Care for Children

Supporting Governments to Successfully Transition from Institutional to Family-Based Care

Cambodia Report 2018

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Foreword

It is a real honour to contribute in a very small way to this well written and informative report on a matter of such great importance. The report sets out clearly not only the real needs and challenges in helping the government of Cambodia to develop a system of family care for the many thousands of their children in residential homes but, also, the huge potential benefits of doing so. The notion of providing for each child the opportunity to experience normal family life seems to be such a reasonable and modest ambition. Yet this well researched report sets out in stark terms just how many children are being denied this basic part of normal development during their early years. Inevitably this has long term implications not least that they will have been denied role models if in due course they become parents.

The report readily acknowledges the recent history of Cambodia that resulted in three decades of economic devastation. It realistically sets the baseline and excites genuine human concern for the suffering experienced by the people and the resultant financial legacy for the nation. There can be no doubting that the government and its people deserve all the help that can be made available to them.

> **Care for Children's unique contribution is enabling governments to use existing resources differently and in ways that produce better results in child development**

The unique contribution by "Care for Children" is that their vision is not based on paternalism or long-term dependency, but rather on enabling governments to use existing resources differently and in ways that produce better results in child development. This way of working respects the fact that these vulnerable children are citizens of the country for which the government has a continuing responsibility for their welfare and proper development. Experience has shown that working in genuine partnership with the central and local authorities has achieved most impressive results for deprived children for over twenty years. The results have been inspiring and heart-warming.

A major attribute of "Care for Children" is their capacity to resist "doing" things to others but, instead, to work alongside and "with" others to enable, encourage, train and support. This way of working invigorates local staff and helps them realise their full potential. It generates enthusiasm, remarkable teamwork, and it changes the lives of each person involved in this shared enterprise.

For the reason articulated in this well researched report the history in Cambodia present a number of tough challenges, not least in the areas of finance and current methods of working. But with a shared vision and commitment success can be secured. The reality is that the greater the challenge the greater the prize of securing transformed life opportunities for the most deprived children. "Care for Children" are able to demonstrate just what can be achieved for children with the worst starts in life. It can be done. Because it is being done. Through no fault of their own these children are being denied the very basics of a normal childhood. Together we can open up for them new life chances and give them hope, self-confidence and optimism. I wish all involved great success in this wonderful work.

The Rt. Hon. The Lord Laming

Contents

SECTION 1

Background

1.1 CARE FOR CHILDREN

Care for Children has a unique model that aids governments as they make the transition from institutional care to family-based care.

Care for Children works to give disadvantaged children the opportunity to grow up in local, loving families who will nurture them to reach their full potential. It partners with governments in Asia to help them place orphans into good, local families. Headquartered in the UK, a registered charity in England & Wales, Hong Kong and the USA and currently operating projects in China, Thailand and Vietnam, it has a vision for a million children back in families.

Working in partnership with national and local authorities, Care for Children draws on almost 20 years of experience and international expertise to develop tailor-made training materials and programmes that enable respective governments to establish indigenous long-term foster care systems as a positive alternative to institutional care.

1.2 CAMBODIAN CONTEXT

Cambodia is located in the southern portion of the Indochina Peninsula in Southeast Asia. It is bordered by Thailand to the northwest, Laos to the northeast, Vietnam to the east, and the Gulf of Thailand to the southwest. Cambodia is classed as a Least-Developed Country by the UN (Royal government of Cambodia) and is ranked 143rd (out of 188) on the UN Development Programme's Human Development Index[1].

Cambodia is now experiencing a period of relative stability after more than 3 decades of social and economic devastation from civil war and genocidal regime.[2] Economic recovery since then has been relatively rapid, although the gains have not benefited people equally. Despite increases in service sector employment, unemployment remains high. Approximately 300,000 young people enter the labour force each year, and 27.8% of 15 to 19 year olds and 16.6% of young adults aged 20 to 24 are unemployed.[3]

The change from a socialist to a capitalist economy initiated in 1989 removed some of the safety nets for the most vulnerable people of society. The gap between the few rich and the many poor began to widen and migration from rural to urban areas started. A large proportion (85%) of the population lives in rural areas and 59% rely on subsistence agriculture for their livelihood; more than 30% of the population lives under the poverty line.[4]

For the urban poor, and especially migrants, lack of secure housing tenure leaves many in a precarious situation, often in squatter settlements with a high risk of sudden

eviction. Rural to urban migration also further increases children's vulnerability, both in situations when they are "left behind" in the village or when accompanying their parents to insecure urban conditions.

1.3 KEY ISSUES AFFECTING CHILDREN IN CAMBODIA

Cambodia ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1992, obliging the country to implement the Convention by supporting and protecting children's rights and disseminating information about the CRC. Children and young people aged 18 and under make up almost half of Cambodia's 14 million population. They are particularly vulnerable and suffer various forms of abuse and exploitation, including: economic exploitation, sexual exploitation, trafficking and drug abuse. There are also a number of children in conflict with the law.

One of the Cambodian government's highest priorities has been the reduction of poverty, and over the past 13 years Cambodia has made substantial progress in this area reducing poverty by about 17% over a period of 13 years. Despite this progress there is still a large gap between the rich and the poor.[5]

1.3.1 Education

Approximately 21% of children are reported to have not started any form of formal schooling in Cambodia[6] and half a million Cambodian children aged 6-11 years have no access to education[1]. Moreover, there is an expectancy of between 10 and 11 years of education[1] and by age 15, less than 5% of children are still in the education system; repetition and drop-out rates in primary education is common as children are required to support farming activities[9]. It is estimated that between 2009-2015 19% of children aged 5-14 years old were engaged in some form of child labour[7] (i.e. work that impairs a child's physical, mental, moral, or educational development, or affects the child's safety or health).

1.3.2 Health

Health services focus on sanitation, vaccination and continue to provide low-quality treatment and lack modern equipment and facilities. Access to health services also remains poor. According to UNICEF[8] only 25% of the population has an operational health clinic facility in their village and another 50% have to travel more than 5km to reach a facility.

Between 1990 and 2016 under-five mortality fell from 116 to 31 deaths per 1,000 live births[9] one of the most rapid rates of decline in the world. There was also an increase in the utilization of child and maternal health facilities, owing largely to 'Health Equity Funds': multi-stakeholder initiatives in which NGOs reimburse public health facilities for treating poor patients, using government and donor financing[8/10]. Moreover, although concerns remain, there have been improvements in the proportion of malnourished children which currently stands at 24% underweight, 10% wasted and stunted 32%[8]. Despite such improvements, the health system remains under-resourced with inadequately trained staff and a growing private sector.

1.3.3 Key Current Issues in the Child Welfare System

In Cambodia, there are as many as 40,000 children without family life. Despite many having living parents or close relatives nearby, the majority of these children are being raised in Residential Care Institutions (orphanages). These are some of the most vulnerable children in the world that are open to neglect, abuse and in the future, being trafficked.

The publishing of the UN Guidelines on Alternative Care in 2009[11] has had a significant impact in creating a unified global vision for policy direction on children's rights. In the wake of the UN guidelines, several governments including Cambodia, have taken initial legislative steps to implement national policies supporting family-based care for children in need of alternative care. However, the use of institutional care continues, and even grows. Between 2005-2015, Cambodia saw a substantial rise in the number of RCIs and children living within them. For instance, a mapping exercise[12] found that there are approximately 639 residential care facilities in Cambodia, 406 of which are RCIs (orphanages) where a total of 16,579 children are residing. This is compared to 2005 where only 154 institutions were registered with MoSVY. However, the findings from the mapping exercise represent only those RCIs registered with MoSVY and there are likely many more children living in care institutions unknown to the government. Indeed, a national estimation report[13] estimated there are 48,775 children living in 1658 institutions.

Alongside concern about the growth in the number of residential care Institutions, are the presence of large numbers of local and international NGOs operating RCIs, raising concerns about low standards and possible exploitation of children. Moreover, findings of the national estimation report[15] suggest that the offer of education by the NGOs running the RCIs is a significant 'pull' factor leading to impoverished parents/families being willing to place some of their children in RCIs.

Research and child development specialists around the world agree that institutions are "not only crippling children's potential and limiting their future, they are also restricting national, economic, political and social growth."[14] Moreover, the Cambodian government understands the dangers of institutional care and wants to see children safely moved into families. Consequently, the child welfare system in Cambodia is undergoing a period of significant change. Several key systems, policies and initiatives are in operation across Cambodia, such as a reintegration programme across five targeted provinces with the aim of reuniting 30% of children living in RCIs with their families between 2016-2018.[15] Additionally, countless small-scale NGO projects and a number of global movements and alliances endorsing family-based care initiatives have also been birthed and established to model family-based care, including Family Care First Cambodia.

1.4 FAMILY CARE FIRST CAMBODIA

In 2014, USAID launched Family Care First, an initiative to develop solutions to reduce the number of children growing up outside of family based care. Cambodia was selected as the first site to pilot the initiative: Family Care First Cambodia (FCFC). The overarching aim of the initiative is to establish a "comprehensive and coordinated approach to child protection in Cambodia, resulting in a strong and interconnected family based system of care".[16]

1.4.1 Areas of Work Within The Consortium

FCFC is guided by a number of cross sectional working groups[17]:

Technical working group for implementation (TGWI)
Comprised of 30-40 leaders of the non-profit, government, civic, business, academic and faith sectors, the TWGI is charged with both shaping and implementing FCFC's framework for strategic action.

Thematic sub-groups (TSG)
These smaller groups are organized for action around key areas of needed reform. The first four of these groups are working collaboratively to increase government capacity; strengthen the social service workforce; build pathways into family based care and address head on the market forces driving increases in residential care. Initially four TSGs were developed: TSG1) System Strengthening; TSG2) Direct Response through more Development Workforce; TSG3) Prevention and TSG4) Transformation Dominant Care System. Recently, two new TGSs were established: TSG5) Children left behind by migration and TSG6) Early Nurturing Care[18].

Knowledge Sharing Working Group (KSWG)
Comprised of 10-15 international and local experts in research, data and evaluation, the KSWG is charged with both collecting and using data to inform the direction and assess the impact of FCFC.

Donor Steering Group (DSG)
Comprised of 8-10 resource partners, the DSG is charged with providing overall strategic direction and mobilizing resources to meet FCFC identified resource needs.

1.4.2 Care For Children's Position in the FCFC Consortium

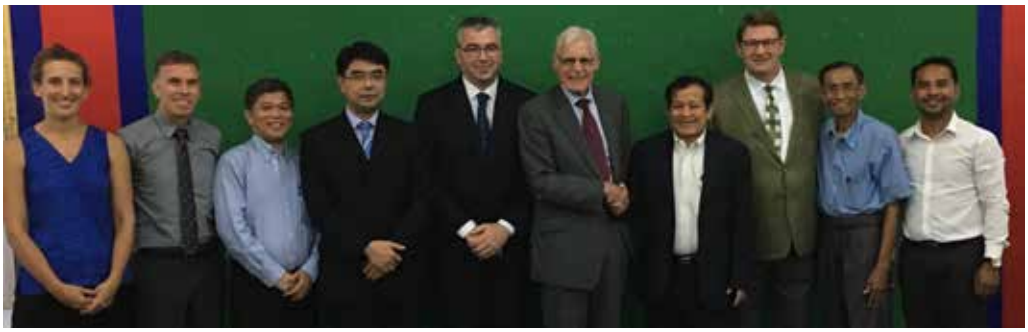
Care for Children's relationship with the Cambodian government began in 2010 when we were first invited to meet with the Director of the government's Child Welfare Department, Mr. Oum Sophanara, to discuss Care for Children's successful China model of positive alternatives to institutional care for disadvantaged children.

In 2011 Care for Children hosted a Cambodian delegation at our Asia Family Placement Conference in Thailand. Following their attendance Mr. Oum Sophanara requested that Care for Children develop a family placement program in Cambodia.

Care for Children was invited to join the FCFC consortium and although we attended the initial meetings, decided not to join, instead agreed to work as a consultant to develop this report and invite the appropriate Cambodian government staff (MoSVY) to visit one of Care for Children's projects in China.

Care for Children raised $100,000 funds internally and Global Alliance for Children agreed a further $45,760 to complete these tasks.

1.5. PROJECT PREPARATION VISIT



A high-level government visit to Phnom Penh, Cambodia, was arranged by Care for Children in August 2017, including Lord Laming (former Trustee), Dr. Robert Glover, Phillip Gray (Group Operations Manager) and Sun Yuan Jie (Country Manager, China).

During this visit, meetings were held with representatives from various organisations: Bianca Collier and Robert Commons (Save the Children), Kosal Chea (Global Alliance for Children), and Katherine Neidorf (USAID); and Cambodia's Secretary of state, Nim Thoth, Director Touch Channy and Mr Ros Sokha, Director for Social Welfare in Cambodia; and the British Ambassador in Cambodia.

The visit provided an overview of the FCFC initiative. Moreover, Care for Children shared their model of working and provided clarity that while they were not going to be part of the existing FCFC initiative, they were entirely supportive of the initiative. Rather Care for Children was undertaking a small piece of work on behalf of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) with the ultimate aim of increasing the capacity of the Ministry and RCIs to develop a Government-run and led foster care scheme.

During the meetings with MoSVY it was emphasised that, in line with our mission to partner with and empower governments to create an alternative to institutional care, Care for Children would not undertake any piece of work unless it was directly approved by the Cambodian government. It was made clear that as the responsibility of the Children in welfare belongs to the government, Care for Children would only conduct work that aided what they were doing; our position was clarified to be outside of the FCFC consortium. Moreover, Care for Children outlined that an invitation from the government was important for us to undertake work before any commitment was made or any team placed on the ground in Cambodia. This was appreciated by MoSVY and within a week of our visit an invitation was made for us to undertake a baseline research survey.

1.6 RESEARCH VISIT

In October 2017, a Care for Children team visited Phnom Penh, Cambodia, following an invitation from MoSVY. The purpose of the visit was to understand the current child welfare system in Cambodia, in particular the role and function of the Government RCIs, in order to help determine pathways forward for government-led foster care development. The following report provides a summary of the research methodology, details of meetings and data collection, findings and recommendations for moving forward.

SECTION 2

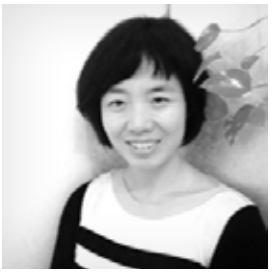
Methodology

2.1 BASELINE RESEARCH TEAM

Team Leader
Dr Ian Milligan
Trustee

Oversight & Evaluation
Thomas Abbott
Regional Manager, SE Asia

Oversight & Evaluation
Sun Yuan Jie
Country Manager, China; Regional Manager NE Asia



Data Collection
Dr Nina Zhang
Research Manager, China

Data Collection
Dr Rachel McKail
Training and Research Coordinator

2.2 DATA COLLECTION

The findings from the report are based on information collated from a range of sources, including meetings with senior staff from various parts of the child welfare system including, MoSVY, Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY; Provincial level), Directors of Residential Care Institutions (RCIs) and staff members. Also interviewed were a number of care-experienced young adults who formerly lived in RCIs. On the recommendation of the Director of the Child Welfare Department, for the purposes of comparison, the team also visited one international NGO-run RCI. The team also consulted relevant literature.

2.3 RESEARCH QUESTIONS

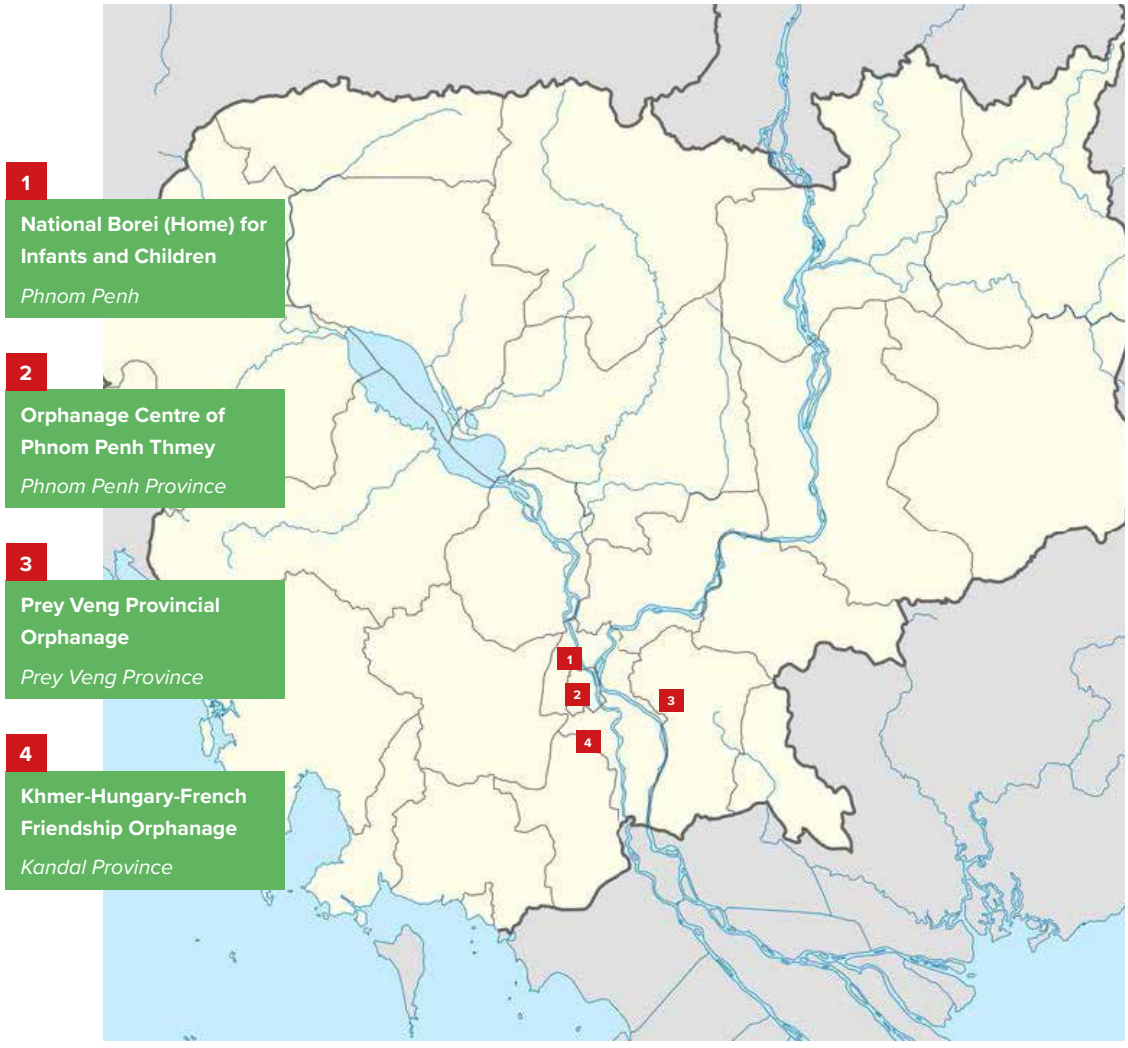
Prior to the research visit, Care for Children compiled a list of questions within a Terms of Reference (ToR) Agreement which was sent to MoSVY ahead of the visit. The questions were listed under the following subheadings:

1. National and Local government authorities (e.g. authority, structure and lines of communication, NGOs)
2. Child Welfare System (e.g. policies and practices, budgets)
3. Relevant statistical information (e.g. children, staff, orphanages)
4. General knowledge and attitudes in society (e.g. staff, cultural beliefs, existing foster parents)
5. Related historical information (e.g. past efforts, success and failures, past relationships)

2.4 SUMMARY OF RESEARCH VISITS

Data for the baseline research visits were collected from a number of meetings with representatives from MoSVY, DoSVY, RCIs and care-experienced young people reunified with their families.

Meetings took place between 4th October and 11th October 2017. Data collected from RCIs are presented in appendix 1.



VISIT SUMMARY

4th October 2017 — **DAY 1**

Meeting with Mr Ros Sokha, Director, Department of Child Welfare, MoSVY

The Care for Children team was warmly welcomed by Mr Ros Sokah, Director, Department of Child Welfare (DCW), MoSVY. The research programme was discussed and Mr Ros Sokha accommodated the team's request to visit as many government run RCIs and key members of child welfare system as possible, and to meet with families where the children have been reintegrated from the RCIs, to make best use of the team's available time during the research trip. Mr Ros Sokha provided some introductory information about the government RCIs.

5th October 2017 — **DAY 2**

Meeting with Mr Ros Sokha And Mr Sokme Keo, Child Welfare, MoSVY

This meeting provided the opportunity for further introductions and to discuss the purpose and plans of the research visit in more detail. Moreover, it allowed MoSVY to share their vision for alternative care for children in Cambodia. This vision for alternative care included the development of a **government led** foster care programme in Cambodia, stating that this would be a "good move for Cambodia". However, challenges facing their department were also recognised.

Thomas Abbott outlined Care for Children's Core Business Model, detailing the principles of strengthening government to develop foster care. Care for Children's work in Cambodia was welcomed by Mr Ros Sokha who stated: *"I believe Care for Children can make dreams become reality".*

6th October 2017 — **DAY 3**

Visit to National Borei (Home) for Infants and Children, Phnom Penh

Care for Chidren's research team met the RCI director, Mrs Thor Peou (formerly Chief of RCI inspection office) and the Deputy Director. This RCI was established in 1980 after the genocide regime and was originally intentioned to support children without disabilities. However, at present the RCI supports children with complex physical and intellectual disabilities and is considered a special centre for disability. The RCI is one of two RCIs that are managed directly under MoSVY.

VISIT SUMMARY

7th October 2017 — **DAY 4**

Visit to Orphanage Centre Of Phnom Penh Thmey, Phnom Penh Province

Care for Children's research team met the RCI Director, You Sopheak (formerly chief of social welfare), Deputy Director, RCI administrator, librarian, house father and the art teacher/house mother/cook. The RCI was established in 1995 and was previously run by Enfants d'Asie ASPECA, a French NGO that provided 'foster care' ('child sponsorship'; See 'terminology' section 4.1). In 2012 the RCI was handed to the government, however 22 children continue to receive financial support through the NGO.

9th October 2017 — **DAY 5**

Visit to Khmer-Hungary-French Friendship Orphanage, Kandal Province

Care for Children's research team met with the RCI Director, Ms Ou Sok Touch.

Meeting with Young Person Reintegrated to Phnom Penh

Care for Children's research team were taken to meet a young man who had been reintegrated from the RCI to live with his mother in Phnom Penh. His siblings continue to live in the RCI. He told us that despite being on the list for vocational training, he had asked to leave the RCI prior to his 18th birthday. This was because, as the eldest child, he wanted to support his mother who was experiencing financial difficulties. He is now age 18, he lives in one bedroom ($50/month rent) with his mother who works for a garbage collection company earning $100/month. His mother reported that although she misses her children, having him at home is a "burden" as she needs to support them both on a very small income. He has not been able to find a job and did not receive the government grant as he left prior to his 18th birthday. Moreover, the family reported that no one has come to visit him to monitor their situation him since leaving the RCI 5-6 months previously.

VISIT SUMMARY

10th October 2017 — **DAY 6**

Visit to Prey Veng Provincial Orphanage, Prey Veng Province

Care for Children's research team met with the RCI Director, Mr Muong Sophal, who is also the Deputy Director of DoSVY.

Meeting with Mr Leiv Phearun, Chief of Child Welfare Office of Provincial DoSVY & Focal Point for Alternative Care

Mr Leiv Phearun provided information regarding the role of DoSVY in the province. He reported that he was the only employee in the office of DoSVY and had a number of responsibilities, including seeking alternative care for children in the community, providing support to District Office of Social Welfare, Veterans and Youth (OoSVY) with reintegration, inspection of NGO run RCIs and provision of donor education to encourage financial support to go to families to allow children to live at home rather than in RCIs.

Visits to Two Young People 'Reintegrated' Into the Community

The first young person left the RCI at age 18; she had completed grade 12 and was not going on to complete vocational training. She went to live with her grandmother and her siblings. Following this she completed an IT course, got married and had a son who is now 3 years old. She now works at an NGO RCI with her husband and they earn $400/month.

The second young person left the RCI aged 18 which coincided with her brother buying an apartment in Prey Veng. She now lives with her brother and his wife and works in his printing shop. Although she misses her friends from the RCI, she reported that she can go and visit them. She is not sure what she would like to do with her future. Moreover, since leaving the RCI she has not received any financial support or follow up.

VISIT SUMMARY

11th October 2017 — **DAY 7**

Visit to Asia's Hope Centre (NGO), Phnom Penh Province

The team met with the country manager of Asia's Hope, Ou Savoan and the RCI director, Phal Sokphen The NGO has 19 children's homes in Cambodia and two schools.

Meeting with Mr Ros Sokha And Mr Sokme Keo, Child Welfare. MoSVY

The final meeting of the research trip was with Mr Ros Sokha and Mr Sokme Keo. The research team took this opportunity to clarify information collated during the research visit, including statistics, processes of admission and reintegration from RCIs and upcoming transfer from DoSVY to OoSVY. The meeting was a positive conclusion to the trip and it was evident that Mr Ros Sokha was in support of a government led foster care system in Cambodia: *"My vision is to see a government led foster care system." (Mr Ros Sokha)*

> "My vision is to see a government led foster care system"
>
> **Mr Ross Sokha**

SECTION 3

Findings

3.1 TERMINOLOGY

During the research visit, there were a number of terms being used interchangeably with other terms widely recognised internationally. It is considered important to highlight these differences to avoid confusion in interpreting the findings from the research visit and to provide clarity should Cambodia begin a foster care programme.

'Abandoned': Typically, 'abandonment' refers to situations where a child is deserted by their parents whose identity and whereabouts are usually unknown. Across the research visit this term was used frequently to refer to children whose parent(s) *were* known to the RCIs.

'Orphan' and 'orphanage': The term 'orphan' originally meant a child both of whose parents were dead. However, in recent decades in the international child welfare context the term has come to include those whose primary care-giver has died. In the RCIs we visited, some of the directors identified those children who had lost one or both parents ('single orphans' and 'double orphans'). The term orphanage was also in frequent conversational use although it is widely accepted that the number of true orphans (single or double) are a minority of the children within the RCIs.

'Foster care': Foster care was used interchangeably with what would commonly be referred to as 'child sponsorship'. Child sponsorship refers to the provision of financial support to disadvantaged children, often by families living overseas. According to the United Nations Guidelines for the Alternative Care of Children (2010)[19] 'foster care' refers to situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.

'Social Worker': In one of the homes we visited the Director referred to the care-givers as 'social workers'. However, elsewhere the term social worker refers to those professionals holding a qualification in social work, usually awarded by a university.

3.2 CURRENT CONTEXT

The increase in RCIs is attributable in part to the growth of NGOs supporting 'orphans' in Cambodia and supplementing the government's limited child welfare budget. The significant support from NGOs in the provision of residential care and processes surrounding child welfare in Cambodia was evident throughout the research visit. In

addition, extreme poverty and provision of education are noted as primary reasons for children residing in RCIs; their increased prevalence provides needed support to families living in poverty.

3.2.1 Legislation and Key Documents Guiding Practice

Across the research visit, key legislation and documents were evidently guiding practice and were referred to by government officials, RCI directors and other RCI staff.

These included:

1. Minimum Standards on Alternative Care for Children[20]
   This document is mainly used to regulate and inspect NGO and government RCIs.

2. Sub-Decree on the Management of Residential Care Center[21]
   The sub-decree is used in Cambodia to dictate the responsibilities, processes, regulations and conditions for children living in RCIs. Moreover, it outlines the conditions in which children can be reintegrated back to communities from the RCI. The sub-decree transferred management (financial and human resources) of RCIs to provincial level to provide services in a more efficient manner. Moreover, the Sub-Decree names MoSVY as the authority to oversee all residential care.

3. National Estimation of Children in Residential Care Institutions in Cambodia[15]
   This document summarises baseline research data on children living in RCIs and guides alternative care in Cambodia.

4. Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia[14]
   This document summarised the status of residential care facilities in Cambodia. Moreover, the findings were to be used for reviewing the effectiveness of the sub-decree (see below) and contribute to the goal of de-institutionalisation and promotion of community based care in Cambodia.

5. Action Plan for Improving Child Care: With the target of safely returning 30 per cent of children in residential care to their families 2016-2018[17]
   This document outlines the plan for de-institutionalisation and reintegration and outlines the roles and responsibilities of those working in the child welfare system.

3.2.2 Government Structures

The Ministry of Social Affairs, Veterans and Youth (MoSVY) operates at various levels across the country; MoSVY, the central government level which provides guidance and oversight across the whole system; DoSVY, the provincial level Department of Social Affairs, Veterans and Youth which has a Social Welfare and gate-keeping function. There is also the OSVY, at District/County level.

Local government structures include provincial administration and lower levels: The County/District and the commune or ‘sangat’. With regards to the emerging system of local government there is an associated Committee which is intended to develop capacity to provide services for vulnerable families, and contribute to the functioning of the alternative care system at local level: The Province-level Women & Children Consultative Committee (WCCC), and the Commune Committee for Women and Children (CCWC).

3.2.3 Current Initiatives

Two key initiatives are currently in operation in Cambodia: reintegration and decentralisation.

3.2.3.1 Thirty Percent Reintegration Initiative

The mapping of Residential Care Facilities and National Estimation reports highlighted that up to 80% of children living in RCIs have known parents. Therefore, the government, in collaboration with UNICEF, proposed a 5-Province initiative to significantly increase the number of children being reintegrated with families which is currently part-way through a 3-year programme 2016-2018. Each RCI is expected to contribute to a target to achieve reintegration of 30% (3,500) of children in RCIs. The initiative is financially supported and evaluated by UNICEF.

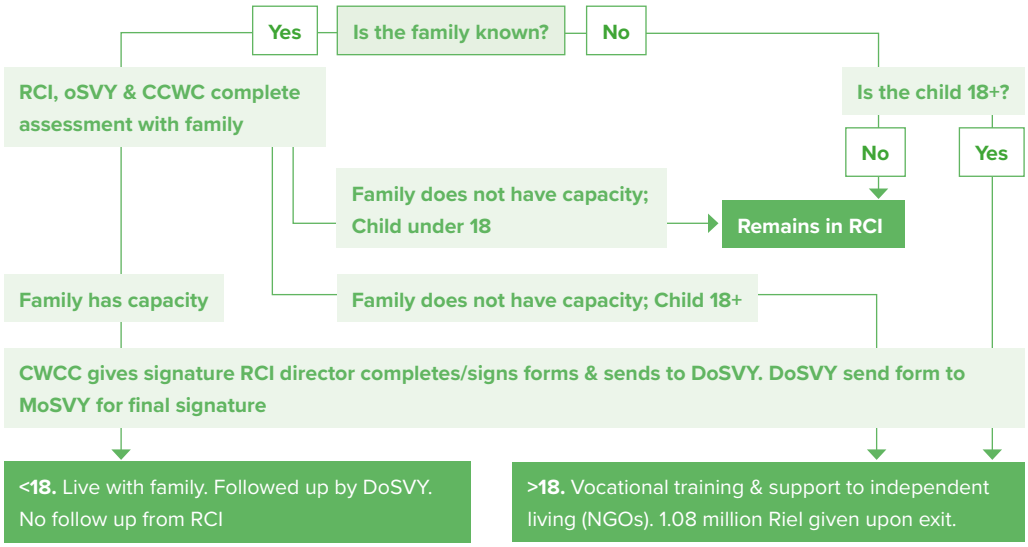
MoSVY reported that the government RCIs are prioritising the reintegration for children over 18 whereas NGOs are prioritising under 18s. This was reported to be due to NGOs' increased capacity to provide services to children in the community.

According to MoSVY, 3 types of RCIs are the focus for the reintegration plan: i) compliant with minimum standards for alternative care, wish to transfer to community care; ii) RCIs with no budget but intention to reintegrate; iii) RCIs below standard. Moreover, RCI staff reported that conditions for reintegration of a child were: i) parents need to be willing to care for the child; ii) parents require the appropriate parenting skills; iii) economically viable/organisations supporting family.

DoSVY's role in reintegration is to support district OSVY by overseeing paperwork and seeking support from 'partner' organisations (NGOs) where required.

3.2.3.1.1 *Reintegration process*

1. RCI director goes to community with officer for child welfare, DoSVY to meet for family assessment.
2. If family can accept the child, CWCC to get their signature.
3. Director completes forms and provides signature. Sends to DoSVY.
4. DoSVY sends forms to MoSVY for final signature.
5. Children under 18 – follow up by provincial DoSVY who consider providing support if needed. 6. If over 18, leavers grant of 1.08 million Riel provided.
6. Follow up is at 3, 6 and 12 months.



3.2.3.1.2 *Reintegration progress*

At the time of the research visit, it was reported that 463 children have been reintegrated to date (data are still being collected). Some cases of reintegration have reportedly failed, resulting in children returning to government RCIs. This was due to poor communication and inadequate assessment of families.

3.2.3.1.1 *Challenges for reintegration programme*

It was discovered that at least some of the RCI staff are uncertain about the wisdom or achievability of this initiative. Their concerns included a lack of resources at local level to both monitor and provide support services to reintegrated children and their families. One RCI Director thought that it might be easier to achieve integration in rural areas than in urban areas. Another offered the opinion that the existence of this initiative was leading to an excessively strict from of gate-keeping that was preventing children who did need care form being admitted. Concerns about the length of time (some assessments need to be repeated) and amount of paperwork reintegration involved were raised, due to having limited resources.

3.2.3.2 Decentralisation

Until the recent implementation of the process of decentralisation MoSVY was responsible for the funding and management of all the government RCIs, including approval for placements. Under the decentralisation process many of these functions are being transferred to the Provincial Administration as the system of local government develops, for example the oversight and management of government RCIs.

Challenges

Challenges were identified with the decentralisation initiative. It was frequently reported that the community level capacity is limited, both financially and level of expertise as different ministries are working in areas unfamiliar to them and do not necessarily have the expertise in the field of child welfare.

3.3 CHILD WELFARE

There are 22 government run RCIs in Cambodia, across 18 Provinces. Two of the government RCIs are directly managed by MoSVY with the remaining 20 directly reporting to DoSVY. For provinces with no government RCI, children are either placed in a neighbouring province or in an NGO RCI. Across the RCIs visited by the Care for Children research team there were between 42 and 140 children residing in them. Where the child's parents/relatives are known, guardianship remains with them while the child lives in the RCI. Where this information is not known, the government is the legal guardian.

See Figure 1 for Key Statistics

3.3.1 Profile of The Children Living in RCIs

3.3.1.1 Age

In line with the Mapping of Residential Care Facilities and National Estimation Reports, the vast majority of children in RCIs were found to be of school age. This is with the exception of some young people aged 18+ who remain in the RCIs while undertaking vocational training, and/or reintegration with families or community; and those with

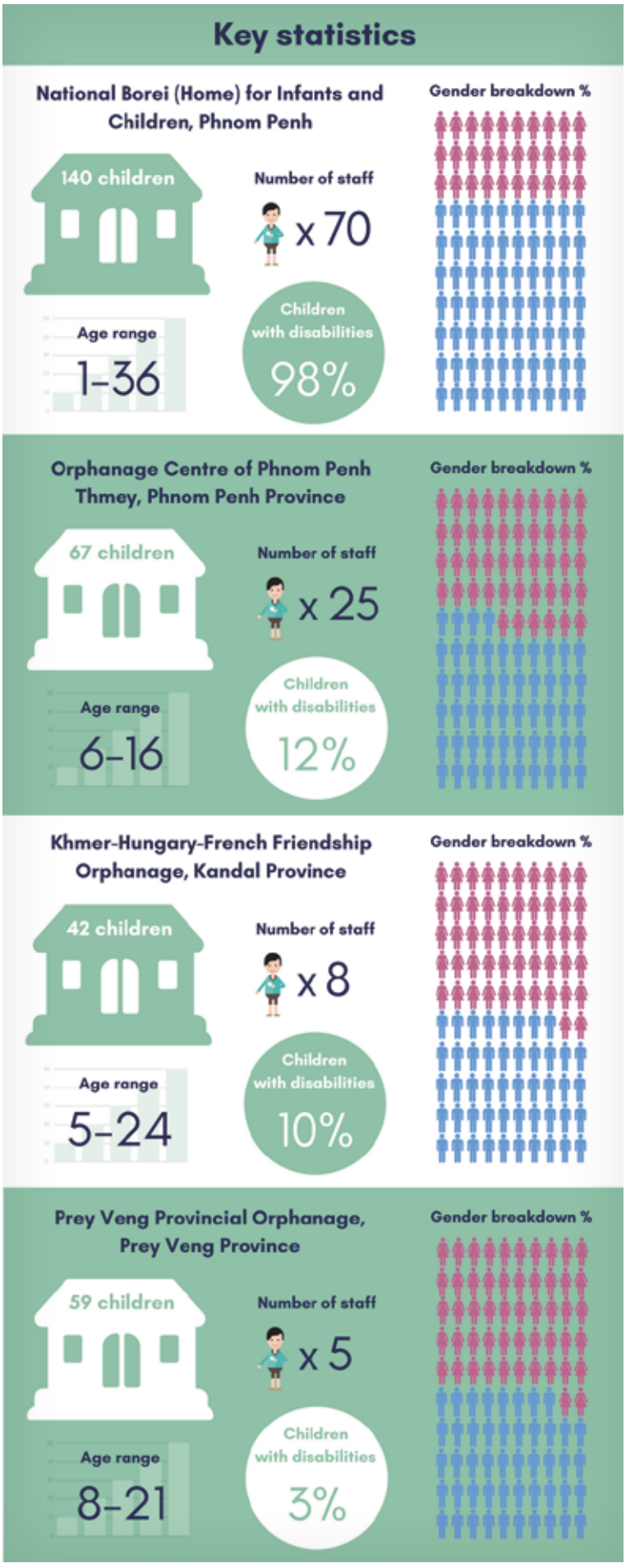

Key statistics
National Borei (Home) for Infants and Children, Phnom Penh
140 children
Number of staff
x 70
Age range
1-36
Children with disabilities
98%
Gender breakdown %
Orphanage Centre of Phnom Penh Thmey, Phnom Penh Province
67 children
Number of staff
x 25
Age range
6-16
Children with disabilities
12%
Gender breakdown %
Khmer-Hungary-French Friendship Orphanage, Kandal Province
42 children
Number of staff
x 8
Age range
5-24
Children with disabilities
10%
Gender breakdown %
Prey Veng Provincial Orphanage, Prey Veng Province
59 children
Number of staff
x 5
Age range
8-21
Children with disabilities
3%
Gender breakdown %

Figure 1

disabilities who live in the National Borei for infants and children until adulthood - the eldest of whom was 36 years of age. The Director explained her hopes to open an adult service to which some of these residents could be transferred, which would allow the home to take in other young disadvantaged children.

3.3.1.1 Lack of Under 5s

Of note was the absence of under 5s in the government run RCIs (with the exception of children with disabilities in the National Borei for Children and Infants). It was stated that until children reach school age, most families, including those who are very poor, are able to care for children at home. However, when children reach school age the increased demands placed on families in extreme poverty, absence of cash transfers and the existence of RCIs makes separation from families a frequent reality.

While the lack of young children in the RCIs is a positive factor, it also points to the possibility that RCIs are in effect mainly functioning as 'boarding schools for the very poor'. This is consistent with the findings about the RCI sector as a whole as the mapping of residential care facilities (2017) and the National estimation report (2016) which found that the great majority of children were of school age and only between 2 and 4 percent were below the age of 3.

3.3.1.3 Gender

Overall, the percentage of boys living in RCIs was higher than girls. Across most of the government run RCIs visited there were equal numbers of boys and girls. The exception was the National Borei for infants and children where 70% of those living in the RCI were boys.

The overall finding that there are more boys than girls in government RCIs supports findings from the National Estimation and mapping reports.

3.3.1.4 Disability

Apart from the National Borei for Infants and Children which is considered a specialist centre for disability, very few children living in RCIs have disabilities. Where these were evident, disabilities were physical/medical (e.g. deafness/dumbness or HIV) with only two children reported as having intellectual disabilities. The NGO RCI had no children with disability.

This finding supports data from the mapping of residential care facilities reported only 5% of children in RCIs required specialist support, the majority of whom were classified as having a disability and those with HIV/AIDS.

3.3.1.5 Reason for Institutionalisation

Although the term 'abandoned' was used to describe some of the children in each home we visited, it was clear that in the great majority of cases this was not 'anonymous' abandonment, but rather what would be called (in the UK, for example), 'relinquished' children, i.e. where the parents were known and had given consent. All the RCIs reported that they had information about the parents or wider family for the great majority of the children.

The exception to this pattern of 'relinquished' children was the National Borei for Infants and Children where many of the children were admitted from the Phnom Penh Hospital.

Here it was reported that significant numbers of children with disabilities were indeed abandoned at the hospitals; their parents departed and often provided little or incorrect information about their identity and/or whereabouts.

Poverty coupled with the provision of education was reported as a fundamental reason for the children being placed into RCIs as, whilst not compulsory, attending school is strongly encouraged in Cambodia and is a condition for residing in government run RCIs. It was found that very poor families could not afford to send their children to school as, although education is provided for free, there are costs associated with attending school (e.g. travel, resources). Across the RCIs, children attended school off site with some additional education provided at the RCI (e.g. English lessons).

The findings are consistent with the national estimation report which found that attending school was one of the main factors that motivated (poor) families to place children in RCIs and tolerate separation from their children.

3.3.1.6 Contact with Birth Families

Across the RCIs it was reported that the amount of contact with parents varied depending on the reason children were living in the RCI and their financial situation. For example, in the National Borei for Infants and Children, the children had no contact with their birth families. The Care for Children research team learnt that, if possible, children in the other institutions had contact with families around the time of national festivals.

3.3.2 Operation of Government RCIs

3.3.2.1 RCI Budgets

It is evident that the RCIs are functioning on a very small budget. The government provides $1.3/day per child; approximately $40 per month. In contrast, the NGO run RCI reported having a budget of $85-100 per month to which the government does not contribute.

3.3.2.2 Staffing Levels

Government RCIs are also functioning with low staffing levels. The number of staff and their level of training across the RCIs varied. The staffing of the RCIs is made up of two employment categories; government employees, and ‘contract’ staff. It was explained that the government employees have job security and are paid at a higher level than the contract staff.

3.3.2.3 Staff Qualifications and Training

Once recruited, some staff reported that they are provided with some training from DoSVY, including case management, counselling, child rights and child protection. DoSVY provide further training to RCI staff following employment. It was also reported that staff receive training from RCI Directors during employment and from NGOs, although this was often provided prior to employment at the RCIs.

With regards to children with disabilities living in the National Borei for Infants and Children, the Director reported that staff are not adequately trained to work with such children, yet there was no funding for more qualified staff. Here, the requirement for employment was being able to read or write, and following this they were expected to

"learn on the job". Some training in methods of working with CWD had been provided by an international NGO.

In the NGO RCI, staff were primarily recruited based on their level of education, with some holding university degrees. During employment staff are provided further training through international NGOs.

3.3.2.4 Reliance on NGOs

It was evident that that government RCIs are reliant on local philanthropic donations and financial support from international NGOs to meet running costs. NGOs provided financial support through sponsorship and salaries to contractual staff. In addition, NGOs were found to source staff training, vocational training for children 18+, food and other specialist provisions (e.g. prosthetics for disabled children, computers, library). This means that the RCIs range in quality, depending on the level of support received by NGOs.

Support from NGOs in some circumstances enables the RCIs to meet minimum standards. For instance, a notable finding was that the government RCIs could not afford to pay for the costs of a child to travel home to their families on the twice-yearly national holidays. In contrast, the NGO RCI also spoke about these visits, which they were able to fund – either to pay the parents/kin to come and collect the children or to pay the fares of older children returning on their own.

3.3.2.5 Reintegration/Care Leaving

Although RCIs generally referred to the reintegration initiative (described above) regarding reunification with families, it was evident that in practice 'reintegration' is comparable to what would be referred to in the UK as 'care leaving' – where young people reach 16-18 years old and are no longer legally looked after by their local authority. Most cases described were of young people 18+ who were no longer in education and may well have been 'automatically' reintegrated in the absence of the reintegration initiative. Indeed, it was reported by one RCI, not one of the target reintegration sites, that children are 'automatically' reintegrated when they turn 18. Here, the government provides a grant of 1.08 million Riel and the young person receives no further follow up due to limited resources. Another RCI that was a targeted reintegration site informed us that families are assessed every two years to determine whether reunification was possible and it was the responsibility of the RCI 'social workers'.

3.3.3 Models of Alternative Care

3.3.3.1 RCIs as a Last Resort

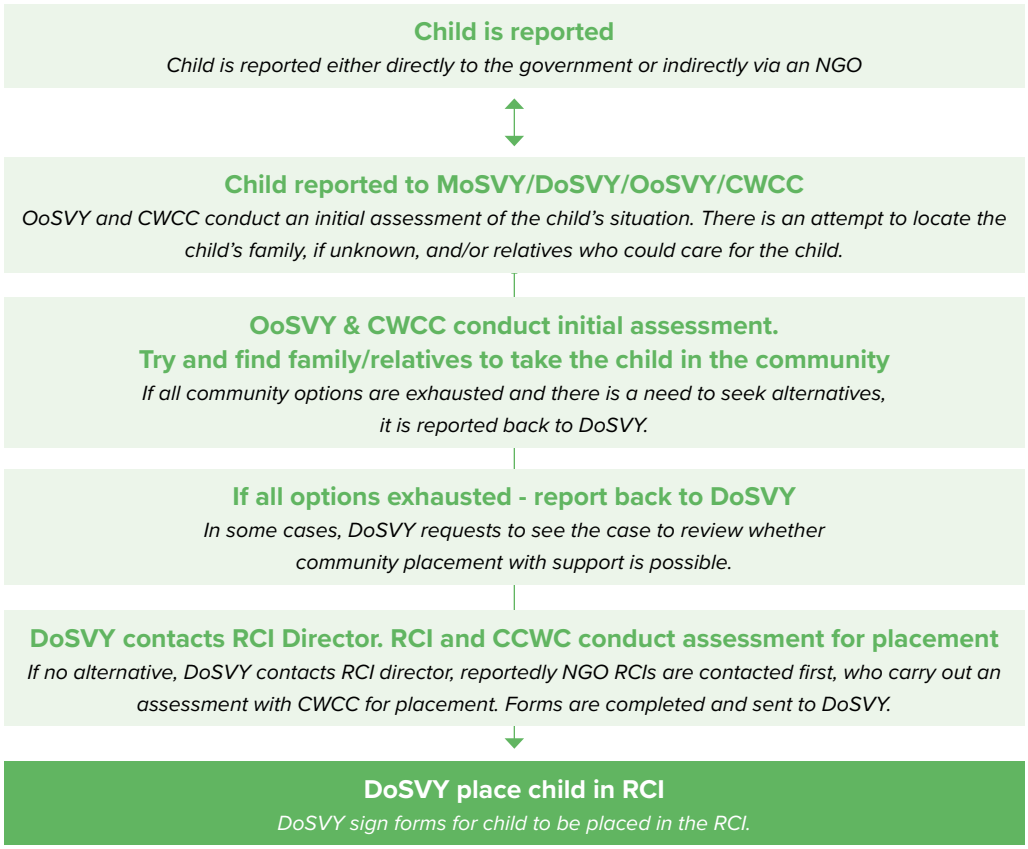
Those involved in the care of vulnerable children in Cambodia appear to hold the belief that the best model for children is to live with their family and institutional care is regarded as a 'last resort', emphasising the need to support families to keep children at home. This was based on the idea that children receive less 1:1 attention in RCIs due to the staff-to-child ratio; they receive more love in families.

However, due to DoSVY having no capacity to support families financially, or provide services, they are reliant on NGOs to support the family or the child will be admitted

to an RCI. This is considered a temporary measure, however in reality, due to limited resources to support families to keep children at home, they spend long periods of time in the RCI until either their education has finished, they turn 18, or a family's financial situation changes enabling reunification.

Several cases were outlined detailing how NGOs support DoSVY to keep children with parents. However, this provision is typically on an ad hoc basis and depends on the availability and capacity of NGOs in the local area. For example, a mother who had a disability was struggling to support three children, two of whom had chronic diseases. DoSVY were unable to provide financial or medical support to this family, so sought three 'partner' (NGO) organisations to provide accommodation, economical support and medical care which enabled the children to remain at home.

3.3.3.1.1 *Process of admission to RCIs*



3.3.3.2 'Community-based care'

In accordance with the view that RCIs are a last resort, the government is not encouraging any more RCIs to be developed but are focused on improving models of community-based care. Moreover, as detailed above, the process for admission to RCIs has, in recent years, become much stricter with more emphasis on attempting to keep children with their parents. However, it is recognised that it is not always appropriate for children to remain with their family if there are safeguarding concerns, for example, or if the child is a double orphan and the wider family are unable or unwilling to care for them. Therefore, a number of 'community-based care' models are in operation in Cambodia. However, similarly to the running of RCIs and reintegration, NGOs are heavily involved in their provision.

3.3.3.2.1 *Kinship Care*

When children cannot live with their own parents, DoSVY reported that kinship care is sought. However, families who are living in poverty need services and support to care for a child, which DoSVY are unable to provide. Therefore, NGOs are required to support kinship care.

3.3.3.2.2 *Adoption*

It was evident that both domestic and international adoptions are an infrequently used alternative to institutional care in Cambodia. This is due to the former prohibition of international adoption between 2009-2013 and limited resources/structures to carry out domestic adoption.

In some cases where a child has no parents and no other community-based care option is available, domestic adoption is considered. However, this is seemingly rare as most RCIs reported no adoptions had taken place.

3.3.3.2.3 *Foster Care*

Most of the staff we encountered did not have a clear understanding of what fostering is. In the case of one RCI that received a lot of sponsorship money for children in the RCI by an NGO, they used the term 'fostering' to refer to this long-established child sponsorship scheme.

Currently there is no government run foster care system in Cambodia. MoSVY reported being aware of approximately 200 cases of foster care with Hagar International for children mostly living below the poverty line. Several other NGOs are seemingly providing foster care in Cambodia, including: Cambodia's Children's Trust, Children in Families, Hagar International, Kumar Rikreay Association (UNICEF supported NGO), Love without Boundaries Foundation, Safe Haven Foster care and Friends International. Thus, the total number of children in foster care across NGOs is unknown.

3.4. DEVELOPING FOSTER CARE IN CAMBODIA

3.4.1 Views/Beliefs About Foster Care in Cambodia

Generally, societal views and beliefs about foster care were mixed. Positively, it was found that, overall, people of Cambodia are considered as kind-hearted, wanting to do things for others rather than taking care of the self. Fitting with the Buddhist belief system, people believed that to take care of a child that was not your own would be good 'karma'. Moreover, foster care was viewed as a 'good option' for children with no parents who are lacking love, and is a better option than being in an RCI.

However, concerns about foster care were also raised. For example, if children were placed with non-kin families in their own community, they would remain in poverty and not receive an education or get a job as a consequence. In addition, fears were expressed about raising a child that was not your own as raising a biological child is "hard enough". Moreover, there would be uncertainty about whether the child would listen to you or who they would grow up to be and whether they would meet cultural expectation of caring for parents in older age if they were non-biological children. Moreover, there was uncertainty about views of others was raised, such as others

questioning why you would take another child if it was perceived you could not look after your own. Finally, it was suggested that families would only be happy to foster "healthy" children, as fostering children with disabilities may be too difficult due to i) amount of investment in to the child (e.g. time/money); ii) being unable go to work & financial implications and iii) belief that one does not have the skills to parent the child.

3.4.2 Implementing Foster Care in Cambodia

Overall, views about the potential for Cambodia to implement a government led foster care programme were mixed. Government officials shared their vision for children to be at the centre of their work with a goal of improving the lives of children and commitment to provision of alternative care – including foster care. One RCI Director reported that she believed the ministry, not RCI staff, could implement foster care with the support of NGOs.

However, substantial challenges were raised regarding the implementation of a government led foster care system:

- There is no budget at Ministry level for foster care.
- The government (Ministry level) needs to provide evidence for the implementation of foster care (to request further funding and to amend the sub-decree).
- The current reliance on NGOs to provide supplementary funding means a solely government led foster care programme would be extremely challenging to implement.
- According to MoSVY, OoSVY would play an important role in a foster care model, working closely with the CWCC. However, in reality staff at OoSVY level do not have adequate training and there is no budget for this.
- Government does not have the right expertise – often drawing on NGOs for support. Many professionals working within the system are 'paraprofessional' not trained to a degree level.
- Fear of RCI staff losing their jobs – having RCIs creates and sustains employment.
- It would be too difficult to find people in the community who will support children with disabilities.
- No funding for training – NGOs would need to supply finance for training and/or its delivery.
- No support available at community level for families (e.g. financial, medical care).
- Those who did understand the concept of foster care were not sure how a government-scheme could be implemented unless MoSVY provided guidance and found new sources of income to fund it, which created further doubt.

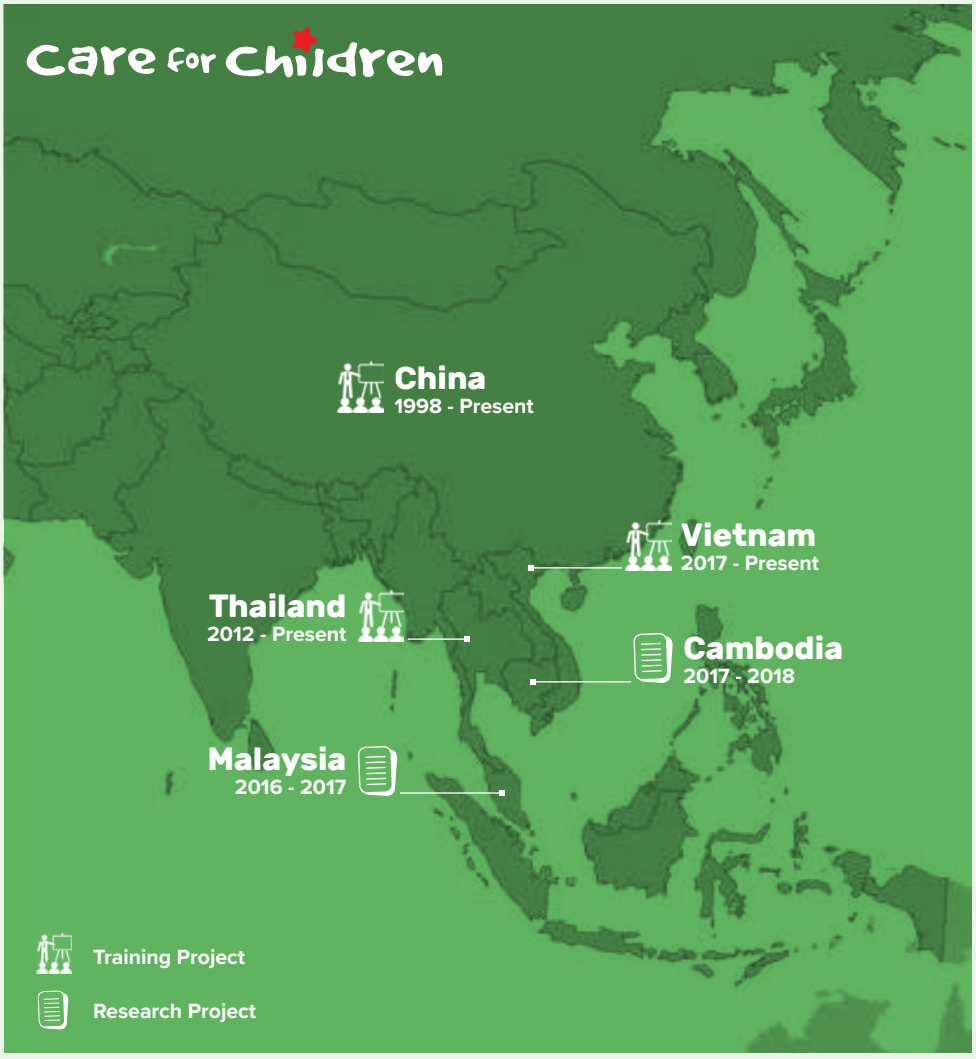
SECTION 4

Recommendations

4. RECOMMENDATIONS / MOVING FORWARD

Throughout the research visit, the commitment to providing children with a range of alternatives to institutional care was evident at all levels. However, as described above, due to ongoing challenges in Cambodia it was clearly difficult to envisage how this can be achieved, therefore requiring recommendations for pathways forward.

Care for Children has 20 years' experience of empowering governments to transform institutional care and implement government-led foster care programmes. To date, our work has seen over 300,000 children placed into local foster families across Asia.



Care for Children places a high priority on family care while also recognising the role that residential care can play in the spectrum of alternative care options for disadvantaged children. Because every child's needs and circumstances are unique, this requires that there be a "continuum of care" offering a range options that are carefully matched to each child's best interests. There are no simple or "one-size-fits-all" solutions.

To date, Care for Children's strategic, developmental and sustainable (see Recommendation 2) support has enabled governments in Asia to see a generation of orphaned and vulnerable children placed into stable and loving foster families as a positive alternative to institutional care.

Our experience and success across China, Thailand and Vietnam enables us to provide some initial recommendations for the government in Cambodia as they consider strengthening alternatives to institutional care. The following recommendations are borne out of the findings from the research visit, and draw on examples from our existing projects.

4.1 RECOMMENDATION 1

MoSVY international study tour to Care for Children project site, China

Ongoing challenges were evident in conceiving how a government led, independent foster care programme could be developed in Cambodia. As detailed above, Care for Children's project in China has developed over 20 years and is a positive example of how a government has transformed institutional care. An immediate recommendation, therefore, is for Care for Children to conduct a study tour for a MoSVY delegation to visit examples of the family-based care system in China. It is hoped that this visit will provide MoSVY with demonstrable evidence of how such a transformation can be achieved.

4.2 RECOMMENDATION 2

Strengthening government to develop an independent foster care programme

The research visit indicated that there are multiple stakeholders in Cambodia's child welfare system, creating a complex situation. In particular, the government's reliance on NGOs, particularly for provision of finances and skilled workforce, as well as other resources, was emphasised across the findings. It was clear that the government has become reliant on NGOs to provide services on their behalf, and equally, NGOs have settled on providing them. An overreliance on NGOs in this way stunts sustainable progression, rather than encourages it.

Care for Children's Core Business Model (CBM) and Theory of Change (ToC) requires governments to take the lead in transforming institutional care. For Cambodia, this would require the government to function independently from NGOs to run a foster care programme. Consequently, the longer-term goal would be for NGOs working in Cambodia to operate from the government's own model and guidance.

Care for Children's CBM and ToC focus on being:

1. Strategic
   Work in partnership with national government authorities for systemic change

2. Developmental
   Support grassroots work with local government to deliver actual results.

3. Sustainable
   Develop country-specific training programmes to ensure long-term success.

For example, since 1998 Care for Children has supported the Chinese government transition from institutional care to family-based care by strategically retraining institutional staff to become family-placement workers (foster care staff). In this transition process, the government takes the primary responsibilities of foster care implementation, while Care for Children provides consultation and capacity building to empower government staff to ensure the quality and sustainability of the project. Care for Children's technical support to build models of best practice, and the design and delivery of a national foster care training programme, empowered the government to enact legislative support for foster care. In December 2014, the central government issued "National Regulations for Foster Care Programme in China" which requested orphanages to offer family care to any children who are suitable for family placement, indicating a permanent change in child welfare practice, favouring family-based care initiatives in China.

4.3 RECOMMENDATION 3

Transformation of existing services / structures in Cambodia

Due to resource limitations, a challenge identified was having inadequate numbers of staff to facilitate foster care. Moreover, staff were not deemed as being adequately trained for a foster care initiative.

4.3.1 Re-Training RCI Staff

Developing safe and effective foster care programme requires a well-trained child welfare workforce. To overcome the challenge of limited human resources and budgets, Care for Children's in-country training teams re-train existing orphanage staff and caregivers to become family placement workers.

Care for Children does this by developing, localising and publishing training materials for government staff to use to train social workers, foster care staff and

foster parents. The team works closely with the government to deliver training workshops, organise domestic and international study visits, national conferences and seminars, to equip family placement workers, managers, social workers, foster carers and relevant stakeholders with essential knowledge, skills and tools to deliver safe and high-quality fostering services.

Care for Children also provides different levels of training on foster care to family placement workers across the country via the 'Training of Trainers' strategy; empowering staff to train others with whom they work. In China, to date, approximately 5,000 Chinese government officials, orphanage directors, family placement workers, managers, social workers and foster parents have been trained by Care for Children.

During our research visit, we noted that existing staff working in RCIs in Cambodia possess a number of skills and experience relevant to foster care. For example, some RCI staff were responsible for carrying out assessments to establish whether children could be reunited with their families. This required knowledge of children's needs, interview skills, and policies. Care for Children emphasises the importance of existing RCI staff members as they are the people who know children best, and within our model, training provides the knowledge required to launch and manage foster care projects. Consequently, staff will go to the community to carry out family assessments, interviews, family support, etc. In China the ratio is 1 staff to 20 children in families. With the development of the foster care project, staff members will become more capable and influential for families.

4.3.2 Transfer of Government Stipend

A further financial concern was that families would not have enough money to support a foster child; RCIs are functioning on a low budget with a government stipend of $1.3/day per child (approximately $40/month).

It is possible that the government stipend of $1.3/day per child could be transferred to families to support a foster placement. In China, the government stipend was originally for care only within Social Welfare Institutions (SWIs) before foster care was introduced by Care for Children in the late 1990s. When SWIs began to adopt foster care in the first few years, they managed to receive additional financial support either from local governments or from the community. Subsequently, when the central government raised the national standard of the stipend, SWIs started to pay family allowance with such stipends since their foster care projects were booming and more children were placed with foster carers. The central government then recognised that by running foster care projects, SWIs were saving public budget while serving more children with a better service. Childcare policy and public budget policy in China has since been amended, mandating that all SWIs are obligated to implement foster care services for all children that are suitable for family placement. At least 50% of governmental stipends are used to pay for family allowance and family support.

4.4 RECOMMENDATION 4

Piloting a government-led foster care project

Care for Children only works in countries following an official invitation from the government. Using our strategic, developmental and sustainable approach, Care for Children's complete project strategy is delivered in four distinct stages:

Stage 1

Pilot (3 years)

Care for Children works closely with one or two government RCIs, coaching them through the process of implementing and managing a model foster care programme, and which in turn informs the training materials and Codes of Practice.

Care for Children's Vietnam project is currently in this first stage.

Stage 2

National roll-out (3-5 years)

The pilot model is replicated across the country via a strategic training programme to form the National Foster Care Project.

Care for Children's Thailand project is currently in this second stage.

Stage 3

Preparation for Independence (3 years)

Care for Children supports models of best practice established across the country, and advanced training topics are developed.

Care for Children's China project is currently in this stage. Stage 2 of the China project took longer than normal due to the size of the country.

Stage 4

Exit (1-3 years)

Once foster care has been successfully stablished within the country's child welfare system, Care for Children can scale down its activities and eventually exit. Ending our relationship and the project work with the government well is considered to be just as critical as the prior three stages.

Each project stage is reviewed by Care for Children, the government, and an independent body, before a new Cooperation Agreement is signed to launch the next project stage.

To launch a pilot project (stage 1) in Cambodia, Care for Children will require an official invitation from the relevant government authorities in order for terms and conditions to be discussed, the required funds raised, and project personnel appointed.

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Appendix

	National Borei (Home) for Infants and Children	Orphanage Centre of Phnom Penh Thmey	Orphanage Centre of Phnom Penh Thmey	Prey Veng Provincial Orphanage	Asia's Hope Centre (NGO)
Number of children	**140**	**67**	**42** 24 living permanently in RCI; 18 residing at training site (where they are receiving vocational training from an NGO)	**59** Some attend vocational training	**107** 200 children attend the school; supporting 53 children in university
Age range of children	1-36 yrs old 1-6 (+20) 7-10 (20) 11-17 (48) 18-36 (32)	6-16 yrs old	5-24 yrs old	8-21 yrs old	2-18 yrs old
Gender	42 girls / 98 boys	31 girls / 36 boys	22 girls / 20 boys	31 girls / 28 boys	-
Health	137 children with disabilities *5 children HIV positive*	8 children with disabilities (deaf/ dumb) *10 children HIV positive*	4 children with disabilities (physical disabilities) *n/a*	2 children with disabilities (intellectual disabilities) *n/a*	No children with disabilities *n/a*
Reason in care	100% abandonment	Abandonment Single orphaned Abuse Poverty Domestic violence	Poverty Double orphaned Abandonment	Double orphaned (26) Singe orphaned (19) Poverty (14)	Double orphaned (32) Single orphaned (42) Abandonment (32)
Staff	70 staff members 48 caregivers, including contractual staff; house managers; doctor	25 staff members (10 contractual) 12 social workers; 3 cooks; 3 house fathers; 3 house mothers; administrator; librarian	8 staff members Director; administrator; accountant; nurse; 3 supervisors; house mother; cook	5 staff members (1 contractual) 3 house mothers	34 staff members 4 caretakers in each small home
Care options	Previous domestic adoptions; no international adoption	Domestic adoption for children with no known 'identity'	No children living with non-kin carers; no cases of adoption from RCI	Kinship care; foster families; group homes; pagodas	-
Education	Collaboration with local school for children with less complex needs PSE – Smile organization for children with HIV Specialist pre-school – life skills.	All children must be enrolled in school to reside in the RCI	Children attend school off site 2 children with disabilities attend special NGO school	Attend public school Additional English lessons at the RCI	Children attend school at the RCI

Parent/family contact	None	Parents visit up to once/month, some once/year, and some not at all; children visit families twice/ year for festivals/ holidays	Parents/relatives may visit during festivals	Twice year for festivals	Families visit twice year and children can be sent home
Role of NGOs	Vocational training for children Training for staff Specialist equipment Volunteers Salaries to some contractual staff (including doctor)	Additional funding through ASPECA 'foster' families Training for staff Training for young people in the RCI	Follow up of reintegrated children Financial support to RCI (e.g. for 'pocket money' or milk) Specialist education for children with disabilities Vocational training for young people Training for staff	46 children supported financially by 'foster parents' (sponsor) Provision of computers and library Provision of dental care and vaccinations Rice	Education Accommodation Food Training for staff Support for family with disability in community (e.g. rice)
Reintegration	3 children reintegrated (15-18 yrs old)	No children have been reintegrated; 43 children reintegrated since 2015 from 12 RCIs; children can stay until 18 for education and are then reintegrated	30-40 children reintegrated since 2016 (14-20+ yrs old)	Prey Veng is not one of the reintegration target sites	'Continuous' reintegration

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