGD Participants by Number of Years in CAPIN

In summary, the Research Team has interviewed a total of 8 key informants and

conducted a total of 4 FGD's attended by 36 participants from 6 municipalities from Pampanga and Calamba, Laguna. Representatives from Calamba, Guagua, Florida Blanca, Mexico, Angeles, Mabalacat and San Fernando and other stake holders participated in the data gathering.

Theoretical Model

Results-Based Management (RBM)



RBM is a management strategy that focuses on performance and the achievement of results (outputs, outcomes and impacts) (ICRC 2008). The aim of RBM is to manage an intervention while trying to ensure its relevance, efficiency, effectiveness, impact and other quality criteria. RBM provides a structured, logical model for identifying expected results and the inputs and activities needed to accomplish them (ICRC 2008).

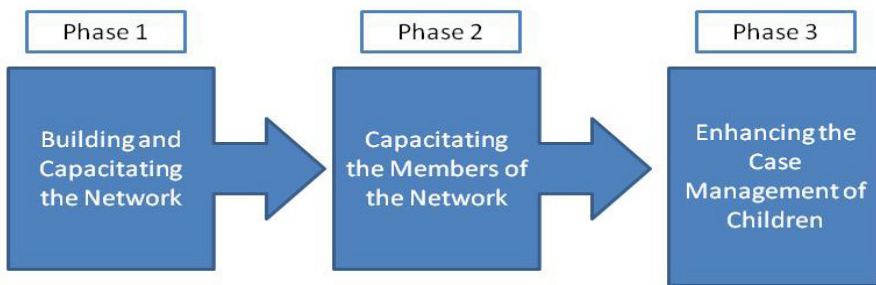
The Philosophy of the CAPIN Program: Multidisciplinary Team

To achieve these Objectives, the CAPIN program essentially followed the basic formula of 1) having a *multidisciplinary team* composed of, medical doctors, a SPED specialist, a psychologist, social workers, PNP, and others; 2) the establishment of the *CAPIN Program* which in this case is called the Training Development Center (TDC); 3) the harnessing essential *social infrastructure*, namely the local government units 4) harnessing other *stakeholders* (i.e. schools, employers) to support the program.

The goal of the ONE STOP SHOP interview process is to safeguard the *Psycho-Social wellbeing of the clients*. In the framework of analysis, it operates on three levels, micro, mezzo and macro levels. The *micro level*, intervention is aimed to rehabilitate, improve the social functioning of the CA Survivors in order to establish healthy relationships with other people on a bilateral or group context such as in the family, among friends and colleagues and/or in a workplace. The *mezzo level* is aimed at building up the social functioning of the CA survivors in relations to the social environment. The *macro level* intervention was geared towards breaking the social and physical barriers in the larger community.

The CAPIN Development Process

CAPIN has three phases of development. These are (1) Building and capacitating the Network; (2) Capacitating the members of the Network; and (3) Enhancing the Case Management of Children.



Phase 1: Building and Capacitating the Network, includes activities like identifying the area, and possible partners for the implementation of the CAPIN Program. This includes series of meetings with key stakeholders for the implementation of the program, once the program is in place.

Phase 2: Capacitating the Members of the Network includes series of trainings, meetings and orientations to enhance the capacity of stakeholders in implementing the CAPIN Program. In this phase, Child Protection Units were also built to further address the need of Child abuse victims.

Phase 3: Enhancing the Case Management of Children, local ordinances for the protection of children are in place. Inclusion of the CAPIN Program in the local budget was observed. Enhancing the case management Capacities of the CAPIN Network Members, included trainings, INTER and INTRA CAPIN Meetings and BCPC Orientations geared toward the one stop interview process.

IV.FINDINGS

The network of policymakers and service providers on the global, national and local levels focused on addressing the needs of Child abuse survivors including the prevailing authorizing policy environment is what is referred to as the “source” of the program. The “demand side” refers to the network of beneficiaries/clients or users of these policies, programs, services for Child abuse survivors. The degree to which a program such as CAPIN can cater to both source and demand, makes it highly relevant for everyone. By this definition, the CAPIN program, is responsive to the global and national calls for creating a ONE STOP SHOP or Multidisciplinary approach in Child Abuse services. To further give context, below are the different pathways of referral systems being used by different GOs and NGOs that would illustrate where CAPIN situates and the benefit of the model.

Models of Child Abuse Referral Systems

According to a study by Verba and Balanon (2003), various government and non-government agencies work independently to address the needs of abused children. However, due to the complexity of cases, these agencies needed the attention and expertise of other groups in order to provide comprehensive services that will enables them to forward cases beyond their groups’ respective area of expertise. The system involves a mechanism of reporting and documenting the cases of abuse, thus, also involves how to address the needs of the children (Verba and Bulanon, 2003). Findings of the said study resulted in the categorization of the different types of referral system used in addressing cases of below. In order to appreciate the uniqueness and functionality of the CAPIN protocol, below is the differentiation of each model highlighting the strengths and limitations of each.

A. The Center-Based Model

The Center-Based Model offers direct services to abused children with programs for counseling and healthcare, they are brought to the CPU (Child Protection Unit) for direct medical care services leading to medical evaluation and documentation, then referral to other units in the justice pillar system like the Philippine National Police and the Municipal Social Welfare Officer. This model is appropriate especially for cases of direct rescue and which required medical attention. *UP-Philippine General Hospital Child Protection Unit*, situated in Taft Avenue, Metro Manila adapts a center-based model that is said to be “child friendly” as it uses a “multidisciplinary approach and

networking in providing comprehensive medical and psychosocial services to abused children and their families to prevent further abuse and start the process of healing. CPU offers training courses for medical and other key professionals handling cases of child abuse. The courses aim to improve professional standards and to promote child-friendly methodologies. Further, the CPU is also involved in research and advocacy, which is geared towards the improvement of child protection and prevention of child abuse. (Verba and Balanon, 2003). Improvement efforts to improve the CPU's referral system have already been put in place. The activities are:

- CPU has forged networks with PNP and DOH to train their personnel in the conduct of the child friendly procedures during medico legal interventions formalized by a Memorandum of Agreement (MOA). Both the PNP and the DOH are working together with the CPU for a nationwide Women and Children's Protection Unit system with standardized protocols for evaluation and terminology.
- CPU has been instrumental in the acceptance of video testimonies in court procedures. They have also closely worked with the Philippine Judicial Academy in training judges and lawyers on child friendly procedures. CPU has given training and seminars on understanding child development, the proper way to interview children, and the proper interpretation of medico legal findings and interviews.

B. The Community-Based Model

The Community-based model offers programs related to advocacy on children's rights, community organizing, and livelihood programs. The organization is based on the community and refers cases to other pillars of the justice system like the Philippine National Police, the City/Barangay Health Office and the Municipal Social Welfare Officer. Lunduyan and Bidsiliw, Inc. are utilizing this model. Lunduyan works with children in the fields of early childhood care and development, basic education, youth health and development, reproductive health which includes information dissemination on STD and HIV/AIDS, substance use and abuse, child sexual abuse and exploitation, and child labor and other children's rights issues by utilizing creative methodologies in organizing and delivery of services. On the other hand, *Bidsiliw, Inc.* is a Cebu-based organization that works for the holistic development of disadvantaged Filipino families by raising the quality of the life of identified families in urban poor areas (Verba and Balanon, 2003).

C. One-Stop Model

The center houses professionals like police, doctors, nurses, lawyers, and technical field officers, who handle child abuse cases with a crime laboratory, criminal investigation detection group, and health services. Intended to facilitate all necessary protocols and examinations required in relation to the child abuse cases, this is the model that CAPIN Program is patterned from, as well as the Philippine National Police, Women and Children's Protection Desk in order to respond to rising crimes against children, whereas, the PNP allocated five percent of their Gender and Development (GAD) budget to this project with the support of UNICEF and the Royal Netherlands Embassy (Verba and Balanon, 2003).

D. The Consortium Model

The consortium model involves several agencies working for the wellbeing of abused children. It aims to address the gaps in the services of center-based models by providing a multidisciplinary approach in the care of abused children. A single interview is attended by the members of the Multi-Disciplinary Team in collaboration among the various professionals required in the child abuse case management. The Psychosocial and Legal Assistance for Sexually Abused Children utilizes this model. CAPIN Program by definition uses the Consortium Model as well because it utilizes the Multidisciplinary Team Approach as the Single Interview Process.

The Psychosocial and Legal Assistance for Sexually Abused Children (PLASAC) was conceptualized to bridge gaps in the system of services. This aims to “establish and promote a system which will provide a holistic and multidisciplinary approach in handling cases of sexually abused children; to establish and develop an effective and cohesive network/pool of social workers, psychologists/psychiatrists, and lawyers with expertise in handling of sexually abused children and to foster positive dialogue, consultation, and cooperation among them in order to respond more effectively to the needs of sexually exploited and abused children” (PLASAC, n.d. as cited by Verba and Balanon, 2003).

CAPIN Protocol combined the features of the One-Stop and the Consortium Model creating a holistic dimension in case management of CA Survivors. It created a homeostasis between the need to efficiently collect data without re-traumatization essentially *supportive of the cause of abused children*. *The proposal for a bill to adapt the CAPIN protocol as the national framework in*

managing child abuse cases needs to be explored.

Localization of the UN Convention on the Rights of the Child in the form of the following laws served as the framework of CAPIN.

- **Article 11, Section 13** 1987 Philippine Constitution
- **PRESIDENTIAL DECREE (PD) 603** “*The Child and Youth Welfare Code (1974)*”
- **Article 15, Section 3** 1987 Philippine Constitution
- **RA 7610** “*An Act Providing for Stronger Deterrence and Special Protection Against Child Abuse Exploitation and Discrimination*” (1992)
- **RA 7658** “*An Act Prohibiting Employment of Children Below 15 Years of Age*” (1993)
- **RA 8353** “*Anti-Rape Law of 1997*”
- **RA 9208** “*Anti-Trafficking in Persons Act of 2003*”
- **RA 9262** “*Anti-Violence Against Women and their Children Act of 2004*”
- **RA 9775** “*Anti-Child Pornography Act of 2009*”

2. Program Effectiveness

The **Psycho-Social** Component’s implementation is often led by teams of social workers. This operates on three levels, namely, micro, mezzo and macro levels. The micro level intervention is aimed at self-recovery and improving to establish healthy relationships with other people on a bilateral or group context such as the family, among friends and colleagues and/or in a workplace. The mezzo level is aimed at building the critical social infrastructure and the macro level intervention under the Social Component.

The matching of appropriate educational, information or training materials that can bridge the gaps with the educational needs to pursue the advocacy work against child abuse. The eventual integration of this information to the anti-child abuse campaign in mainstream educational, social system of the community is critical. Reflected in the efforts of Guagua, Pampanga and Calamba, Laguna, the preparatory training such as basic literacy training to raise awareness and understanding on the issues of child abuse not limited to the formal leaders but up to the grassroots level for the authentic integration of the antichild abuse mindset into our culture and both formal and informal systems in the country.

Finally, the Psycho-social Component aims to develop the CAPIN CA Survivors capacities to become “self-empowered,” “self-directed,” and “self-actualized” individual using “*Person-centered*” and “*strengths based*” approach.

The CAPIN case management’s goals and interventions ranges from the curative aspects providing opportunities for the CA survivors to be active players towards their recovery and gaining self-determination.

Desk Review findings show the types of abuse and frequencies of reported cases for years 2010, 2011 and 2012 in Pampanga. In comparison with the 2016 CA data are consistent in terms of types of abuse as reflected in the statistical data. However, there might have been undocumented cases that was not brought to the attention of the authorities for many reasons of which common to all areas is the refusal of the family members of the CA survivors to report the matter to the authorities in fear of the stigma it might cause the child and their families or the identified perpetrators are close family members or much worst immediate family members.

TYPES OF CASES	2010		2011		2012	
	M	F	M	F	M	F
Maltreatment	45	41		176		174
Child Labor	1	0				
Illegal Recruitment	0	0				
Child Trafficking	0	11				8
Neglect / Abandonment	19	13				
Abduction / Kidnapping	5	6				
Arbitrary Detention	0	0				
Sexual Exploitation	0	12				
Sexual Abuse	6	134				107
Victims of Marital Conflict	37	84				87
Children in Conflict W/ the Law	270	62		209		
Child Misbehavior	8	1				
Missing Children / Stow-away						
(Witness to rape)	3	2				
TOTAL	394		385		376	

Table 4. Reported Child Abuse Cases in Pampanga

Table 4 shows the Child Abuse Cases Reported. These data were gathered during the Focus Group Discussion and was related to the data from Consuelo Alger Foundation. It can be observed that most cases reported were under the Sexual Abuse and Maltreatment categories respectively.

Case Category	Reported Cases													
	Before CAPIN (2002)		2011		2012		2013		2014		2015		2016	
Sexually Abused	M	F	M	F	M	F	M	F	M	F	M	F	M	F
a) Incest				2		2		21		7		1		3
b) Statutory Rape						4		7		7	2	12		2
c) Acts of Lasciviousness				30		17		28		52		29	1	3
d) Attempted Rape				21		15		8		3				
e) Others										11				
TOTAL				53										

Table 5. Reported Child Abuse Cases in Laguna

In comparison with the other models of intake utilized predominantly by various GOs and NGOs in the country, from the comparison, we may conclude that CAPIN is a hybrid model encompassing and blending the multidisciplinary and one stop shop model of child abuse case management. However, results of the FGD consultations with stakeholders in the different municipalities of Pampanga indicated that even with the combined efforts of the all the stakeholders there are not enough CAPIN trained and qualified staff, absence of appropriate and suitable facilities in the implementation of the CAPIN Protocol. The absence of an interview or counseling room impacts the need for confidentiality during the intake or counseling processes.

CAPIN Pampanga and Laguna and Their Performance

The CAPIN program succeeded in establishing the required pilot CAPIN Program in two provinces, namely Pampanga and Calamba, Laguna under the strength of council resolutions and memorandum of agreements between the Consuelo Alger Foundation and the concerned LGU. While CAPIN owed its existence and continuance to the various legal instruments like MOAs, resolutions and ordinances it is never a complete guarantee that these conditions will always operate under ideal conditions. In the past, there was always the risk of discontinuity due to many factors. Primarily, there will always be risks facing CAPIN implementation due to seasonal changes in local

political leadership as prescribed by law. The crucial factor of the success and continuity is always dependent upon the level and support of commitment given by the incumbent local officials, like the mayors and governors.

Organizing CAPIN Advocacy Capability

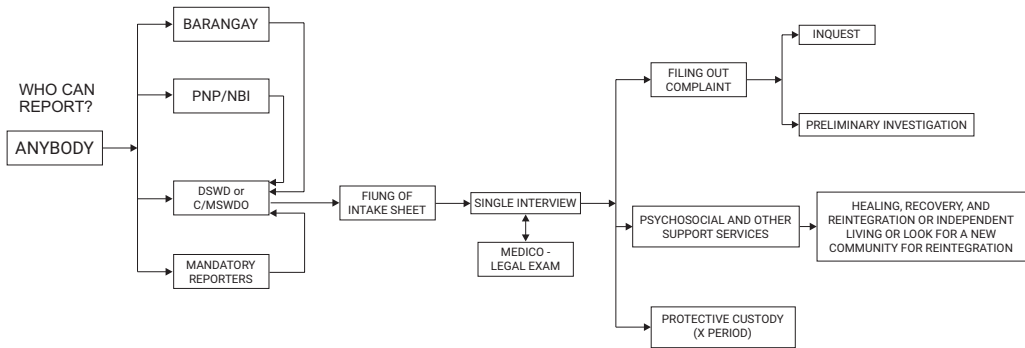
Records show that in the last two years, the CAPIN has been successful in organizing advocacy work. The process of creating that awareness, needs assessments, trainings and concrete strategies, activities involving all levels of players from the grassroots to political leaders local and national level is of utmost importance. The experiences of established social movements like the cooperatives and trade unions are part of the secret of their success. The organized “voice” of their constituency can be traced to a good membership education program. In the case of CAPIN, there is no existing comprehensive education program as of this writing that strategically provides the advocacy framework intended for the program.

Based on interviews and meetings with the staff and representatives of the Consuelo Alger Foundation and other stakeholders, results showed in lobbying for child abuse inclusive policies on local levels. However, continuity becomes the concern due to change of Political leadership. Advocacy on a higher scale is required to ensure that a law be passed to legalize the framework of CAPIN to serve as the CA case management protocol. Below are local laws approved In Pampanga which resulted from this advocacy.

1. Local Council for the Protection of Children Ordinance No. 2011-015 also known as The Comprehensive Welfare Code for Children of the City of San Fernando
2. Provincial Ordinance No. 5407 also known as The Comprehensive Welfare Code for Children of the Province of Pampanga.
3. In Calamba City, the Local Council for the Protection of Children Ordinance No. 2008-015, a resolution urging every Barangay Council the organization of Barangay Council for the Protection of Children (BCPC).

On the national and regional levels, to sustain the CAPIN Program there should be dedicated staff or personnel that will be effective in terms of managing or overseeing their activities and program implementation. The need for a *full time, secretariat resulted from the FGD sessions, stakeholders shared that they should have elected among themselves, elected focal person on a rotation basis to serve as link to all stake holders especially after Consuelo Alger Foundation*

upon the ending of their support and transferred the CAPIN Management to the local organizations. The role of the focal person would ensure or in charge of coordinating the continuity of the inter-intra CAPIN meetings and updates and best practices in CA case management is continuously monitored and documented. Utilization of Gender responsive case management in the implementation of the CAPIN Program to ensure consideration on the issues on gender. As an integrated approach it requires **“bio-psycho-social-environment” or person in environment framework** interventions applied appropriately depending on the need of the CA Survivor.



Flowchart of the CAPIN Protocol

Monitoring and evaluation on regular basis with the aim of documenting best CA case management practices, exchanges of knowledge and experiences towards improving professional practice. This would either reinforce good practices or rectify errors and moving the whole process forward.

In Calamba, Laguna, they are advocating the establishment of a *residential facility for Child abuse survivors or other alternative arrangements such as foster care to address the much need to provide safety and security of the CA survivors, who no longer have homes to return to or there are no other protective adult family members that could care for them*

Replicability

Based on the CAPIN strategy it is envisioned that the CAPIN Program will later on be turned over to the LGU for direct management. The knowledge generated from this experience can be employed to replicate and mainstream the program to other LGUs. Replication is highly relatable to sustainability. *When we replicate therefore, all the above-mentioned elements must be present.* Advocacy to policy makers to consider CAPIN to be adapted as a national framework supported by the National Government. While CAPIN raised or

increased the level of awareness about child abuse and provided LGUs a vehicle to work with one another, the concern should be raised as a public issue. In turn with such recognition, it should be funded and accepted by the National government in order to benefit and be included in the National Government regular budgeting process. This would address the seasonal changing of political leadership and program and services direction of incumbent political leaders.

The CAPIN Program of Consuelo Alger Foundation has also contributed to a much wider awareness efforts in addressing Child Abuse issues and provided assessment and assisted in the two areas. More than 1,155 child abuse reported cases for the six municipalities in Pampanga and 1,362 cases in Calamba, Laguna. The inclusion of stakeholders in the planning and execution of the three phases of the CAPIN Program brought about clarity, awareness and monitoring activities has contributed to invoking participation in in planning, sensitization and monitoring at all levels (barangay, municipalities/ cities and provincial levels). Inclusion of the CAPIN Program in the local development plan of each stakeholder's organization was manifested in various activities.

Both Pampanga and Calamba complied with the establishment of the Women and Children Protection unit. The utilization of the MDT in handling cases involving children was conducted in a child friendly manner to avoid subjecting the child abuse survivors to multiple traumas due to repetitiveness of being interviewed and narrating the incident over again. The advocacy awareness created and resulted to the increase number of reported Child Abuse cases as reported in the Women and Children's Desk. When CAPIN was introduced, the women and children's desk became available 24/7. There were meetings conducted once a month for every barangay and Sitio and one BCPC meeting. Children's rights were thoroughly explained.

Existence of an alternative safe shelter for rescued clients provided an extra layer of support in the case of Calamba, Laguna. As part of advocacy, monthly CAPIN meetings in Calamba, Laguna were carried out into barangays that resulted to the empowerment of the local barangay and community members. Engaging the community by teaching CAPIN protocol and other related information from DSWD-CAPIN down to the barangay level. Monitoring emanates from the barangay level with a strong partnership with the barangay women's desk. Similarly, in Guagua Pampanga, the CAPIN Program is currently active in some barangays and in strong partnership with PNP's women's desk processing and handling of child abuse survivors and Children in conflict with

the law. Emphasis on confidentiality in the community was also mentioned. Women and children are more likely to report cases without the fear of stigmatization.

One Stop Shop CA Interview Process

The consultations with various stakeholders and CAPIN beneficiaries and their family members also confirmed a change in perception of CAPIN from a program to simply deliver services to a program which empowers child abuse survivors, their families, communities and identify themselves as partners. In mobilization of assistance, advocating for the prevention of child abuse, and active partners in the continuous effort not only as receivers of services. The Interview Intake Sheet was useful for both stakeholders and beneficiaries as it captured the critical information required in managing the cases without the need to retraumatize the repeating the interview with the children.

Creation of Local Ordinances

Creation and adaption of local ordinances as the result of CAPIN Implementation in Pampanga and Laguna:

1. Local Council for the Protection of Children Ordinance No. 2011-09 also known as The Comprehensive Welfare Code for Children of the City of San Fernando, November 29, 2011.
2. Provincial Ordinance No. 547 series of 2012 also known as The Comprehensive Welfare Code for Children of the Province of Pampanga passed by the Sangguniang Panlalawigan.

Governor Lilia G. Pineda stated that programs for children's welfare and development emphasized the need to be prioritized as it was the mandate of the provincial government. Barangay officials as front liners were tasked in upholding the basic rights of children to ensure that they are safeguarded from all forms of abuses and cruelty. No less than Social Welfare and Development Assistant Secretary Florita Villar stated "*It is the first gift we should give to our children and it would definitely address child abuse,*" said of the enacted code. (source: ugnayan.com)

3. In Calamba City, the Local Council for the Protection of Children Ordinance No. 2008-015, a resolution urging every Barangay Council the organization of Barangay Council for the Protection of Children (BCPC).

“A resolution urging every Barangay Council the organization of Barangay Council for the Protection of Children (BCPC) in drawing and implementing plans for the promotion of child and youth welfare as per Article 87 of Presidential Decree (PD) 603 (Children and Youth Welfare Code).” (City Government of Calamba, 2008)

CAPIN introduced the CHT model to address both the physical and psychological needs of the child were addressed. Depending on the need, there were psychological evaluation, tie-ups with other networks that have connections to people who can provide psychosocial processing and group therapy sessions. However, one challenge in the post CAPIN process in terms of the survivors, recovery and treatment is the child’s transition back to the community, the lack of having a safe shelter to stay in, if the child has no safe home to return to and support system to overcoming stigma. Overall, CAPIN child abuse protocol can be considered the benchmark in the systematic handling of child abuse cases.

Creation of Children’s Shelter

Aftermath of CAPIN implementation was the creation of the Children shelter specifically in Calamba, Laguna. This was in recognition that there was a need to address the issue of aftercare program for the rescued survivors of child abuse. The center provides opportunities for the clients to reach their potential to develop creativity and a chance to discover their strengths and realize their full potentials. Therapy sessions like art therapy and forensic interviewing helped children in handling their fear and control their emotions.

As of July 16, 2016, in the CITY OF SAN FERNANDO, Governor Lilia Pineda and the Consuelo Alger Foundation are working together in realizing the establishment of a one-stop center handling women and child abuse cases in Pampanga. *“In a stakeholders’ meeting over the weekend at Capitol, Provincial Health Office (PHO) officer-in-charge Dr. Antonio Rivera said the provincial government plans to reactivate Consuelo Foundation’s Child Abuse Prevention and Intervention Network (CAPIN) through the recreation of the Provincial Women and Children Protection Unit (PWCPU), which handles abuse cases. He also asked the help of the provincial board led by Vice-Governor Dennis Pineda for the legislation of the said unit.”* (Flora, 2016).

The center will be initiated and run by the Provincial Social Welfare and Development Office (PSWDO) through the enactment of the resolution that will be passed and approved by the Sangguniang Panlalawigan. The

PWCPU will set up the Malward building as infirmary for victims of abuse that will Open 24/7 catering to all cases of women and child abuse in the province. A multidisciplinary team will be created to manage cases, comprising of psychologists, pathologists, physicians, social workers, police personnel, and legal team who are actually assigned in the center. Elizabeth Baybayan, head of the PSWDO, for her part said the project will be the assurance of help for victims of women and children abuse and she stated *“This also makes the CAPIN program more accessible because there will be a hotline for assistance”*.

Media Milage

In Pampanga, after 2009, Consuelo Alger Foundation took over the management and direct implementation of the CAPIN Program from their partner agency due to differences in philosophical values on the unconditional support of the Foundation to issues on RH bill. It resulted to the advantage of the organization as it gained media mileage. The implementation became cost-efficient and less bureaucratic issues. It further heightened the community perception that Consuelo Alger Foundation is a strong advocate against child abuse and well received.

March 12, 2013, The Provincial Government of Pampanga launched the Child Abuse Prevention Network (CAPIN) at Bren Z. Guiao Convention Center, City of San Fernando, Pampanga. The program was created to effectively handle cases involving children and to promote greater awareness, understanding and improvement of services for child abuse victims.

V. Main Challenges and Recommendations

Notwithstanding the above achievements there are many challenges and constraints that needs to be addressed for successful continuation of the program in other identified areas and before introduction to other localities.

In the International and National Policy frameworks on the advocacy on Child abuse, it has transitioned over the past years. From a rehabilitative standpoint of direct provisions of basic services towards a more proactive and preventative stance of engaging the clientele in an enabling process beyond attaining mere survival but towards the attainment of a good quality of life and empowerment of children who are survivors of child abuse.

1. Evaluation of Program Governance & Management

There is a need for Consuelo Alger Foundation to review the terms of reference of the selected positions in order to minimize if not avoid functional overlaps and clarity of responsibilities. Accountability on record keeping, monitoring and compliance to the CAPIN Protocol, maximization of the Inter and Intra CAPIN Meetings by ensuring that the practices utilizing CAPIN Protocol is documented and in consonance with the intended process and output flow. Direct Implementation by Consuelo Alger Foundation has gained media mileage and cost effective, however there is a strong need to review and create the structure, policies, clear cut programs and services as well as dedicated budget for each area. While supervision is at the organization's level, it is also beneficial to have direct community organizer/s dedicated to each area to ensure sustainability.

2. Evaluation Of Program Sustainability & Replicability

Sustainability is the capacity to sustain or make the effects of the CAPIN Program last long after the funding agency has turned over the management to the local partners. It is not only an issue of financial funding but rather more on the availability of expertise through the results of the various trainings provided under CAPIN, process technology in place and one of the critical points of access and assurance of political support from current elected leaders. While there is wide network of LGUs that support the CAPIN Program, LGUs being democratic institutions are subject to the seasonal changes of leadership during elections.

3. Evaluation of Program Effectiveness and Efficiency

There is a need to clarify and focus the training service delivery system and multidisciplinary approach in CAPIN Program implementation, meaning the focal persons of each network were the experts on the CAPIN management protocol and transfer of skills and knowledge was not sustained as it did not transcend down to the rest of the members of the organization.

Effectiveness. The main objective of CAPIN is to provide a synchronized system that minimized the trauma experienced by Child abuse survivors by consolidating efforts to address the immediate needs of gathering pertinent data systematically and efficiently without further aggravating the trauma of the beneficiaries and their families. However, one of the main challenges is the availability of trained CAPIN professionals needed to conduct forensic

interviews, due to unavailability or absence of personnel due to reassignment to another unit, promotion or resignation.

Efficiency. The main challenge along this line was the absence of an integration program wherein trained CAPIN representatives continuously provide orientation and training in their own respective units. This was to ensure the sustainability of CAPIN delivery of services despite changes in personnel. At the same time, there is a need to have a data based information system for monitoring and evaluation. The CAPIN Program needs to be reviewed in order to sharpen the definition of the relevant performance indicators for purposes of project management, monitoring and evaluation.

4. Valuation of Program Relevance

To assess the relevance of the CAPIN Program in compliance with international and ASEAN level, several laws were studied and compared to the current practices in terms of Child abuse protocols in the Philippines. The concept of a Multidisciplinary Team was a core aspect of the Child Advocacy model developed by Bud Cramer in the early 1980's in the United States. It implies that in order to have an effective response to address child abuse concerns and issues, collaboration is important. The premise that in the past, there were poorly coordinated protocols between various units responsible for gathering data crucial for investigation and often further traumatized CA Survivors. It was therefore the goal of the Multidisciplinary Team Approach to consolidate and synchronize efforts so that there will be no duplication and repetition of the interview process. Initially, the Multidisciplinary Team Approach received skepticism, this was due to the fact that various institutions involved in the protection of the child did not have the opportunity to practice such. According to the National Children's Advocacy Center, the Multidisciplinary Team approach has been widely adopted as best practice in responding to child sexual abuse in the United States. Furthermore, this approach has been implemented in more than 25 countries in the worldwide.

THE CAPIN Program is a proactive contributor to the achievement of the intention of R.A. 7610. CAPIN joins the other revolutionary programs in the Philippines in the pursuit of creating a child friendly and Child abuse protocol in responding or addressing the plight of Child abuse survivors. The existing policy and protocols is essentially advocating and supportive of the cause of child abuse survivors. There is a definite demand for CAPIN one stop shop interviewing process.

CAPIN Trainings and Seminars

There were 23 trainings conducted in Pampanga for 2004-2012 and 28 trainings in Laguna for 2007-2011. The Pre-Training Needs Assessment tool intended in gathering baseline data and profiling of the trainees exist, however, due to the limitation and availability of records, no evidence was found that would indicate the utilization of the said tool prior to the conduct of trainings.

Inter and Intra CAPIN Meetings

The following was conducted by Consuelo Alger Foundation. A total of 10 Inter CAPIN and 108 Intra CAPIN meetings, 10 Core Leaders' Training and 12 Inter-BCPC meetings in Pampanga from 2010 to 2012. In Laguna, a total of 10 Inter and 100 Intra CAPIN meetings were conducted from 2006-2011. The reflected agenda of the INTER and INTRA CAPIN from the CSSYDO covered discussion of technical procedural matters. Best practices in relation to case management were not documented.

Community Engagement

“Child Abuse is not a priority of the community,” according to one of the interviewees. Since the City Social Welfare Officer has a lot on his/her plate, his/her attention is divided to many different programs and services. Aside from the government, the entire community does not concern itself on how to address Child Abuse cases. Child abuse is a sensitive topic and many families prefer not to report it to authorities especially incest. They will usually settle the matter among family members. It is hard to manage a project by remote control as well as hard to reach out sometimes with partner agencies. Also, documentation of reports was not standardized.

The value of forming/strengthening of barangay /community-based organizations led by child protection advocates, stakeholders, Child Abuse survivors and their families is a good measure of empowerment. Through this, survivors of child abuse and their families can enhance their skills in communication, sense of safety and confidentiality as well as improving their social relationships and sense of self-worth and being agent of change.

Challenges of The Capin Program Presented through Emerging Themes

Absence of Post Monitoring and Support Program

Unanimously, stakeholders highlighted the significance and necessity that will coordinate the Inter and Intra CAPIN meetings. This would have ensured that sustainability of the program and continued the work CAPIN started. Guagua on the other hand, remained the sole municipality in Pampanga that maintained the implementation of CAPIN and has currently been taken over at the barangay level actively, supported and participated by the local government and its people. While in Calamba, Laguna, CAPIN is still currently Operational.

Transition of Personnel

In preparation for the implementation of CAPIN, the first line up of identified key personnel of various stakeholders underwent the training program to ensure that the changing personnel in charge of the CAPIN program became one of the major challenges of the stakeholders, as change was necessary once the trained CAPIN personnel was promoted or assigned to another area. The program then was left without CAPIN specialist and restart from the initial stage of capacity building.

Training Modules, Training Needs Assessment and Post Training Evaluation

Both Pampanga and Calamba were provided the CAPIN training modules, however, it appeared that the Module title as well as the frequency of the conducted training module varied. The Training Needs Assessment documents that could have served as an analytical tool in which could have clarified the diversity of both content and frequency of the CAPIN training modules for both areas were not evident. Likewise, no report of the post training evaluation was in record to provide valuable data inputs as to the impact of the training in content, process and applicability to the CAPIN stakeholders.

Political Influence

The changing of political leaders in the area affected the continuity of the program as it depended whether this was a priority or not. Politics and effects on the sustainability of the program as absorbed by the local government and at the barangay level.

VI. Implications and Way Forward

“The International and national Policy frameworks on the advocacy on Child abuse have undergone transformations over the year – from direct provision of basic services to more enabling strategies towards basically achieving the same goals of good quality of life and well-being, and recently, empowerment of children who are survivors of child abuse.”

Monitoring and Encoding System

There is a need to document the efforts of the team as well as best practices and main lessons learned from an inter-agency or intra-sector partnership arrangement. The updates and information regarding the handled CA cases needs to be a part of the agenda permanently. Information as the numbers of CA cases managed, types of child abuse cases and best practice in case management. Standardization of policy in terms of compliance to the submission and compilation of the reports must be strictly followed.

Capacity Building

A capacity assessment tool for child abuse providers of programs and services, advocates, stakeholders, community may need to be developed. This will serve as pretest of the training needs and basis for the design of the training program. Likewise, it is highly recommended that pretest and post evaluation test before and after trainings were given be conducted as to determine how much was actually achieved and learned by the participants and if there are areas in the delivery, content, process, expertise of the speakers and other related matter related to the training needs to be improved. A pool of resources persons must also be organized according to their expertise and provided orientation as to the minimum content required to be delivered during the trainings (standardization of content, process, et.)

Shelter/ Foster Care Program

There is a need to conduct an evaluation study of the post services for CA survivors staying in the shelter homes in Calamba, Laguna. In Pampanga, it is favorably to shelter or Foster care Program to be established to serve this purpose. The shelter ensures temporary care and crisis intervention for the safety of the rescued CA survivors while ongoing legal cases and no other protective adults to look after them to provide temporary shelter. This is especially true in cases wherein the perpetrators are family members.

Consuelo Alger Foundation has initiated the establishment of foster homes for rescued children in some municipalities that CAPIN is being implemented. Therefore, in order to improve current practices, an impact assessment of the effectiveness of the foster caring system be done that would provide baseline data for policy and program enhancement. A GENDER RESPONSIVE CASE MANAGEMENT on child abuse is recommended to be infused.

Child Abuse as A Public and National Issue and Concern

“Child Abuse is a public issue and It should be funded by the government and accepted by the local government so that it can be included in the regular budgeting process.”

Mr. Nicanor Torre, Director of Programs, Consuelo Alger Foundation

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SUPERVISION OF SOCIAL WORK IN CHILDREN PROTECTION CONTEXT IN THE PANDEMIC CORONA VIRUS DISEASE 19 (COVID-19)

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Abstract

The rise of COVID-19 cases has been so rapid since the first case was discovered in November 2019, that COVID-19 gained pandemic status, prompting governments to mandate health protocols aimed at preventing the spread of COVID-19. This condition has had an impact on social services provided by social workers, especially in the field of child protection. During this pandemic, supervision of social workers has ensured that services meet standards of practice. Supervisors also provide necessary supports for social workers during these fast-changing times. The purpose of this qualitative study was to determine the challenges of supervising child protection social workers during the COVID-19 pandemic. The study collected data, using 34 structured interviews and documentation studies. The results of this study indicate that the challenges of supervising social workers, range from work environments, use of personal protective equipment, case response, accommodation and health insurance as well as coordination across agencies.

Keywords: COVID-19, Child Social Workers, Supervision

Background

COVID-19 infections on 10 May, 2020 reached 4,101,992 cases world wide; 1,441,885 cases were declared cured and 280,454 resulted in death. (Worldmeters. info. 2020). In Indonesia, since the discovery of COVID-19 on March 2, 2020, there have been 13,645 cases; 2,607 cases have been declared

cured and 959 people have died. (Covid19.go.id 2020). Because of the rapid development of the disease, on March 11, The World Health Organization classified COVID-19 as a pandemic, anticipating a world wide spread and spiraling numbers of people affected. (Who.int. 2020).

Children, already a vulnerable group, are even more at risk due to the negative impact of COVID-19 on families. The impact of Covid can be interpreted directly and indirectly. A child is directly impacted through exposure to the disease (ODP=Person Under Surveyllance, PDP= Person Under Observation) or when their parents are exposed. Additional direct impact occurs when parent/s dies due to Covid so that the child must be cared for by other parties besides the nuclear family. Indirectly, children are also affected because parents lose employment and income. As a result, parents cannot meet the basic needs of children. These aspects greatly affect the physical, psychological, social and spiritual conditions of children. Based on these risk, the Ministry of Social Affairs through the Social Workers Service Unit has identified as many as 292 cases of children directly affected by the virus. (Directorate of Social Rehabilitation for Children. 2020).

This pandemic has put pressure on social workers to quickly adapt to change work environments, address social justice issues around delivery of service, and to find ways to secure their own safety. In an article about the social work profession and the pandemic, Amadasun suggests that the functions of social workers during this crisis involve quickly promoting social stability and social change as well as restoring social functioning. (Amadasun 2020).

Supervision in Social Work Practice

Supervision in the practice of social work is an important function providing support and direction for social workers working in a pandemic health crisis. Kadushin and Harkness (2002) define that a social work supervisor is “an administrative staff member, who has the authority to delegate, direct, coordinate, enhance and evaluate the job performance of the supervisees for whose work he or she is held accountable. Implementing this responsibility, the supervisor performs administrative educational, and supportive functions in interaction with the supervisee in the context of a positive relationship”. Supervision has long been at the heart of professional development in social work and is a career-long commitment in the profession.”Supervision provides a place for a variety of learning activities; places and spaces where practitioners can filter their knowledge; develop skills and examine challenges

found in daily practice”. (Liz and Maidment, 2015.).

In a pandemic, social work supervision is more often provided remotely in written communication in email, in text form or where available through phone conversation. These forms of communication challenge the practice of social work supervision that has traditionally relied on face to face contact . The results of research conducted by Robert, Kristy, Tara, Andrea, and Gina (2013) state that “distance supervision has become increasingly popular in the field of human services, providing practitioners with new methods of professional communication”. But the use of technology in supervision also poses unique challenges for human service professionals and requires additional ethical considerations.

The findings of research on remote supervision conducted by Andrew (2011), suggest the need for developing best practice models for enhancing professional understanding for effective supervision.. Furthermore, research conducted by Ryle (2005) noted problems in remote communication when workers were unable to convey the feelings or meaning of their practice through writing. In addition, research conducted by Kieran (2015) states that “(i) challenges arising from distance supervision point to the need for the social work profession to reconstruct social work supervision theories so that they are aligned with the plurality and diversity of supervision practices. (ii) a case for reviewing sanctions, mandates and regulatory regulations; and (iii) development of a future research agenda for supervision that focuses on how supervision contributes to social work practices with clients and the competencies of social work practitioners. Therefore, in line with the background above, the question of this study is what the challenges of supervising child protection social workers during the COVID-19 pandemic?

Methodology

This study uses a qualitative approach with a descriptive type. The research design is in accordance with the objectives or main questions of this study. Creswell (2013) suggests that a qualitative approach aims to explore and understand the meaning by which a number of individuals know a group of people who are ascribed to social or humanitarian problems. Descriptive type research according to Ruslan (2013) aims to “describe the characteristics of certain individuals, situations, or groups.

Data collection techniques in this research used interviews and documentation studies. According to Satori and Komariah (2009) “ interviews

are effort to collect data by conducting an intentional communication or conversation between an interviewer and interviewee”. As for documentation study, according to Arikunto (2013), it is “an attempt to find data on matters or variables in the form of notes, transcripts, books, newspapers, magazines, inscriptions, minutes of meetings, minutes, agendas and so on that are relevant to the research theme”. The population in this study is the Supervisor of the Social Worker Service Unit throughout Indonesia. The sampling technique in this study uses a purposive sampling technique. According to Sugiyono (2012) purposive sampling is a sampling technique with certain considerations by researcher. In this study there were 34 informants.

Results and Discussion

Based on the results of data collection adjusted for the purpose of the study and also the method used in this study, it was found that the challenge of supervising social workers in the context of child protection during the COVID-19 pandemic can be seen in six aspects consisting of working from home, working in the office , personal protective equipment, case response, accommodation and health insurance, and cross-institutional coordination.

Work from Home

At present most of the social workers scattered throughout the territory of Indonesia carry out work from home, this is carried out in accordance with applicable legal provisions such as the Governor Circular in several provinces which require all workers to carry out work from home (WFH). This has consequences such as having to spend more budget on their own to buy an internet package as the main support for carrying out the tasks of social workers to work from home. Work that is carried out remotely, one of which is to carry out supervision which is usually carried out face to face to discuss cases and problems of children is done online using an online meeting application.

Therefore this condition requires more budget. Because to support the implementation of the task required a good quality internet network, where if the internet network quality is not good, it causes the work of social workers to be less effective. In this situation information was also obtained that not all social work could be carried out using the WFH system, for example there was a very important case that could not be done from home including assistance in the police, mandatory to come, of course this would cause a concern and

prejudice contracting COVID-19 . This condition also raises another problem, which is the difficulty in coordinating with relevant agencies for COVID-19 reasons, so that many officers are absent from work.

Work at Office

The current condition where there are demands to carry out tasks from home or over long distances using the internet network do not apply to all government offices; in some local authorities, the Social Service Office, still assign social workers to take turn to work in offices together with some civil servants. In addition, the Social Service Office requires social workers to remain in the office as usual without being provided with adequate personal protective equipment, while some civil servants who have administrative duties are allowed not to work in the office. This condition causes social workers who should have a letter of assignment to go to the field, because officially they have to work from home (WFH), have to face difficulty to carry out their work properly when they get turn to work in the office.

One of the reasons why a supervisor must work in the working place is related to the activity to handle cases. Several cases, such as those related to social reports, need to be investigated, the assessment must be done directly with the client and can not be implemented via video telephone or telephone. This condition, although quite dangerous in this Covid-19 pandemic condition, cannot be avoided by social workers and requires them to be able to adjust to the policies in their respective work places. This kind of situation certainly provides a challenge for social workers, especially if a service requires coordination with other regions, that might also have different policies from the area where the social worker live. This will affect the perception of other parties, particularly the community, to perceive successfulness of social workers in carrying out their duties.

Personal Protective Equipment

In the midst of a pandemic, social workers and supervisors certainly require personal protective equipment. However, in reality personal protective equipment was not available and could not be accessed by the Indonesian government. Where equipment was available, it was inadequate and did not meet health standards. Supervisors had to either use their own resources to buy equipment at expensive prices or go to the field unprotected. Limited and expensive personal protective equipment impacted social workers

performance. Supervisors are responsible for the safety of their workers. The lack of protective equipment caused ethical dilemma and stress, resulting in reduced motivation to perform important tasks.

Case Response

Child protection cases increased during the pandemic, requiring social workers to be more selective in choosing the type of emergency cases that need direct intervention. Some cases, such as commission accompaniment for children in legal proceedings, required social workers to be in the field while attempting to apply health standards. In many situations, access to cases is difficult to reach, locations with road closings, or restricted access due to regional quarantine regulation due to Covid-19 pandemic, these added the stress to social workers in trying to reach the children. The trip is much more difficult due to less public transportation. Closed access to transportation at the district / city and provincial borders made it harder for social workers to respond, recommend and conduct a victim's post mortem. Telephone contact is also affected to some extent. However, assisting cases via telephone had limitations when some parties such as police need social reports that included picture's evidence. In spite of central and regional government mandates and socialization about contact during the pandemic, actually the social distancing regulation could not be implemented in handling cases in the field. In addition, it was difficult to access affected children because families were worried that social workers would expose them to the corona virus.

Supervision during this pandemic focused on solving the difficulties of reaching children for case response in the field and also on accessing referral resources. The traditional referral sources such as The Child Social Welfare Institution that owned by the Ministry of Social Affairs of the Republic of Indonesia such as Balai, Loka, LKSA (child social welfare institutions), as well as regional child welfare offices/ UPTD (Regional Task Implementing Unit) and the Provincial Office of Social Affairs were less responsive and unable to accept new cases. The burden of finding alternative referral sources is put on supervisors.

Place to Stay (Accommodation) and Health Insurance

Implementation of supervision of social workers face significant challenges during the Covid-19 pandemic that is followed by the PSBB (large-scale social restrictions) policy caused restrictions on land, sea and

even air transportation. On the other hand, some social workers need to get transportation because of the wide area of service they have, for example total coverage area of one social worker can be 15 (fifteen) districts or cities. In addition, the PSBB policy also resulted in the closure of all hotels or inns which is also very burdensome for social workers if the task area is far from their home that they need to stay overnight in the field, mean they should find a place to stay while there are no hotels. This become an additional challenge for social workers in carrying out their supervision tasks.

In addition, the implementation of supervision at the time of the COVID-19 pandemic has also other issue of the absence of health insurance facility for social workers. Whereas health insurance in carrying out tasks is very much required for social workers in carrying out their duties, for examples they need health treatment if they are sick or get accident. The condition of no place to stay (hotels or lodge), coupled with no health insurance are a weak point and at the same time is a barrier in implementing good social work supervision. This certainly creates insecurity for social workers in carrying out their duties.

Cross-Institutional Coordination

The implementation of supervision faced obstacles, especially in the work of cross-agency coordination. This is because there are several social service institutions that implement the policy of work from home to their staf. This condition causes several problems, such as the signing of a letter of assignment by official which is hampered, because there is no clear implementation protocol or standard related to the implementation of remote working which is also worsen with the lack of skill of the local government officers to use online meeting application. This condition eventually resulted in the difficulties of coordination or even sometimes becomes impossible, while a number of cases require immediate handling, plus the increased number of cases that require inter-agency coordination.

Conclusion

Results of data collection gathered for the purpose of the study combined with the method used in this study, showed that the barriers of supervising social workers in the context of child protection during the COVID-19 pandemic are in six aspects, consisting of: 1. working from home, 2. working in the office , 3. personal protective equipment, 4. case responses, 5. Place to stay (accommodation) and health insurance, and 6. cross-institutional

coordination. These six areas of issues have significant influence on social workers in carrying out or completing their tasks, especially in social work supervision. Therefore, it is necessary to take a concrete action to solve these problems that make social workers will be able to carry out their tasks in the midst of a pandemic situation. In addition, it is also important to encourage government, both at the central and regional, to issue policies that provide chance for social workers to carry out their duties efficiently and effectively.

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NARRATIVES AND DISCLOSURE OF SERVICE PROVIDERS: A PHENOMENOLOGICAL APPROACH IN UNDERSTANDING CHILDREN INVOLVED IN DRUG TRADE IN DAVAO CITY, PHILIPPINES

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Abstract

The world's children have lived behind the numbers and are caught up in a multidimensional phenomenon called Child Poverty and threatens not only the individual child, but is likely to be passed on to future generations, entrenching and even exacerbating inequality in society. According to UNICEF, 22,000 children die each day due to poverty. Being meek and weak in life makes these children even more invisible in death (UNICEF, 2014). These harsh realities faced by our children has forced them to face a bleaker future and living a life of insecurity and higher risk in terms of abuse and exploitation. This includes children engaged in drug trade. The study is an attempt to describe the situation of children involved in drug trade through the narratives and accounts of the child focused service providers who have direct encounter with children and their families. The study design was qualitative, particularly the phenomenological approach to research. Findings revealed that more and more children are lured into the drug trade business and their age is getting younger (as young as 8 years old). Drug trade has become a family affair with the parents as promoter in the participation of their children. Reasons are economic, troubled environment and families becoming dysfunctional. Major recommendations include a revisit and review of policy protecting children, improve guidelines for addressing this issue and for the government and private sectors to draw out rights-based and community based programs and services that ensure social protection, prevention, mitigation, rehabilitation and

reintegration of children.

Keywords: Children, Child Welfare, Drug Trade, Service-providers, Rights Based, Social Protection

Introduction

The child is one of the most important assets of the nation. Every effort should be exerted to promote child's well-being and enhance his/her opportunities for a useful and happy life. The child is also a citizen of our country. His/her traits and capabilities should be developed for the betterment of the Society (Child and Youth Welfare Code- PD 603). Society must install mechanisms that ensure children's rights and development are being protected and fulfilled such as physical, emotional, cognitive, social development. Various declarations and international conventions are being agreed upon among State parties, which set strong articulations on the standards and framework in making sure that State parties exerted concrete efforts in making this world liveable for children, as highlighted in the Universal Declaration of Human Rights in 1949.

The United Nations Convention on the Rights of the Child (UNCRC) is an international treaty that recognizes the human rights of children, defined as persons up to the age of 18 years. The Convention establishes in international law that States Parties must ensure that all children—without discrimination in any form, in which 192 countries had become State Parties to the Convention as of November 2005 (UNICEF, FAQs on CRC http://www.unicef.org/crc/index_30229.html).

Despite these efforts, majority of the World's children have lived behind the numbers and are caught up in a multidimensional phenomenon called Child Poverty. Knowing that falling into poverty in childhood can last a lifetime – rarely does a child get a second chance at an education or a healthy start in life. As such, child poverty threatens not only the individual child but is likely to be passed on to future generations, entrenching and even exacerbating inequality in society. According to UNICEF, 22,000 children die each day due to poverty. And they “die quietly in some of the poorest villages on earth, far removed from the scrutiny and the conscience of the world. Being meek and weak in life makes these dying multitudes even more invisible in death. While for the 1.9 billion children from the developing world, there are 640 million without adequate shelter (1 in 3), 400 million with no access to safe water (1 in 5) and 270 million with no access to health services (1 in 7). These stark

realities faced by our children has forced them to face a bleaker future and living a life of insecurity and higher risk in terms of abuse and exploitation.

In Davao City, the Local Government also installed mechanisms in its effort to ensure that the city is liveable for children. Pursuant to the UNCRC commitment, Davao City ratified the Children Welfare Code, the first in the country. The passage of the Local Development Plan and Investment Plan for Children that highlighted the thrust and services allocated by the Local Government to the welfare and protection of children is a proof the city government made sure that children are protected and taken care of.

Furthermore, there is the Davao City Council for Children, a functioning council of the Government and the Non-Government and Children's Organizations in the city that help in ensuring that child-focused and child-friendly programs, projects and activities are also in placed. The council for children also ensured that there is a centre and there are Social Workers assigned in each and every 182 Barangays of the City in name of fulfilling the minimum requirements of the RA 9344 or the Juvenile Justice Welfare Act.

But just like the status of children from other parts of the globe as reported in the 2012 UNICEF State of World's Children, citing Children in an Urban World, it was clearly demonstrated that in many countries, children living in urban poverty fare as badly as or worse than children living in rural poverty in terms of height-for-weight and under-five mortality.

Davao City's children are no different with children in many countries. They are also lagging behind numbers because of poverty incidence. Based on a study done in November 2000 jointly by Tambayan, Save the Children-UK, Caritas, the Stichting Kinderpostzegels Nederland and the United Nations Children's Fund (Unicef), most gang members belong to urban poor families, and 81 percent of them are out of school due to poverty (Conde, C. Poverty and Family Abuse Force Davao's Children to the Streets. <http://pcij.org/stories/print/davao2.html>). These gang members are a classic example of Children in Poverty. They are "pushed to the periphery", placing them under the unfortunate and exploitative circumstance, thus even at an early age, they were forced to risk their lives on the streets, getting in conflict with the law and even worse: getting killed. Many of these children are forced to be used as thieves and drugs couriers. In a study by Lepiten (2002), a number of respondents said that they were forced or compelled to be in the drug trade. They reported being threatened with bodily harm by an adult (parent or drug

lord) leaving no choice but to engage in the drug trade. One of these boys was threatened with death if he will not follow orders (International Labor Organization).

The children's numbers are growing and their situation is something that the State should not ignore. However, it is very difficult to point out their numbers, as revealed in a study by Aguendra and Ballet (2015) claiming that estimating the number of children of the street is very difficult for several reasons. Firstly, very broad estimations are used by international agencies (UNICEF mainly) to draw the attention of the general public and political decision-makers to their work. The calculations provided to demonstrate phenomenon are symbolic rather than the product of exact estimation (Ennew, 2000, p.136). Secondly, children on the street are also potentially "children at risk", and they can fall into the category of children of the street at any time. Children at risk who live in the street (street children) still have some irregular contact with their parents. They can return home when they want to. Thus, the way children can move "in" and "out" of the street makes it difficult to assess this category of children (Gurgel et al., 2004 p.136).

Meanwhile, the 2013 Women and Child Report of the City Government of Davao revealed that in terms of Elementary enrolment, the participation rate in the public elementary schools consistently increased from 70.84 in 2007 and 72.92 in 2008 to 73.41 in 2009. The promotion rate decreased from 97.19 in 2008 to 92.77 in 2009. Promotion rate refers to the proportion of students promoted to the next grade or year level. The same trend is exhibited in the graduation rate with 96.39 in 2009 from 98.59 in 2008. In terms of secondary education enrolment in public secondary schools, the participation rate consistently decreased from 76.66 in 2007 to 45.30 in 2008 and further reduced to 44.60 in 2009. The retention rate, however, increased from 89.10 in 2008 to 44.60 in 2009. The promotion rate also increased from 84.59 in 2007 to 89.10 in 2008. It further increased to 86.57 in 2009. The graduation rate decreased to 91.96 in 2009 from 92.37 in 2008. The performance is still higher compared to 90.14 posted in 2007. The dropout rate increased from 7.31 in 2008 to 8.01 in 2009. There is a huge difference between the dropout rate in the secondary and the elementary levels. The repetition rate also has increased from 3.86 in 2007 to 3.90 in 2008. It further increased to 4.55 in 2009.

Central to the discussion of this paper is to highlight the experiences of various duty bearers of service providers particularly Social Work practitioners in their daily interaction with children who are pushed to worse situation as

they are involved in drug trade vis-à-vis employing effective measures in order to effect meaningful change, not only into the lives of these children involved but also to the structures that seems to perpetuate inequality. This reality calls into question the commitment of government, and other service providers as to how they put their act together, their views, responses, and interventions with children involved in drug trade, knowing the fact that the responsibility to create a protective environment for all the children to enjoy and live rest heavily upon their shoulders.

Objectives of the study

The study described the situation of children in the drug trade from the lens of the service providers who may have a direct encounter with children and their families who have been involved in drug trade. Service providers dealing with children involved in drug trade also dealt with the members of the family who served as a source of information and resources in case management. Specifically, the study sought to accomplish the following objectives:

1. Description on how service providers view children in the drug trade in Davao City;
2. Description of the situation of children involved in drug trade, as described by the service providers in terms social, health, economic and psychological aspects;
3. Description of experiences of the service providers in dealing with children in the drug trade
4. Determine their difficulties in handling or dealing with children in the drug trade; and
5. Identification of possible programs and policy recommendations they can suggest to curb if not eliminate the “children in drug trade” in the country.

Methodology

Using a descriptive phenomenological design, the study employed a purposive sampling. Fifteen (15) service providers from the government and non-government organizations, who have direct experience in handling children involved in drug trade were taken as respondents. It also interviewed five (5) local government leaders as key informants.

The study utilized the In-depth Interview of service providers. Since the study was phenomenological in approach, in depth interviews with

respondents was not only conducted once. A number of interviews with respondents were done. Key Informant Interviews were also conducted with the local government officials and the parents.

Knowing the sensitivity of the topic, the study employed researchers who are Registered Social Workers so that ethical guidelines were observed such as the Principle of Confidentiality and Anonymity. Social Work practitioners employed with partner agencies working with children were tapped as gate keepers or interviewers. The gate keepers and contact persons facilitated data gathering and provide advises with regards security concerns.

Qualitative analysis of data was utilized particularly in identifying trends, patterns and themes. In the phenomenological data, the researcher go through the transcripts and highlight “significant statements,” sentences, or quotes that provide an understanding on how the participants experienced the phenomenon. Moustakas (1994) calls this step horizontalization. Next, the researcher developed clusters of meaning from these significant statements into themes. These significant statements and themes are then used to write a description of what the participants experienced (textural description). They are also used to write a description of the context or setting that influenced on how the participants experienced the phenomenon, called imaginative variation or structural description. Moustakas (1994) adds a further step: Researchers also write about their own experiences and the context and situations that have influenced their experiences.

Confidentiality and security of the data and all the information obtained were strictly observed during the whole course of the study; pseudonyms were applied for security purposes. All audio tapes, documentations and transcripts were given specific codes and were secured.

Since the study utilized the phenomenological approach, personal information of the respondents was kept confidential. The study used pseudonyms to protect the identity of the respondents. Specific location of the study will not be divulged. The data will be published for purposes of developing a responsive child-focused intervention for children involved in drug trade. Therefore, data that generally describe the existence of children involved in drug trade can be shared in public but specific circumstances and locale can be shared on a need to know basis only to organizations and agencies that delivers program interventions for children.

Results and Discussions

Service Providers' Views on Children and Family in Drug Trade

ILO Convention 182 (on the Elimination of the Worst Forms of Child Labour) considers the use of children in illicit activities, such as the use of children in the production, sales, and trafficking of drugs, as one of the worst forms of child labour (WFCL). The dangers and risks faced by children engaged in drug trade go beyond the physical, psychological and mental disorders prevalent among drug-addicted children. Children in the drug trade/trafficking (CDT) are exposed and initiated to the world of illegal activities and criminality. Once involved, they are inextricably linked to situations of tensions, fear, suspicion and conflict and are quite vulnerable to harassment and exploitation by both drug dealers and the police (Crisol, C. and Porlo, E., ILO/IPEC).

Many of the service providers viewed children involved in Drug trade as Victims of Poverty and Victims of circumstances. Children are considered as victims of circumstances brought about by chronic poverty, caught up in a situation where their respective parents are the one who consign them into that risky situation. These children are also neglected and most of them were left to the care of relatives while their parents are serving their penalty for selling or using drugs in jail.

“My view is that the children here fell as victims, we apprehended drug couriers who are siblings last 2014, and their parents also worked as drug pusher, while the mother was in jail. These kids are 9 and 7 years old respectively, they were being used as couriers without them even knowing it). – CIDG Service Provider

“I consider them as a victim—victim of circumstances.” They lack care from their parents, they need to be protected”— Dana, Service Provider

The UNICEF State of Children Report 2012 emphasizes that children from poor backgrounds, often grew up with few opportunities to escape unemployment and may see little prospect of securing their own future or supporting their families. They drop out of school, and are often disillusioned with its lack of potential to improve their situation. While abuse, conflict or neglect can happen in any family home, children whose poverty and marginalization leave them with few choices and often see the street as the best available option for escape. Such were the case of children entrusted

under the care of service providers in Davao City.

Children are used as couriers and drug peddlers by their own families, relatives and neighbours. Drugs become a source of income for most of the children and their families. Children are used to ferry illegal drugs in their school bags. Adults know that when children are caught they cannot be charged as children are protected by RA 9344 now RA 10630. Adults in the family saw this as an opportunity to earn money. As shared by service providers, majority of these children came from Marawi and Lanao. Some just came to Davao City to distribute drugs.

“More children are used as instrument for drug peddling because they cannot be charged. They are used as instrument by adult criminals or those who make drugs. They are asked to sell, and made couriers, they cannot be charged because even if they are caught they are released. There is huge income in drugs”, ---service provider, DCPO

This situation where children are exploited and used to sell or peddle drugs by their own family members or by people in their immediate environment is a clear manifestation of the violations of one of the basic tenets of the protective framework that emphasized on the ‘capacity of those in contact with the child’ which includes the knowledge, motivation and support needed by families and by community members, teachers, health and social workers and police in order to protect children.

Children who are users are usually those in their teens, between 11-17 years of age. They are mixed boys and girls with more boys who are members of gangs. Some child caring agencies refer to them as children at risk. These children were caught sniffing rugby and vulcaseal. These are not drugs but rubber contact cement that may have same effects as that of drugs.

“Those who engage in drugs are abandoned and neglected. The basic needs of the children are not met” – service provider, Bahay Pag-asa

Children at risk, particularly those who are addicted to drugs is an alarming phenomenon in the country today. As reported in the Philippine post, 2016, the Dangerous Drugs Board (DDB) claimed that at the age of 10, a child was already reported to be user of shabu, and a six-year-old is reportedly already oriented with the use of rugby (DDB, 2016). This phenomenon is not only unique to the Philippines but also existed in other countries as well. In a study by Forster et al, (1996), very poor children in Brazil spend many hours of the day by themselves in the streets of a big city accompanied by children who are never under adult

supervision. This situation in most cases led children to interact with other children who are using drugs, hence propensity to use drugs is high.

In England, recent figures from Public Health England have revealed that kids as young as four are becoming addicted to alcohol and other harmful substances. Almost 60% of under-13s who received treatment suffered from cannabis abuse, while about a third had problems related to alcohol and a small number were hooked on solvents, (Lines, 2014).

Children are being lured to drug trade by their own parents. This is maybe an unthinkable reality, yet in some barangays of Davao City this has become a norm for most families. Service providers view parents as instrumental in children's exposure to drugs because majority of the cases they managed have parents who admitted being aware of their children's involvement in the trade. Some admitted to being the ones who pushed their children to do the drug peddling. In most instances, children were not aware they are bringing drugs in their school bags as they were just asked to deliver the package.

“...the relatives are drug pushers, they used the children, for example they request ‘day, dong, please bring this to...the child was not aware that the package he was asked to *deliver is drugs*). --- *Service Provider, Bahay Pag-Asa*

Children and their families are also viewed to have lived a life full of disadvantages that left them with limited opportunities for a better life. The children end up getting caught up in crime and street violence in order to survive.

“...difficulty in looking for employment to earn.” – Khaye, Service Provider

The insufficient provision of public services and such community infrastructure as schools and recreational areas is common to the cities of low-income countries. The experience of being deprived of something to which one believes one is entitled triggers a sense of exclusion and can lead to frustration and violence (UNICEF State of Children Report 2012).

Within a structural perspective, it is common practice to justify violence as a result of social inequality; to say that people participate in illegal activities because they are socially and economically disadvantaged (Merton, 1957 Apud Assis, 1999). In addition to social inequality there is a lack of social perspective,

lack of opportunities through “good, hard and honest” work, and the facilities and positive externalities offered by organized crime (Silva and Urani, Brazil Children in Drug Trafficking, 2001).

Situation of Children Involved in Drug Trade, as Describe by the Service Providers

In general majority of the children involved in the drug trade were from disadvantaged sectors whose options and availability of opportunities are quite limited. Here, the service providers describe their situation in terms of Social, Health, Economics and Psychological.

Children engaged in drug trade are usually between ages 13-17, with a few within ages 8 to 12. Since they are minors, they are protected by law. Hence, children caught do not go to jail but rather are returned to the family or turned over to the Local Social Welfare and Development Office (LSWDO) for assessment and rehabilitation. Most of these children are boys. The parents have low education, their work are irregular and the wages are too low to support family needs. Children and their families come from urban poor communities. Majority of the parents worked as labours or construction workers. Drug trade became a lucrative option for these parents.

A number of these children stay with relatives or neighbours because their parents are working abroad or are separated. This situation made the children prone to vices or expose to danger especially when guardians or neighbor do not provide the appropriate guidance needed by children.

“Then most of these children are minors, below 18. There are also those below 15)’ - service provider, PNP.

The family of the children in drug trade is usually passive, especially if they are involved, and see it as normal condition to fulfil their need. Most of the children are out of school and have lack of interest on education.

Children and their families lived in an environment where illegal drugs proliferate and are rampant. This may have influenced children’s involvement in drug trade. The availability of drugs has one way or another push these children into the dangerous trade in search for quick money. The presence of family tensions and troubles, the failure of parents to be better role models for their children and high pressure from peers have pulled these children right into this trap as well.

“They got into drug trade because of peers and then because of difficult situation within the family.” – Dana, Service Provider

Ideally, the family performs important roles in the development of children towards healthy and functional adults. It is family that should protect children from harm and provide guidance, care and nurturance. But what happens when the family becomes dysfunctional? Children engaged in drug trade were found to grow up in dysfunctional families where parents are not able to perform their roles of providing guidance, care and nurturance as they themselves are involved in drugs and vices. A number of these children also hailed from broken families. Parents have separated and children are left confused and neglected. Some may have been left under the care of relatives or neighbours.

“Mostly of the children came from dysfunctional families. They lack guidance from parents, as parents are engaged in vices such as gambling, alcohol and drugs for some” - Service Provider, Bahay Pag-Asa

The lack of family support is seen as a risk factor and thus contributes to children’s involvement in drugs. Prevention programs therefore should enhance protective factors (i.e. provision of guidance by the family) and reverse or reduce risk factors (Hawkins et al. 2002). The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviours) and protective factors (e.g., parental support) (Wills and McNamara et al. 1996).

Peers are not a good influence. Children in drug trade (ages 8-17) are susceptible to peer influence as they are at this stage in search for their identities and acceptance. Also, the problems of their families led them to search for quick solutions (e.g. a “high” from drugs make them forget their problems, quick money for their food and school expenses). The environment of criminality and illegal activities of their families and peer networks also reinforce these conditions into a very negative way. While peer influence is key in the initiation, children are mainly used by adults as runners, couriers, scorers, or watchers (*poste* in Manila), as authorities do not immediately suspect them (Crisol, C. and Porlo, E., ILO/IPEC).

“With peer groups, usually they are members of gangs, a street child, run-away. They left their homes to be with their friends and soon they were being influenced.” - LGU service provider

“Their peer group has major influence on them. The children has more time with their peers more than with their family. They enjoy their peer groups until they were influenced to try even drugs.) – female service provider, LGu

In terms of health, many of the service providers described children who are involved in drug trade as not physically fit; they are thin and are undernourished. They do not look healthy. Most are dirty and unhygienic. However, there are other service providers who claim that even though they may lack access to healthy food yet their bodies develop immunity and rarely got sick. The physical appearance of children engaged in drugs shows the neglect and lack of parental care from their families. While some children are only used to transport and peddle drugs, others are hooked into it. At an early age of 13 or 16 some children manifested dependence on drugs. Withdrawal from drugs made them sick.

“In terms of physical condition, some children are hyperactive and high even if they lack sleep. What I experienced with one child girl, 16 years old, she kept on shouting then we discovered later that it was due to the after effect of drugs.)” - Service provider at DCPO

Children, particularly users, and gang members are said to be vulnerable to sexual risks such as STD and HIV. Some of these children have been infected since they are more likely to engage in risky behaviours such as group sex and gang sex when they are in drugs. This claim by service providers is reinforced by the findings of the study on determinants of sexual risks behaviours posited that “drug use leads to the likelihood for sexual risk behaviours like pre-marital sex or group sex”, (Manapol and Fernandez, 2008).

Children’s economic situation is described as marginalized and disadvantaged. Interviewed Service-Providers claimed that most of the children and their families involved in drug trade belong to economically disadvantaged sector of our society. They have limited opportunities to look for a job with a bigger income to support the family’s needs. These limitations and accessibility issues (lack of education, skills and trainings) have led them to engage into drug trade which provides them quick money thus serves as their main source of livelihood. There are also cases where parents were absent because of work like in the case of seamen and overseas Filipino workers. Here, the children bear the brunt of being economically disadvantaged as they were left home on their own or with guardians who sometimes may not also able to

provide the needed protection and guidance.

“For the Parents, they work as vendors, there were two cases whose father works in a shipping company. While others their fathers work as cigarette vendors (takatak), carpenter. They can be considered as poor.” - service provider

Being poor became one of the reasons why parents got involved in drug trade. Service providers described the family situation of those who are involved in drug trade as economically impoverished. They found it difficult for them to secure food in the table, thus it led them to engage in illegal drug activities.

Service providers described the children’s psychological makeup as refractory. Refractory means being headstrong, stubborn, rebellious, unruly and wayward. They are also selective as to whom they will give respect. They respect the social workers and the police but will not respect others.

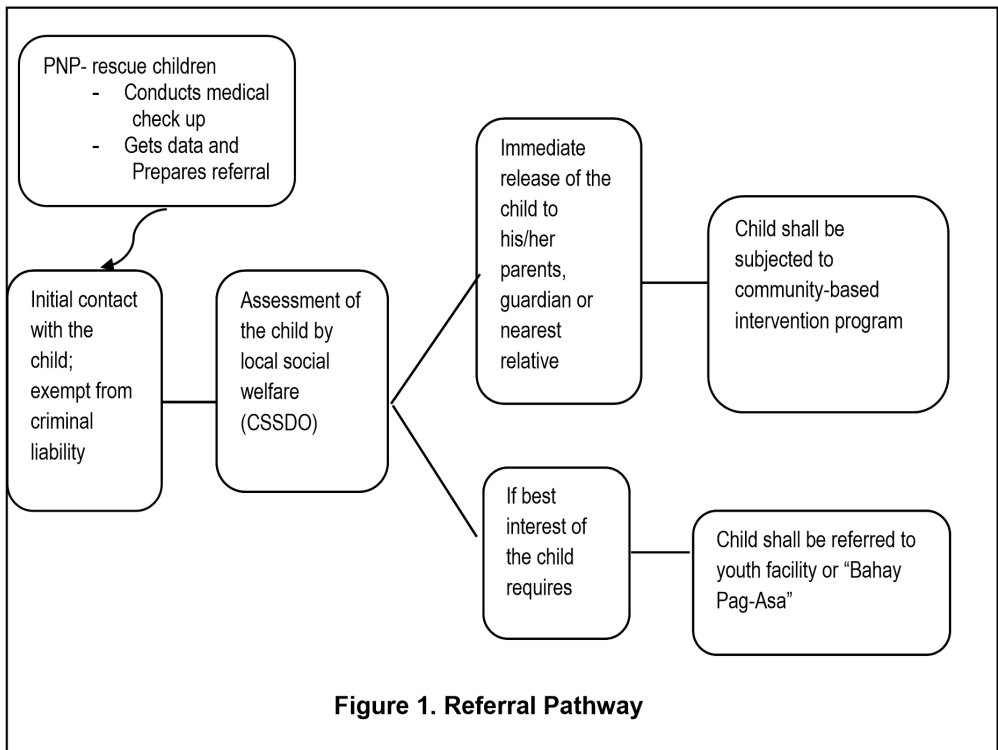
Drug users among children were observed to manifest hyperactive behaviour while sometimes tend to hallucinate. Other behavioural manifestations include being scared and confused. When asked, children would often share that they actually don’t like what they are doing, and would say they know that it was wrong, but they make an excuse the need to augment the income of their parents by selling drugs. There are also children who are introvert but because of drugs they become talkative, active and energetic.

Experiences of the Service Providers in Dealing with Children in Drug Trade

The Referral Pathway. The interventions with children in conflict with the law including those engaged in drug trade are guided by the juvenile justice law particularly RA 9344 and its amended version (RA 10630). The law puts a strong emphasis as to how the process of taking into custody a child below the age of criminal responsibility as seen in Figure 1.

The PNP officers claimed that their main responsibility is the rescue of children. Upon rescue, the PNP through its Women and Children’s desk gathers initial data as to the identity of the rescued child. The data will somehow determine whether the child is exempted from criminal liability. The PNP also facilitates medical check-up of children. Then PNP endorses the child to local social welfare (City Social Services and Development Office) for assessment

and determination of criminal liability. The local social welfare conducts intake and determines whether the child is 15 and below (without discernment) or over 15 but below 18 (with discernment). The assessment may result to immediate release of the child to his/her parents, guardian or nearest relative, and be subjected to community based intervention programs or in the best interest of the child, he or she is referred to rehabilitation facility (Bahay Pag-asa) while waiting for court decision.



Based on the amended RA 10630 the law specifically Section 49, the need to establish “Bahay Pag-asa” in each province and highly urbanized cities like Davao City, are responsible for building, funding and operating them within their jurisdiction following the standards set by the Department of Social Welfare and Development. The “Bahay Pag-asa” is a 24-hour child-caring institution, established, funded and managed by the Local Government Units (LGUs) and licensed and/or accredited Non-government Organizations (NGOs) providing short-term residential care for children in conflict with the law (CICL) and children engaged in drug trade who are above fifteen (15) but below eighteen (18) years of age who are awaiting court disposition of their cases or transfer to other agencies or jurisdiction.

Every “Bahay Pag-asa will have a facility called the Intensive Juvenile

Intervention and Support Center (IJISC). This centre is allotted for children in conflict with the law found to have committed serious crimes including drug use, repeat offenses, and have been found to be abandoned, neglected, or abused by parents or guardian. The parents of the child in conflict with the law may be required by the court to undergo counseling or other intervention, based on the recommendation of the multidisciplinary team.

Moreover, service providers claimed that the institutionalization of this referral pathway will ensure that the interventions can be evaluated as to their effectiveness and this could be used for program and policy planning and development.

Case Management by Social Workers. Service providers mentioned case management for the children with special cases like rape, abused children, and children in drug trade. Case Management starts with assessment of needs and problems, then planning with the client as to what intervention plans will the client choose for his/her development. Intervention programs while at the centre (Bahay Pag-asa) may include self and social enhancement sessions, activities such as family day and nutrition, medical check-up, supplemental feeding and sending children to formal or non-formal schools like the Alternative Learning Systems (ALS). Children are also provided with educational assistance to support their schooling.

There are also cases of which they refer children for residential care. For a service provider who provides residential care for children involved in drug trade, they have developed group sessions that include counselling session and character building. The respondent stressed that they have to build the character of these children to become responsible in the long run.

Last is the aftercare program; according to the service providers, this program should be strengthened as mostly, the child also report to DOH during aftercare program as they need for follow-up and monitoring, since they must undergo drug test every month or 3 months after they got out from rehabilitation. They don't just report only to CSSDO but also to DOH.

While there is a need to recognize the efforts put forward by the various Service Providers in curbing the ever rising issue of children involved in drug trade including their families, it is important at the outset to distinguish among the ways in which children may be involved in the drug trade, which is often assumed to be a straight forward exploitative relationships between children and adults involved in criminality. It is rarely this simple. A middle-

class adolescent dealing drugs in order buy expensive aspirational products, for example, is not the same as a street-involved child selling drugs to survive or a child working her family's opium plantation, who in turn is not the same as a child soldier in Rio or a young member of a gang in Honduras. The reason to make these distinctions, as with the distinction between types of drug use and methods of consumption, is to ensure that responses are appropriate and targeted (Barret, Damon, Impact of Drug policies for children and youth. www.opensociety.org).

Inter-agency partnerships. For cases of children engaged in drugs, there is need for residential care or shelter home. Automatically children are placed in Davao City Treatment and Rehabilitation Centre for Drug Dependents. The centre is under the supervision of the city government.

Service providers coordinate with each other to help in the management of cases for children and families in drug trade. The Philippine National Police, Office of the Barangay and Sangguniang Barangay and Health center for medical. Social workers do the case management and write a social case study report. The purpose of which is to look for intervention that is best for the child. Family dialogues are also conducted and usually held in the Barangay. The Barangay Council for the Protection of Children (BCPC) is also involved because it's the problem of the community. In the management of cases, service providers claimed that one should be very skillmmfull in dealing with children and their families. Establishment of rapport is very important in order to win the trust of clients. Values formation is also provided. Priests and pastors are invited to enlighten their minds.

Difficulties in Handling or Dealing with Children in Drug Trade

Service providers claimed that dealing with children in dug trade is a challenging task. While they get a sigh of relief when parents cooperate and work with them or when children are rescued and helped so that they return to their normal lives, they also experienced difficulties.

Part of the difficulty of working with children and families engaged in drugs is when parents are still on a denial stage, do not cooperate and tend to tolerate their children. This is common among parents of children who are drug users. Some parents would just shrug their shoulders and deny the allegation, to the point of rationalizing behaviour of children. But when their children get

out control they go back to the child caring agencies and beg to be helped. The worst is when parents would just leave everything to the government.

“They don’t care. I really hate that. They seek help then after which they’ll leave you with the problem”. ----Dana, Service Provider

It was also difficult on the part of the service providers when the child does not cooperate. Children don’t like to undergo rehabilitation. According to a service provider, “No child would want to stay in rehabilitation.” Some children needs to go through rehabilitation since the effects of drugs may pose danger in their health at a very young age.

Limited financial support and budget was also considered a challenge experienced by service providers. The limitations in terms of finances also limit the programs and services for the children in drug trade.

Service providers claimed that the children they manage are repeat offenders. As per RA 9344 now RA 10630, children below 15 years old do not have criminal liability and thus cannot be put to jail. They are turned over to the city social welfare or DSWD who in turn assist in the rehabilitation or programs. But because of lack of programs, sometimes they are returned to their parents. In a couple of whweeks they are again apprehended for the same case and the cycle continues. Children have become recidivists. Drug use and drug peddling has become a habit.

Social workers and other service providers mentioned that it was difficult and quite challenging to deal with children involved in drugs especially for younger children ages 8 to 12. It is not easy to win the trust of children and to make them open up to social workers at first encounter. While they have succeeded in making children disclose and trust them, they said it was not easy.

Possible Programs and Policy Recommendations.

Programs and policy recommendations to curb if not to eliminate the involvement of children in drug trade as share by service provides includes the following:

Strengthen the family as the basic unit for care and nurturance of children. As an institution of care and nurture, the family should be reminded of its function of ensuring the social protection and well-being of children. Children will not engage in anti-social activities such drugs if parents do their tasks of guiding their children at the early age. The family strengthening

includes values clarification and responsible parenting programs for parents. As observed and based on literatures, children who grew up with good values and provided with their basic needs will never engage into anti-social activities.

Participation of all stakeholders. The problem on drugs require a coordinated and cooperative efforts, hence one recommendation given by service providers is to ensure that all sectors are involved or have participated in various programs to help prevent, curb if not eliminate the perils of involving children in drug trade wither as users, couriers or peddlers.

Intensify advocacy against drugs. Prevention is better than cure. This is always proven correct; however local government, civil society organizations and even the academe seem to have overlooked its importance. There is a need to strengthen the advocacy against substance abuse particularly on drugs. Awareness raising and education plays an important role here. The intervention can be done in different levels such as the barangay and the local church for parents and out of school youth and the school for students who are in school.

Review and strengthen existing policy on anti-drugs and Improve coordination mechanism among various stakeholders. Working with children and family engaged in drug trade requires close coordination with various pillars of juvenile justice and welfare. These pillars play an important role in ensuring children's social protection. The RA 9344 which is now known as RA 10630 covers children at risk and children in conflict with law from prevention to rehabilitation and integration. The law also spelled out the roles of the different sectors in the community. As observed, however, interventions are only done for those who have already committed or apprehended for the violations. It seems that prevention which is equally important was overlooked by duty bearers. The need to strengthen the enforcement of policy is called for. There is also a need to develop mechanisms for effective coordination particularly on prevention aspect.

Conclusion and Implications

The study noted the important role of the family and the community (barangay) in the socialization of children and in ensuring that care and nurturance is afforded to them. The government policies and programs must recognize the central roles of the family and community-based leaders, authorities, and institutions in the formation and shaping of values of these children. As such, programs to strengthen the family can be developed with

the active support of community based leaders and other institutions at the barangay level.

The exploitation and use of children in drug trade as well as the involvement of families in the said trade is attributed to poverty and the lack of opportunities for poor families to live sufficiently to be able to provide for their basic needs. In the absence of this economic support for families they resorted to drug trade. It is therefore recommended that the local government in collaboration with other stakeholders come up with alternative livelihood and wealth creation activities for the families of children engaged in drug trade.

The meaningful participation of civil society, including child rights organizations and children as well as young people in addressing the phenomenon of children engaged in drug trade is found to be crucial. Hence, civil society participation and the representation of those most affected are critical to informed debates. Meaningful participation requires efforts to engage organizations and groups that may not have previously participated. In particular, child rights groups and children's organizations focusing on health, development, or other related areas should be encouraged to take part. There is also a need to strengthen the involvement of children and young people. Efforts should be made to reach out to children most at risk and ensure that their viewpoints are heard and integrated.

There is also a need to review and improve on the policy ensuring social protection of children. The amended version of RA 9344 which is RA 10630 has to be enforced with a sound implementing rules and regulations. While roles of different sectors and institutional care were defined and ensured by the law, the prevention programs may have been left out and the provision for after care has been found wanting. A Community based after care or healing and recovery program can be developed at the barangay level. This should ensure that each stakeholders and sectors play an important role. Preventive programs can be developed in the different barangays that may include participation of different sectors including the church and academe. There is a need to develop the capacity of teachers, parents, community leaders/volunteers, and police and justice system to deal with children in drugs.

There is also a need to ensure clarity on the applicability of international standards and measures that may shape the policy and program development at the local level. The service providers must be aware that there is a wealth

of international standards and guidelines that provides important lens and interpret relevant provisions on drugs. These measures must be right-compliant and effective since they are the main core concepts to guide interventions for children who are involved in drug trade. Thus, service providers must be aware on the interplay of the UN Convention on the Rights of the Child, the Beijing Rules (UN Standard Minimum Rules on the Administration of Juvenile Justice), the Havan Rules (UN Rules for the Protection of Juveniles Deprived of their Liberty) and the amended RA 10630.

The study also generated insights as to the involvement of women/ mothers and female children in drug trade. The feminization of women in drug trade is one area worthy of further investigation.

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TEACHING PREVENTION SKILLS ON SEXUAL ABUSE TO SCHOOL-AGE CHILDREN IN VIETNAM

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Abstract

According to statistics from the Department of Social Evils Prevention, a thousand child sexual abuse cases are found each year in Vietnam. This phenomenon does not just reflect the dark side of society but also raises a wake-up alert about gaps in education. This article studies the experience of providing sexual abuse prevention education for school-age children in Vietnam. The article also highlights issues encountered such as students' anxiety, inconsistency in educational content, low awareness, and a lack of facilities for education. The authors conclude that in order to improve the impact of this education, it is necessary to implement synchronous solutions from many partners, including the State, the schools, teachers, family, and the children as well.

Keywords: *Education, sexual abuse, children*

Introduction

Because children are the future human resources of each nation, the wellbeing of children is always a top priority in each country's human development strategy. In the law of Socialist Republic of Vietnam, children are defined as citizens under 16 years old [1]. Sexual abuse during childhood can severely inhibit a child's psychological development into normal functioning adulthood. The Vietnam Government recognized this serious offence in the Child Law issued in 2016, defining child sexual abuse as "*the use of force, the threat of force, coercion, inducing, enticing children to engage in sexual-related acts, including including rape, sexual intercourse with children and the use of*

children for prostitution or pornography in any form” [2].

Children are slow to develop self-awareness and judgement, and as a result, are not prepared to protect themselves against potential threats. Due to their mature physical development, adolescents are particularly vulnerable. Thus, the sexual abuse prevention skills (SAPS) educational program was designed to build important strengths for children so that they can remain safe. SAPS provided a knowledge and skills based curriculum, discussion, and in class activities with the goal of helping children recognize and avoid the risk of abuse to proactively protect themselves.

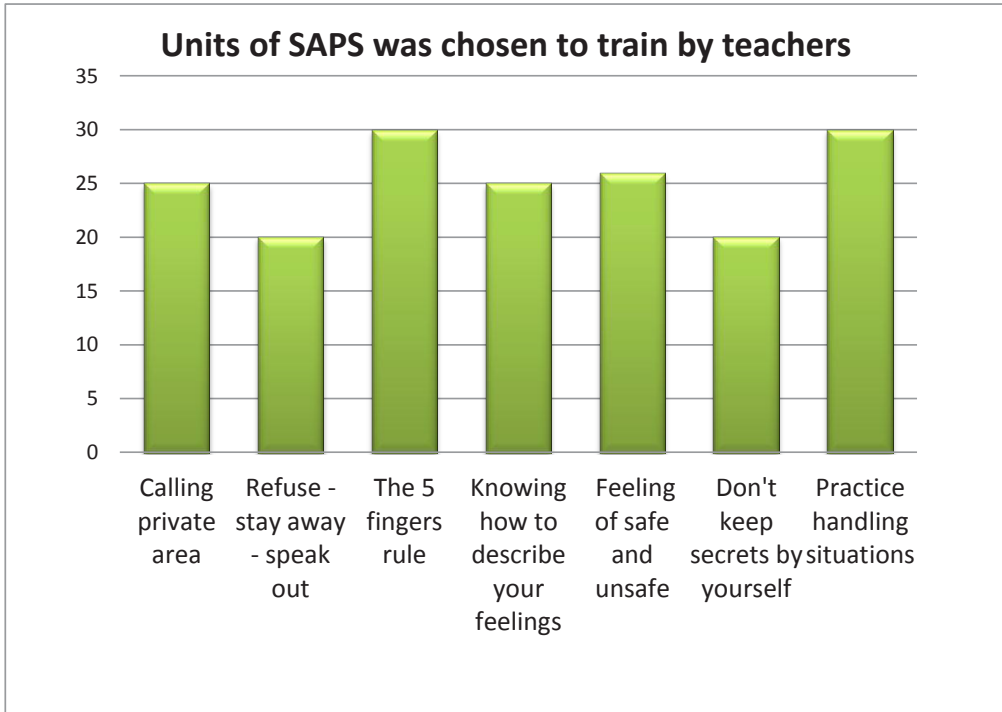
This article reviews the results of a study of the current sexual abuse educational program for children from the ages of 11-15 in secondary school grade 6 to 9 in the Vietnamese education system and highlights the barriers to and limitations of this activity. Thirty questionnaires sent to secondary school teachers, three in depth interviews with three teachers and seven students were used for data collection. In addition, authors used the direct field observation method to collect data and verify information obtained through the two methods mentioned above.

1. The Experience of Teaching SAPS in Secondary School

The study was conducted at XN secondary school located in Hung Yen province, Vietnam. XN is a national standard school, grades 6-9 with 20 classrooms and a total number of 985 pupils. The school has facilities that meet the standards of the Ministry of Education and Training of Vietnam. This school has its own psychological counseling room for pupils, a huge asset compared to the other schools in the province. The total number of teachers of XN School is 47 with bachelor and higher degree. The majority of teachers are young with the average age at 35 years old. In general, teachers are enthusiastic, dedicated, dynamic and quick to adapt new educational methods.

When the researcher asked about what unit/content (among 7 contents above) did the teachers use to teach their pupils about SAPS, the answers were summarized in the following chart as follows:

Chart 1: Units of SAPS was chosen to train in XN secondary schools



(Source: Survey's result in 2020)

This chart shows which of the 7 contents was selected by the teacher to teach pupils on SAPS. Some of the content is used by all teachers (surveyed respondents) in teaching, some are only used by fewer ones. The two units: “practice handling situations” and “5-fingers rule” were more easily taught by all of the teachers mainly because the coverage of these two units was linked from elementary to secondary school.

“Practice handling situations” means children are practicing to handle some dangerous situations where they are at risk of abuse. “5 fingers rule” helps children stay away from danger and protect themselves. The thumb - closest to us - symbolizes close relatives like grandparents, parents, siblings. Children can embrace these people or agree to have family members embrace, show love, take a bath with these people when they are at child-age. But when he/she is older, he/she will shower and change clothes in a closed room. The index finger - represents teachers, friends at school or relatives of the family. These people can hold hands, wear shoulders or play. But just stopped there. And if anyone touches the “swimsuit area”, the child will shout and call for his/her mother. Middle finger - acquaintance but seldom see as neighbors, friends

of parents. These people should only shake hands, smile and greet. The ring finger - family acquaintance that the child first met. For these people, they should stop at waving. At last, the little finger - the furthest finger away from the child - shows it to complete strangers or intimate gestures, making him feel nervous and insecure. With these people, children can completely run, shout to inform everyone around.

Although five fingers rule was taught at the elementary school level, there were many children who were not fully aware and were unable to apply this content in daily life. One student commented, *“I really like the 5-finger rule that I was taught in 4th grade, but unfortunately I haven’t had the chance to use it yet. Since the teacher allowed me to apply that rule in the role-play sessions after every activities, it made me feel very excited ”*(Female, 7th grade pupils).

“Practice handling situations” was the most engaging and interesting unit for pupils as it was directly applicable to real experience. This unit helped students quickly learn and apply the contents and skills for preventing sexual abuse.

The second contents that most taught, “Calling private areas”, “Understanding feelings of safe and unsafe” and “Knowing how to describe your feelings” were more difficult for pupils to learn. Children know how to call private areas help them call the correct name and identify private parts of the body. “Understand the feelings of safe and unsafe” skill helps children recognize what is “safe” and “unsafe”, and when encountering an “unsafe” situation that scares them, they will tell back to the one they trust. “Knowing how to describe emotions” skill means through conversations when doing everyday tasks, children will find it easier to name their feelings in case they were not safely touched by someone. These units tended to draw on emotional strengths and more open family boundaries. Pupils who had some self-awareness and confident communications skills could more easily describe their emotions. Additionally, pupils who were self reflective, and more openly curious about discovering themselves, easily engaged in the unit, “Call the private area”. However, for pupils who lived in a more closed family system having less communication with outsiders, the application of this content in practice was more challenging.

Teachers had the most difficulty in teaching the unit “Don’t keep secrets by yourself”. This unit intends to teach the pupils not to keep secrets by themselves, they can tell secrets to adults they trust. This unit requires a very

high level of psychological and cognitive development. According to a research by a teacher in Hanoi on the psychological characteristics of secondary school students, children aged 11 to 15 appeared to aspire to be independent, assert themselves, want to escape from the supervision of adults [3]. On the other hand, children often talk to their friends about the problems related to physiology and relationships of opposite sex instead of adults. One pupil commented, *“I’m very afraid to share my personal concern with my family, because my parents never listen to me with respect, they only care to the business of the store.”* (Male, 8th grade student)

“Refuse - stay away - speak out” was also a very challenging unit for pupils (only 20/30 teachers chose this unit to train their pupils on SAPS). This unit means when a child encounters a situation where someone wants to touch his/her vagina or expose his/her private area in front of the child, the child may take counter-actions, escape from that person and when escaped, the child can speak out to the adult/family. This skill is important for children to know how to defend and escape.

In-depth interview with one teacher of XN secondary school explained why this important skill is rarely taught: *“Given the psychological characteristics of teenagers, pupils are often afraid to talk about being abused or threat of abuse. Even when the incident happened, the pupils still did not want to tell their families and teachers because of shame ”* (Female, 41 years old teacher).

Regarding the frequency of using different teaching methods to educate SAPS for pupils, the author used a 1-5 scale of which 1 - infrequent and 5 - very often. The survey results are summarized through the following table:

Table 1. Degree of using teaching methods to educate SAPS for pupils

No	Methods of training	Average score
1	Chat and share	4.57
2	Children learn skills through handling situations	4.15
3	Organize games	4.15
4	Use story telling	3.57
5	Skills training anytime, anywhere	3.15
6	Integrating SAPS into other subjects	3.05

(Source: Survey’s result in 2020)

Teachers most frequently used the methods of “chat and share, “organize

games” and “learn skills through handling situations”. The remaining methods were also quite commonly used. Teachers reported that it was not always easy to choose which teaching method would be most effective. To some extent the choice depended on the content and goals of teaching. Teachers reported that in teaching skills, pupils often learned more easily through practice and experiential exercises.

Integrating SAPS into other subjects is rarely done by teachers because in the general curriculum, there are many subjects in different fields such as natural sciences, science of technology; in these cases the integration of SAPS’ content not suitable. Only some subjects such as civic education and biology are suitable to integrate the SAPS’ content.

In order to successfully use the above methods, teachers need to have in-depth knowledge of the curriculum, experience in adapting the curriculum to the needs of the pupils, and the ability of choosing situations that related to their children’s lives, and that directly related to gender issues, and sex abuse problem. Using guiding questions, teachers work with pupils to find ways to solve problems. They provide exercises to stimulate new ways of thinking.

2. Difficulties to Educate SAPS in Schools

To survey the difficulties in the process of educating SAPS, the author used a 1-5 scale of which 1 – no difficulty, 2 – a little difficult, 3 – difficult, 4 – quite difficult; and 5 - very difficult. The most difficult barrier is ranked 1 and the least barrier ranked 7. The survey results are summarized through the following table as follows:

Table 2. Rank of difficulties in the education on SAPS for children

Difficulties	Average score	Rank
There are no official guidelines for education on SAPS	2.4	5
Not knowledgeable about gender education	2.9	4
Facilities have not met the needs of practice	1.88	7
Time for education on SAPS for children is not sufficient	2.08	6
Ashamed to teaching about sex and sex abuse for children	3.68	1
There is no combination between family and school	3.30	2
Parents are reluctant to talk about sex education for their children	3.08	3

(Source: Survey data collected in 2020)

The table shows that, in the process of educating SAPS for children, teachers deal with the main difficulties as follows:

Firstly, the biggest barriers in teaching SAPS is “ashamed to teaching about sex and sex abuse for children” (score of 3.68/5). Teachers noted that they were apprehensive about teaching sex and SAPS. Culturally, sex is a difficult public subject in the East community in general and in Vietnamese culture in particular. Teachers also expressed feeling shy and confused about the methods and skills. Gender education is still a “forbidden zone” and teachers and pupils are afraid to share, especially in teaching skills of preventing and fighting against social problems.

Secondly, teachers additionally noted that parents do not have enough knowledge to equip children with self-protection skills. When referring to the issue of sexuality education, education on SAPS for pupils, many parents shied away because they were ashamed to mention this issue to the children, and did not know how to share or talk with their children about sex. When children are at risk of abuse or have been abused, they are fearful of sharing this information with adults because they haven’t been taught about how to prevent sexual abuse or how to share the information. There is no linkage between the family and the school that would facilitate family education as part of the SAPS program.

Thirdly, at present, there is no specific system-wide curriculum or lesson plan in Vietnam to educate SAPS. The lack of formal regulations on educational content of SAPS leads to different educational content for each school, and an inconsistency within the educational system. In one in-depth interview, a teacher suggested, *“In order for the education to be more effective, the school needs to unify the contents of skills education in a systematic manner, consistent with the psychological characteristics of teenagers”* (Female, 39 years old, teacher)

Fourth, many teachers do not have in-depth knowledge of SAPS and are thus unsure about the content and method for teaching SAPS. Moreover, education on SAPS is not yet considered a separate, formal module, so not all teachers invest time to study it.

Barrier of short time spent on education on SAPS for children received an average score of 2.08. Many people think that it is not necessary to invest a lot of time in educating on SAPS for children and that just spending a few sessions a year for this subject is enough. They perceive that spending time for

SAPS will take away from other academic subjects.

At last, “facilities have not met the needs of practice” also make the process of training SAPS become difficult. There is a serious lack of resources, books, and guides formulated to educate pupils and teachers on SAPS in schools. As the survey results above, pupils are most interested in the form of experiential learning. In order to apply this teaching method, it is necessary to have teaching tools, specialized teaching equipment such as videos, projectors, picture books, picture cards about SAPS, etc. These teaching facilities in many schools in Vietnam is still lacking.

These above obstacles affect the quality and content of teaching on SAPS in schools. As a result, education on SAPS for pupils is still limited.

3. Solutions to Improve The Effectiveness of Education on SAPS

The results of this study point to solutions for improving the effectiveness of education on SAPS for pupils at school XN, Hung Yen Province in particular and in Vietnamese schools in general. Solutions require the coordination and cooperation of many partners.

3.1. The Ministry of Education and Training needs to recognize SAPS as a formal subject within the general education programs and to provide an endorsed curriculum for SAPS for all school-age children. The Ministry also needs to mandate that a specific amount of time be provided for the curriculum. The Ministry also needs to develop materials for this program. Lastly, the Ministry needs to organize teacher training to equip teachers with the specific knowledge and skills to teach the sensitive content in SAPS education.

3.2. Schools need to provide resources to support the activities of SAPS education. These resources should include classrooms, computers, projectors, and libraries with reference books related to SAPS content. The school needs to provide training for local education officials and all teachers about the role, as well as about the curriculum of education on SAPS. All school personnel such as homeroom teachers, subject teachers, officials of the Youth Union should join in the activities of SAPS. Each participating partner could proactively develop a specific, detailed, scientific, practical and appropriate plan for SAPS. The school needs to direct relevant departments to plan lively and attractive after-school education activities to support the implementation of education on SAPS.

Successful SAPS programs need the school’s support for implementing

innovative teaching methods for promoting pupils' independence and creativity. These method will require supplementary materials, equipment and the application of information technology in teaching and learning. In addition the school needs to foster an open, trusting atmosphere directed towards developing students' interest in learning. During class, teachers need to create opportunities for students to speak, to present in front of a group, to provide special support for timid children, or those with less well developed communication skills. All of these changes would greatly support the efforts of the SAPS program.

3.3. Teachers need to have a positive attitude in educating pupils about SAPS. They need to develop skills in the assessment and evaluation of students' issues as they relate to the SAPS program. In addition, teachers need to regularly contact pupils' parents by contact book, by invitation or by phone to promptly notify the situation of pupils with bad manifestations to parents. From there, coordinate with parents might find the most effective education method. It is also important for teachers to work together with organizations outside the school to inform them about SAPS and find ways of working together to support the program.

3.4. For parents of pupils, the SAPS program needs to provide education and support for addressing fears of discussing gender issues and sexual abuse so that they can equip their children with the knowledge and skills in a more proactive manner.. Parents need education and training for building trust with their children so that they can discuss difficult topics such as sexual abuse. Parents also need to develop skills such as practicing with their children how to deal with dangerous situations so that their children have the ability to protect themselves..

3.5. For the school-age children the SAPS program will increase awareness of their strengths and weaknesses, and the values that guide their beliefs and actions. With implementation of these solutions, pupils be motivated participate in classes, and in extracurricular activities on SAPS organized by schools and localities.

Conclusion

Preventing and fighting sexual abuse is one of the most important life skills for school-age children. Research results from developed countries have noted the success using sex abuse prevention programs in providing students with the skills to protect themselves from abuse. In Vietnam, we are

now gradually also interested in educating pupils about SAPS. To improve the effectiveness of this skill education, the government needs to provide systemic support to school. Schools and teachers need to coordinate more closely with the student's family. On the pupils' side, they need to actively learn and practice the SAPS to protect themselves from danger.

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CARING FOR CHILDREN IN THE FAMILY RECEIVER OF THE PROGRAM THAT WAS IMPLEMENTED BY INTERNATIONAL NON-GOVERNMENT ORGANIZATION

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Abstract

Sustainable development is development that is able to see the potential of the region by concentrating on the younger generation as one of the important factors. In the grouping of young people by age range, one grouping is children under 18 years. The quality of these children in supporting the development of a country is driven by several factors and one of them is parenting skill or parenting style, as care is the first thing received by a child in its development process which then contributes to mental formation, ways of thinking and behaviors of every child. The importance of parenting style is the topic of many studies as well as the reason for implementing program interventions carried out by the government and community institutions. Community institutions that currently exist in Indonesia can be divided into national and international community institutions. The international community agency programs have been running for a long time. Therefore the research question for this study is what is the condition of childcare of beneficiary families of programs implemented by international community agencies. The method used in this study is qualitative with a survey and exploratory analysis with a sample of 325 respondents. The survey primarily used questions involving the Likert scale. The results of this study indicate that families who received benefits from the international community agency programs have good parenting attitudes towards children.

Keywords: Sustainable Development, Care, International Non-Government Organization

Introduction

In 2015 the United Nations (UN) began a program called the Sustainable Development Goals (SDGs) to support the implementation of sustainable development in all parts of the world. When launching the SDGs, the UN called on all member states to embrace what constitutes a series of ambitious and demanding challenges that also emphasize the vital role that businesses must play if these challenges are to be met. The purpose of this preliminary commentary paper is to review ways that the Information and Communication Technology industry can contribute to the achievement of the SDGs. The Sustainable Development Goals (SDGs) are a wide range of global sustainable development targets for the environment, society and economy and they were launched by the United Nations in 2015 (Peter, Martin and David, 2017). Indonesia, as one of the countries implementing the SDGs concept, has considerable opportunities to improve the welfare of the community while contributing to world development. Supporting this development certainly requires capital, according to forumforthefuture.org five capitals are needed to support sustainable development, namely natural capital, financial capital, social capital, manufacturing capital and of course human capital (reference: forumforthefuture.org, 2020. The five capitals - a framework for sustainability. <https://www.forumforthefuture.org/the-five-capitals> accessed Wednesday 6 May 2020).

Related to human capital, of course, Indonesia is one of the countries that is quite good, as Indonesia has one of the largest populations in the world. According to worldmeters.info, Indonesia is currently ranked fourth with a population of 273,523,615 people (reference: worldmeters.info, 2020. Countries in the world by population (2020). <https://www.worldmeters.info/world-population/population-by-country/>. accessed on Wednesday 07 May, 2020). One of Indonesia's best features is related to its demographic bonus. Up until the demographic transition begins between 2035 and 2045, Indonesia will have a large number of young people to contribute to a productive labor force or productive population. According to a report submitted by Bappenas (Badan Perencanaan Pembangunan Nasional- State Minister for Chairperson of the National Development Planning Agency), BPS (Badan Pusat Statistik- Central Bureau of Statistics and the United Nations Population Fund, in 2035, Indonesia will have a population of 305.6 million. Furthermore, in the BPS report, in 2035 those in the workforce age range of 15 to 64 years will consist of 67.9 percent of the total population. At this time, Indonesia's dependency

burden will drop to 47.3%, a condition which is believed to be able to deliver Indonesia to heyday reach it full potential (Bappenas, BPS and United Nation Population Fund, 2013).

The abundance of human resources in terms of quantity must of course also be followed by the quality considerations. It is not easy to make all 67.9 percent of the total population of Indonesia productive. One factor that supports human development is parenting style. Parenting is the primary method for socializing children (Darling & Steinberg, 1993 in Kim & Wong, 2002). One of the factors that determines the style and process of parenting is culture. Cultural values and environments shape the patterns and parenting practices that later on influence child outcomes (Chao, 1995 in Kim & Wong, 2002). In Indonesia, most children live with their own parents, but there are also children living with adopted families, and some of them living with foster family, both temporary and permanent. However, according to Susenas data in 2015, Indonesian provinces with toddlers indicate that less than 10 percent of toddler live with inappropriate parenting pattern, the figure is below 10 percent, and based on research from the Sayangi Tunas Cilik Foundation, in 2005 there were about 500 thousand children in orphanages (reference: kemenpppa.go.id 2019 Kemenpppa is Kementerian Pemberdayaan Perempuan dan Perlindungan Anak- (Ministry of Women Empowerment and Child Protection) built children with a child rights-based roadmap <https://www.kemenpppa.go.id/index.php/page/read/29/2135/kemen-pppa-mangun-anak-with-road-map-parenting-based-rights-children>. Accessed on Wednesday May 6, 2020).

Parenting practices are strongly associated with a number of important outcomes for children (Barlow and Coren, 2017). Parenting is a challenge that faces every culture, creed, and nation. It carries a variety of assumptions, values, and perspectives that indicate how proper parenting should look (Perron, 2018). This is also supported by several study results. Research conducted by Kol (2016) shows that childcare programs are effective in increasing children's emotional and behavioral adjustments in addition to improving the psychosocial well-being of parents. It is also based on research by Michael Marmot that shows providing parenting skills to parents is the same as helping parents to help their children to have the possibility to reduce their state of poverty or even reduce health inequalities between rich and poor (Marmot, 2016). The importance of child care in preparing the next generation to ensure sustainable development is the reason so many non-governmental organizations, including ChildFund and WVI (World Vision

International), make child care one of the key aspects of professional services to the community. Therefore, in line with the background above, the question of these study is what is the condition of childcare for beneficiary families of programs implemented by international community agencies?.

Method

This research uses a qualitative approach through a descriptive survey. According to Neuman (2014) quantitative is more concerned about issues of design, measurement, and sampling because their deductive approach emphasizes detailed planning prior to data collection and analysis. Whereas according to Burn, a descriptive survey aims to estimate as much as possible the nature of existing conditions, or the attributes of a population; for example, its demographic composition, its attitude to abortion, its religious beliefs, voting intentions, its childrearing practice (Burn, 2000 in Silalahi, 2015). The data collection techniques used in this study were questionnaire instruments, and literature review documentation studies. The sampling technique in this study is cluster probability sampling. According to Singh (2007) in Silalahi (2015), cluster sampling signifies that instead of selecting individual units from the population, entire groups or clusters are selected at random. In cluster sampling, first we divide the population into clusters, then we randomly select some clusters from all clusters formed and measure all units within the sampled clusters .

The number of samples in this study was 325 people, as determined by the Slovin formula with an error margin of 5 percent. As for the characteristics of the respondents in this study, respondents are parents or guardians who participate in programs organized by international non-governmental organizations, namely ChildFund and WVI. The survey instrument used in this study is a questionnaire with closed questions and a Likert scale as the rating scale. This study uses nominal data for the value of each question and has an interval value for the whole question. The validity of the research instrument was tested through the application of the 25th SPSS series and all questions were valid with a reliability number of 896 on the Cronbach alpha scale. Related to the accumulation of accumulative data, in this study, the researcher made a classification assessment using three groups with the initial stage of determining the class interval and formula as follows.

$$K = \frac{R}{i}$$

Explanation:

K : Number of class intervals

R : Range

I : Class interval

(Nazir: 2011)

In addition to completing this research, the interval data is analyzed by calculating the average score that has been set and then grouped on a continuum with a range of intervals determined according to the number of groups (Sugiyono, 2012). In this study, to determine the total value is the number of questions (15) x the number of respondents (325) x the highest number of values (5) obtained figures that is 24,375. The number of groups divided into 3 namely low, middle and high with each interval value of 6,500.

Results and Discussion

Data collection related to identifying the conditions of care or parenting styles of families of program beneficiaries of international non-governmental organization programs was obtained by distributing a 15 question questionnaire to 325 respondents. The results of the data collection are as follows;

Table 1: 1st Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	,3	,3	,3
	3	3	,9	,9	1,2
	4	29	8,9	8,9	10,2
	5	292	89,8	89,8	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 1 above describes the distribution of answers to the question "you try to always be with your child". No respondents answered "never" (1); one respondent or 0.3 percent answered "rarely" (2); 3 respondents or 0.9 percent answered "sometimes" (3), 29 respondents or 8.9 percent answered "frequently" (4), and 292 respondents or 89.9 percent answered "always" (5). The respondents' choices of answers to this question reflect an average of 4.88 points. Next is table 2 as follows,

Table 2: 2nd Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	2	,6	,6	,6
	3	3	,9	,9	1,5
	4	44	13,5	13,5	15,1
	5	276	84,9	84,9	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 2 above describes the distribution of answers to the question “you are always with your child”. No respondent chose “never” (1), whereas for “rarely” (2) there were 2 respondents or 0.6 percent. For the choice “sometimes” (3), there are 3 respondents or 0.9 percent, while for those who choose “often” (4) there are 44 respondents or 13.5 percent, those who chose “always” (5) include 276 respondents or 84.9 percent. The respondents’ choices of answers to this question reflect an average of 4.88 points. Next is table 3 which is as follows,

Table 3: 3rd Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	,9	,9	,9
	2	1	,3	,3	1,2
	3	21	6,5	6,5	7,7
	4	73	22,5	22,5	30,2
	5	227	69,8	69,8	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 3 above describes the distribution of answers to the question “you always invite your child to solve problems faced by children”. Respondents who chose “never” (1) included 3 respondents or 0.9 percent, while for “rarely” (2), there was 1 respondent or 0.3 percent. The choice “sometimes” (3) had 21 respondents or 6.5 percent, while those who chose “often” (4) included 73 respondents or 22.5 percent. Those who chose “always” (5) included 227 respondents or 69.8 percent. The respondents’ choices of answers to this question reflect an average of 4.60 points. Next is table 4 which is as follows.

Table 4: 4th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	3	,9	,9	,9
	4	33	10,1	10,1	10,8
	5	289	89,0	89,0	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 4 above describes the distribution of answers to the question “you provide information about good things and what children deserve to do in their environment”. No respondents chose “never” (1) or “rarely” (2); for the choice “sometimes” (3) there are 3 respondents or 0.9 percent; for the choice of “often” (4); there are 33 respondents or 10.1 percent; for those who chose “always” (5) there are 289 respondents or 89.0 percent. The respondents’ choices of answers to this question reflect an average of 4.89 points. Next is table 5 which is as follows,

Table 5: 5th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	11	3,4	3,4	3,4
	2	8	2,5	2,5	5,8
	3	47	14,5	14,5	20,3
	4	80	24,6	24,6	44,9
	5	179	55,1	55,1	100,0
	Total	325	100,00	100,0	
Total		325	100,0		

Table 5 above describes the distribution of answers to the question “You involve children in making decisions according to their needs”. Respondents who chose “never” (1) included 11 respondents or 3.4 percent, while for “rarely” (2) there were 8 respondents or 2.5 percent; for the choice “sometimes” (3) there were 47 respondents or 14.5 percent; for those who chose “often” (4) there were 80 respondents or 24.6 percent; for those who chose “always” (5) there were 179 respondents or 55.1 percent. The respondents’ choices of

answers to this question reflect an average of 4.26 points. Next is table 6 which is as follows,

Table 6: 6th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	16	4,9	4,9	4,9
	2	15	4,6	4,6	9,5
	3	121	37,0	37,2	46,8
	4	79	24,2	24,3	71,1
	5	94	28,7	28,9	100,0
	Total	325	99,4	100,0	
Total		325	100,0		

Table 6 above describes the distribution of answers to the question “have you ever yelled at, scolded or even hit a child”. Respondents who chose “never” (5) included 94 respondents or 28.7 percent; for those who chose “rarely” (4) there were 79 respondents or 24.2 percent; for those who chose “sometimes” (3) there were 121 respondents or 37.0 percent; for those who chose “often” (2) there were 15 respondents or 4.6 percent, and for those who chose “always” (1) there were 16 respondents or 4.9 percent. The respondents’ choices of answers to this question reflect an average of 3.68 points. Next is table 7 which is as follows,

Table 7: 7th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	10	3,1	3,1	3,1
	4	88	27,1	27,1	30,2
	5	227	69,8	69,8	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 7 above describes the distribution of answers to the question “the frequency you communicate with your child”. There were no respondents who chose never (1) or “rarely” (2); for the choice of “sometimes” (3) there were 10 respondents or 3.1 percent; for those who choose “often” (4) there were 88

respondents or 27.1 percent, and for those who chose “always” (5) there were 227 respondents or 69.8 percent. The respondents’ choices of answers to this question reflect an average of 4.67 points. Next is table 8 which is as follows,

Table 8: 8th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.3	.3	.3
	2	6	1,8	1,8	2,2
	3	13	4,0	4,0	6,2
	4	86	26,5	26,5	32,6
	5	219	67,4	67,4	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 8 above describes the distribution of answers to the question “you ask your child about what he does everyday”. Respondents who chose “never” (1) included 1 respondent or 0.3 percent, for the choice of “rarely” (2) there were 6 respondents or 1.8 percent; for the choice “sometimes”(3) there were 13 respondents or 4.0 percent; for those who choose “often” (4) there were 86 respondents or 26.5 percent, and for those who chose “always” (5) there were 219 respondents or 67.4 percent. The respondents’ choices of answers to this question reflect an average of 4.59 points. Next is table 9 which is as follows,

Table 9: 9th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	13	4,0	4,0	4,0
	3	56	17,2	17,2	21,2
	4	115	35,4	35,4	56,6
	5	141	43,4	43,4	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 9 above describes the distribution of answers to the question “you ask your child about how they feel everyday.” No respondents chose “never” (1) none, while for “rarely” (2) there were 13 respondents or 4.0 percent; for

those who chose “sometimes” (3) there were 56 respondents or 17.1 percent; for those who chose “often” (4) there were 115 respondents or 35.2 percent, and for those who chose “always” (5) are 141 respondents or 43.1 percent. The respondents’ choices of answers to this question reflect an average of 4.18 points. Next is table 10 which is as follows,

Table 10: 10th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	40	12,3	12,3	12,3
	2	16	4,9	4,9	17,3
	3	19	5,9	5,9	23,1
	4	23	7,1	7,1	30,2
	5	226	69,8	69,8	100,0
	Total	324	100,0	100,0	
Total		325	100,0		

In table 10 above describes the distribution of answers to the question “You allow your child to leave the house without a clear time limit.” Respondents who chose “never” (5) included 226 respondents or 69.1 percent, while for “rarely” (4) there were 23 respondents or 7.0 percent; for the choice “sometimes” (3) there were 19 respondents or 5.8 percent, for those who chose “often” (2) there were 16 respondents or 4.9 percent, and for those who chose “always” (1) there were 40 respondents or 12.2 percent. The respondents’ choices of answers to this question reflect an average of 4.17 points. Next is table 11 which is as follows,

Table 11: 11th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	39	12,0	12,0	12,0
	2	11	3,4	3,4	15,4
	3	43	13,2	13,2	28,6
	4	30	9,2	9,2	37,8
	5	202	62,2	62,2	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 11 above describes the distribution of answers to the question “you are too busy to forget where your child is and what he is doing”. Based on the table above, respondents who chose “never” (5) included 202 respondents or 61.8 percent; for those who chose “rarely” (4) there were 30 respondents or 9.2 percent; for those who chose “sometimes” (3) there are 43 respondents or 13.1 percent; for those who chose “often” (2) there are 11 respondents or 3.4 percent; and for those who chose “always”(1) there are 39 respondents or 11.9 percent. The respondents’ choices of answers to this question reflect an average of 4.06 points. Next is table 12 which is as follows,

Table 12: 12th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	29	8,9	8,9	8,9
	2	16	4,9	4,9	13,8
	3	63	19,4	19,4	33,2
	4	78	24,0	24,0	57,2
	5	139	42,8	42,8	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 12 above describes the distribution of answers to the question “you hit or pinch your child when he does something wrong”. Respondents who chose “never” (5) included 139 respondents or 42.8 percent, while for “rarely” (4) there were 78 respondents or 24.0 percent; for the choice “sometimes” (3) there were 63 respondents or 19.4 percent; for those who choose “often” (2) there were 16 respondents or 4.9 percent, and for those who chose “always” (1) there were 29 respondents or 8.9 percent. The respondents’ choices of answers to this question reflect an average of 3.87 points. Next is table 13 which is as follows,

Table 13: 13th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	54	16,6	16,6	16,6
	2	1	,3	,3	16,9
	3	4	1,2	1,2	18,2
	4	11	3,4	3,4	21,5
	5	255	78,5	78,5	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 13 above describes the distribution of answers to the question “let your child do what when he behaves wrongly”. Respondents who chose “never” (5) included 255 respondents or 78.5 percent; for the choice “rarely” (4) there were 11 respondents or 3.4 percent; for the choice “sometimes” (3) there were 4 respondents or 1.2 percent; for those who chose “often” (2) there was 1 respondent or 0.3 percent, and for those who chose “always” (1), there were 54 respondents or 16.6 percent. The respondents’ choices of answers to this question reflect an average of 4.27 points. Next is table 14 which is as follows,

Table 14: 14th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	6	1,8	1,8	1,8
	2	38	11,7	11,7	13,5
	3	62	19,1	19,1	32,6
	4	136	41,8	41,8	74,5
	5	83	25,5	25,5	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 14 above describes the distribution of answers to the question “the frequency of father involvement in home care”. For the response “never” (1) there were 6 respondents or 1.8 percent, while for “rarely” (2) there were 38 respondents or 11.7 percent; for the choice “sometimes” (3) there were 63

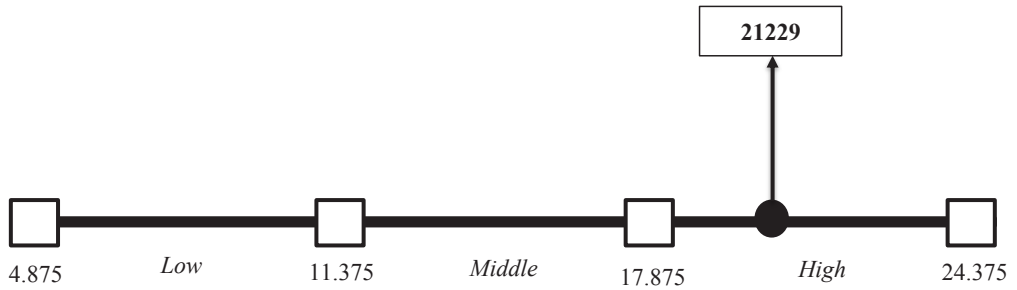
respondents or 19.1 percent; for those who chose “often” (4) there were 136 respondents or 41.8 percent, and for those who chose “always” (5) there were 83 respondents or 25.5 percent. The respondents’ choices of answers to this question reflect an average of 3.78 points. Next is table 15 which is as follows,

Table 15: 15th Question

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	3	,9	,9	,9
	3	15	4,6	4,6	5,5
	4	78	24,0	24,0	29,5
	5	229	70,5	70,5	100,0
	Total	325	100,0	100,0	
Total		325	100,0		

Table 15 above describes the distribution of answers to the question “you talk to your child”. No respondents chose “never” (1); for “rarely” (2) there were 3 respondents or 0.9 percent; for the choice “sometimes” (3) there are 15 respondents or 4.6 percent; for those who choose “often” (4) there are 78 respondents or 24 percent; and for those who chose “always”(5) there are 229 respondents or 70.5 percent. The respondents’ choices of answers to this question reflect an average of 4.64 points.

To complete this research, the overall analysis of the survey is carried out through the accumulation of data analyzed, by calculating the average score that has been set, and then grouped continually in group development through interval setting. In this study the researchers made a group classification on a continuum with an interval of up to 6,500 points. The lowest value is called low with a range of values between 4875 and 11.375 which means that if the number of points in the question are in this group, information is obtained that caring for children in the family is bad. Furthermore, an intermediate value called middle with a range of values between 11,375 to 17,875, which means that if the number of points in the question are in this group, information is obtained that caring for children in the family is moderate. The last group is a high value called high with a range of values between 17,875 to 24,375 which means that if the number of points in the question are in this group, information is obtained that caring for children in the family is good. As for the results of the accumulation of data obtained, the following data are obtained.



Reference: the result of data tabulation

Based on the results of summarizing the data in this study, the results show that the condition of childcare for families receiving benefits of programs implemented by international community institutions can be said to be good with a high recapitulation value of 21,229 points out of a perfect score limit of 24,375. This shows that the programs provided by international organizations have a fairly good effect on the parenting perspectives of the beneficiary families of programs implemented by international community organizations.

Conclusion

This research was conducted to explore the caregiving conditions of families of program beneficiaries of international community institutions. The results of the data analysis have found that the average value obtained from each of the survey's questions is 4 (four). This means that parenting attitudes towards children is quite good. When viewed from a more macro level, a summary of the data analysis results show a value of 21,229 out of a perfect score limit of 24,375, this means program intervention by the international community organization can be deemed successful in encouraging good parenting attitudes towards children of beneficiary families the care received by the child is a good scholar and the program.

Further research is needed to evaluate how else these types of programs can be improved to maximize the positive impact on the wider communities, including how to expand access to such programs to other members of the community.

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Call for Article Submissions

In the meeting of ASEAN Social Work Consortium in Manila at the beginning of this year, Indonesia was proposed to publish an ASEAN Journal. The journal will be published twice a year.

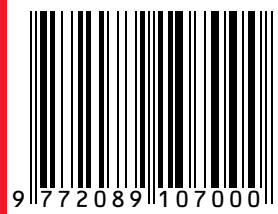
We are looking forward to the participation of you to submit an article which is a critical research paper or results of research in the field of social work.

The requirements are as follows:

1. The manuscript has never been published nor submitted for publication to another journal.
2. The manuscript is the result of research conducted five years ago at the latest.
3. The article is a critical analysis of certain issues in the field of social work.
4. The article should include and be formatted according to the following structure: title, author's name with academic degree, abstract of a maximum of 75 words consisting of purpose, methods, research results, keyword; introduction that consists of the background, the research objectives, methods, a concise review of the literature; research results and discussion; conclusions and suggestions; and list of references.
5. Article must be single-spaced, in 12-point Arial font, and should not exceed 20 pages.
6. Article is written in English.
7. Referral sources used must be within last 10 years of publication. Referral preferred are primary sources of research reports or research articles in scientific journals and magazines.
8. The authors should attach biographical information, including final education, experience in research or social work fields.

The manuscript should be submitted by e-mail to be mail to the secretariat (e-mail: aseansocialwork.journal@gmail.com), cc. mysusi70@yahoo.com)

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