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Gender Intersectionality and Family Separation, Alternative Care and the Reintegration of Children

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Abbreviations

ACCP	Study on Alternative Care Community Practices for Children in Cambodia
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic Health Survey
CVACS	Cambodia Violence Against Children Survey
CSES	Cambodia Socio Economic Survey
CSI	Child Status Index
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation
EMIS	Education Management Information System
FCF	Family Care First
IOM	International Office of Migration
KII	Key Informant Interview
LSS	Lower Secondary School
MoEYS	Ministry of Education, Youth and Sports
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
NIS	National Institute of Statistics
NGO	Non-government organization
OSCaR	Open Source Case-management and Record-keeping system
REACT	Responsive and Effective Child Welfare Systems Transformation
USS	Upper Secondary School
RCI	Residential Care Institutions
RGC	Royal Government of Cambodia
UNICEF	United Nations Children's Fund
WFP	World Food Programme

Executive Summary

Family Care First (FCF) and Responsive and Effective Child Welfare Systems Transformation (REACT), facilitated by Save the Children, is a multi-donor supported network of organizations working together to support children to live in safe, nurturing family-based care. FCF|REACT works collaboratively with the government, local and international NGOs, academic institutions and UN agencies, to promote and strengthen family-based care. With approximately 60 member organizations, some of whom are funded, FCF|REACT is working to prevent children from being separated from their families and increase the number of children that are safely and successfully integrated into family care. A key element of FCF|REACT is integrating learnings from good practice research into interventions. Given the lack of previous studies covering gender intersectionality for vulnerable children in Cambodia, FCF|REACT is trying to understand the effects of *gender, identity, and institutional practices* on the well-being of children in alternative care.

The study required a mixed method approach to data gathering and analysis. This included a comprehensive literature review, analysis of data gathered by FCF|REACT partners through the OSCaR online case management system, analysis of data collected by the Ministry of Social Affairs, Veterans and Youth Rehabilitation through its Residential Care Institution (RCI) inspection process, a secondary analysis of other relevant data/research, and a qualitative exploration of research questions identified in the process. The study explored gendered decision making influencing the placement of children in alternative care, caregiver attitudes driving placement, social norms impacting placement, and differing risks for boys and girls in different types of placements and when they are reintegrated into the family.

Key findings of the study are:

- The data shows that slightly more boys are in alternative care than girls. There are also more boys than girls in care with disabilities. However, boys make up a slightly larger share of the population.
- Caregivers hold traditional social norms and attitudes about the roles of boys/men and girls/women in the larger society. Girls/women are primarily responsible for unpaid care work, domestic chores, and have limited roles in decision-making. Men/boys are expected to be head of the family, protectors, income generators, and decision-makers. These inequitable gender norms limit girls' mobility and place a higher burden of time spent on work for women and girls. Research shows some indication that these roles are shifting as more women work.
- Female caregivers play a leading role in decision-making for placement ranging from primary decision-maker to the person that identifies, researches and recommends options. Fathers contribute advice, in some cases are decision-makers, but clearly mothers or female care providers have a leading role.
- Prevention activities focussed on services targeted at the risk factors of each family and child. Interestingly, caseworkers reported that girls are seen as easier to care for and more helpful in the home, so they are kept at home over boys.
- While the priority for family-based care and preserving a child's care in their family of origin is an increasing priority, in fact, the decision for type of alternative care when needed is most commonly based on available care models and recommendation of service providers.
 - RCIs are seen as safe places providing options for education and basic care, but lack individual care and emotional support.
 - Kinship care is seen as easy for children to adapt to, provides emotional support, but has some risks for heavy workload, and other types of abuse.
 - Foster care is seen as similar – providing an environment to support attachment, with risks for workload, and differing (lesser) care than birth children receive.
- There is some indication that additional gender differences in alternative care begin to emerge in adolescence.
 - Social norms and key informant insights suggest that adolescent girls require protecting and may be perceived to be more at risk of sexual abuse or sexual activity. However, studies reviewed reveal boys may face heightened risks in some cases, and care must be taken to ensure gender norms and expectations of boys do not mask their situation.
 - Sexual abuse or sexual activity is not seen as damaging to boys therefore it is ignored. For girls, the risk of sexual abuse (and the resulting damage to their reputation) limits their

- mobility and options (for example education, marriage). Girls that are sexually active are seen as problems, but there is no mention of boys that are sexually active being problems.
 - Boys are perceived to be more vulnerable to drug and alcohol abuse, dropping out of school and other behavior problems.
 - In fact, girls are performing better in schools and are on par with boys on participation in school. Differences emerge in adolescence. Concerns are raised for appropriate and accessible vocational training for both boys and girls.
- Kinship care providers were reported to be dominated by grandmothers, but there were still some two-parent families. It was reported that kinship caregivers were more likely to be from the mothers' side of the family. It is important that the existence of male caregivers and their needs should not be obscured.
- Decision-making for children to be reintegrated is influenced by the mother/female caregiver and may link to the preference for girls supporting her in undertaking care and domestic chore work.
- Overall, girls are seen as easier to reintegrate into families although the percent of boys and girls being reintegrated is similar.

Recommendations based on the analysis of the data are as follows:

- Female caregivers play a significant role in decision-making and providing care for children in all types of care. It is important to consider this burden when developing and implementing care plans for children. Opportunities to relieve this burden are to provide supportive services as childcare, relief care, or other support.
- Inequitable gender norms around domestic roles result in girls being expected to carry an unequal care burden, resulting in less free time, and lost opportunities for play and study. In spite of this, girls are performing well in school. Focus of educational support should include a more equitable split of family chores so boys and girls have similar time commitments, and efforts should include exploring better ways to engage boys in education.
- Although boys and girls both have risks for sexual violence, this is overwhelmingly considered a 'girl' problem. As a result, girls' mobility and opportunities are limited and boys are left at risk. Caseworkers are unaware of the reality of risks to boys who receive little protection and whose needs are likely being overlooked – this requires significant attention and understanding to work towards improved protection of boys.
- A deeper understanding and a change in focus for services and supports for boys may be required. At all levels, boys are seen as having behavioral problems (alcohol and drug abuse, fighting, gambling) and difficult to place. Further efforts are required to explore and develop successful interventions which work with difficult behaviors to meet the needs of boys in community-based care.
- The roles of mothers and grandmothers should be given more attention in the context of childcare and in reintegration of children back into the family. Programming-wise, an analysis of this workload should be conducted and addressed so that they do not bear an undue burden of care when accepting children back from residential care. The needs and role of male caregivers should also be considered to support effective parenting in all households.
- The impact of generational gaps and widespread access to social media on the relationship between parents and children should be further explored. While already affecting households in general, these two factors could be even more pronounced when reintegrated children from settings with more access to social media interact with their kinship caregivers, foster parents or even their families of origin.
- Working to promote positive peer experiences is one possible approach. It is learned from the fieldwork that teenagers, both girls and boys, are easily influenced by their peers. Specific interventions such as creating effective youth groups or clubs can create positive impacts and also engage young people and promote youth champions in the process.
- The issue of migration and urbanization should be given explicit and systematic attention. These two factors affect young people at country level, community level and household level, both in general and for the families of the reintegrated children. The likelihood that children, boys more so than girls, will migrate out - either to urban areas or cross-border - not long after they are reintegrated requires more attention at programming level.

Background

Family Care First (FCF) and Responsive and Effective Child Welfare Systems Transformation (REACT), facilitated by Save the Children, is a multi-donor supported network of organizations working together to support children to live in safe, nurturing family-based care. FCF|REACT works collaboratively with the government, local and international NGOs, academic institutions and UN agencies, to promote and strengthen family-based care. With approximately 60 member organizations, some of whom are funded, FCF|REACT is working to prevent children from being separated from their families and increase the number of children that are safely and successfully integrated into family care. This is achieved through strengthening systems and policies and working directly to provide services to children and families.

A key element of FCF|REACT is integrating learnings from good practice research into interventions. Given the lack of previous studies covering gender intersectionality for vulnerable children in Cambodia, FCF|REACT is trying to understand the effects of *gender, identity, and institutional practices* on the well-being of children in alternative care. The study is expected to uncover new or unknown trends or areas for further study related to gender intersectionality and family separation, alternative care and the reintegration of children.

Objectives of Study

The objective of this study is to better understand the intersectionality of gender and structural domains for children leaving residential care in Cambodia and reintegrated into family care including those in alternative care such as foster or transitional care and children receiving protective services.

Methodology

Given the lack of previous studies covering gender intersectionality for vulnerable children in Cambodia, the study required a mixed method approach to data gathering and analysis. This included a comprehensive literature review, analysis of data gathered by FCF|REACT partners through the Open Source Case-management and Record-keeping system (OSCaR) online case management system, analysis of data collected by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) through its Residential Care Institution (RCI) inspection process, a secondary analysis of other relevant data/research, and a qualitative exploration of research questions identified in the process. Overall, the research attempted to apply an ecological approach to exploring individual attitudes, organizational approaches to care and community and societal norms that impact gender differences for boys and girls in the study.

Research Questions

1. How do men and women differently **make decisions/have influence regarding the placement** of children in institutions or other alternative care? Is it different for boys and girls?
2. How are **caregiver attitudes** driving placement? Is it different for girls and boys?
3. How do **social norms** impact the alternative care (placement, services, reintegration processes)? How is this different for boys and girls?
4. What are the **different risks for boys and girls in alternative care** compared to the risks they face in families? (e.g. potential differences in access to education, abuse, workload, burden etc.)
5. What are the **different risks for girls or boys when they are integrated** into families? (e.g. potential differences in access to education, abuse, workload, burden etc.)
6. What are the different **impacts on male and female parents/caregivers** regarding workload/household burden when children are reintegrated into families?

Scope of the Research

The qualitative exploration focused on the five provinces where the selected FCF|REACT-funded NGOs: Cambodia Children's Trust, Children in Families, M'lop Tapang, Children's Future International and This Life Cambodia are providing services: Siem Reap, Battambang, Kandal, Phnom Penh and Preah Sihanouk (See Qualitative Exploration below).

Key informant interviews (KIIs) were conducted with a total of 64 participants, including: 14 case workers (8 female; 6 male) working across prevention, kinship care, foster care and reunification in the five target organizations; and 18 caregivers (14 female; 4 male) of children receiving services provided by the five partner organizations. These caregivers were involved in services related to: prevention (3); foster care (4); kinship care (5); reunification (6) 17 children (10 female; 7 male) aged 12 to 22 years old who were connected to 17 of the aforementioned caregivers were also interviewed. These children were receiving services for: prevention (3); foster care (5); kinship care (3); and reunification (6). Children under 12 were not interviewed so overall more caregivers than children were interviewed.

In addition, four RCI staff and relevant government authorities in the target areas were interviewed: six from Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY); and four from Commune Committee for Women and Children (CCWC). Additionally, at the national level, one representative from the MoSVY Child Welfare Department was interviewed.

Research participants were selected by their link to an FCF|REACT-funded NGO. Each organization was asked to identify children, families, and care providers that were currently receiving services or had recently exited their program. Organizations were also asked to identify equal numbers of boys and girls and boys to be interviewed. Due to some limitations all organizations were not able to provide access to cases because a service was not yet being provided, families were not available or had moved out of the target area.

During the research process, the preliminary findings were reviewed with the FCF|REACT Knowledge Sharing Group and Save the Children. The draft reports were also reviewed by Save the Children.

Data Collection and Analysis

Literature Review

Literature specifically related to alternative care in Cambodia was first reviewed to identify any gender findings uncovered in research and reports. This was supplemented by a search of online sources including Google Scholar, Better Care Network and the Save the Children resource center, as well as the SAGE and Jstor databases to identify any academic studies related to gender and alternative care globally. The snowball method was also adopted to identify additional, relevant studies that the online and database searches had not revealed.

The primary sources of recent evidence on gender, alternative care and child protection in Cambodia are drawn from reports by MoSVY and United Nations Children's Fund (UNICEF). These include: "With the Best Intentions: A Study of Attitudes towards Residential Care in Cambodia" by MoSVY in 2011; "Study on Alternative Care Community Practices for Children in Cambodia" (ACCP) in 2018 commissioned by MoSVY and UNICEF; "A Statistical Profile of Child Protection in Cambodia" by UNICEF in 2018; a formative evaluation of UNICEF's child protection program in Cambodia produced in 2018; and the 2013 Cambodia Violence Against Children Survey (CVACs). Key insights in these resources are often revealed through KIIs and are therefore not statistically generalizable. However, they point to areas for further exploration, as do the gaps identified by an absence of evidence.

Analysis of Secondary Data

In cooperation with Save the Children, data sets were identified for secondary analysis: OSCaR Case Management Data from FCF|REACT partners¹, MoSVY Inspection Data on RCIs, and MoSVY Tracking Tool Data on children that have been reintegrated. These data sets were analyzed based on available data. Data was extracted into Excel and cleaned (identifying missing data). Basic statistical information on children (sex, age, service, status of care) and trends over time were explored to identify any differences for boys and girls. In addition to secondary analysis of data sets, a review of other quantitative data reported in research reports was reviewed. These included the Formative Evaluation of UNICEF's Child Protection Programme (2018), Child Rights Situation Analysis (2018) and the National Census Mapping of Residential Care Facilities in Cambodia (2017). Other sources of data of the situation of children in Cambodia were reviewed and are referenced in the report.

¹ Data was analyzed from four partners only through the OSCaR system. One partner's data was received after the analysis had begun. The partner had only 3 cases in OSCaR so the data was not included.

Qualitative Exploration

The qualitative exploration focused on the five provinces where the selected FCF|REACT-funded NGOs are providing services: Siem Reap, Phnom Penh, Kandal, Battambang and Preah Sihanouk. KIIs were conducted with the participating NGOs' caseworkers working across prevention, kinship care, foster care and reunification, as well as with the caregivers and children provided with these services. In addition, RCI staff and relevant government authorities in the target areas were interviewed, including DoSVY and CCWCs. A list of key informants for the qualitative exploration is in Annex 2.

During the qualitative exploration, the following child protection measures were in place for interviewing children and community members: informed consent to interview all participants, informed assent for interviewing children, interviewers trained in child protection, voluntary participation, no children interviewed out of sight of other adults and use of child friendly interviewing methods.

Limitations

The available literature on gender and structural domains for children leaving residential care is very limited. Studies that do exist rarely focus on gender, and the research must be explored through reviewing findings in larger studies on alternative care to uncover any findings related to gender. Rarely is gender the primary focus of any study related to alternative care, particularly in developing contexts. As a result, it is likely that some data is available that was not uncovered.

The quantitative data provides information on the scale, trends and distribution between boys and girls, but does not adequately provide understanding of trends behind the numbers. This is particularly challenging when the differences between male and females are not obvious from those statistics. Although some potential problems might affect boys and girls differently (e.g. education, skills, alcohol abuse, migration/movement), the sample available is too small and it is therefore necessary to rely on qualitative information for deeper understanding. When appropriate t-tests were performed to identify a statistical significance.

The OSCaR case management system was one of the data sets available for analysis for this study. OSCaR is a comprehensive system currently being rolled out for use by FCF|REACT partners in Cambodia and beyond. Though it will significantly enhance the quality of case management and data available on children at risk or in alternative care in Cambodia, the system is in its infancy. As service providers come on-line, data entry is not complete which results in significant gaps in data available for analysis in the system. Nevertheless, the data available provides some key insights to understand gender and structural domains for children leaving residential care.

Additionally, the data does not provide a clear picture of services provided by category of care. It is not possible, for example, to identify if a family has received a service for prevention or for reintegration.

The MoSVY Inspection Data system and MoSVY Tracking Data system are also in development, which is also likely to affect the quality of their data. Firstly, it should be noted that the researchers were not permitted to access the database to extract the data. Instead, a table of specific data needed was created and Open Institute extracted the data. Open Institute official reported that some quality issues with the Inspection Data were likely to include double counting of children by ages and other classification. As with the tracking data system, one problem is with the "comments" on the situation of children, which tended to be too broad and not self-explanatory.

Both the secondary analysis and qualitative exploration focused exclusively on a selection of FCF|REACT funded partner organizations. As such, the information cannot be generalized, but can only be considered to identify trends, and issues for further exploration.

Findings

Literature Review

In this section, the findings of the literature review are reported. This review discusses existing literature which considers the intersectionality of gender on the wellbeing of children in alternative care and on those who provide that care. Broader research into key factors which influence family separation, attitudes and practice are analyzed in the context of gender norms in Cambodia to enrich the findings from existing gender studies and provide insights for further investigation.

Extensive international research into alternative care has been undertaken over the past 70 years which has informed the development of current alternative care policy and practice in Cambodia. As a result of increased focus on care reform in Cambodia over the past decade, there is now an emerging body of literature specifically focused on the local context. Literature specifically related to alternative care in Cambodia was first reviewed to identify any gender findings uncovered in research and reports. Studies which focus on gender and alternative care are scarce in developing countries. Though also limited, and culturally and regionally specific, western studies raise some interesting gender considerations for reflection in the Cambodian context.

Gender and alternative care in Cambodia

The rise in girls and boys living in RCIs in Cambodia is a recent phenomenon linked to a sharp increase in facilities. This was predominantly driven by an influx of foreign funding for RCIs, which often actively recruit children: the number of institutions registered with MoSVY increased by 75 per cent from 154 in 2005 to 269 in 2010.² A recent mapping study by the MoSVY counted 406 facilities, including 267 RCIs, as well as transitional homes, group homes, pagodas and boarding schools.³ The National Institute of Statistics (NIS) and Columbia University estimated the figure is higher still.⁴ Initially supported by the Royal Government of Cambodia (RGC), the proliferation of RCIs seemed to offer a viable child care solution to families struggling with poverty and access to education.

Traditionally, in Cambodia, children who were orphaned or whose parents could not care for them were looked after by extended family members (kinship care) or in pagodas which have long provided informal alternative care for boys.⁵ However, there are recent reports of girls receiving services from pagodas too. The recent MoSVY mapping reported that of the 25 provinces, 15 have pagodas or other faith-based buildings providing residential care for children. The mapping identified 65 such facilities reportedly providing residential care to 1,349 children (50 per cent female). The mapping also found that 9,187 young people 18 to 24 years old (36 per cent female) are living in these facilities.⁶

Although the 2018 ACCP study found that, overall, children cared for by pagodas tend to be boys over ten years old, of the seven pagodas visited in the study, three provided care to girls also – albeit in fewer numbers than boys - and one reported that they provided girls with non-residential schooling and support.⁷ In some cases, pagoda-based care is provided by nuns, particularly when children are close relatives, thus providing kinship care in the pagoda.⁸ It is unclear whether pagodas extending services to girls represents a recent shift, or whether it reflects the recent focus on alternative care research which has generated previously unavailable data. Further exploration is required to understand social norms and services provided to girls by pagodas.

² MoSVY (2011): *With the Best Intentions: A Study of Attitudes towards Residential Care in Cambodia*. Phnom Penh. <https://resourcecentre.savethechildren.net/node/6445/pdf/6445.pdf>; Jolanda van Westering (2010). *Changing Social Norms on Alternative Care for Children in Cambodia*. UNICEF-University of Pennsylvania. <https://pdfs.semanticscholar.org/6c0b/a58e79703deaaaba2c9a7ecf82979b446b08.pdf>

³ MoSVY & UNICEF. (2017): *Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia*. Phnom Penh: MoSVY.

⁴ NIS and Columbia University (2016): *National Estimation of Children in Residential Care Institutions in Cambodia*, Phnom Penh. <http://www.cpcnetwork.org/wp-content/uploads/2016/09/National-Estimation-of-Children-20-May-16.pdf>

⁵ Ibid and MoSVY and UNICEF (2018): *Study on Alternative Care Community Practices for Children in Cambodia*. Phnom Penh. p7. https://www.unicef.org/cambodia/Alternative_Care_Community_Practices-EN.pdf

⁶ MoSVY & UNICEF. (2017): *Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia*. Phnom Penh: MoSVY.

⁷ MoSVY and UNICEF (2018): *Study on ACCP*, p64.

⁸ Ibid, p66.

A formative evaluation of UNICEF’s programs in 2018 included a survey on Children’s Experiences of Reintegration in Cambodia.⁹ The survey included 143 children aged 10 to 18 years who had been integrated from RCIs into community-based care across seven provinces. It found that boys reported being older than girls at first placement in an RCI: boys had a mean age of just over nine and a half years and girls a mean age of just over eight and a half years, with this difference being statistically significant. This differs to the findings of the MoSVY mapping which found little gender difference in age on entry.

In line with findings that the average age of entry is eight or above, studies report that most children living in RCIs are aged 11 years or older.¹⁰ According to the MoSVY mapping, children aged 4 to 10 years old constitute around a third living in care and just two percent of children in long-term facilities are under 4 years old.¹¹ The NIS mapping identified that only 3.7 percent of registered children were under 5 years.¹² These figures contrast with data from the Cambodia Demographic and Health Survey (CDHS) 2014 which indicated that children under five account for around a quarter of all children aged 0 to 19 years.

Mapping and database records have consistently shown that boys constitute the majority of children in RCIs in Cambodia, however, more recent mapping figures are in line with the demographic of the population. In 2008, the MoSVY database records identified that 58 percent of children living in residential care were boys.¹³ Similarly, the NIS 2016 mapping reported that 57 percent of an estimated total of 48,775 children who live in residential facilities are boys. Meanwhile, a slightly lower percentage of boys (53 percent) is reported by UNICEF based on the MoSVY mapping.¹⁴ This figure aligns with population data in the CDHS 2014, which reports that boys make up approximately 53 percent of the youth population across a range of age categories.¹⁵ Findings from this latter mapping suggest that the number of girls and boys in RCIs in Cambodia may be proportional to the population, and there may not be a significant gender difference.

The UNICEF evaluation survey found a higher number of boys had lived in more than one RCI prior to reintegration (49 percent male and 34 percent female), which indicates there may be a link between gender and experiences of multiple RCI placements.

Critical factors in family separation for girls and boys

Various reports on alternative care in Cambodia refer to the higher number of boys in care as a gender difference. In reference to this, the 2011 study on attitudes to RCIs reports perspectives from some key informants that differences may relate to social norms to prioritize boys’ education, whilst others mentioned it may be linked to *“the belief that girls were more at risk in residential care and more useful at home.”*¹⁶ Meanwhile, the ACCP research noted that boys may be separated from their family due to behavioral problems rather than poverty, particularly to live in pagodas where they may become a monk.¹⁷ Furthermore, anecdotal evidence suggest when boys misbehave the police are called, but for girls services are sought through the government or NGOs¹⁸. Though specific data is limited, some insights correspond with other research discussed below in relation to social norms and gendered expectations of girls and boys in Cambodia.

Multiple studies report that poverty and access to education continue to be driving factors in family separation and alternative care placement in pagodas and RCIs.¹⁹ Respondents of the UNICEF evaluation survey (mentioned above) cited lack of money as the primary reason for their placement in

⁹ Carolyn Hamilton et al. (2018), A Formative Evaluation of UNICEF’s Child Protection Programme in Cambodia. Annexes - Vol II, Phnom Penh: UNICEF. P118-145.

¹⁰ MoSVY (2017), Mapping finds 67 % of children in RCIs are aged 11-17 years; NIS & Columbia University (2016), Mapping Estimation finds over half are 13-17 years; UNICEF (2018), A Statistical Profile.

¹¹ MoSVY (2017), Mapping, p10.

¹² Lindsay Stark et al (2017), National Estimation p4.

¹³ MoSVY (2011): With the Best Intentions.

¹⁴ See UNICEF (2018): ‘A Statistical Profile of Child Protection in Cambodia’. New York: UNICEF.

<https://www.unicef.org/cambodia/reports/study-alternative-care-community-practices-children-cambodia>

¹⁵ National Institute of Statistics (2015): Cambodia Demographic Health Survey 2014, Phnom Penh & Maryland.

<https://dhsprogram.com/pubs/pdf/FR312/FR312.pdf>

¹⁶ MoSVY (2011): With the Best Intentions, p56.

¹⁷ MoSVY & UNICEF (2018), Study on ACCP, p63.

¹⁸ Key Informant Interview with Department of Social Affairs, Veterans and Youth Rehabilitation Social Worker in June 2018 researchers.

¹⁹ MoSVY & UNICEF (2018), Study on ACCP; NIS & Columbia University (2016), Mapping; UNICEF (2018), A Statistical Profile of Child Protection

an RCI (65 percent of girls and 71 percent of boys). Just over half (55 percent) shared a secondary reason, and education was most commonly reported (around a quarter of both boys and girls), followed by family conflict which was reported by 20 percent of boys and 9 percent of girls. No difference in poverty between girls and boys in Cambodia was found during the statistical analysis conducted for this research (See Quantitative Analysis of Existing Data Sets section in this report). Although education is commonly found to be a primary pull factor in rural areas, which lack access to quality education or when families cannot afford the informal costs of education, other critical factors are found to influence decision-making.²⁰ The ACCP report observed that while education can be a pull factor, the majority of children and their caregivers cite 'poverty' as the primary push factor, often due to the stigmatization of children from unstable families in Cambodia and the cultural norm of 'saving face'. The report notes:

"A number of the children included in the study had suffered abuse or severe neglect, and appeared to be at risk of physical, sexual or emotional violence. Others were abandoned or rejected, particularly when a parent re-married. Some were placed in alternative care because their parents migrated and chose not to take the child with them. Yet others had parents who were alcoholics or drug users who were unable to care for their children. Finally, others were placed because the material conditions and education that could be offered at home were very limited and a pagoda, boarding school or RCI was viewed as offering more opportunity to the child."²¹

The 2013 CVAC identified differences in abuse and violence against boys and girls, as well as in relation to the perpetrators.²² The 2013 CVACs surveyed 2,376 youths aged 13 to 24 years. Participants aged 13 to 17 years old were asked about their experiences in both the previous 12 months and lifetime, whilst those aged 18 to 24 years old were asked about their experiences prior to 18 years old.

- **Sexual violence:** At least one incident of childhood sexual violence was reported by 5.6 percent of boys aged 18-24 years (4.4 percent girls), while a slightly higher 6.4 percent of girls aged 13-17 years reported this (5.2 percent boys). Most 13-17 year olds' who had experienced sexual violence reported multiple incidences and this was more common among boys (81.8 percent compared to 54.1 percent girls). This difference was less pronounced for 18-24 year olds' in which 87.2% and 73.6% of boys and girls respectively experienced multiple incidences of childhood sexual violence, although boys tended to be younger at the first incident of abuse (72.9 percent reporting they were 13 years or younger compared to 26.2 percent for girls). Neighbors and friends were common first perpetrators for both boys and girls across both age categories. Family members were more likely to be the first perpetrator for boys, whilst much higher numbers of girls reported it was a romantic partner. Though males constituted the majority of first perpetrators, both girls and boys reported females committed sexual abuse too.
- **Physical violence:** At least one incident of childhood physical violence was reported by 54.2 percent of boys aged 18-24 years (52.7 percent girls), while a higher 61.1 percent of girls aged 13-17 years reported this (58.2 percent boys). Most 18-24 year olds who had experienced physical violence reported multiple incidences of physical violence, with a slightly higher prevalence reported by boys (85.6 percent compared to 81.9 percent of girls). A parent, caregiver or other adult relative was the most cited first perpetrator for both girls and boys - most commonly the mother or stepmother followed by the father or stepfather, although for boys aged 13-17 years old the father or stepfather is identified as the perpetrator at a much higher rate (36.3 percent compared to 18.7 percent for girls). A community member was also a common perpetrator, particularly a male teacher and then a female teacher.
- **Emotional violence:** Boys reported experiencing childhood emotional violence more than girls. At least one incident of emotional violence was reported by 25 percent of boys aged 18-24 years (19.4 percent girls) and 27.3 percent of boys aged 13-17 years (24.3 percent girls). Around three quarters of both male and female youths who had experienced emotional violence reported multiple incidences. Similar to physical violence, emotional violence was most likely to be committed by the mother or stepmother for both boys and girls, followed by the father or stepfather, the latter of which was again higher for boys.

²⁰ MoSVY (2018): ACCP, p36.

²¹ Ibid, p35.

²² Ministry of Women's Affairs, UNICEF Cambodia, & US Centers for Disease Control and Prevention (2014): Findings from Cambodia's Violence Against Children Survey 2013. Phnom Penh: Ministry of Women's Affairs.

TABLE 1. PERCENTAGE OF CVACs RESPONDENTS WHO REPORTED WITNESSING PHYSICAL VIOLENCE AT HOME AND IN THE COMMUNITY PRIOR TO 18 YEARS OLD

	At home		In the community	
	Female	Male	Female	Male
18-24 years old	15.3%	18.1%	38.3%	43.7%
13-17 years old	20.6%	24.5%	57.8%	55.4%
- occurred in the past 12 months	37.4%	34.7%	42.8%	46.1%

Violence is witnessed both in the home and in the community, though substantially higher in the latter (See Table 1). The CDHS 2014 found that around a quarter of children under 18 live in households where a husband or partner has been physically, emotionally or sexually violent towards the mother in the previous 12 months. Qualitative CVACs data revealed that seeing violence in the community appears to have a strong emotional impact on youths, described by females as ‘mental health effects, behavioral changes and feelings of isolation’ and by males as ‘feelings of frustration, humiliation and anger’.²³

Around half of the female participants aged 15-49 years old in the CDHS reported wife-beating can sometimes be justified, compared to only a little over a quarter of males aged 15-49 years old surveyed.²⁴ This may reflect stronger socialization of women and girls to negative female gender norms.²⁵

Caregivers, social norms and attitudes

Cambodia is a patriarchal society with clearly defined gender norms culturally prescribed to males and females. These are detailed in the ‘Chbab Srey’ (Code of Women) and ‘Chbab Proh’ (Code of Men). They place the male as the household head, primary income earner and decision-maker of the family and the female as soft, obedient of the husband and in charge of childcare and domestic tasks.²⁶ As Cambodian society evolves, there is evidence of a slight shift towards more equitable gender stereotypes among young adults as reported in the Partners for Prevention Study of Men’s Use of Violence against Women.²⁷

The perception of males as strong and the ‘protector’ may influence attitudes towards child vulnerability. The 2011 MoSVY study aimed to investigate the attitudes towards residential care in Cambodia across elders, mothers and fathers equally but found less men were available to speak to than women, noting that *“some attributed this to the work schedule of men, whilst others said that when a father lived at home a child was less likely to be vulnerable, and that many vulnerable families did not have a father living in the house.”*²⁸

A study of poverty and vulnerability in Cambodia linked higher consumption expenditure with higher standards of living.²⁹ It found that male-headed households generally had a higher standard of living and highlighted poor female-headed households as in need of social assistance. However, more recent data from the Cambodia Socio-Economic Survey 2017 finds no significant gender difference in income (see the ‘Macro-picture on gender related issues’ section).

The UNICEF statistical profile found that there is a slightly higher probability that children from the lowest wealth quintile (seven percent) will be orphaned compared to those living in households in the highest wealth quintile (five percent). Additionally, the profile notes higher numbers of children not living with a biological parent alongside increased numbers of children in RCIs and foster care households.³⁰ Little

²³ 2013 CDHS Findings, p61.

²⁴ National Institute of Statistics (2015): Cambodia Demographic Health Survey 2014, Phnom Penh & Maryland.

²⁵ UNICEF (2018), A Statistical Profile.

²⁶ Katherine Bricknell, (2007). Gender relations in the Khmer ‘Home’: Post-conflict perspectives. University of London.

²⁷ UN Women, Partners for Prevention (2015), Why Some Men Use Violence Against Women, Phnom Penh. <http://partners4prevention.org/resource/cambodia-quantitative-study-report>

²⁸ MoSVY (2011): With the Best Intentions, p18.

²⁹ Krui, Kim and Kakinaka (2011), Poverty and Vulnerability: An Examination of Chronic and Transient Poverty in Cambodia, International Area Review, Vol. 13, No. 4

³⁰ CDHS data shows an increase in foster care households from 9 percent in 2000 to 12 roughly percent in 2005 and 13 percent in 2014 – see UNICEF (2018), A Statistical Profile, p6.

difference was identified between urban and rural areas, however, it is expected that the growing number of children living in urban areas will continue, which may have different implications for girls and boys in different settings.

According to CDHS data, from 2005 to 2014 the number of children living with their mother only when the father has died decreased from six percent to three percent.³¹ Meanwhile, respondents in the ACCP study indicated that children often do not stay with biological parents who separate, and reports³²:

“While this may be partially due to the economic pressures faced by single parents, it may also reflect stigma, rejection and abuse experienced by step children, and broader social norms that are not accepting of family separation or the taking on of care and support of non-biological children.”

Given cultural norms in Cambodia, the assumption could be that in male-headed households, the male would be the primary decision-maker on placement of a child in alternative care. However, this is not necessarily the case, particularly considering the strong female role in childcare, and is explored in the qualitative research of this study.

Social norms and key informant insights from existing studies in Cambodia indicate a belief that girls require protecting and may be perceived to be more at risk than boys in residential care. However, studies reviewed reveal boys may face heightened risks in some cases, and care must be taken to ensure gender norms and expectations of boys do not mask their situation. As a result, in this study further exploration was completed in the qualitative exploration to (a) understand any differences in beliefs and perceptions around girls and boys that inform the decision on whether to place a child in alternative care; and (b) whether/how the gender of the caregiver influences girl and boy placement in out-of-home care.

Kinship care and foster care

Research in Cambodia highlights significant differences across kinship and foster care families. The ACCP study found that although the RGC Prakas on Alternative Care in the Community requires that training is provided to all caregivers, it is less commonly received by kinship families. It also reports better monitoring of foster families and that they tend to receive more financial support, yet kinship families frequently live in poverty. Whilst the findings suggest that foster families have a better standard of living, it is also reported that some foster high numbers of children in addition to their own which may impact their ability to provide adequate emotional support and care. Meanwhile, a study by Family Care First reported similar findings. Service providers required foster families to participate in training, but it was not mandatory for kinship care. Foster families generally reported receiving a stipend compared to only some kinship families who were dissatisfied with the support they received. Overall, kinship families were less satisfied with the level of support and services than foster families. In both studies, there was concern about kinship families’ long-term ability to look after children due to insufficient resources. Additionally, the ACCP study highlights ‘lone grandmothers’ as an under-utilized kinship care option due to financial insecurity.³³

The ACCP report cites an anthropological study found that kinship care in Cambodia is bilateral rather than weighted towards either the maternal or paternal family.³⁴ However, a recent study in Cambodia seems to indicate a similar pattern to western research which finds a significant prevalence of matrilineal kinship care when children do not live with the biological parents,³⁵ and that grandparents (often grandmothers) are most likely to be the caregivers.³⁶ An ongoing study by the International Organization of Migration (IOM) surveyed 1,459 households (85percent migrant and 15 percent non-migrant) throughout 13 provinces in Cambodia. Preliminary findings suggest that, overall, kinship caregivers of children left behind by migration are most likely to be the grandparents, particularly the maternal grandmother. The preliminary findings for migrant households are:

³¹ National Institute of Statistics (2015): CDHS 2014

³² MoSVY and UNICEF (2018), Study on ACCP. P39.

³³ MoSVY & UNICEF (2018): ACCP p101

³⁴ MoSVY (2018), ACCP; Judy L. Ledgerwood (1995), Khmer Kinship: The Matriline/Matriarchy Myth, Journal of Anthropological Research, Vol. 51, No. 3. <https://www.jstor.org/stable/3630360>

³⁵ Amy Holtan & Renee Thørnblad (2009), Kinship foster parenting; gender, class and labour-force participation. European Journal of Social Work, Vol. 12, No. 4, 465-478.

³⁶ See Daly & Rake (2003); Holtan & Thørnblad (2009); Nandy & Selwyn (2013)

- Father migrates, 19 percent: when the father migrates 78.64 percent of children are cared for by non-migrant mothers
- Mother migrates, five percent: when the mother migrates 76.81 percent of children are cared for by maternal grandparents
- Both parents migrate, 61 percent: when both parents migrate 71.9 percent and 15.01 percent of children are cared for by maternal and paternal grandparents respectively³⁷

This desk review found a number of studies which highlight gender in relation to caregivers, particularly in relation to single parenting and kinship caregivers. A systematic review of western research found that kinship caregivers tend to be older, single females who are less educated and on lower incomes, and that they report poorer rates of depression, health and marital satisfaction compared to non-kinship foster parents.³⁸ Studies of migrant households in Cambodia may indicate similarities both in terms of the gendered demographic of kinship caregivers and the impacts on their wellbeing. Of the total households surveyed by the IOM, 95 percent of caregiver respondents were female and the majority of caregivers were either the non-migrant mother or grandparents.³⁹ The preliminary analysis found poorer outcomes of migrant household caregivers compared to non-migrant across a range of measures (See Figure 1).⁴⁰ In addition, a World Food Program (WFP) study identifies grandmothers as the primary caretaker in migrant households in Cambodia.⁴¹

FIGURE 1: OUTCOMES OF FAMILY MEMBERS IN MIGRANT HOUSEHOLDS

	Children 0-3	Adolescents 12-17	Caregivers
Diet Diversity	↑	↓	↓
Illness Burden	↓	↓	↓ ^(SF12)
Nutrition	↑	mixed	mixed
Mental Health	N/A	=	↓
Resilience	N/A	↓	↓
Parenting	N/A	↓	↑
Attachment	N/A		N/A
Cultural trauma	N/A	N/A	↓

Residential care and reintegration: risks and concerns

Evidence on reintegration

The formative evaluation of UNICEF’s child protection programs in Cambodia and the ACCP study highlight some key differences in the experiences of boys and girls living in residential care and integrated into community-based care in Cambodia.

Though more boys have been placed in community-based care to date (53.8 percent boys and 46.2 percent girls), there are also more boys in RCIs as noted above. Interestingly, however, some social workers explained that, “boys may be prioritized for reintegration, due to a perception that they would cope better in the community, and greater concerns for girls’ well-being and safety, and especially their sexual safety.”⁴²

Meanwhile, an NGO respondent in the ACCP study stated that foster families prefer girls to boys due to a perception that they are ‘easier to educate’, and prefer younger to older children.⁴³ However, in practice, the UNICEF formative evaluation found that 90 percent of the reintegrated children surveyed were placed or reunified as adolescents and just 4.2 percent were below the age of 10. Additionally, RCI staff reported that school completion or sufficient maturity to independently support themselves are key criteria in the selection of children for reintegration, particularly when families are financially insecure. The report highlights that younger children could therefore be prioritized for placement in foster care or a group home. Other notable findings from the UNICEF survey and evaluation reports include:⁴⁴

³⁷ IOM (2019): Migration impacts on left behind children. PowerPoint slides. No. 26. Phnom Penh.

³⁸ See Cuddeback (2004) in Holtan & Thørnblad (2009), Kinship foster parenting, p466.

³⁹ IOM (2019): Migration impacts, slide 15: 97.7% of caregivers surveyed were female in the 0-3 years cohort and 92.3% of caregivers surveyed were female in the 12-17 years cohort.

⁴⁰ Ibid, slide 32.

⁴¹ Pak and Saing, forthcoming

⁴² Carolyn Hamilton et al. (2018), A Formative Evaluation. P48.

⁴³ MoSVY & UNICEF (2018): ACCP p56

⁴⁴ Hamilton, et al. (2018), A Formative Evaluation Vol I and Annexes Vol II

- NGOs were thought to be the primary driver of reintegration as reported by 68 percent of boys and 57 percent of girls. Notably, girls were more likely to report reintegration was driven by their own decision (18 percent compared to 6 percent of boys). Overall, most had wanted to stay rather than leave care (53 percent girls and 68 percent boys) though comparable numbers of girls advised that they had wanted to leave care (46 percent) in contrast to just 32 percent of boys. It should be noted that the gender difference in desires to stay or leave was not statistically significant enough to ascertain whether or not it was due to chance.
- More boys (33 percent) than girls (25 percent) reported being cared for by a non-relative or foster caregiver.
- Children placed in poorer households reported lower-wellbeing levels. They were less likely to feel wanted, loved and listened to by the caregiver, and had a higher tendency to feel isolated and lonely.
- Girls receiving reintegration services seem to be doing less well than boys. They were more likely to report: going to bed hungry; feeling less loved; feeling a threat of abandonment; and spending more time on household tasks (though the difference was an average of 20 minutes per week). They were also less likely to report going to school.
- Material support received is generally similar, but a greater percentage of boys received food support compared to girls (68 percent to 58 percent).
- On average, boys reported spending more time on extra-classes (four hours per week for boys and three hours for girls).
- Boys reported receiving more frequent follow-up visits, and also appear to have a stronger desire for follow-up visits than girls. Visits were most often made by NGO workers for boys (70 percent) and less commonly by government or social workers (28 percent). Meanwhile, girls reported equal rates of follow up visits from both government and social workers (48 percent).
- Post-reintegration, emotional support was not received by most girls and boys. Where provided, more girls than boys reported receiving at least one session.
- Long-term reintegration support services seem to be lacking and this can lead to family migration and children engaging in work rather than education.

Caregiver preferences, perceived differences in caring for girls and boys, and gender expectations related to behavior and parenting are explored in the qualitative research for this study.

Education and economic opportunities

Cambodia has almost achieved gender parity in primary education. In 2014, a paper on education and gender reported that lower enrolment and completion rates persist for girls in lower secondary school (LSS) and upper secondary school (USS), and there are even some reports of a downward trend.⁴⁵ However, more recent data from the Ministry of Education, Youth and Sports (MoEYS) reveals that female progression rates to LSS in Phnom Penh and some rural areas are now higher, and LSS completion rates average approximately 21 percent more than for males.⁴⁶ This represents a gender shift in the education landscape similar to that observed in other countries as education access improves and inequality evolves. Nevertheless, as noted above, research into education and gender in Cambodia continues to identify that boys' education is prioritized over girls' in Cambodia, particularly in rural areas where long distances to school and concerns about girls' safety can influence family decisions on whether they attend school. Poverty also remains a critical factor.

Education support is commonly provided by organizations as part of services to prevent family separation in Cambodia.⁴⁷ Access to education is likely to continue to present a risk to girls and boys in low-income families – both in terms of children being placed in alternative care and post-integration from RCIs into family or community-based care. In addition to concerns that rural locations and domestic work present access barriers for girls, age also seems to be a factor for reintegrated youths:

“For boys – after reintegration with their family – they continue schooling, but for girls, in the majority of cases, they are already 15 years old at the time of reintegration, so when they are

⁴⁵ Mary Booth (2014). Education and Gender in Contemporary Cambodia.

⁴⁶ MoEYS, Joint Technical Working Group (2018): *Cambodia Education Sector Review 2018*, Phnom Penh.

⁴⁷ Hamilton, et al. (2018), A Formative Evaluation.

back the family tries to get them to work in a factory. Compared to boys, most of the girls, after reintegration, do not go to school, but work.”⁴⁸

Furthermore, vocational training provided to youths in RCIs often poorly equips them for the job market.⁴⁹ Girls also continue to face increased barriers and be significantly under-represented in vocational training.⁵⁰ As noted above, gender trends and attitudes are beginning to shift in Cambodia, thus further exploration of gendered decision-making in relation to education, keeping girls and boys in school and economic opportunities is required.

Trauma, emotions and behavior

A vast body of global research over the past 70 years provides evidence that institutionalization of children affects their emotional, social and cognitive development and harms their ability to form meaningful, lasting relationships. Significant evidence also exists linking child abuse to RCIs. Although research in developing contexts is limited, some studies conducted in Cambodia have identified cases of abuse in RCIs including sexual abuse and higher rates of abusive punishment.⁵¹

The ACCP study visited six types of alternative care (foster care, kinship care, pagodas and other faith-based institutions, group homes, RCIs and boarding schools) and pointed to a prevalence of physical abuse in pagodas. The research also highlighted other child protection issues in relation to pagoda and kinship care. It stated that *“anecdotal evidence suggests that abuse of children is an issue in Cambodian pagodas, and in particular, sexual abuse of boys by monks. This issue was raised by several key informants in the study”*.⁵² In addition, whilst there were positive reports by children in kinship care, there were reports of experiences of neglect, abuse and exploitation too.

International and Cambodian research commonly finds that youths who leave residential care often struggle to cope well in society.⁵³ Global research in developing contexts by Save the Children found that, “it is no surprise to find that many of these young people are unable to cope successfully in society and may even seek refuge in dependency-creating environments such as prisons or psychiatric hospitals”.⁵⁴

Though studies do not specify differences between girls and boys, social and cultural gender norms can influence the support they receive and expectations around their behavior. Children who have been placed in residential care and are then integrated into community-based care will have had their home lives disrupted to varying – and sometimes extreme - extents. Research in the USA finds a link between placement disruption, attachment, behavioral and emotional problems.⁵⁵ The study also points to potential age and gender differences in the likelihood of placement disruption, finding older youths more at risk. Though the gender findings are inconclusive, and cultural gender norms differ in the Cambodian context, attention should be paid to patterns relating to age and gender which may affect placement of youths and their permanency in alternative care.⁵⁶

Research highlights the needs of females and provides crucial insights into support required for girls and female caregivers. However, these should not be taken as generic findings which obscure the needs of boys and male caregivers. Girls are faring better in school in some geographical areas than boys. Furthermore, cultural gender norms which consider girls as vulnerable and in need of protection to prevent them being ‘damaged’ can equally consider that boys cannot be damaged, as illustrated by the following quote from a service provider who participated in research on sexual violence and boys: *“Most mothers think it is okay even if boys are sexually abused because they are ‘gold’ (invulnerable, as the Cambodian proverb says).”*⁵⁷ As previously discussed, both boys and girls experience significant violence and abuse in Cambodia, thus such societal attitudes risk leaving boys unprotected and without the necessary support for their welfare.

⁴⁸ Interviewee, *ibid*, p48.

⁴⁹ See ICC/HOSEA (2001); MoSVY & UNICEF (2018); Vijghen (2004)

⁵⁰ Robin Mauney (2019). Gender Situation Analysis of Economic Empowerment of Young People in Target Program Units of Plan International Cambodia, Phnom Penh.

⁵¹ ICC/HOSEA (2001); MoSVY (2011); Vijghen (2004)

⁵² MoSVY & UNICEF (2018): ACCP, p75.

⁵³ See MoSVY (2011); Tolfree (1995); Vijghen (2004)

⁵⁴ See MoSVY (2011) citing Tolfree (1995) p8.

⁵⁵ Smith et al. (2001), Placement Disruption in Treatment Foster Care

⁵⁶ *Ibid*, p203.

⁵⁷ First Step Cambodia et al. (2019). Caring for Boys affected by sexual violence.

Such evidence indicates that it is vital that parenting skills take into account gendered differences in girls' and boys' needs, behavior and the risks they face, particularly given the high likelihood of placement disruption and/or trauma prior to being integrated from an RCI into alternative or family-based care. Though parenting support is found to be often lacking, there is an opportunity to prioritize gender in the development and delivery of parenting initiatives.⁵⁸

Quantitative Analysis of Existing Data Sets

This section reviews relevant secondary data and provides analysis of two data sets: (i) OSCaR and (ii) MoSVY inspection and tracking data. The findings from the secondary data review focus on the macro-level situation and trends relating to gender, such as poverty, education, health, labor, migration and debt. See the previous section for trends relating to violence and gender. This section supplements the findings in the literature review and provides the context for the findings from the OSCaR and MoSVY databases on children in alternative care.

Macro-picture on gender related issues

The data from the Cambodia Socio Economic Survey 2017 (CSES) and other literature suggests noticeable improvement in well-being for both men and women, although disparity still exists between rural and urban areas and among households of different income quintiles. Monthly income per capita is similar for men and women (average USD112); percentage of agricultural land ownership is also similar between male and female-headed households (estimated at 22 percent in 2017). The rate of labor participation is 85 percent nation-wide; 80 percent for women and almost 90 percent for men. The shares of labor force among the three sectors are also similar: 37 percent in agriculture, 26 percent in industry, and 37 percent in services.⁵⁹ However, as discussed below, further breakdown indicates some gender-differences on types and quality of jobs between men and women.

When data is disaggregated, some gender differences emerge showing that in some cases women are disadvantaged, but in others' men are disadvantaged. In the labor force, both men and women both face the serious issue of low skills. Only a small percentage of the labor force completed upper secondary school and post-secondary education (both accounted for less than 14 percent). As mentioned above, girls are found to have better school attendance in upper secondary schools than boys (32 percent versus 25 percent)⁶⁰; this is also confirmed by the Education Management Information System (EMIS) data showing dropout rates (See Figure 2). However, there is a significant difference between girls' attendance in rural and urban areas: 28 percent versus 55 percent. More women than men also report having more health care visits: 17 percent versus 11 percent.⁶¹ Internet access and social media use are increasing rapidly, (See Figure 3) and play a role in both boys' and girl's lives but it is not known how this new medium affect two boys and girls differently.⁶²

FIGURE 2. DROP-OUT RATE FOR GIRLS AND BOYS

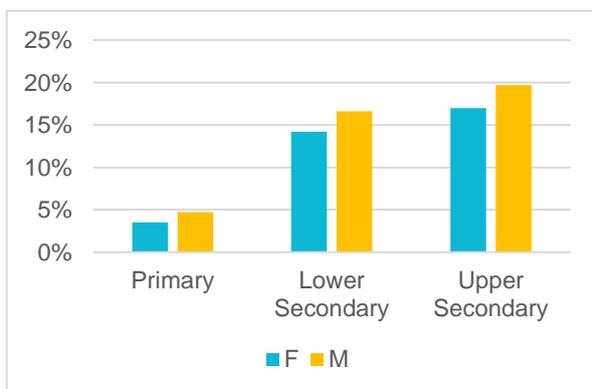
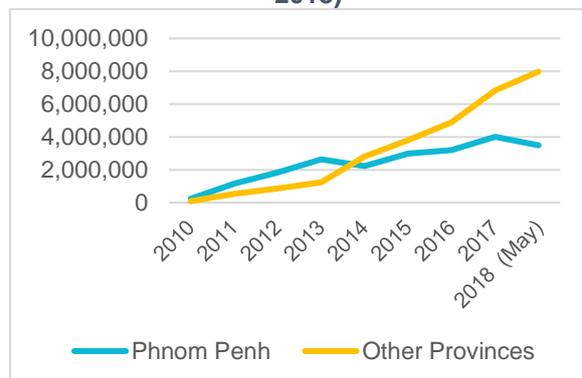


FIGURE 3. INTERNET SUBSCRIPTION RATE (2010-2018)



⁵⁸ UNICEF (2018), A Statistical Profile. P57.

⁵⁹ Ministry of Planning (2017) CSES 2017

⁶⁰ Ministry of Planning (2016) CSES 2016

⁶¹ Ministry of Planning (2016) CSES 2016

⁶² MoEYS (2019) Review of the implementation of NAP-YDP

Labor migration is another area where gender differences arise. Overall, men and women are increasingly migrating from rural to urban areas and cross-border (See Figure 4). According to the WFP, 79 percent of the migrants are young people aged from 17 to 35 years old, while the study by IOM found 68 percent of the migrants were aged 20-34 years old. Males are usually the first to migrate in families, are more likely to migrate to Thailand (compared to females), and work in agriculture and construction. Females tend to migrate second in families and are more likely than males to migrate to Phnom Penh or other urban areas where they tend to work in the garment industry and in domestic work (See Figure 5).⁶³ Cambodian women are also more likely engage in low-paid employment and other informal sectors of the economy.⁶⁴

Another important finding is that migration is closely related to the issue of household debt: about 73 percent of migrant households depend on remittances from family members to pay off debts.⁶⁵ The overall situation of older males and females is particularly relevant to this study because of their roles in taking care of children in left-behind households. The study by WFP referenced in the literature review shows that in migrant families, 37 percent of children are left behind to live with grandparents⁶⁶. Additional information from the recent IOM study (also mentioned in the literature above) shows that when both parents migrate (which accounts for 61 percent of the cases), 71.9 percent and 15.01 percent of children are cared for by maternal and paternal grandparents respectively.⁶⁷ Most adult caretakers are grandmothers (77 percent) with an average age of 62 years old, with a primary or no education. The grandmothers usually take care of about three children, while relying either solely on remittances or farming/casual labor for income.⁶⁸

FIGURE 4. MIGRATION PATTERNS (2013, 2018)

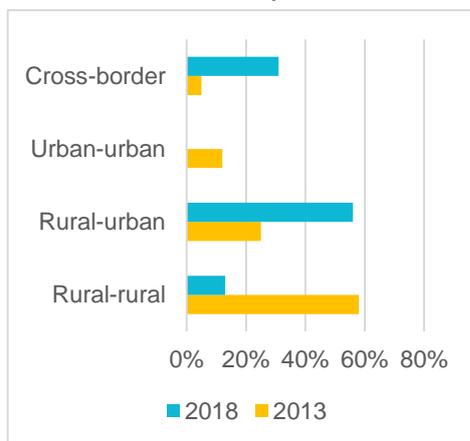
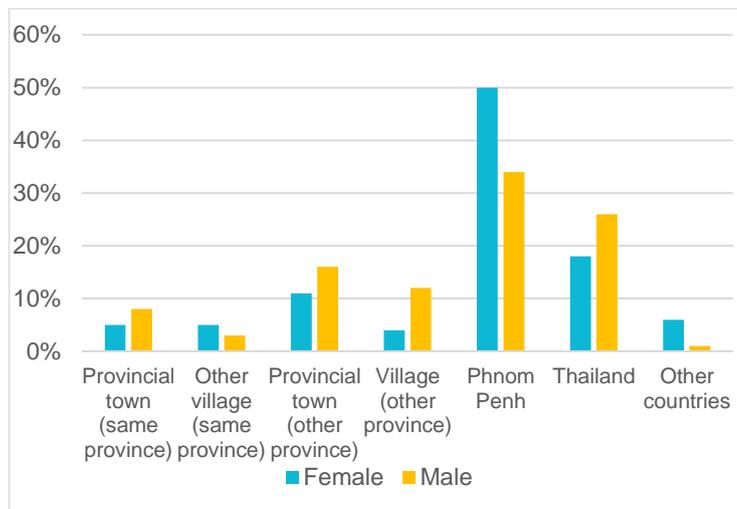


FIGURE 5. GENDER AND MIGRATION DESTINATION



Findings from MoSVY Inspection Data

The MoSVY Inspection database records data on RCI inspections. To date, the dataset shows a significant reduction of children living in RCIs between 2015 and 2018. In total, the number of children decreased by 54 percent from 16,579 in 2015 to 7,634 in 2018. As expected, the five provinces targeted by the MoSVY and related coalitions efforts represent a large proportion, as illustrated in Figure 6 below, with the most dramatic decrease occurring in Phnom Penh.⁶⁹ Interestingly, Kampong Speu and Kampot provinces saw greater reductions than one target province (Kandal).

⁶³ Pak and Saing (forthcoming), Migration patterns and trends in Cambodia.

⁶⁴ OECD (2017) Youth well-being in Cambodia

⁶⁵ International Organization of Migration. 2019. "Migration impacts on left behind. Powerpoint slides." Phnom Penh

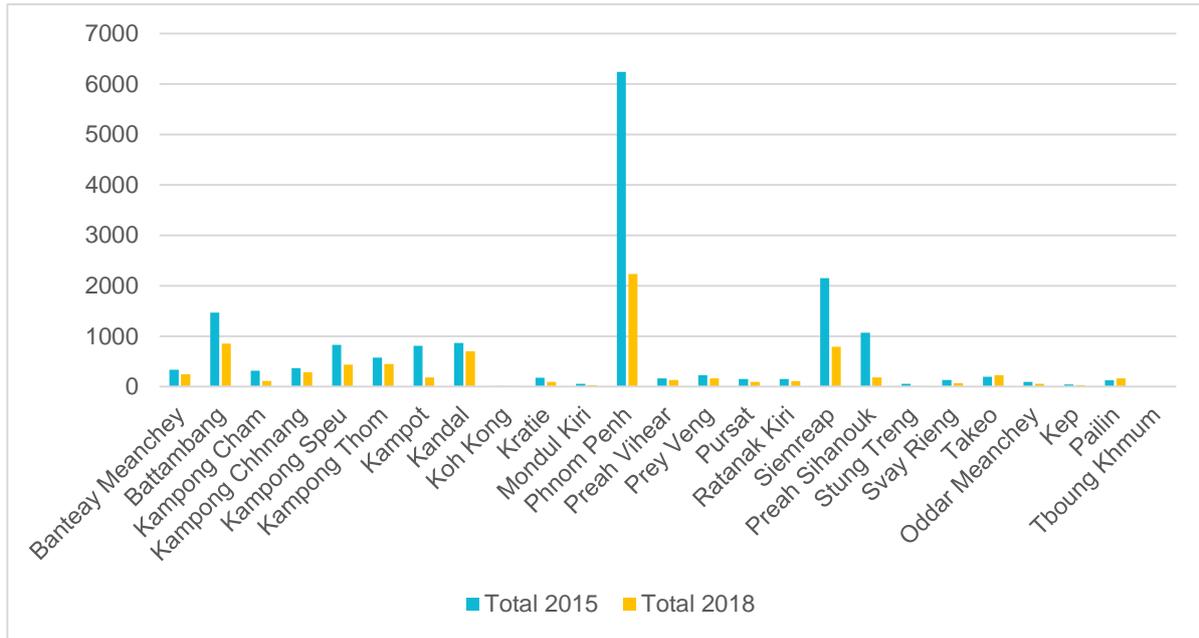
⁶⁶ Pak and Saing, forthcoming

⁶⁷ IOM (2019): Migration impacts on left behind children. PowerPoint slides. No. 26. Phnom Penh.

⁶⁸ UNICEF (2017) Impact of migration on children in the Capital and target provinces, Cambodia

⁶⁹ Five target provinces: Battambang, Kandal, Phnom Penh, Siem Reap, Preah Sihanouk

FIGURE 6: CHILDREN IN RCIs 2015 COMPARED TO 2018



The break-down of the Inspection data illustrates key gender-disaggregated descriptive findings presented in the diagram below. Overall, out of the 7,634 children in the RCIs, 47.8 percent are female. However, when broken by age-groups, there are fewer girls 0-3 years (38 percent) but more girls in the 15-17-year-old group (52.8 percent).

Figure 7 shows the referral pathways of children entering RCIs, highlighting the important role that parents and local authorities (including DoSVY) play in referring children to RCIs. The data shows, overall, no noticeable gender difference in terms of the parent status and the authorization status of the children living in RCIs (See Figure 8). Overall, a few differences are noticed: while girls account for 47.8 percent in the overall sample, slightly more girls (52 percent) live in RCIs with authorization; while girls represent only 35 percent of the children living in RCI who have both fathers and mothers.

Proportionally, the data suggests there are more boys with physical disabilities than girls in RCIs (see Figure 9). The data also shows that for children in RCIs, more girls stay longer in school than boys, especially starting from upper secondary level (See Figure 10).

FIGURE 7. CHILD REFERRAL/ENTRY TO RCI

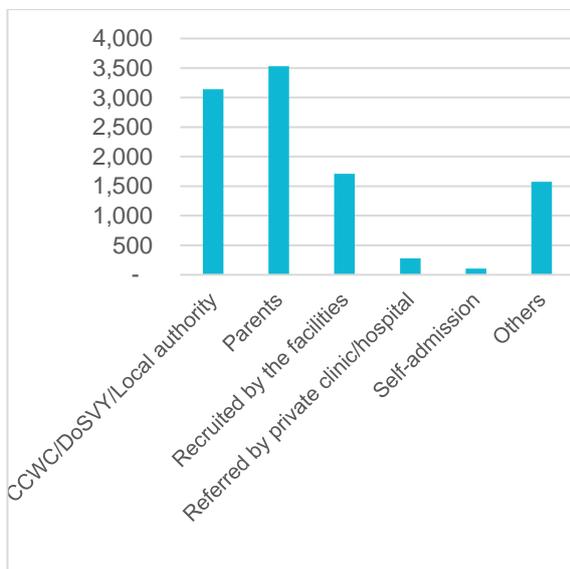


FIGURE 8. PARENT & AUTHORIZATION STATUS OF CHILDREN

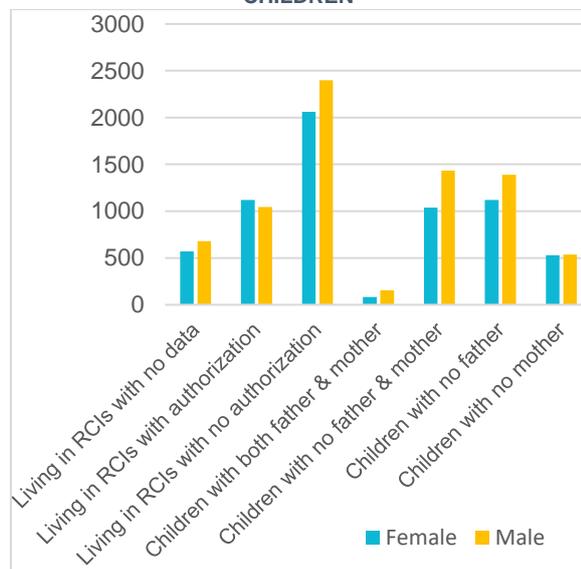


FIGURE 9. DISABILITY STATUS

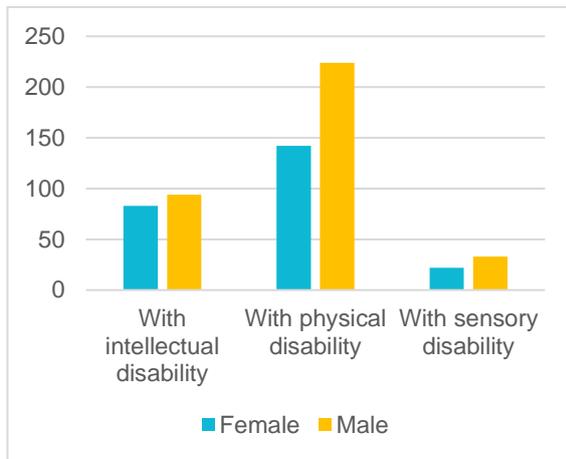
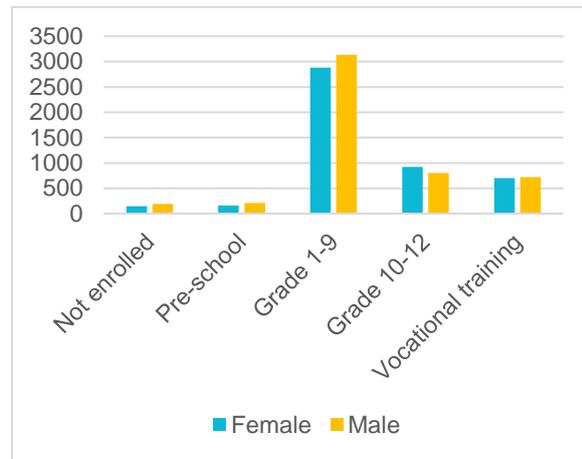


FIGURE 10. EDUCATION SITUATION



Findings from MoSVY Tracking Data

The MoSVY Tracking database records data on 1,185 children living in RCIs and reunified or placed in alternative care. As with the Inspection Data, this system is under development which means data inaccuracies are likely. Some interesting findings emerge from the MoSVY Tracking Database:

- In term of overall proportion, 48 percent of the 1,185 cases on record are female.
- The most common type of placement is re-unification with family of origin (66 percent), followed by kinship care (18 percent), group home (6 percent), and sending children to a new RCI (4 percent).
- As indicated in Figure 11 below, the proportion of females by types of placement reflect the overall gender proportion (i.e. around 48 percent). For instance, females represent 48 percent whose placement is 're-unification with biological parents, 45 percent for kinship care and 53 per cent for group-home.
- Foster care, both long and short term, is still rare (2 percent and 1 percent respectively). Although 75 percent of those place in long-term foster care are female, because of the small sample (28 out of 1,185), no conclusive remark can be made on this. The section on qualitative findings will shed more light on this gender dimension.
- The only notable gender difference in the dataset is that there are less girls in independent living (38%). However, the total sample of 'independent living' is too small (18 out of 1,185) to be conclusive.
- More than 55 percent of the children are older than 13 years old at the time of placement with no difference between boys and girls, as indicated in Figure 12 below.

FIGURE 11. TYPES OF PLACEMENT

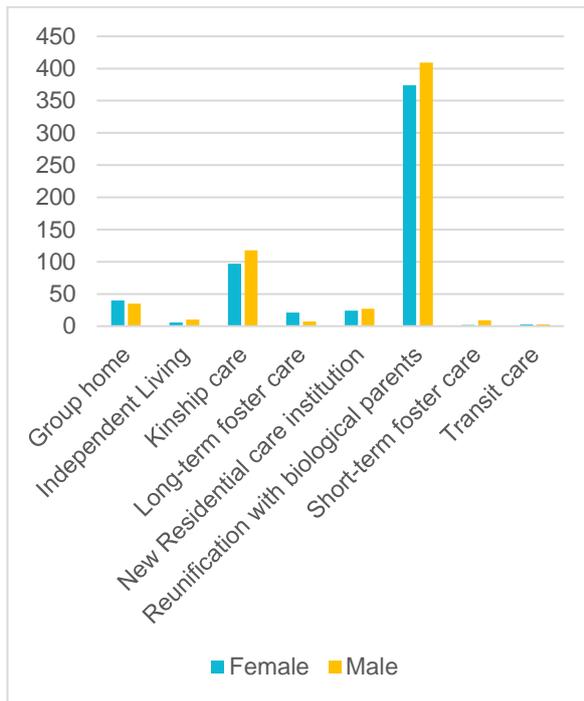
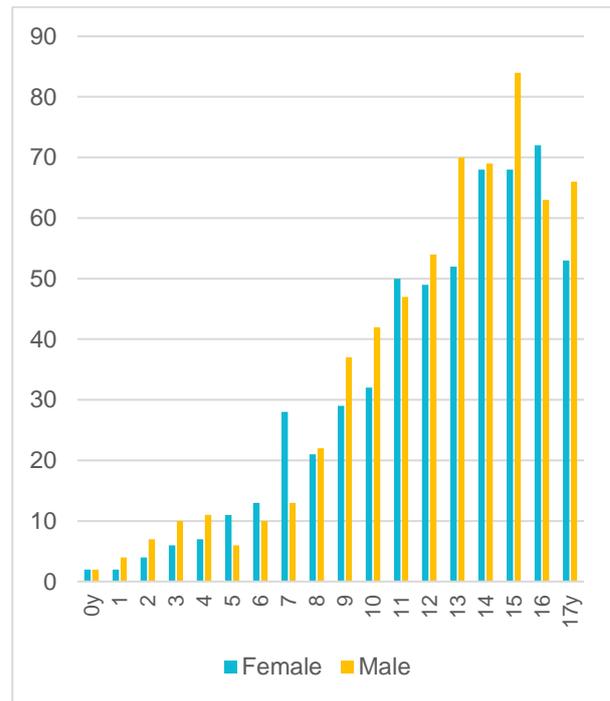


FIGURE 12. AGE AT PLACEMENT



The cases represented in the database show that for both boys and girls most placements of the children were in 2016 and 2017 (See Figure 13). The placement provinces for the majority of the children are the same provinces that they are from: among the five focus provinces the percentage ranges from 71 percent for Sihanouk Ville and 95 percent for Siem Reap (See Figure 14).

FIGURE 13. PLACEMENT YEAR

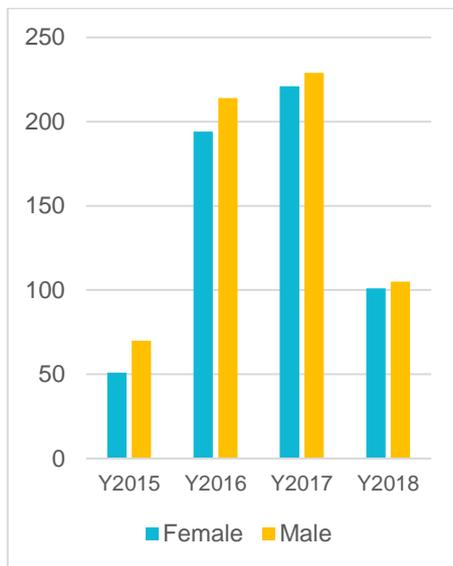
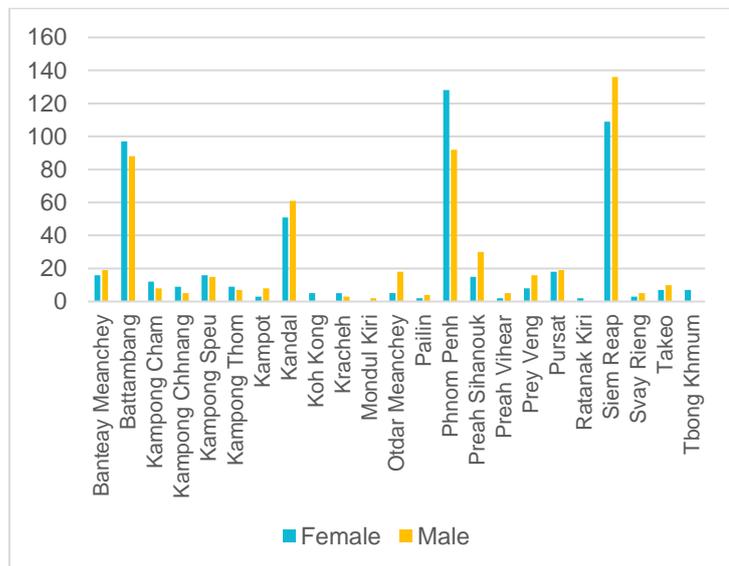


FIGURE 14. PLACEMENT PROVINCES



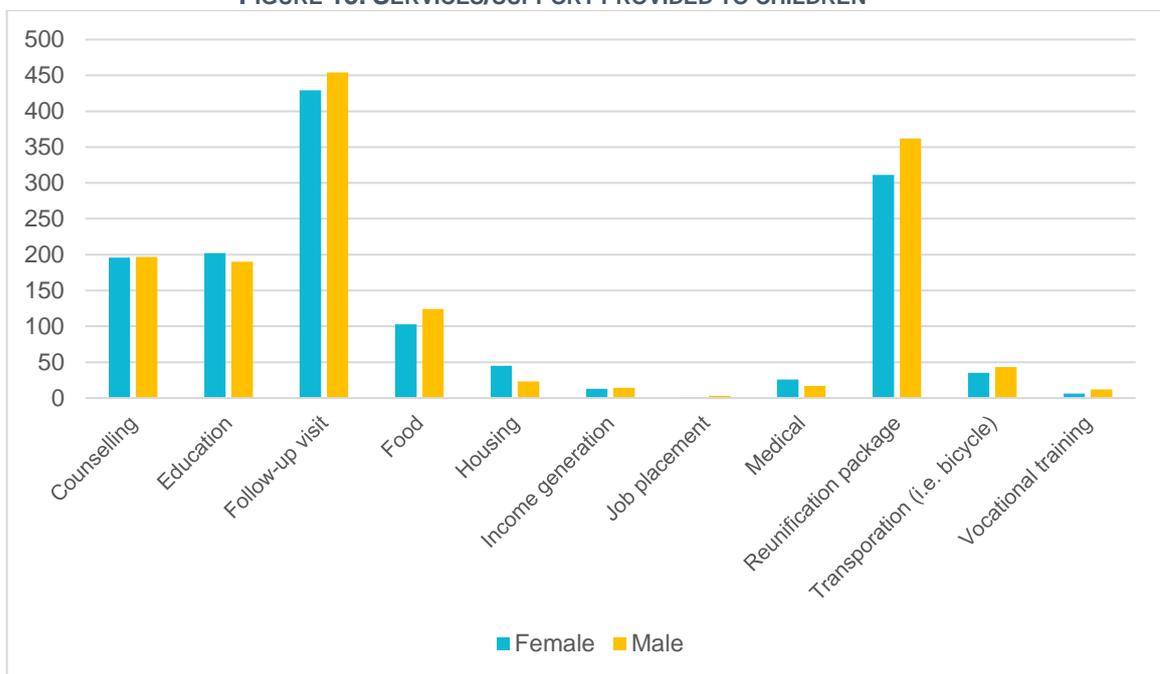
The most common services that children in alternative care placements receive from NGOs are ‘follow-up visits’ (31 percent), reunification package (24 percent), education support (14 percent) and counselling support (14 percent). A child can receive more than one service. The female-male percentage of those receiving the different types of services largely reflects the overall gender proportion in the total sample of 1,185 children. For instance, 49 percent of those receive ‘follow-up visits’ are female, 46 percent receive ‘reunification package’, 52 percent receive ‘education support’, 50 percent

receive ‘counselling support’. The two services that more females have received are ‘housing/rent support’ (66 percent) and ‘medical support’ (60 percent) (See Figure 15).

The Tracking Data also includes some specific qualitative comments on children’s situation after placement. Despite the limited quality of the notes and the need to protect privacy of the data, analysis of the comments on individual children reveals some patterns. Primarily, children re-integrated back into their family of origin seem to face similar situations as children from poorer families and findings include:

- some integrated children manage to stay in school but the likelihood of dropping out of school after reintegration is high;
- children are quite often reported to have moved with their families, especially to Thailand;
- these drop-out-of-school and migration-to-Thailand-problems become more likely as children get older (as expected) and are particularly notable for boys.

FIGURE 15. SERVICES/SUPPORT PROVIDED TO CHILDREN



Selected data from UNICEF’s Formative Research

The literature review of this study discusses findings from UNICEF’s formative evaluation of its child protection program. This section highlights some key data findings and presents relevant charts:

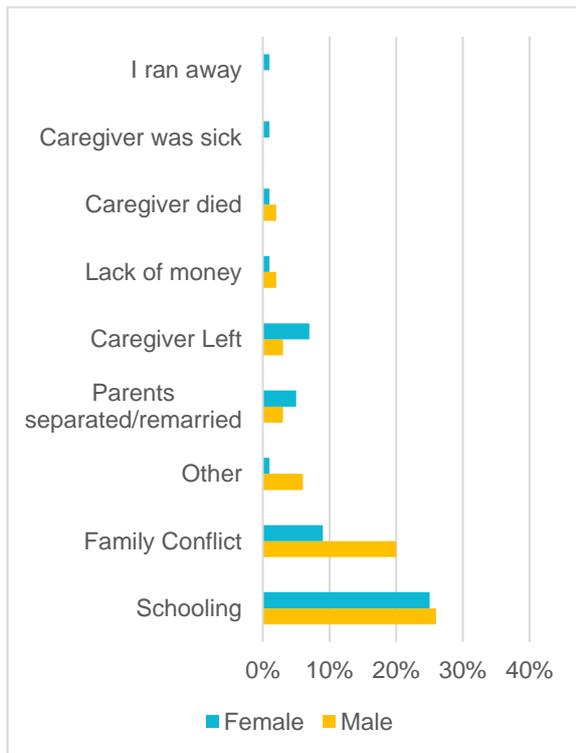
- Boys seem to have higher levels of wellbeing after reintegration compared to girls. This difference was found to be statistically significant.
- Girls more commonly report going to bed hungry, feeling less loved; feeling threat of abandonment and more time on household tasks. They were also less likely to report going to school. Time spent on household chores in particular was statistically significant; on average, girls spent 20 minutes per week on chores than boys.
- Services received from NGOs are similar for boys and girls.
- Boys have more frequent visits from NGOs after reintegration, and this was found to be statistically significant. Conversely, girls reported receiving more visits from government workers. Boys were also reported to have a higher desire for follow-up visits with boys reporting more often that the visits were very valuable.

The formative evaluation included a survey on Children’s Experiences of Reintegration in Cambodia, which is cited in the literature review. Overall, 143 children aged 10 to 18 years were surveyed, and girls

represented approximately 54 percent of the sample and boys approximately 46 percent. The charts below (See Figure 16) illustrate some of the responses disaggregated by gender in the survey report.⁷⁰

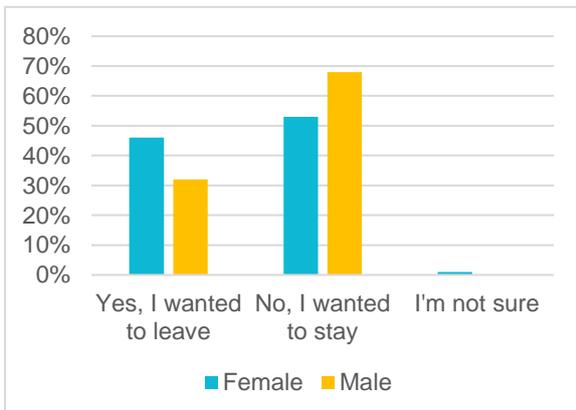
FIGURE 16. SELECTED CHARTS FROM UNICEF’S FORMATIVE EVALUATION

Secondary reasons for placement at RCI



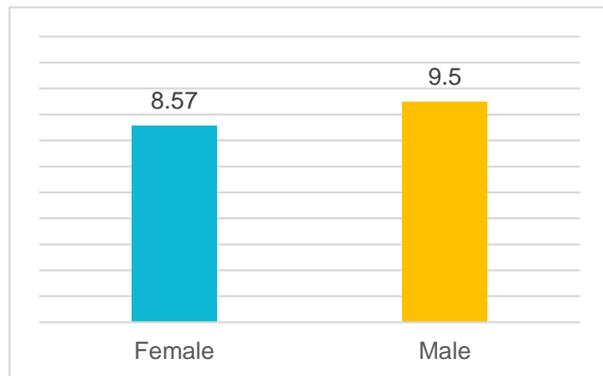
While 'lack of money' is reported as the primary reason for placement, family conflicts is cited more often for boys than girls as a factor in their placement in an RCI. Other factors, including poverty and schooling, are similar for boys and girls.

Desire to leave RCI



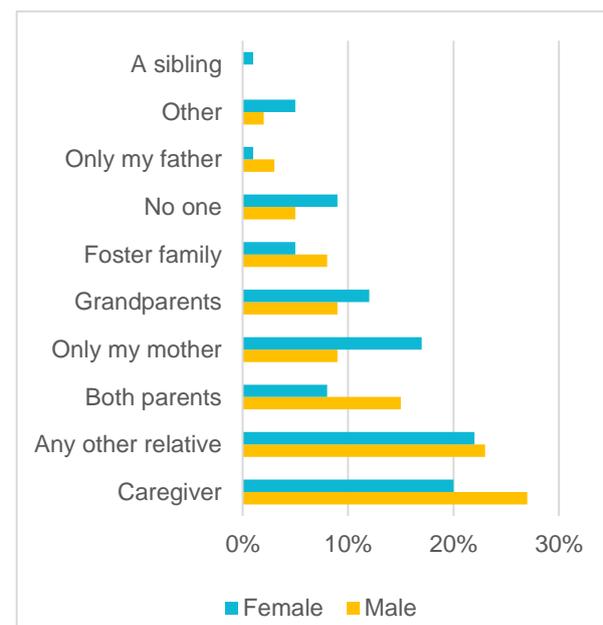
More boys than girls have a desire to live in an RCI, but the difference was not significant ($P > 0.1$)

Mean age at first placement at RCI



Boys were slightly older than girls when first placed in an RCI (Significant, $P < 0.1$)

Current Primary Caregiver



Boys reintegrated from RCIs were most likely to be placed with a caregiver other than kin, whilst girls are most likely to be placed in kinship care

⁷⁰ Carolyn Hamilton et al. (2018), A Formative Evaluation of UNICEF’s Child Protection Programme in Cambodia. Annexes - Vol II, Phnom Penh: UNICEF. P113.

Findings from OSCaR

OSCaR data was analyzed from four of the five FCF|REACT partner NGOs⁷¹. The data was analyzed and divided into four different themes: (i) general situation of the children included in the data base; (ii) their specific situation; (iii) the services provided; and (iv) children status and exit.

General situation

A total of 2,284 children were recorded in the four NGOs' OSCaR databases, about 45 percent of whom are female. Of the child cases on record, 972 (42 percent) are considered active and 47 percent are female. Almost 50 percent are aged 6 to 14 years old, of which approximately 45 percent are female. About 57 percent of the children attend school and 44 percent of these are female.

Of the total child cases recorded, only about 5 percent have ever lived in a RCI (including government RCI), and about half are female. About 43 percent of the recorded children were assessed for ID Poor. Out of those, 40 percent fall under Poor Level 1 and 20 percent under Poor Level 2. The proportion of female for both levels is around 48 percent.

TABLE 3. STATUS OF GIRLS AND BOYS IN THE OSCAR DATASET

Status	Female	Male	Total
Accepted	176	252	414
Active	461	508	972
Exited	299	334	686
Exited Other	1	0	1
Referred	96	106	211
TOTAL	1033	1200	2284

Specific situation

- No gender difference is recorded in poverty for the girls and boys accepted for services (based on ID Poor). This is confirmed by a t-test result on the 583 children whose ID Poor status (Level 1 and Level 2) is known.
- Girls are more likely to have the profile 'disability and illness of the children and their parents,' than boys (See Figure 17). However, this was not found to be statistically significant.
- Girls also have more serious 'history of harms' especially from 'trafficking' and 'sexual abuse', which was found to be a statistically significant difference (See Figure 18).
- Children are referred for their parents' 'high risk behaviors' far more than in relation to their own behavior. This has been found to be statistically significant.
 - Higher rates of girls than boys are referred when parents display high-risk behavior. Similarly, more girls are recorded as having parents with a history of high-risk behaviors than boys.
 - Though rates are low, boys are more likely to have a history of high-risk behavior than girls (See Figure 19).
- For the 707 children on whom data is available, family separation is most often caused by either losing one/both parents or by the family migrating or changing their residence. The death of the father is more likely to lead to family separation than that of the mother. That said, as will be further elaborated in the qualitative finding section, it is not one but a combination of factors that leads to family separation, both for boys or girls (See Figure 20).

⁷¹ One NGO only had three cases in OSCaR and those were received after the analysis was conducted. Because of the small number the data was not recalculated. However, this organization was included in the Qualitative Exploration

FIGURE 17. SICKNESS AND DISABILITY OF CHILDREN AND PARENTS

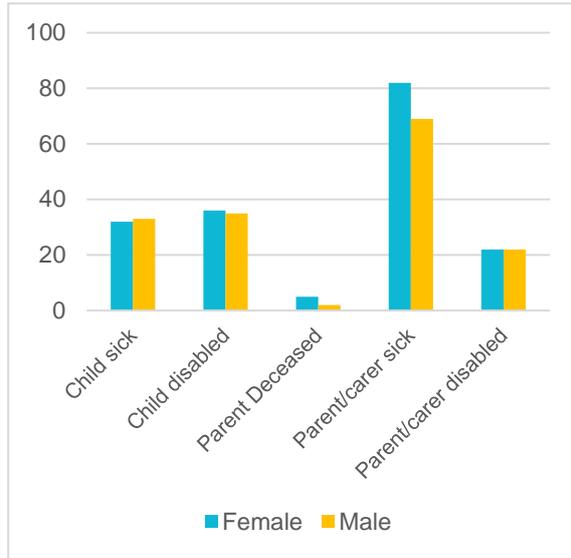


FIGURE 18. HISTORY OF HIGH-RISK BEHAVIOR

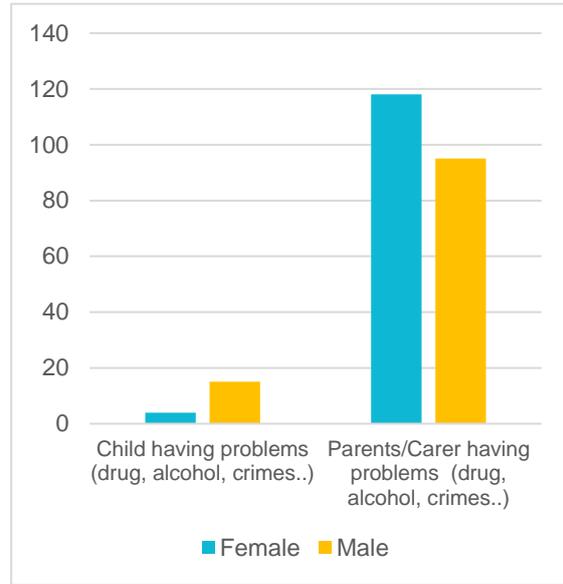


FIGURE 19. EXPERIENCE OF HARM

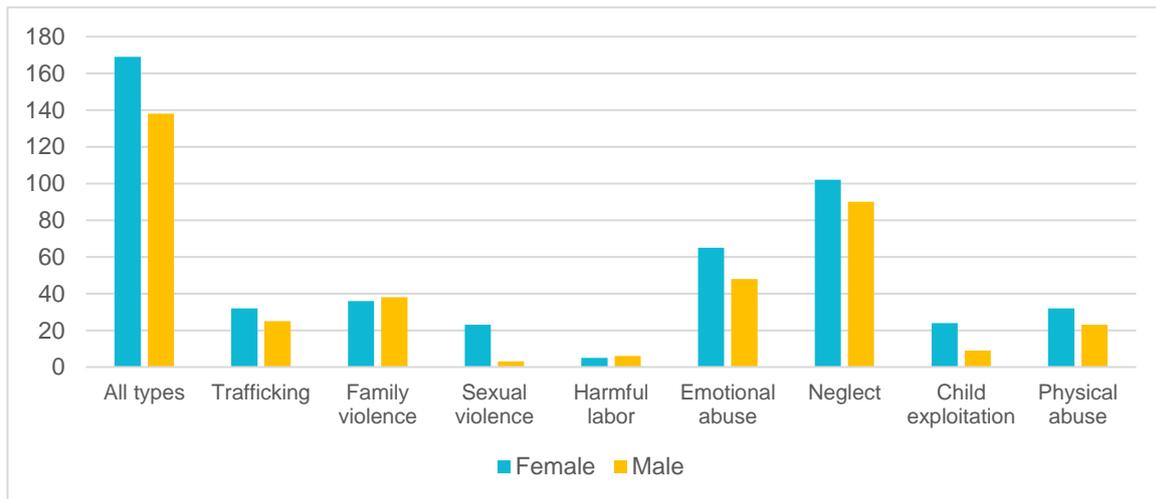
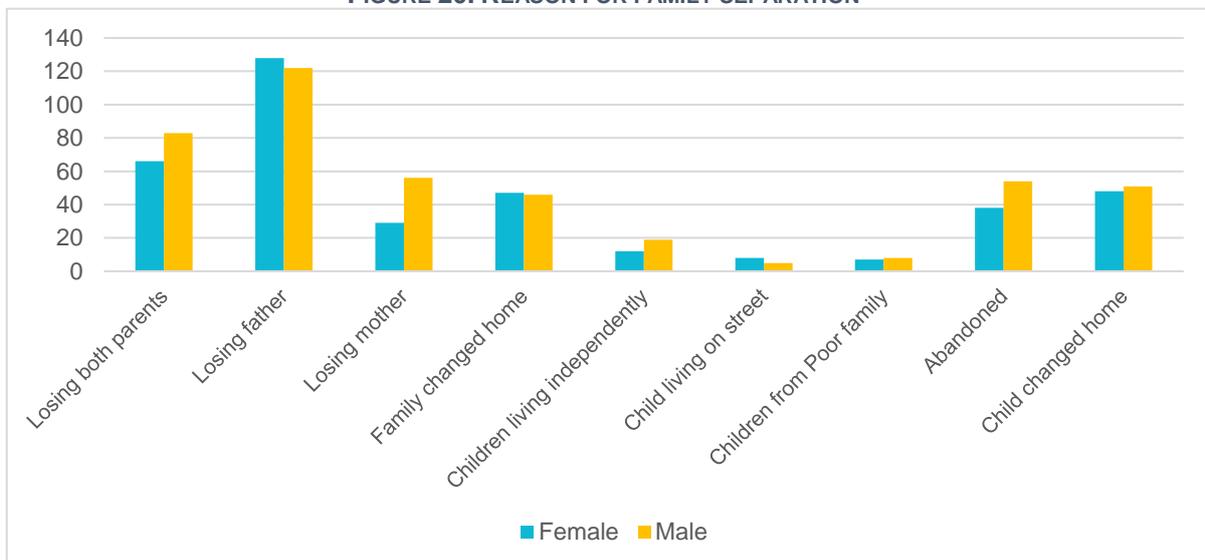


FIGURE 20. REASON FOR FAMILY SEPARATION

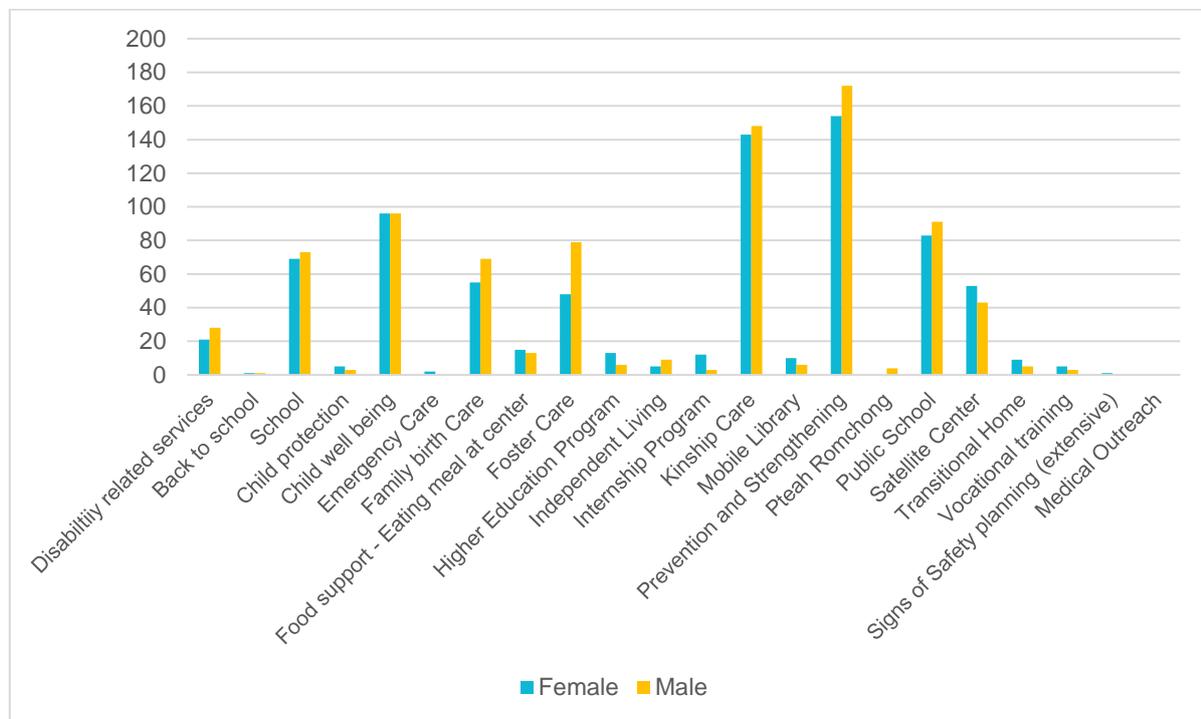


Services provided

The organizations participating in this study provide a range of services to children and families (See Figure 21). The types of services provided depends on the organization. Key observations from the OSCaR dataset are:

- All children with an “Active” status (972) receive one or more services with an average of 1.7 services provided to one child for most NGOs.
- Overall, there are no noticeable gender differences in the number and type of service provided, and although not statistically significant, provision of three services is slightly higher for females which may be worth further attention: satellite center, higher education, and internship program.
- Kinship and foster care services are worth further exploration with a larger data sample: only two service providers provide kinship care, and more females than males are recorded in kinship care. Meanwhile, though there are more males than females in foster care services, the sample is based primarily on one NGOs data so is not generalizable.

FIGURE 21. SERVICES PROVIDED BY GENDER



Child Status Index

In the OSCaR case management tool, the Child Status Index (CSI) is used as a measure of child well-being. Generally, the CSI is measured at different points in the child’s care. The CSI score is measured from 1 to 4 (with 4 being the best) for the following key dimensions: food security, nutrition and growth, shelter, care, protection from abuse, legal protection, well-ness, health care services, emotional health, social behavior, performance, and work and education. This serves as part of the assessment of the child, identifies key areas for intervention and as a measure of progress. The CSI data available in the OSCaR system includes only 675 children across two of the NGO service providers (47 percent are female) (See Figure 22).

- The CSI score shows that an overwhelming majority of the children are highly rated as 3 or 4. For example, these ratings constitute 90 percent for work and education, 93 percent for shelter and performance, and 98 percent for social behavior and health care.
- Most children received a rating of 4 for protection from abuse, legal protection and food security

- Proportionally, more boys scored a 3 than girls in the domains of nutrition and growth, shelter, social behavior and work and education,
- However, a t-test suggests that only for legal protection and social behavior that the differences between boys and girls are statistically significant (i.e. $p < 0.05$), with girls scoring lower for legal protection and boys scoring lower for social behavior.

FIGURE 22: CSI SCORES OF 3 AND 4 FOR CHILDREN IN OSCAR

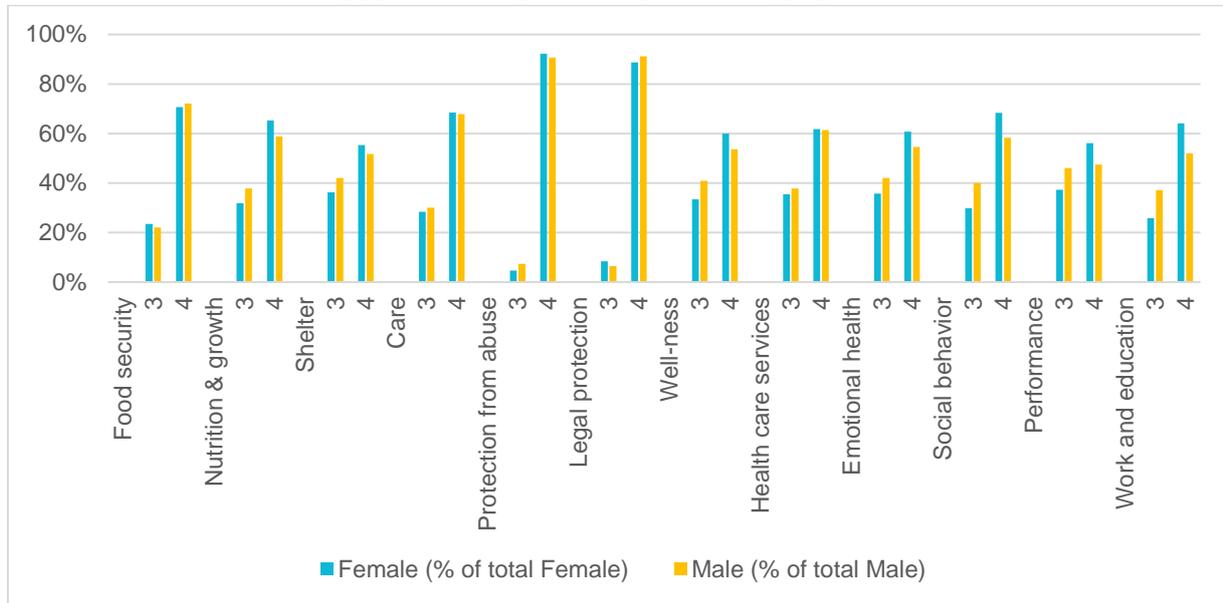
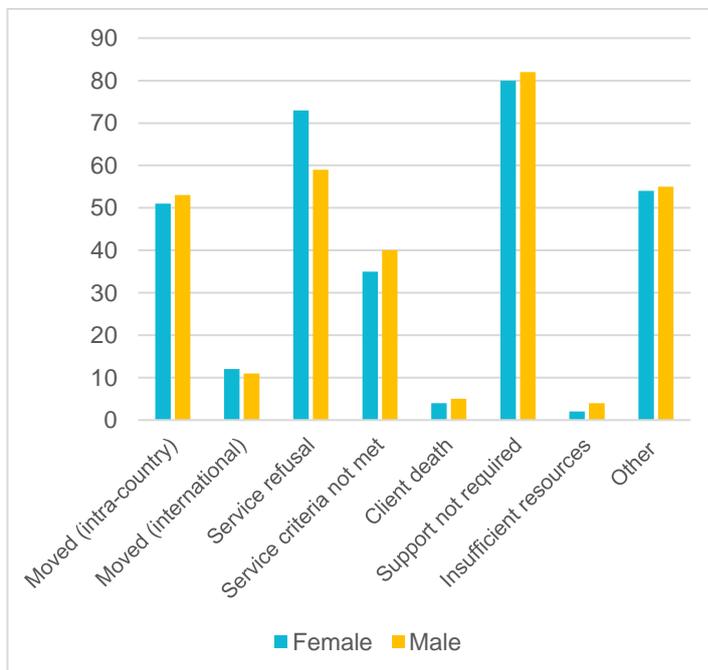


FIGURE 23. REASONS FOR EXIT



Exit:

A case is recorded as 'exit' at the point a child leaves the NGO's support services. The OSCaR dataset includes 686 exited children (299 female) of whom 566 have 'reasons for exit' recorded in their case file. "Clients refusing services" account for 21 percentage of all reasons given for exit. This particular reason is more common and statistically significant for females – at 55 percent (See Figure 23). This finding is worth further exploration.

Qualitative Exploration of Gender Intersectionality in the Placement of Children in Alternative Care

In this section, the findings from the qualitative exploration will be presented and analyzed. Based on the research questions identified in the Terms of Reference and refined through the literature review and the secondary analysis of the existing data sets, key areas were explored to better understand the differences for boys and girls and their male and female caregivers in alternative care.

Risk factors for family separation

Caseworkers and government duty bearers were asked to identify the risks for family separation for children generally and to describe any differing risks for boys and girls. Commonly, duty bearers and caseworkers noted the importance of preserving children in their birth family and had wide agreement on the risks for family separation. These were described as family problems such as domestic violence, alcohol abuse, divorce, neglect, single parents (female-headed household) or sickness. Others common factors were poverty, migration, or abandonment of the child at the hospital (without information). Less commonly, children were reported to be placed in alternative care for the benefits they expected to receive such as education and because of behavioral issues.

While most described the risk factors for family separation for girls and boys as similar, some differences did emerge. For example, some caseworkers reported that families were more likely to keep girls in the family more often than boys. Reasons cited were that girls were easier to care for, and that girls would help out with the work in the household. Girls were also seen as more likely to tolerate family problems, and boys seen as more likely to run away.

Boys were more likely to be placed as a result of behavioral issues. Reasons cited were alcohol and drug abuse, defiance, or other behavioral issues. This validates the findings of the desk review and quantitative analysis.

In the case of the death of parents, the child (same for boys and girls) was reported to be more likely to be placed in alternative care if the mother dies. The mother is reported to be more likely to want to provide ongoing care of the child. This contradicts the statement made by some caseworkers that children of female headed households are at risk of family separation.

NGOs regularly focus on prevention of placement into alternative care. The services for prevention of placement are reported to be based on the needs of the child and family and what is available. There were no gender differences noted in the description by service providers.

Decision-making for alternative care placement

Both male and female family members were reported to have a role in making the decision to place a child in any type of alternative care. Generally, the mother as primary caregiver is viewed as more concerned about the welfare and well-being of the children. The mother in the role as caregiver learns about options for support for her children through friends, community members or the CCWC. In this role female/mother seeks to learn more about information/services, contacts the organization or local authorities, and then shares the information with her husband (and sometimes other family members).

The male/fathers' role was to give advice, provide comments and to commonly have a say in the decision. In some cases, the father was reported to leave the decision to the mother, in others he was reported to provide input, and in some he was reported to have the final say. But, clearly the female/mother had significant influence over the placement decisions for alternative care.

In addition to family decision-making, local authorities have a key role in referring children to RCIs in rural areas. In urban areas DoSVY is more involved in the referral. As families seek support for family crisis from local authorities, they play a role in referring to different types of care.

Caseworkers reported that they based their decision to place the child on the needs of the child and available care options. Some factors considered were the age of the child and the child's individual profile including factors such as disability, child protection risk, health, behavior, socio-economic background. Only two caseworkers mentioned any factors related to the gender of the child. One reported concern for the safety of girls (risk of sexual violence in placement), and another reported consideration of the placement of an adolescent girl due to menstruation. Although the CVACs data cited in the literature review shows that boys in Cambodia experience sexual violence at similar rates (though at younger ages

and with higher rates of multiple incidences) than girls, there was no concern reported by anyone for sexual abuse of boys. The families interviewed (for reunification) had made the decision to place the child, so there is no data in this study on the decision not to place a child.

Caregiver attitudes toward placement

To better understand attitudes toward placement of children in alternative care, the benefits and risks to alternative care were explored with duty bearers, caseworkers and caregivers. These are reported below and analyzed in the context of social norms, particularly those related to gender roles in Cambodia.

Gender Norms

In order to better understand gender norms, respondents were asked to describe the roles of boys and girls in the family. Children interviewed were also asked to describe their activities during the day. The responses from both male and female caregivers and children closely followed the research on roles of men and women described in the literature review. Girls are expected to help with domestic and unpaid care work in the family such as cooking, cleaning, washing clothing, caring for siblings, caring for grandparents and in some cases income generation. Boys are expected to watch the animals, find food (hunting and fishing), help with the heavy work and support income generation.

Both boys and girls were expected to go to school. Girls were repeatedly described as performing better in school and being more likely to study, while boys were described as having more behavior problems. Girls had more limits on movement – boys could go out at night and on their own, but girls were restricted to going out with others and not at night. This was reported as protection from sexual violence.

Benefits to placement in alternative care

Caregiver attitudes toward placement were explored for RCI, kinship and foster care. Key informants were asked the benefits of placing children in different types of alternative care. These were explored in the context of social and gender norms in Cambodia.

Many of the overall benefits described for alternative care were the same for boys and girls, but some differences did emerge. Common benefits for placing children (boys and girls) into any type of alternative care were that children received basic care such as shelter, food, clothing, and health care. Others were the children had access to education and a safe living environment. Parents also reported that with someone else caring for the child they did not have the responsibility to care for the child, and this took pressure off the family and freed them to carry out work or care responsibilities of other children or parents.

In addition to the above, benefits for boys in alternative care were that boys are being removed from 'issues' they are causing at home. These were described as behavioral issues such as non-compliance with family rules, abusing alcohol or drugs, fighting or not attending school.

Benefits for girls in alternative care (and some mentioned for boys) were that they were protected living in a safe environment. Generally, the safety threats for girls were reported as sexual violence.

Benefits to Placement in RCIs

In addition to the above, RCIs were reported to be safe places (for both boys and girls) because they had a guard at the RCI. This was more commonly reported by government duty bearers. Children were also reported to be able to have more options for educational opportunities in RCIs. A few key informants reported that children from RCIs had better behavior than children in the community. A few caseworkers reported that boys thrived better in RCIs than girls because they were more social and fit into the system of RCIs. Of note, interviewers observed that RCIs were hesitant to report child protection risks for children residing in RCIs. This was interpreted that if they reported concerns that it meant they were not doing a quality job of caring for the children.

Benefits to Placement in Foster Care

In addition to the above, the additional benefits to boys and girls placed in foster care were that the child is living with a good family because the family was selected by the service provider organization. The child was seen as having access to good role models and emotional support from the foster parents. Caseworkers noted a difference for children placed in foster care compared to RCIs was that being with foster parents cultivated attachment, which promotes healthier physical, social, and emotional development.

Benefits to Placement in Kinship Care

Additional benefits to kinship care were similar to benefits for foster care, with one notable exception. Kinship care was reported to be easier for both boys and girls to adapt to because they already commonly knew the family member providing care. One difference that was noted for girls in kinship care was the benefit that girls learn the rules of society, and this was only possible within the family.

Boys and girls were both seen to develop better in kinship care and foster care because they get more attention from caregivers and have better attachments. Later, in the discussion on reunification, there is some evidence that girls are wanted to help with housework and care responsibilities.

Child protection risks in alternative care placements

Study respondents were asked about the child protection risks for boys and girls in different types of alternative care. These risks were explored to better understand the differences for boys and girls in the context of gender social norms.

Child Protection Risks in RCIs

While RCIs were described as safe places for children, particularly by government duty bearers, caseworkers, foster parents and different types of caregivers interviewed also described some child protection risks. In RCIs, child protection risks for boys were that they would drop out of school, misbehave, abuse drugs, or run away. A few reported concerns that boys could be exploited for work, be physically abused by staff of RCIs or run away. For girls, the risks were for sexual abuse, being sexually active or being cheated. One key informant reported that girls tended "to get involved in love affairs". Girls were reported to be less able to protect themselves from risks.

Child Protection Risks in Foster Care

Although foster caregiver attachment was seen as being a benefit compared to when children are living in RCIs, as described above, child protection risks for children in foster care were still perceived in general to be neglect from the foster parents and discrimination between birth and foster children. This discrimination was described as birth children being provided better care and support than foster children. For both boys and girls, a child protection risk raised was a heavy workload. For boys, additional risks raised were dropping out of school, emotional abuse and drug abuse. Some foster care providers also raised the concern for their own ability to care for the children, particularly long term as they were living in poverty themselves.

Child Protection Risks in Kinship Care

In kinship care child protection risks raised for both boys and girls were domestic violence (against female kinship caregiver from her husband/partner, and against children), and children being required to work to earn money to help the family. Another was the capacity of the kinship care providers. Some are grandparents (primarily grandmothers) and are reported as having limited resources and health problems. A child being cared for by her grandmother reported her biggest concern for the future is for "grandmother's health, and her ability to continue with school". With kinship care providers, concerns were also raised that the kinship care providers did not always cooperate with the NGO in completing the service plan. Particular risks raised for boys include the issue of dropping out of school, migration to work, and drug abuse. For girls the additional risks were described as a heavy domestic workload. Interestingly, for kinship care providers, caseworkers reported a tendency to reintegrate the children on the mother's side of the family instead of the fathers. There was no clear reason for this preference, although it is in line with findings in the literature review.

There are several interesting differences in the findings' worth discussion for boys and girls. Overall, boys were reported to be more at risk for drug abuse or 'misbehaving' and girls were reported to be more at risk for sexual abuse or early sexual activity whether in the community or in alternative care. Boys are repeatedly described as more independent (or harder to control) and needing less protection. Boys have more freedom of movement than girls and more free time. Caseworkers reported that boys are likely to leave relatives care and migrate away to work. In both foster care and kinship care, girls help to do housework and take care of younger children. In some cases, these responsibilities kept them from going to school regularly. Girls are described as more vulnerable to sexual abuse, being required to stay close to home and not going out alone or at night.

While in this study, almost universally, the boys were not mentioned as at risk for sexual abuse in any setting, the research (described in the literature review earlier) in Cambodia, shows that boys are in fact at risk and have slightly higher experience of sexual abuse than girls and the first occurrence of sexual abuse for boys is at an earlier age.

The risk for sexual abuse for girls is recognized and highlighted repeatedly in all settings. This concern is also conflated with girls being sexually active or 'having boyfriends'. Girls are seen as needing to be protected from both sexual abuse and sexual activity, while it is not mentioned for boys. While the risk for sexual abuse is real (for both boys and girls), boys do not receive the same criticism or identification of need for protection for being sexually active. This is likely a result of the different gender norm described in the literature that girls' virginity must be protected for them to be of value (*Men are gold, Women are white cloth*).

Services for Children in Alternative Care

Almost universally, participants reported that services are provided for children and families based on the individual needs of the child, reporting few differences related to the gender of the child. Caseworkers reported that both boys and girls needed similar services. These services included care, counseling or psychosocial support, material support, educational support, health care and others. These services and care plans were reported to be based on the individual situation of the child and family and available services.

While most service needs were considered to be similar for boys and girls, a few differences emerged. The first was related to hygiene for girls. Participants noted that girls need additional care when they reach puberty and menstruate. This need was seen as more of a challenge to meet when the girl resided in RCIs because of the lack of individual attention. For both boys and girls, the need for technical and vocational education and training were reported to be different. The difference was the types of vocational and technical education available. The specific training preferred by boys or girls was not always available.

One caseworker did report that girls were easier to engage in services, because more services are targeted to girls.

Reintegration of Children from Alternative Care

Decision-making for reintegration of the child into the family of origin

Almost universally, the decision to reintegrate a child was based on a change in the situation of the family of origin. The factors that led to reunification were that the family was more stable, the families' situation had improved, and there was an attachment seen between the parents and the child. Many key informants described that there was no difference in the factors for boys and girls. Those that did note a difference reported that girls are usually more easily reintegrated, as they will stay home and care for the family. Age was also mentioned, noting that older boys could help to earn income, and older girls help with the family. Another issue that was noted by caregivers is that boys (between 13 and 18) tend to want to leave the RCI, and go back to their families, but they do not tend to stay long, especially if the family is not stable. For girls, a key consideration for reintegration is safety and education.

The processes for assessing these factors for a quality reintegration were not explored, just the decision-making process and differences for boys and girls. As with the decision for placement of the child, the female/mother is heavily engaged in the decision for reintegration. Many reported that the mother makes the decision solely. Others reported similar to with the decision for placement that the father provided input, advice and had the final decision. But overwhelming the mother was reported to influence the decision about reintegration.

Child protection risks after reintegration

Child protection risks after reintegration were explored, both generally, and to understand any differences for boys and girls. Risks for both boys and girls were dropping out of school, child labor, a heavy domestic workload and domestic violence. Boys were again considered to be at risk of drug or alcohol abuse, running away from home, or migrating for work. For girls, the risk again was of sexual abuse.

Another difference noted here was the commitment to education. Boys were reported to be more likely to drop out of school to earn money. Boys were described as wanting to 'grow up fast' and be independent, not seeing the value of education for themselves.

Interestingly, some caregivers complained that children that had been reintegrated from RCIs did not have adequate skills to help in the family. They did not understand their traditional 'roles and responsibilities' in the family based on their gender. This was based on gendered norms described earlier (girls do care and domestic work and boys 'heavy work' and income generation). This links to the comments by kinship care providers noting that children (especially girls) learn their roles and responsibilities in the family.

Other concerns raised by caregivers might be described as 'generational gaps'. Parents complained of children's use of social media, expectation for things such as make-up clothing, etc.

Impacts of reintegration on male and female caregivers

The impact on male and female parents/caregivers regarding workload/household burden when children are reintegrated into families was explored.

Overwhelmingly, all participants reported the mother/female and father/male roles in the traditional gendered care roles. This did not change after the children were reintegrated. The mother/female is responsible for domestic and care work and some income generation. The father's role is to find income for the family, give advice, serve as the head of the family, do heavy work, and protect the family by providing security.

When children are reintegrated into the families, they engage in the traditional roles for boys and girls as well. When a girl is reintegrated, she assumes the role to help the mother with the domestic and care work. The boy helps the father with outside chores and income generation.

Noting that the mother is heavily involved in the decision-making for reintegration, and the mention that girls are easier to reintegrate, it is natural to assume that the mother supports reintegration as she will have help with her domestic and care work.

One challenge noted with reintegration of girls is that they need more security against violence, health care, and beauty care. Girls also need private rooms (with no boys). Challenges mentioned for reintegration of boys is they do not want to stay with the family. They want to go to work. Other challenges were the same as noted earlier in child protection risk – abuse of drugs and alcohol and other behavioral issues.

Conclusions and Recommendations

Conclusions

- The data shows that slightly more boys are in alternative care than girls. This pattern remains consistent. There are also more boys than girls in care with disabilities. Other research has suggested that this difference was for boys' education. However, boys make up a slightly larger share of the population. Reasons for risk of family separation in this study were more commonly reported as family problems such as domestic violence, alcohol or drug abuse, death, child abandonment, family illness, poverty and migration. Far less common was that children were placed because of the benefits they would receive alone (health, education, etc.). While access to education, likely plays a role, it is also likely coupled with a family crisis. The reasons for family separation are likely varied and complex and unique to each family.
- Caregivers hold traditional social norms and attitudes about the roles of boys/men and girls/women as the larger society. Girls/women are primarily responsible for unpaid care work, domestic chores, and have limited roles in decision-making. Men/boys are expected to be head of the family, protectors, income generators, and decision-makers. These inequitable gender norms limit girls' mobility and place a higher burden of time spent on work for women and girls. Research shows some indication that these roles are shifting as more women work, yet, the roles continue to be taught as expectations for boys and girls.
- Given these traditional social norms in Cambodia, the assumption could be that in male-headed households, the men would be the final decision-maker on placement of a child in alternative care and reintegration into the family. At the same time though, women are primarily responsible for caring for the children. The qualitative analysis identified that female caregivers play a leading role decision-

making for placement. This role ranges from being primary decision-maker to the person that identifies, researches and recommends options. Fathers contribute advice, in some cases are decision-makers, but clearly mothers or female care providers have a leading role.

- The study did not explore prevention of placement extensively. Prevention activities were provided by most organizations, and these services targeted the risk factors of each family and child. Interestingly, caseworkers reported that girls are seen as easier to care for and more helpful in the home, so they are kept at home over boys.
- While the priority for family-based care and preserving a child's care in their family of origin is an increasing priority, in fact, the decision for type of alternative care when needed is most commonly based on available care models and recommendation of service providers. RCIs are seen as safe places providing options for education and basic care but lack individual care and emotional support. Kinship care is seen as easy for children to adapt to, provides emotional support, but has some risks for heavy workload, and other types of abuse. Foster care is seen as similar – providing an environment to support attachment, with risks for workload, and differing (lesser) care than birth children receive. There is a slight difference in the number of boys in foster care, but this difference is primarily based on one organization's data, and it appears not to be an organizational priority.
- There is some indication that additional gender differences in alternative care begin to emerge in adolescence. This appears in heightened concerns for sexual abuse and sexual activity of girls and behavioral concerns (drug, alcohol abuse, drop out) for boys.
 - Social norms and key informant insights from existing studies and this research continue to suggest that adolescent girls require protecting and may be perceived to be more at risk of sexual abuse or sexual activity. However, studies reviewed reveal boys may face heightened risks in some cases, and care must be taken to ensure gender norms and expectations of boys do not mask their situation.
 - Sexual abuse or sexual activity is not seen as damaging to boys therefore it is ignored. For girls, the risk of sexual abuse (and the resulting damage to their reputation) limits their mobility and options (for example education, marriage). Girls that are sexually active are seen as problems, but there is no mention of boys that are sexually active being problems.
 - Boys are perceived to be more vulnerable to drug and alcohol abuse, dropping out of school and other behavior problems.
 - In fact, girls are performing better in schools and are on par with boys on participation in school. Differences begin to emerge in adolescence. Concerns are raised for appropriate and accessible vocational training for both boys and girls.
- Research shows that kinship caregivers tend to be single females who are older, less educated and have lower incomes, and that they report poorer rates of depression and health compared to non-kinship foster parents. In this study, kinship care providers were reported to be dominated by grandmothers, but there were still some two-parent families. It was reported that kinship caregivers were more likely to be from the mothers' side of the family. Despite indications of a predominance of female kinship caregivers, it is important that the existence of male caregivers and their needs should not be obscured.
- Decision-making for children to be reintegrated is influenced by the mother/female caregiver and may link to the preference for girls supporting her in undertaking care and domestic chore work. Differences in child protection risks for boys and girls were again related to risk for sexual abuse for girls, and drug and alcohol abuse for boys.
- Overall, girls are seen as easier to reintegrate into families, although the percent of boys and girls being reintegrated is similar. The data from the UNICEF Formative Evaluation show that girls are not doing as well as boys when reintegrated. Boys seem to have received more frequent visits from NGOs after integration and are reported to value the visits highly.

Recommendations

Female caregivers play a significant role in decision-making and providing care for children in all types of care. It is important to consider this burden when developing and implementing care plans for children. Opportunities to relieve this burden are to provide supportive services as childcare, relief care, or other support.

Inequitable gender norms around domestic roles result in girls being expected to carry an unequal care burden, resulting in less free time, and lost opportunities for play and study. In spite of this, girls are performing well in school. Boys are seen as more likely to want to play than study and this is accepted. Focus of educational support should include a more equitable split of family chores so boys and girls have similar time commitments, and efforts should include exploring better ways to engage boys in education.

Although boys and girls both have risks for sexual violence, this is overwhelmingly considered a 'girl' problem. As a result, girls' mobility and opportunities are limited and boys are left at risk. Caseworkers are unaware of the reality of risks to boys who receive little protection and whose needs are likely being overlooked – this requires significant attention and understanding to work towards improved protection of boys.

A deeper understanding and a change in focus for services and supports for boys may be required. At all levels, boys are seen as having behavioral problems (alcohol and drug abuse, fighting, gambling) and difficult to place. Further efforts are required to explore and develop successful interventions which work with difficult behaviors to meet the needs of boys in community-based care. For example, parenting skills, promoting positive masculinities, personal development and community awareness to reduce stigmatization and enhance support e.g. juvenile justice pathways.

The roles of mothers and grandmothers should be given more attention in the context of childcare and in reintegration of children back into the family. Programming-wise, an analysis of this workload should be conducted and addressed so that they do not bear an undue burden of care when accepting children back from residential care. The needs and role of male caregivers should also be considered to support effective parenting in all households.

The impact of generational gaps and widespread access to social media on the relationship between parents and children should be further explored. While already affecting households in general, these two factors could even more pronounced when children reintegrated children from settings with more access to social media interact with their kinship caregivers, foster parents or even their families of origin.

Working to promote positive peer experiences is one possible approach. It is learned from the fieldwork that teenagers, both girls and boys, are easily influenced by their peers. Specific interventions such as creating effective youth groups or clubs can create positive impacts and also engage young people and promote youth champions in the process.

The issue of migration and urbanization should be given explicit and systematic attention. These two factors affect young people at country level, community level and household level, both in general and for the families of the reintegrated children. The likelihood that children, boys more so than girls, will migrate out - either to urban areas or cross-border - not long after they are reintegrated requires more attention at programming level.

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Annex 1: Interview Guides

Family Care First Gender Research

Cover Sheet for Interview Notes

(Complete one sheet for each key informant interview)

Type of Key Informant	
DOSVY, CCWC	
Residential Care Center (Govt)	
Case Worker or Service Provider	
Caregiver (Prevention Case)	
Caregiver (All other Cases)	
Child 12+	

Interviewer	
Date	
Location (list all that are relevant)	
Province	
District	
Commune	

Other:

Other:

Names of Key Informants						
1	Name (not required for children or caregivers)	Job Position (If relevant)	Organization or Government Office (if relevant)	Sex	Age	Type of Care (kinship, foster care, family of origin, Residential)
2						
3						
4						

Notes: Please make any notes about observations relevant to this interview.

Family Care First Key Informant Interview: Case Workers & Service Providers

Consent Procedure: See the Consent Form for Case Workers and Service Providers. Use it to explain the research and get permission before you start this interview.

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the organization, and the caseworker.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

Note: Throughout ask for differences for boys' girls (not children generally).

Topics:

Decision-making about placement

1. What are the **common reasons** that **girls/boys** are at risk of family separation?

(Let the case worker respond, Probe as needed: access to education, family problems such as alcohol, drugs, domestic violence, migration of parents, divorce, legal issues, others)

How is this different for boys/girls?

2. What roles do the parents/caregivers have in making a decision about placing a child in alternative care (residential care center, kinship care, foster care)

Probes:

Mother's Role?

Father's Role?

Other Caregivers (grandparent for example) Role?

3. Who has more influence (makes final decision) on the decision for care? Mother, Father, other?
4. Do parents/caregivers prefer to place boys or girls in a specific type of care more often than others (kinship, foster care, residential care)?

How is this different for boys or girls? Why? (probe as needed: access to education, safety, etc.)

5. What **benefits does the caregiver believe the child** will get by being in alternative care?

(Probe as needed: Basic care, medical care, education, safety (physical sexual abuse), workload, parenting support, services, emotional)?

Probe for different types of care:

- a. Residential Care
- b. Foster Care
- c. Kinship Care
- d. How is this different for boys or girls? **Why?**

6. What are factors that impact the **decision you make as a case worker for the types of placement** made for boys/girls into kinship care, foster care, residential care?

(Let the case worker respond and Probe if needed age, family problem, child behavior, sex, availability of care, preference of care provider, preference of family, access to services, concern for safety in placement, etc.)

How is this different for boys or girls? **Why?**

7. Are there factors that make it **easier to place a boy or easier to place a girl** in a particular type of care? Why?
 - a. Probe if needed: (Child's profile such as having a disability, child's health, age), foster family prefers boy or girl, kinship care provider prefers boy or girl (why), Other reasons?
 - b. Probe: Are your care plans usually different for boys and girls? Why?

Boys and Girls in Care

8. From your point of view do **boys/girls thrive better in different types of care** - foster care, kinship care, residential care? Why?
 - i. Probe: What is the most challenging type of care to provide for boys? For girls?
9. What are the child protection **risks for girls and boys in different types of placements**? (probes as needed: sexual abuse, workload, etc.) – Ask for each type of care:
 - a. Residential Care
 - Foster Care
 - Kinship Care
 - How is this different for boys and girls? Why?
 - What are differing services needed for boys and girls?

Probe: Are there services not available that boys need?

- Are there services not available that girls need?

10. What are the roles of the caregivers that are caring for boys or caring for girls in different types of care?

Foster Care:

- Who are the primary persons that are responsible for the care of the boys/girls in **foster care**?
 - Probe: female carer, male carer?
- For boys/girls in foster care, how is the role of the male and female caregiver different?
- Is it different when caring for boys/girls?

Kinship Care:

- Who are the primary persons that are responsible for the care of the boys/girls in **kinship care**?
- For boys/girls in kinship care, how is the role of the male and female caregiver different?
- Is it different when caring for boys/girls?

Reintegration

11. What factors impact the decision for reintegration of boys/girls?

Who in the family has the most influence on the decision on the child being reintegrated? Mother, father, others?

How is it different for boys or girls?

Are there factors that make it easier to reintegrate a boy or girl?

12. What are the child protection risks for girls and boys when they are reintegrated into families (probes as needed: access to education, abuse, workload)?

How are these different for boys or girls?

Closing: Anything else you think it would be important for us to understand the differences between boys and girls in the risks for separation, decisions for care, type of care, and reintegration? We really want to understand any differences for boys and girls. Thank you

Family Care First Key Informant Interview: Youth aged 12+

Consent Procedure: Complete the Consent Form for Caregivers/Parents prior to this interview. This gives you permission to interview the child.

Assent Procedure: Use the Assent Form to explain the research and get assent before you start this interview.

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the child and family.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

- Permission of Care Provider is signed
- Child is provided the summary statement and all her/his questions are answered

Note to interviewer – Keep the interview informal and as natural as possible. Show genuine care and concern for the child and family. **DO NOT BE ALONE WITH THE CHILD** _ Make sure you are in sight of another adult.

1. Tell me about your life? What is your typical day like?
 - a. Morning
 - b. Afternoon
 - c. Evening
 - d. Free time? Chores?
2. How old are you?
3. Do you go to school? What grade are you in? What do you like about school?
4. Do you work? What kind of work? How often?
5. For boys: What are the expectations for boys in the family?
6. For girls: What are the expectations for girls in the family?
7. How is it different for boys/girls? If different why do you think these differences in expectations for boys/girls?
8. What is the role of the father/male caregiver to you?
9. What is the role of the mother/female caregiver to you?
10. Why do you think there are differences in mothers' and fathers' roles?
11. What support would you like most from your father//male caregiver?
12. What support would you like to have most from your mother/female caregiver?
13. What do you worry about the most?
14. What is your future plan? Are there challenges that keep you from your plan?
15. What do you think your parents/caregivers wishes for your future are?

Any questions for me? Thank you very much. Remind the child that the research will be used for better understanding of boys and girls experience.

Family Care First Key Informant Interview: DOSVY, CCWC

Provide an explanation of the research.

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the organization, and the caseworker.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

Note: Throughout ask for differences for boys girls (not children generally).

Topics:

Topic 1: Decision-making about placement

1. What are the **common reasons** that **girls/boys** are at risk of family separation?

(Let the case worker respond, Probe as needed: access to education, family problems such as alcohol, drugs, domestic violence, migration of parents, divorce, legal issues, others)

- How is this different for boys/girls?

2. What roles do the parents/caregivers have in making a decision about placing a child in alternative care (residential care center, kinship care, foster care)

Probes:

- Mother's Role?
- Father's Role?
- Other Caregivers (grandparent for example) Role?
- Who has more influence (makes final decision) on the decision for care? Mother,
- Father, other?

3. Do parents/caregivers prefer to place boys or girls in a specific type of care more often than others (kinship, foster care, residential care)?

- How is this different for boys or girls? **Why?** (probe as needed: access to education, safety, etc.)

4. What **benefits does the caregiver believe the child** will get by being in alternative care?

(Probe as needed: Basic care, medical care, education, safety (physical sexual abuse), workload, parenting support, services, emotional)?

Probe for different types of care:

- Residential Care
- Foster Care
- Kinship Care
- How is this different for boys or girls? **Why?**

5. What are factors that impact the **decision you make as a government authority for the types of placement** made for boys/girls into kinship care, foster care, residential care?

(Let the case worker respond and Probe if needed age, family problem, child behavior, sex, availability of care, preference of care provider, preference of family, access to services, concern for safety in placement, etc.)

- How is this different for boys or girls? **Why?**

6. Are there factors that make it **easier to place a boy or easier to place a girl** in a particular type of care? Why?

Probe if needed: (Child's profile such as having a disability, child's health, age), foster family prefers boy or girl, kinship care provider prefers boy or girl (why), Other reasons?

Probe: Are your care plans usually different for boys and girls? Why?

Topic 2: Boys and Girls in Care

7. From your point of view do **boys/girls thrive better in different types of care** - foster care, kinship care, residential care? Why?

Probe: What is the most challenging type of care to provide for boys? For girls?

8. What are the child protection **risks for girls and boys in different types of placements?** (probes as needed: sexual abuse, workload, etc.) – Ask for each type of care:

- Residential Care
- Foster Care
- Kinship Care

How is this different for boys and girls? Why?

9. What are differing services needed for boys and girls? Do boys and girls need different types of services? (Describe)

Probe:

- Are there services not available that boys need?
- Are there services not available that girls need?

10. What are the roles of the caregivers that are caring for boys or caring for girls in different types of care?

- Foster Care:
 - Who are the primary persons that are responsible for the care of the boys/girls in **foster care**?
 - Probe: female carer, male carer?
 - For boys/girls in foster care, how is the role of the male and female caregiver different?
 - Is it different when caring for boys/girls?
- Kinship Care:
 - Who are the primary persons that are responsible for the care of the boys/girls in **kinship care**?
 - For boys/girls in kinship care, how is the role of the male and female caregiver different?
 - Is it different when caring for boys/girls?

Topic 3: Reintegration

11. What factors impact the decision for reintegration of boys/girls?

- Who in the family has the most influence on the decision on the child being reintegrated? Mother, father, others?
 - How is it different for boys or girls?
 - Are there factors that make it easier to reintegrate a boy or girl?
12. What are the child protection risks for girls and boys when they are reintegrated into families (probes as needed: access to education, abuse, workload)?

How are these different for boys or girls?

Closing: Anything else you think it would be important for us to understand the differences between boys and girls in the risks for separation, decisions for care, type of care, and reintegration? We really want to understand any differences for boys and girls. Thank you

Family Care First Key Informant Interview: Foster Caregivers

Consent Procedure: Complete the Consent Form for Caregivers/Parents. Use it to explain the research and get permission before you start this interview. This will also include the consent procedure for interviewing the child in their care

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the child and family.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

Topics:

Explain that first you want to ask some questions generally about boys and girls, then you want to ask some questions about their family and child.

Information about the child:

How long has the child been in your care? _____ (list in months, years)

Where was the child before he/she was in your care? _____ (family of origin, residential care, etc.)

How old is the child? _____ What grade is the child in school? _____

Topic 1: Gendered Roles of boys and girls

1. What are the different roles/responsibilities for boys and girls in the family?

Some probes	Boys	Girls
Unpaid Care Work (child care, caring for grandparents)		
Domestic Chores		

(cooking, cleaning, washing, feeding animals, etc.)		
Work outside of home (work that generates income)		
Study/Education (going to school)		
Decision-making about future (education, marriage, job)		
Other?		

2. What other norms (rules) that are different for boys and girls?

Probe if needed: Going out in the evening, going out without parents, free time, etc.

Topic 2 Decision Making about Placement

3. What were the reasons that kept the family of origin from being able to care for this child? (they may not know)

Probe if needed: (health, safety, basic care, education)?

How were these different because the child is a (girl/boy)?

4. Do you know the factors that were considered when the decision was made to place the child in your care? *Open-ended and let them give answers.* Were these different because the child is a boy/girl? Was their age a factor?

5. What were the benefits to the child being in your care?

Probes if needed: Access to care for basic needs, Access to medical care, access to education, improved safety, reduced workload at home, help with behavior problems, get services they could not get at home, etc.

How are these different for boys or girls?

Topic 3. Care

About the Child

6. What are the child's roles and responsibilities in your family? Is this different because the child is a boy/girl?

7. Has the family, community accepted the child? Is this different because the child is a boy/girl?

8. What are your ongoing concerns about your child's care? Is this different because the child is a boy/girl?
9. What is the long-term plan for the child? Is this different because he is a boy or girl?
10. What are your hopes and dreams for your child? Are there different hopes and dreams for boys and girls?

About the caregiver

11. As a foster parent do you prefer to provide care to boys or girls? Why? What are the differences? Is age a factor?
12. Who provides most of the care for the child? Foster Father? Foster Mother?
13. What is the role/responsibilities of the foster father in providing care for the child?
14. What is the role/ responsibilities of the foster mother in providing care for the child?

Anything else you think it is important for us to understand? Thank you.

Family Care First Key Informant Interview: Kinship Caregivers

Consent Procedure: Complete the Consent Form for Caregivers/Parents. Use it to explain the research and get permission before you start this interview. This will also include the consent procedure for interviewing the child in their care

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the child and family.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

Topics:

Explain that first you want to ask some questions generally about boys and girls, then you want to ask some questions about their family and child.

Topic 1: Gendered Roles of boys and girls

1. What are the different roles/responsibilities for boys and girls in the family?

Some probes	Boys	Girls
Unpaid Care Work (child care, caring for grandparents)		
Domestic Chores (cooking, cleaning, washing, feeding animals, etc.)		
Work outside of home (work that generates income)		
Study/Education (going to school)		
Decision-making about future (education, marriage, job)		
Other?		

What other norms (rules) that are different for boys and girls?

Probe if needed: Going out in the evening, going out without parents, free time, etc.

Topic 2 Decision Making about Placement

2. What were the reasons that kept the family of origin from being able to care for this child? (they may not know)

Probe if needed: (health, safety, basic care, education)?

How were these different because the child is a (girl/boy)?

3. Do you know the factors that were considered when the decision was made to place the child in your care? *Open-ended and let them give answers.* Were these different because the child is a boy/girl? Was their age a factor?

4. What were the benefits to the child being in your care?

Probes if needed: Access to care for basic needs, Access to medical care, access to education, improved safety, reduced workload at home, help with behavior problems, get services they could not get at home, etc.

How are these different for boys or girls?

Topic 3. Care

5. What services has the child needed? Were these different because the child was a boy or girl?

Probe:

- Are there services not available that boys need?
- Are there services not available that girls need?

About the Child

6. What are the child's roles and responsibilities in your family? Is this different because the child is a boy/girl?
7. Has the family, community accepted the child? Is this different because the child is a boy/girl?
8. What are your ongoing concerns about the child's care? Is this different because the child is a boy/girl?
9. What is the long-term plan for the child? Is this different because he is a boy or girl?

About the caregiver

10. Who provides most of the care for the child? Male caregiver? Female Caregiver?
11. What is the role/responsibilities of the Male caregiver in providing care for the child?
12. What is the role/ responsibilities of the female mother in providing care for the child?

Anything else you think it is important for us to understand? Thank you.

Family Care First Key Informant Interview: Prevention

Consent Procedure: Complete the Consent Form for Caregivers/Parents. Use it to explain the research and get permission before you start this interview. This will also include the consent procedure for interviewing the child in their care

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the child and family.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

Topics:

Explain that first you want to ask some questions generally about boys and girls, then you want to ask some questions about their family and child.

Topic 1: Gendered Roles of boys and girls

1. What are the different roles/responsibilities for boys and girls in the family?

Some probes	Boys	Girls
Unpaid Care Work (childcare, caring for grandparents)		
Domestic Chores (cooking, cleaning, washing, feeding animals, etc.)		
Work outside of home (work that generates income)		
Study/Education (going to school)		
Decision-making about future (education, marriage, job)		

2. What other norms (rules) that are different for boys and girls?

Probe if needed: Going out in the evening, going out without parents, free time, etc.

Topic 2 Decision Making about services

3. What were the reasons your family has sought support/services for your child?

Probe if needed: (health, safety, basic care, education)?

How were these different because the child is a (girl/boy)?

4. How was the decision made to seek help for your family?
 - Who made it (mother, father, grandparents, case worker, other)?
 - Was/How was it discussed? Who participated in the discussion?
 - Who had final decision? (mother, father, grandparents, caseworker)
 - Was this different because the child was a girl/boy?
5. What were the benefits you considered when seeking help for your family?

Probes if needed: Access to care for basic needs, Access to medical care, access to education, improved safety, reduced workload at home, help with behavior problems, get services they could not get at home, etc.

6. What are your ongoing concerns about your child's care? Is this different because the child is a boy/girl?
7. Are there services that your child needs that are not available? Is this different because the child is a boy/girl?

Topic 3: Caregiving Role and Responsibility

8. Who provides most of the care for the child? (mother, father, grandparents, other)?
9. What is the role/responsibilities of the father/ male caregiver in providing care for the child? Has this role changed?
10. What is the role/ responsibilities of the mother/ female caregiver in providing care for the child? Has this role changed?
11. What are your hopes and dreams for your child? Are there different hopes and dreams for boys and girls?

Anything else you think it is important for us to understand? Thank you.

Family Care First Key Informant Interview: Reintegration

Consent Procedure: Complete the Consent Form for Caregivers/Parents. Use it to explain the research and get permission before you start this interview. This will also include the consent procedure for interviewing the child in their care

Cover Sheet: Please complete the cover sheet after you have obtained consent with the basic information about the child and family.

Conducting the Interview: Please use the following as a guide for conducting the interview. The main questions have probes that can be used to stimulate responses. This is a qualitative interview so the questions should be a guide. They do not have to be followed strictly but the interviewer should attempt to gather information in each category.

Notetaking: Please take notes of your interview and staple the notes to the cover sheet. At the end of the date review the notes and add anything you missed before turning them into the team leader.

Topics:

Explain that first you want to ask some questions generally about boys and girls, then you want to ask some questions about their family and child.

Topic 1: Gendered Roles of boys and girls

1. What are the different roles/responsibilities for boys and girls in the family?

Some probes	Boys	Girls
Unpaid Care Work (childcare, caring for grandparents)		
Domestic Chores (cooking, cleaning, washing, feeding animals, etc.)		
Work outside of home (work that generates income)		
Study/Education (going to school)		
Decision-making about future (education, marriage, job)		
Other?		

What other norms (rules) that are different for boys and girls?

Probe if needed: Going out in the evening, going out without parents, free time, etc.

Topic 2 Decision Making about Placement

2. What were the reasons that kept your family from being able to care for your child?

Probe if needed: (health, safety, basic care, education)?

3. How were these different because the child is a (girl/boy)?

4. What were the factors your family considered when the decision was made to place your son/daughter in care? *Open-ended and let them give answers.* Were these different because your child is a boy/girl? Was their age a factor?
5. How was the decision made in the family to place your child in care?
 - Who made it (mother, father, grandparents, case worker, other)?
 - Was/How was it discussed? Who participated in the discussion?
 - Who had final decision? (mother, father, grandparents, caseworker)
 - Was this different because the child was a girl/boy?
6. What were the benefits you considered when you were making the decision to place your child in care?

Probes if needed: Access to care for basic needs, Access to medical care, access to education, improved safety, reduced workload at home, help with behavior problems, get services they could not get at home, etc.

7. What were the **risks** (child protection risks) that you considered when you were making the decision to place your child in care?

Probe if needed: Physical abuse, sexual abuse, workload, loss of emotional attachment to family, risk for negative behaviors, etc.

Topic 3. Reintegration

About the Child

8. How was the decision made for the child to come back to the family? What were the roles of the family members in the decision?

Probe on the roles of the following:

9. Mother's Role
 - Father's Role
 - Other Caregivers (grandparent) Role
 - Who has more influence (makes final decision) on the decision for care? Mother, Father, other?

Was it the decision-making different because the child was a boy/girl? Why?

10. What changed in the family to make you feel the child should/could come back to the family?
11. How have the child's roles and responsibilities changed now that they are back home? How?
12. Has the family, community accepted the child back in the home?
13. What are the benefits for the child you considered when making the decision for the child to come back home? Were these different because the child is a boy/girl?
14. What are your ongoing concerns about your child's care? Is this different because the child is a boy/girl?
15. What are your hopes and dreams for your child? Are there different hopes and dreams for boys and girls?

About the caregiver

16. How has your life changed since the child has returned home?
17. Who provides most of the care for the child? (mother, father, grandparents, other?)
18. What is the role/responsibilities of the father/ male caregiver in providing care for the child? Has this role changed?
19. What is the role/ responsibilities of the mother/ female caregiver in providing care for the child? Has this role changed?

Anything else you think it is important for us to understand? Thank you.

Annex 2: Key Informants in Qualitative Exploration

	Siem Reap	Kandal	Battambang	Preah Sihanouk	Phnom Penh	Total	Female	Male
MoSVY					1	1		1
CCWC	1	1	1	1		4	2	2
DoSVY	1	2	1	2		6		6
RCI	1	1	1	1		4	3	1
RCI Staff						14	5	9
<i>Subtotal</i>								
Case Workers	1	2	6	4		14	8	6
CARE PROVIDERS								
Prevention		1		2		3	3	
Foster	1	1	1	1		4	4	
Kinship		4	1			5	4	1
Reintegration	1		3	2		6	3	3
<i>Subtotal</i>						18	14	4
CHILDREN								
Prevention		1	1	1		3	1	2
Foster	1	2	1	1		5	3	2
Kinship	1	2				3	3	
Reintegration	1		4	1		6	3	3
						17	10	7
TOTAL						64	37	27

