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Kinship and Foster Care

Understanding Current Practice in Cambodia

Robin Muney, Sophal Nguon, Thyrom Chhim

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Contents

Abbreviations and Acronyms

CCT	Cambodia Children's Trust
CCWC	Commune Committee for Women and Children
CIF	Children in Families
CPD	Child Protection Department
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation
DoSASW	District Department of Social Affairs and Social Welfare
FCF	Family Care First
Equity Cards	Identification Poor Cards
KII	Key Informant Interview
KMR	Komar Rikeay Cambodia
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
NGOs	Non-government organizations
PDoSVY	Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
PWCCC	The Provincial Women's and Children's Consultative Committee
RCI	Residential Care Institution
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child

Executive Summary

Family Care First (FCF), facilitated by Save the Children, is a network of organizations working together to support children to live in safe, nurturing family-based care. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), through the Child Protection Department (CPD) have prioritized policy and programming to promote family based alternative care for children separated from their families, recognizing that children grow, develop and thrive best in families.

MoSVY has strengthened the policy framework to reduce the dependence on institutional care and worked to strengthen alternative care options such as kinship care, foster care and adoption. Most recently the *Prakas on Procedures to Implement Kinship Care and Foster Care* was approved in May 2021 to guide kinship and foster care practices.

Through this research, the CPD in partnership with FCF aims to enhance the understanding of common practices of kinship and foster care in Cambodia and identify gaps and good practices that are scalable to promote quality options for family based alternative care programs. The service providers participating in the research are FCF partners: Children in Families (CIF), Cambodian's Children Trust, Friends International, Holt International, Hagar International, Komar Rikeay Cambodia (KMR), Mith Samlanh. M'lob Tapang and M'lub Russey.

The research applied a mixed method approach including a desk review of existing literature, collection of qualitative data through a survey with 233 carers and children in foster and kinship care, interviews with the Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation (PDoSVY) in nine provinces and social/case workers from the nine FCF partners. Also, a mapping exercise was conducted to identify other service providers reporting to provide foster care and kinship care in all 25 provinces.

Key Findings:

Policy: The practice of foster and kinship care has been implemented by NGO service providers that have developed their own guidance, policies and procedures with most providing care more than four years. The 2021 Prakas on the Procedures to Implement Kinship and Foster Care is timely to guide development of more systematic and higher quality foster care and kinship care programs. The Prakas also identified the roles and responsibilities of government at different levels in the provision of services. However, service providers report close engagement with government authorities in the implementation of foster and kinship care currently.

Availability: The availability of foster and kinship care is primary driven by NGO service providers thus the services are available in the target areas where the NGOs operate. Over a third of the country has no foster or kinship care and many provinces have the services available in a few districts only.

Foster care and kinship care are also less available for children with health issues, children with disabilities and older children. However more foster and kinship providers are open to caring for a child with a special need, but face barriers of time, cost, training, and lack of family support.

Capacity and Resources of Current Foster and Kinship Carers: Kinship carers face more challenges that impact their capacity to care for children than foster carers. They are often older, more likely to have a disability, and much more likely to be living in poverty. Foster carers have more stable environments, had higher education, and more varied income sources.

Criteria, Recruitment and Training of Foster and Kinship Carers: The current service providers have existing criteria, and processes for recruitment, approval and training of foster and kinship that have common key elements. A new procedure in line with the 2021 Prakas on the Procedures to Implement Kinship and Foster Care has just been completed that will further align these practices.

Motivation for Carers: Foster carers and kinship carers are motivated by a strong desire to help children. Kinship carers feel a strong sense of obligation to care for a child they are related. Both are motivated to care for children with disabilities but have barriers of time, support, and lack of skills/training.

Supports for Carers: Foster and kinship carers receive training, stipends, counseling, food support and other supports. While foster carers have more stable backgrounds, they received more supports including more training and larger stipends than kinship carers. Carers appreciate the services they receive for themselves and the children in their care. The satisfaction with services has improved for kinship carers since similar questions were asked in 2018 in the FCF Study on Emerging Practices in Alternative Care.

Process for Assessment and Placement: Service providers have standard processes for assessment and developing Care Plans for children. There are also services to support birth families. The assessment and Care Planning processes apply the government forms, and some organizations add additional tools for assessment. Care Plans have improved since the 2018 study on Emerging Practices in Alternative Care with plans now being more individualized, but there is still inconsistent follow up on the progress of the implementation of the plans.

Services: A range of services are available to children in kinship and foster care. The most common are food support, educational materials, and school uniforms. Individual counseling is also common.

Social/case worker visits: Home visits are a useful support to carers. Carers find them helpful, and report that social/case workers are a key source of support when they have concerns for the child.

Safeguarding and Complaints Mechanisms: Overall service providers all had some safeguarding measures in place, though these are not consistent and universal. The most common complaints process was opportunities for children to talk to case/social workers.

Leaving Foster and Kinship Care: The majority of service providers do not have a time limit for children to be in care. There are criteria for children returning to birth families such as economic and social stability. Children that cannot be reunified have options for permanent kinship care, adoption (especially from foster care), and legal guardianship. However, there are not clear permanency plans for children in many cases. Domestic adoption is considered to be complicated so not widely available to children as a permanency option. Recently the CPD has implemented a model project that is expected to improve this process.

Child Well-Being: While the majority of children in care have the typical life of a child in Cambodia, there are still some children whose well-being is of concern. Generally, children were attending school, helping with household chores playing with their friends, doing homework or other typical tasks of family life. Overall children in kinship care were sometimes facing more challenges than children in foster care – for example more often not having enough food.

Recommendations

Government stakeholders

- Expand **availability of foster care and kinship care to other provinces** in a planned deliberate way. This will require a planned approach with collaboration between NGOs Service Providers and CPD, and other government authorities.
- **Allocate state budget** to support kinship care and foster care services, monitoring of quality of services.
- Continue to provide **orientation and training on the Prakas** on the Procedures to Implement Kinship and Foster Care in Cambodia to national and subnational authorities and service providers – focusing on standardized recruitment forms and processes for foster care, definitions of types of placements and quality standards.
- Continue to **strengthen the capacity and provide adequate resources for CPD, PDoSVY, DoSASW, CCWC** to carry out their roles and responsibilities.
- Further efforts to promote permanency. When efforts are exhausted at the provincial level, CPD should focus efforts nationwide for a permanent solution, then refer the child for intercountry adoption if no solution is found.

Government and NGO Service Providers

- Ensure that **services are in place for strengthening families** to be able to care for their children including services for families caring for children with disabilities (economic empowerment, parent education, counseling, substance abuse treatment, healthy relationships, health, others).
- Further standardize and/or implement the **process for assessment, approval, training and monitoring foster and kinship carers.**
- **Assess existing kinship and foster care cases to ensure they meet the criteria.** This will likely result in some carers being ineligible to provide care due to income, health or other factors. Additional support services will be necessary to ensure safe placements.
- **Expand and standardize support to kinship carers** to ensure they are able to adequately care for children. This includes consideration of a stipend if care is temporary, recognizing that kinship carers are more likely to be poor as demonstrated by the high % of families with Equity Cards (assess if some kinship with Equity Cards are family preservation instead of a kinship placement). Increasing access to income generation that can support the kinship carers to have sustainable livelihoods or providing supports to those that cannot (older) generate income will help to stabilize families.
- **Provide opportunities through regular exchanges** for carers through meetings, trainings, and other events so that they could share good practices and lessons learned from their practical experience in caring for children.
- **Care plans should focus on the individual child** and first and foremost aim to re-integrate children with birth families. If re-integration is not possible, the care plans should focus on **permanency planning** unique to the needs and situation of the child in line with available options. All children should have a permanency plan either reunification or other permanent option such as adoption.
- Expand **training and consider stipends or other supports for carers to be able to provide care for children with disabilities, children with health issues and older children**. Carers were motivated to care in most care, but did not have adequate capacity, support and resources from their perspective.
- Ensure **support services are in place for children** and procedures to monitor their well-being. Although children were generally doing well, there were some that were experiencing distress. Supportive counseling should be available, and measures or tools such as the Child Status Index to assess children's well-being on-going. Additionally there should be further study and resources on the mental health of children.
- Ensure that safeguarding **measures are standardized and adequately implemented** and **complaints mechanism are developed and available** for children beyond the social worker visits. Some examples of tools could be the Helpline, Suggestion Boxes, and formal processes with clear training on how to use the procedures.

Project Background

Family Care First (FCF), was established in 2015 with funding from USAID to bring together organisations using a collaborative approach to decrease the number of children in residential care institutions, facilitated by Save the Children, is a network of organizations working together to support children to live in safe, nurturing family-based care. FCF works collaboratively with the government, local and international non-government organizations (NGOs), academic institutions and United Nations (UN) agencies, to promote and strengthen family-based care. With approximately 60-member organizations, some of whom are funded, FCF 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-based care. The approach to accomplish this is by strengthening systems and policies and working directly to provide services to children and families through four key result areas:

- National government is supported to roll out child protection legislative and policy frameworks with monitoring systems.
- Sub-national government authorities in nine target provinces are supported to effectively monitor and regulate the quality of protection services and residential care institutions.
- Girls and boys who have been deprived of parental care and/or separated from their families are provided with appropriate quality alternative care and/or reintegration.
- Effective measures to prevent family separation are utilized in nine target provinces.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), through the Child Protection Department (CPD) have prioritized policy and programming to promote family based alternative care for children separated from their families, recognizing that children grow, develop and thrive best in families. MoSVY has strengthened the policy framework to reduce the dependence on institutional care, and worked to strengthen alternative care options such as kinship care, foster care and adoption. Most recently the *Prakas on Procedures to Implement Kinship Care and Foster Care* was approved in May 2021 to guide kinship and foster care practices.

The CPD in partnership with FCF aims to further improve kinship care and foster care. This effort begins with understanding existing practices and identifying key areas for improvement and/or standardization to ensure the highest quality of care for children.

Research Objective

The overall objectives of this study are:

1. Enhance the understanding of scalable standard operating procedures placing children in family based alternative care programs.
2. Identify and document “common practices” of kinship care and foster care in Cambodia including regard for gender, age, disability, socio economic status, and geographical location of children and care providers.
3. Provide recommendations on the most practical model of kinship care and foster care that can be applied effectively in Cambodia’s context.
4. Map out kinship and foster care in 25 provinces.

Research Questions

The research questions were identified in the terms of reference.

CARERS

1) What are the **characteristics of the current** kinship carers and foster carers?

a) What are the **eligibility criteria** for kinship carers and foster carers?
b) What is the **process of recruiting** kinship carers and foster carers?
c) What are the key factors **motivating** kinship carers and foster carers to provide care, including to children with disabilities?

2) What **supports are provided** to kinship and foster carers?
   a) What kind of **training** do kinship carers and foster cares have? Are there standard curriculums used?
   b) What (if any) **stipend or other supports** are provided to kinship carers and foster carers?
3) What is the **current situation and perspectives of kinship and foster care providers**?

CHILDREN IN FOSTER CARE AND KINSHIP CARE

4) What are the **processes for placing** children in kinship and foster care?
   a) What is the **eligibility criteria** for children placed in kinship or foster care?
   b) What types of screenings and assessments for admission are used?
   c) What is the **process for referral of children to foster care** – are there vacancies in some places? Are there groups of children (such as children with disabilities or children in other groups such as LGBTQI+ that have more limited access to foster or kinship care?)
5) What are the processes for supporting children and families while they are in care?
   a) Are **care plans** developed individually based on child/family situation and have permanency as a goal?
   b) What **child safeguarding policies and procedures** in place? What kinds of **complaints mechanism**s are in place?
   c) What kinds of **services are available** for birth families strengthening for families and reintegration of children in foster and/or kinship care?
6) What is the **current situation and perspective of children** in foster care and kinship care?

CASE WORKERS

7) What is the **perspective of case workers** on the practices of foster care and kinship care?

MAPPING OF ORGANIZATIONS PROVIDING CARE IN 25 PROVINCES

8) What organizations are providing foster care and kinship care in the 25 provinces?

Methodology

Technical Approach

The technical approach for carrying out the research was systematic and collaborative in nature. This research adopted a mixed research design, employing both quantitative and qualitative methods (See Research Design). This included a desk review of existing literature to gain insights into policies, current and good practices of kinship care and foster care in similar settings, collection of both qualitative and quantitative data from key informants, and a mapping exercise to identify foster care and kinship care being provided in the 25 provinces.

For the quantitative data collection surveys were used to collect data to examine and identify the current kinship care and foster care practices in Cambodia. The respondents included caregivers, social worker/case workers, and children (See Sampling).

For qualitative data collection, semi-structured interviews were used with key stakeholders at the national level, non-government agencies, UN agencies, and other government stakeholders at the subnational level. This method was used to gain more understanding about current kinship care and foster care practices Cambodia.

Partnership Approach

The research was carried out as a partnership between FCF and the MoSVY CPD. The researchers

worked in close collaboration with the CPD, Save the Children, and the FCF Knowledge Sharing Group.

The research was primarily carried out in cooperation with FCF partners: Children in Family (CIF), Friends International, M'lob Tapang, M'lub Russey, Cambodian's Children Trust, Holt International, Hagar International Foundation, Komar Rikeay Cambodia (KMR), Mith Samlanh and other stakeholders who were identified as having important insights on kinship and foster care practice including the Provincial Department of Social Affairs, Veterans and Youth Rehabilitation (PDoSVY) and MoSVY.

Both the CPD and FCF provided technical input to the design of the project. The CPD also supported gathering the population of children in foster care and kinship care from the service provider NGOs for drawing the sample, the data collection for the Mapping of Foster Care and Kinship Care providers in all provinces and the field data collection arranging visits to government stakeholders in the sample. CIF provided technical consultation to ensure inclusion of children with disability (enablers and barriers to family-based care for children with disabilities) in the data collection.

Research Design

This research design for this study was a cross sectional mixed methods deign that included a collection of secondary and primary quantitative data, and primary qualitative data collection. Explanatory concurrent procedures were used, in which both quantitative and qualitative data collection and analysis occurred at the same time. A cross-sectional survey was used to collect data from caregivers, social workers/case workers, and children about their experience and views about current kinship care and foster care practices. More specifically, data obtained from these surveys aimed to identity and document the common practice of kinship care and foster care in Cambodia regarding gender, age, disability, social economic status, and geographical location. Semi-structured interviews were used to collect information from service providers and government agencies to gain further understanding about current kinship care and foster care practices Cambodia. And finally, data was collected through direct contact (via email and zoom) with the Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation in each province for mapping of kinship and foster care.

Data Collection Methods

Desk Review: An initial desk review of relevant and existing documentation/studies related to kinship care and foster care was conducted. As was suggested in the Terms of Reference, the desk review prioritized work done by FCF partners and in Cambodia more broadly, however other relevant literature was reviewed related to good practices in foster care and kinship care. Additionally, policies such as the government recently adopted Prakas on Procedures to Implement Kinship Care and Foster Care or others were reviewed.

Primary Data Collection

Primary data was collected through a survey with children and caregivers (kinship and foster carers) and key informant interviews with government and NGO service providers.

Government authorities: Key informant interviews were conducted with national, provincial, district authorities responsible for child protection including foster and kinship care.

Service providers: Key informant interviews were conducted with NGO staff (management/program manager, social/case worker staff) that are in the nine partner organizations.

Carers: A survey was conducted with kinship and Foster parents selected that are caring for children in the Family Care First partner service providers

Children: A survey was conducted with children receiving kinship and foster care through the partners of Family Care First.

Sampling Procedures

Quantitative Sampling

A survey was conducted with a sample of children and caregivers of the nine FCF partners participating in this study. The CPD supported the collection on of data on the population of children in care in the last four years in the partners and shared anonymized data with the researchers for setting the sample.

Target Population: The target children under kinship care and foster care of nine target organizations including CIF, Friends International, M'lob Tapang, M'lub Russey, Cambodian's Children Trust, Holt International, Hagar International Foundation, KMR, and Mith Samlanh were used as target population-based of the study, so the target population is all the children under kinship and foster care of these nine target organization with the total number of 542 including 235 children are from kinship care and 307 children are from foster care based on the data provided from each target organization (Please see Table 1 for the population data).

To make sure that this study can be generalized the whole population, scientific sample size calculation and appropriate probability sampling was employed for this study.

Sample Size: As the population (542) of this study is in small scale (population less than 100,000), the following formula is used to calculate the sample size.

$$n = \frac{Z_\alpha^2[p(1-p)]N}{Z_\alpha^2[p(1-p)] + (N-1)C_p^2}$$

Where $\mathbf{C_p}$ = confidence interval in terms of proportions, Z_α = Z score for various levels of confidence, and p = true population proportion.

Based on the above formula, with N=542, z=1.96 (Confidence Rate/Level at 95%), $\mathbf{C_p}$=0.05, and p=0.5 (rule of thumb when this value is unknown), we got n=226 children from both Kinship Care and Foster Care as sample size. Then 226 caregivers (kinship and foster caregivers) of 226 selected children were selected for this study. The sampling tables for the detailed selected sample are in Annex 1.

Table 1: Population by Each Type of Care within Each Target Organization

N	Name of Organization	Total #Children	#Children in Foster Care	#Children in Kinship Care
1	Children In Family	284	122	162
2	Friend International	24	20	4
3	M'lob Tapang	15	13	2
4	M'lup Russey	68	44	24
5	Cambodian Children Trust	16	16	0
6	Holt International	25	14	11
7	Hagar International Foundation	33	24	9
8	Komar Rikeay Cambodia	34	32	2
9	Mith Samlanh	43	22	21

	Total	542	307	235

Sampling Strategies: Multistage random sampling was applied to make sure that the sample is well representative of the population. First of all, a proportionate sampling was used to address the different size of the population in each location by each organization. After that, proportionate sampling was applied to address the different sizes of population in each location by each organization and each type of care. Then, a simple random selection using Excel was applied to select children from each stratum (target location, organization, and type of care). To address any challenges in reaching children (sample not available) a reserve sample of additional children in care was identified in the sampling process (See Table 2 for the Selected Sample).

The aim was to have a total of 226 children and 226 caregivers. The survey reached a total of 233 children and 233 caregivers (See Table 2). The detailed demographic data on the sample is presented in the findings. Though the overall sample size was exceeded, when conducting the field work there were some challenges (See limitations). Reserve cases in the sample had to be used due to some cases that were not available for interview where that the organization had lost touch with the family. Some of the reasons noted were that the phone was changed after case was closed or families had migrated for seasonal work), families not available even after they had agreed to be interviewed, and other families not agreeing to be interviewed. When this occurred the priority, based on the sampling procedures was to use the selected reserve sample to request another case from the same organization, however that was not always possible, so in that case additional cases were requested that increased the sample of other organizations.

Table 2: Final Sample by Organization and Province

Organization	Type of Care	Province	Total sampled
Children In Family	Kinship Care	Kampong Chhnang	11
		Kandal	17
		Phnom Penh	13
		Prey Veng	11
		Svay Rieng	16
		Total	68
	Foster Care	Kandal	9
		Phnom Penh	5
		Prey Veng	13
		Svay Rieng	27
		Total	54
Friend International	Kinship Care	Siem Reap	2
	Foster Care	Siem Reap	6
Mlob Tapang	Kinship Care	Sihanoukville	2
	Foster Care	Sihanoukville	13
Mluprussey	Kinship Care	Battambang	5
		Kampong Chhnang	2
		Pursat	2
		Takéo	5

		Total	14
	Foster Care	Battambang	2
		Kandal	4
		Pursat	4
		Total	10
Cambodian Children Trust	Foster Care	Battambang	5
Holt International	Kinship Care	Battambang	5
	Foster Care	Battambang	13
Hagar International Foundation	Kinship Care	Battambang	4
		Kampong Speu	2
		Phnom Penh	1
		Siem Reap	1
		Total	8
	Foster Care	Battambang	2
		Kandal	1
		Total	3
KMR	Kinship Care	Battambang	1
		Pursat	1
		Total	2
	Foster Care	Battambang	12
		Pursat	1
		Total	13
Mith Samlanh	Kinship Care	Koh Kong	2
		Phnom Penh	2
		Total	4
	Foster Care	Kampot	2
		Phnom Penh	8
		Prey Veng	1
		Total	11
		TOTAL	**233**

Qualitative Sampling

In each of the locations where the service providers worked the Provincial Department of Social Affairs Veterans and Youth Rehabilitation (PDoSVY) were interviewed through a semi-structured interview. MoSVY CPD supported the organization of these interviews. Interviewes were conducted in nine provinces with 15 (5 female) PDoSVY staff (See Table 3).

Table 3: Interviews with PDoSVY

DOSVY	Total	Methodology
Phnom Penh	2 (2 female)	Semi-structured interview
Kandal	1	Semi-structured interview
Prey Veng	1	Semi-structured interview
Svay Reing	2 (1 female)	Semi-structured interview

Kampong Chnnang	3 (2 female)	Semi-structured interview
Pursat	1	Semi-structured interview
Battambang	1	Semi-structured interview
Siem Reap	2	Semi-structured interview
Sihanouk Ville	2	Semi-structured interview
Takeo		Requested not to be interviewed reporting they have no information about kinship and foster practice

For each of the nine service provider organizations a case worker or social worker (9 total, 6 female) were interviewed for the organization.

Field Data Collection

Data was collected in cooperation with the CWD at MoSVY. Once the inception report was approved, a letter was sent to each of the nine organizations that shared the sample from that organization. A time was requested for interviews, then was followed up with by the Field Manager to set the field work schedule. The safeguarding procedures were shared with the organization along with the selected sample of data to be collected from their organization.

Prior to the field work an orientation was provided to the data collectors on the interview tools and safeguarding procedures. The data collection was conducted between 17 October 2022 and the 30 November 2022. Teams of two interviewers conducted the interviews with the child and the carer. Another (co-researcher) conducted the interviews with government stakeholders, and organizational caseworkers/social worker/program directors.

The organizations in this study are located in Siem Reap, Battambang, Kandal Province, Phnom Penh, and Preah Sihanouk. However due to the sampling, some organizations had children in care outside of the listed provinces, requiring visits to eight additional provinces (See Final Sample in Table 2).

Data collection required close coordination with the NGO service providers. Once the sample was selected a detailed schedule was planned, and this required cooperation and support of the service provider to schedule the interview. Due to a variety of factors this was challenging. Factors such as distance, the family in a different province than the organization, loss of contact with the family or staff not available made it difficult to develop a schedule that was practical. In approximately five cases foster and kinship care families were not comfortable to be interviewed at home as they did not want their neighbors to see the visit from the NGO. Overall, the schedule and organization of field work was challenging due to the individual nature of the foster and kinship care cases, the diverse locations of the sample, and the overall time frame. However, the field team was able to achieve (and exceed) the original sample size.

Mapping of Foster Care and Kinship Care

A mapping exercise was conducted in all 25[1] provinces to identify the organizations providing foster and kinship care, and the number of children in care. This exercise was conducted in partnership with the CPD. A table was designed in Excel (See Annex 3) that was sent to all PDoSVY in the 25 provinces by CPD. Follow-up calls were made by CPD and the research team to collect missing data. The mapping is a separate activity and does not impact the survey sample size.

Safeguarding

As part of this research, there were interviews with children. The interviews with children were conducted only with children either eight years old or above. Other children under eight were observed.

[1] Cambodia has 24 provinces and Phnom Penh Municipality which is equivalent to a province governmentally and is administered at the same level as a province.

This direct communication required a review of the ethical considerations. The consultant team applied the Save the Children's Safeguarding Policy and child participation principles and applied the following:

- Signed agreement on the compliance of Save the Children's policy on safeguarding children and young people.
- Used consent forms and session orientation objectives for all interviews with children.
- Used tools and methodologies which are safe or do not harm to children.
- Provided orientation on the ethics of research and policy of children and young people safeguarding and child participation principles to all consultant team members including enumerators, and drivers.

The following safeguards were in place for all interviews:

The team was trained on child friendly interviewing and followed Save the Children Safeguarding Policies. In addition, the following were place.

Individual Consent: At the start of the interview, participants were informed orally of the purpose of the study and nature of the study. The interviewer requested consent of the participants to conduct the interview using consent forms. The interviewer recorded that the consent procedure was administered, and whether permission has been granted for the interview. Minors required consent of parents/guardians and assent where appropriate.

As part of the consent procedure, the participants were informed that the data collected would be held in confidence. Prior to asking for consent, the interviewer shared the general topics to be discussed.

Voluntary Participation: Participation in the study was voluntary for all interviewees. The participants were told they were free to terminate participation at any time without any negative consequences.

Confidentiality: Participants (children and youth) names were not recorded with their responses. Participants will be told that no identifying information will be shared about them specifically.

The field interviewers were experienced. However, prior to the field work, the interviewers were fresher trained in child friendly interviewing, use of interview guides, and interview methods, ethical considerations using the consultants resources and those provided by Save the Children.

The field interviewers applied COVID 19 prevention measures including wearing masks and providing masks to interviewees, social distancing, use of sanitizers and interviewing in small groups in open air spaces when possible.

Data Management, Analysis, and Reporting

For the qualitative data collection, trained interviewers conducted the key informant interviews. Notes were taken for the interviews. The notes were secured during field work and upon return. Once qualitative data collection was finalized data a content analysis was conducted analyzing and identifying themes and patterns in the textual data to respond to the research questions. The analysis summarized the findings by category of key informant and research question.

For the quantitative survey, the survey data was collected using Kobo Collect. The data was reviewed daily to monitor data quality and immediate feedback provided. Once collected the data was transferred to Excel and SPSS for analysis and presentation. The data was analyzing per research question. All data has been kept locked (paper) and password protected (digital). Specifically, for quantitative data analysis, a range of statistical analysis techniques using SPSS program was used. The data analysis included the following comparisons and techniques.

- Description of demographic information including Type of care (Kinship and Foster Care), Sex (Male and Female), Disability, Case Management progress (Active and Exited), Age Groups (0-7, 8-12, and 13-18), Geographical location: by provinces, Organization, and Length in Care using appropriate statistical techniques.
- Comparison of differences between each stratum including Type of care (Kinship and Foster Care), Sex (Male and Female), Disability, Case Management progress (Active and Exited),

Age Groups (0-7, 8-12, and 13-18), Geographical location: by provinces, Organization, and Length in Care using appropriate statistical techniques.

In addition, in the analysis and reporting of data where relevant the current practice is compared to the most recent policy guidance in the 2021 Prakas on the Procedures to Implement Kinship and Foster Care and compared to the relevant key findings from the study conducted in 2018 by Holt International and the Royal University of Phnom Penh Department of Social Work with the support of Family Care First on the Emerging Practice of Alternative Care for Children in Cambodia.[2] The study explored 50 cases of family preservation, kinship care, foster care and family reunification and reintegration with seven FCF partners. While the sample size of foster care and kinship care were small (17 foster care; 13 kinship care), important lessons were learned about the practice of both types of care. In the relevant findings sections changes from this study are reported along with the current guidance from the 2021 Prakas.

Mapping: The mapping of kinship care and foster care in the 25 provinces was conducted to identify the organizations that report they are providing foster care and kinship care, the types of care, number of care providers and history of care provision.

In cooperation with the CPD an excel spreadsheet (see Annex 2 Data Collection Tools) was sent to the DOSVY's to request information in their province. An orientation was provided in cooperation with CPD on 5 August, 2022 to ensure understanding of the process. Once received follow-up calls were made to fill in gaps in data.

Limitations

There was a change in sample selection due to the unavailability of some of the sample (See above in sampling) such as cases that had left the program. However, in anticipation of this challenge a reserved sample had been identified.

Some characteristics of the responses are too small (for example disability) so it means that there was insufficient sample size for statistical measurement or test. To deal with this we used appropriate statistical test for a small sample size such as a Fisher's Exact Test.

For the mapping only basic data was gathered, so it is difficult to verify if the same definitions for care are used especially for kinship care.

[2] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.

Findings

Literature Review

In this section, existing literature is explored to gain insights into policies, current and good practices of kinship care and foster care in similar settings. Research has widely demonstrated that children grow up better in safe, healthy and nurturing families. However, in Cambodia, like much of the world, some children are too often separated from their families due to a host of factors such as poverty, migration, family violence, limited access to education, drug and alcohol problems, child mal-treatment or other challenges.[3][4]

Several studies in Cambodia show that despite the evidence that family-based care is best for children to thrive, the numbers of children cared for in residential settings has been high.[5] In recognition that residential care should be a last option for children, the UN General Assembly adopted the *Guidelines on Alternative Care of Children* with a call for countries to end or to use residential care as a last resort.

To reduce residential care, the MoSVY set an aggressive target to safely reintegrate children - 30 percent from residential care to family-based care in just three years between 2016 and 2018. The growing priority to move toward family-based care resulted in need for major changes in the child protection sector in Cambodia for services to support reintegration to birth families, and family-based care including kinship and foster care. In the Report on the Results of the Implementation of the Action Plan Improving Childcare (reducing residential care) it reported that in 2015 there were a total of 16,579 children living in 406 residential care institutions. By 2019, there were 232 residential care institutions with a total of 6,778 children in care.[6] No later data is available.

Along with promoting family-based care, permanency for children was also critical. In the 2011 Prakas on Procedures to Implement the Policy on Alternative Care for Children permanency was defined as “the effort to provide a permanent family for a child using a permanent kin placement, domestic guardianship and adoption and intercountry adoption”. Permanency can help a child form a deep attachment to their caregiver which must be present to ensure a child’s optimal physical and emotional health. Permanency is important for children to develop health secure relationships throughout their life.[7]

International Legal Framework

The United Nations Convention on the Rights of the Child (UNCRC) which was adopted in 1989 is the most comprehensive international legal framework on children’s rights. Under the Convention children are entitled to all human rights. The Convention contains a comprehensive set of international legal norms for the protection and wellbeing of children that based on four fundamental groups of rights of children including survival and development rights, protection rights and participation rights.

The Preamble of the UNCRC recognizes the family as the fundamental group of society and the natural environment for the growth, well-being and protection of children. As a result, efforts should primarily be directed toward enabling the child to remain in or return to the care of her/his parents, or when appropriate, other close family members. UNCRC Article 5 recognizes the role, rights and duties of parents, or the "extended family" as the primary caregivers and protectors of children. This recognition involves the obligation of the State to support the family in these roles, and to step in when the family

[3] Hamilton, C., Apland, K., Dunaiski, M. & Yarrow, E. (2017). *Study on Alternative Care Practices for Children in Cambodia.* MoSVY and UNICEF: Phnom Penh.
[4] Delap, Emily and Gillian Mann (2019). *The paradox of kinship care: the most valued but the least resourced care option – a global study.* Family for Every Child. Retrieved from Kinship-Care-Global-Review-Final.pdf (bettercarenetwork.org)
[4]Madihi, Khadijah and Brubeck, Sahra (n.d) *Take me home: An overview of alternative care (with a focus*
[5] See MoSVY (2011). With the Best Intentions: A Study of Attitudes towards Residential Care in Cambodia.Phnom Penh; MoSVY & UNICEF (2017). Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom on Cambodia, and NIS and Columbia University (2016). National Estimation of Children in Residential Care in Cambodia. Phnom Penh.
[6] MoSVY(2020). *Report on the Results of the Implementation of the Action Plan for Improving Child Care with the target of safely returning 30 percent of children in residential care to their families by 2019.* Phnom Penh
[7] See The importance of permanency accessed at http://www.pacwrc.pitt.edu/Curriculum/CTC/MOD9/Handouts/HO07_ImprtncPrmncy.pdf

is unable, or fails, to act in the best interests of children. The State should ensure that families have access to forms of support in the care giving role.[8]

Legal Framework on Alternative Care in Cambodia

The Royal Government of Cambodia has paid attention to the implementation of the UN Convention on the Rights of the Child and relevant international legal instruments to respond to the needs of children and provide special protection for children to live in freedom, peace and development by issuing a range of measures, including the development of laws, policies, strategic plans and many other regulations.

There are several concurrent policies and strategies orientated towards supporting families and ensuring the protection, care and development of children. Polices include provisions relating to the development of alternative family and community-based care for children without primary caregivers, including kinship and foster care. Some of the important policy frameworks that guide kinship and foster care are as follows.

MoSVY issued the *2006 Policy on Alternative Care for Children* to ensure that children are thriving in the family and community and to promote "residential care as a last resort and temporary solution".

MoSVY also issued Prakas No. 616 MoSVY dated 22 November 2006, on *Minimum Standards for Residential Care* and Prakas No. 198 MoSVY dated 11 March 2008, on *Minimum Standards for Community Based Care for Children.* These two sets of standards detail the conditions and management of residential care, community-based care programmes, responsibilities, placement of children in care, complaint procedures and legal protection for children, as well as monitoring.

MoSVY issued Prakas No. 2280 MoSVY dated 11 October 2011 on *Procedures to Implement the Policy on Alternative Care for Children.* This prakas provides that all placements of children in alternative care shall be considered temporary, except with a family permanently. After efforts have been exhausted for family preservation, the following order of placement preference: placement with relatives, placement in community-based family foster care, placed in community-based case such as group or Pagoda care, placement in a residential institution.

In 2015, the Royal Government issued the *Sub-Decree on the Management of Residential Care Centres. In 2016, the Action Plan for Improving Child Care* with the target of safely returning 30 per cent of children in residential care to their families was developed to implement the Sub-Decree on the Management of Residential Care Centres and the Commitment of MoSVY towards reintegration.

In 2021, MoSVY issued the *Prakas on Procedures to Implement Kinship Care and Foster Care* that further defines in detail roles and responsibilities, procedures and processes. This is to ensure the best interests and protection of children separated from their biological parents and receiving kinship care and foster care, to allow for their full development in a warm, loving and happy family environment. Key terms used in the Prakas are defined as:

Formal Kinship Care refers to a situation where a child is placed by a competent authority for the purpose of alternative care with the child's relatives who could be grandparents, aunts, uncles or other family members of the child. (Article 4)

Formal Foster Care refers to a situation where a child is placed by a competent authority[9] for the purpose of alternative care in a family other than the child's relatives' own family, that has been selected, certified, approved and supervised for providing such care. (Article 4)

As is noted in the legal framework the first priority is to preserve the care of child with the birth family. The UN Guidelines on Alternative Care provide guidance on the delivery of family strengthening programs and services aimed at preventing family separation. These include services such as

[8] United Nations. (2010) *Guidelines on Alternative Care for Children.* Resolution adopted by the National Assembly. A/RES/64/142

[9] Competent authorities are the Provincial Department of Social Affairs Veterans and Youth Rehabilitation, the District Department of Social Affairs and Welfare (new department), and the Commune Committee for Women and Children based on the Procedures to Implement the Policy on Alternative Care for Children

parenting, conflict resolution skills, income generation, supportive social services such as substance abuse treatment, counseling and other services.

In Cambodia, there are an array of family strengthening services provided, primarily by non-government organizations (NGOs). NGOs in cooperation with government to provide supports to meet the specific needs of children and families to prevent family separation. A recent review of programs[10] to prevent family separation in Cambodia found that most of the programs were using a case management framework assessing the needs and strengths of families and developing care plans. They offered a range of services and support to address needs, risks and vulnerabilities that were either provided by the organization or through referral. A key service of the programs reviewed were economic strengthening such as income generation, material support and so on. Most reviewed did not have a robust or systematic way to identify vulnerable families effectively and faced challenges effectively addressing the needs of families with more complex problems such as violence, mental health issues and alcohol abuse. Other gaps were services for children with disabilities, provision of intensive parenting support and safe childcare options for parents that work.[11]

Kinship Care

The UN Guidelines on Alternative Care (2009) defined kinship care as "family-based care within the child's extended family or with close friends of the family known to the child, whether informal or formal in nature". A 2019 global study by Family for Every Child estimated that one in ten children globally live in kinship care arrangements.[12] Kinship care is a common form of care in many developing countries and its advantages include the continuation of family relationships, providing the children the familiar culture and community, and reduces the worries related to placements with strange adults. Temporary care by direct family relatives has been found to be more successful than temporary care by distant relatives since children are more likely to be placed along with other siblings as well as have more exposure to their biological parents.[13]

While the value of kinship care is recognized in national and international policies on alternative care, it is often the least researched and resourced. Research shows that kinship carers are often poor and elderly, and children come into care having faced trauma of separation from parents and other adversities. Families report that as a result of poverty they can struggle to meet basic needs and face overcrowding. Although sometimes children are placed into kinship care so that they are able to access school, but many children in kinship care are still living in poverty. They may also experience discrimination and receive less schooling than biological children.[14]

In the Asia region, informal kinship care is common. Especially in rural settings, informal kinship care has a long history throughout Cambodia, Indonesia, Malaysia, Myanmar, Philippines and Vietnam. In many cases parents migrate for jobs and entrust their children to grandparents, older children, or other relatives. It is estimated that informal kinship care accounts for approximately 90 percent of alternative care circumstances in Thailand, for example. Generally, the arrangements are seen as private without government oversight.

In recent years, Malaysia and Thailand have begun to formalize kinship care as a form of alternative care. This is based on the perception that kinship carers are struggling and providing support can prevent institutionalization. In Malaysia, monthly government assistance of USD60 is provided and in

[10] Anderson, Kristen (2019) *Study on Good Practices in Family Preservation and Prevention of Family Separation Programming in Cambodia*. MoSVY and UNICEF: Phnom Penh.
[11] Ibid..
[12] Delap, Emily and Gillian Mann (2019). *The paradox of kinship care: the most valued but the least resourced care option – a global study.* Family for Every Child. Retrieved from Kinship-Care-Global-Review-Final.pdf (bettercarenetwork.org)
[13] Save the Children, UNICEF & Better Care Network, (2009). *The Neglected Agenda: Protecting Children without Adequate Parental Care*. Retrieved from https://www.crin.org/en/docs/Wilton%20Park%20Background%20Paper_FINAL.p df
[14] Delap, Emily and Gillian Mann (2019). *The paradox of kinship care: the most valued but the least resourced care option – a global study.* Family for Every Child. Retrieved from Kinship-Care-Global-Review-Final.pdf (bettercarenetwork.org)

Thailand an allowance of between USD60 and 120 is provided. The caregivers are assessed with a means test to determine eligibility for the support.[15]

Cambodia has also paid attention to the importance of kinship care in efforts to promote alternative care. The Cambodian *Prakas on the Procedures to Implement the Policy on Alternative Care* (2011) defines kinship care as "a situation where extended family members take an orphaned or other child in. Carers could be grandparents, aunts, uncles, or other relatives of the child". This practice is described as deeply rooted in Cambodia, according to the Prakas. This care is considered formal when the care decision is made by a competent administrative body or judicial authority while it is deemed informal when the child is looked after on an ongoing basics by relatives without arrangement having been ordered by an administrative or judicial authority or a duly accredited body".[16]

The Cambodian *Prakas on Procedures to Implement Kinship and Foster Care* defines Formal Kinship Care (2021) as "a situation where a child is place by a competent authority for the purpose of alternative care with the child's relatives who could be grandparents, aunts, uncles or other family members for the child". The Prakas requires that kinship carers be blood relatives, have income and resources to care for the child, be healthy have good conduct and character, have basic knowledge on child rights and development and have agreement of other family members to care for the child.

The Prakas also defines the roles and responsibilities in kinship care placements of the MoSVY, the Provincial Women's and Children's Consultative Committee (PWCCC), the District Women's and Children's Consultative Committees (DWCCC), the District Office of Social Affairs and Social Welfare (DoSASW), and the Commune Committee for Women and Children (CCWC). These responsibilities include to train, provide technical support, identify, and monitor kinship care placements.

In Cambodia, as noted in the earlier definition of kinship care,the practice of being cared for by relatives without a formal arrangement is deeply rooted in Cambodian culture. There is limited documentation of the numbers of children in informal kinship care arrangements. In a 2017 study on *Alternative Care Practices for Children in Cambodia* by MoSVY and UNICEF, it was described that most kinship care arrangements are made informally without the involvement of NGOs, CCWC or the PDoSVY.

In the same 2017 study, some gaps in kinship care management were identified. The study noted there was a lack of professional assessment of the ability of kinship care families to provide adequate care for the child, and regular visits by a social worker were not common. Kinship care providers were described as willing, but often unable to provide adequate care as they are unable to support a child financially. This was particularly true for older kinship carers. This study recommended assessment of placements, that placements be formally recorded and monitored by government authorities.[17]

In a later 2018 study *Emerging Alternative Care Practices in Cambodia* by FCF, kinship care practices by NGO service providers were explored. The study found that the kinship care placements were generally being made as a result of efforts to reintegrate children into the community from a Residential Care Institution (RCI) or to prevent placement in an RCI when a parent was unable to care for the child. Kinship carers provided care because of a sense of obligation and wanting to help the child. Many were grandparents or a few were aunts or another relative. While they were happy to care for the child many noted the financial burden of care and not have the means to adequately provide for the child's basic needs including adequate health care. Importantly most were receiving some support from the NGO service provider such as home visits, health care, material and educational support among others.[18]

In recent years, with the priority for reintegration of children from RCIs and prevention of placement has increased the focus on formalizing kinship care arrangements ensuring case management processes such as assessment, carer planning with a goal toward permanency, service delivery and follow-up are more standardized. The Prakas on Procedures to Implement Kinship and Foster Care aims to set

[15] Madihi, Khadijah and Brubeck, Sahra (n.d) *Take me home: An overview of alternative care (with a focus on family based care options) of children in Asia.* Retrieved from Take Me Home: An Overview of Alternative Care (with Focus on Family-Based Care Options) of Children in Asia | Better Care Network

[16] *Guidelines on alternative care of children* Retrieved from http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

[17] Ibid

[18] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.

principles, procedures, rights, conditions, roles and responsibilities of relevant competent ministries, institutions, entities and service providers to implement kinship care or foster care, complementing Prakas No. 2280 MoSVY dated 11 October 2011 on procedures to implement the Policy on Alternative Care for Children.

To better understand global good practices that result in more successful kinship care placements were explored. A key factor identified was providing adequate support and resources to kinship carers. This was a range of services and supports both preplacement and post placement. Preparation and support such as education and counseling services to assist with adjustment processes and challenges that emerge during caregiving were important. Caregivers and children must be prepared to understand the challenges and adjustments to new caregivers, and child protection workers ought to facilitate relevant in-home services to meet the needs of families and maintain the placement. Interventions should be considered in two phases – pre and post placement.[19] A full package of support for children and caregivers should be available that includes psychosocial support, counseling, financial, education, child protection services and support, and social/case workers with the flexibility to tailor the package to meet the unique needs of the family and child.[20]

And social/cases workers must monitor high risk cases and provide more intensive case management. Social/case workers must also be trained. And since kinship care is linked to other social issues or situations it is necessary to link with sectors such as education, labor, migration, to ensure national policies address these issues in these sectors, ensure access to social protections and education for children in kinship care.[21]

In Cambodia both NGO service providers and government authorities promote kinship care and are working to standardize and improve it. One organization names kinship care as the most effective and permanent solution for vulnerable children. In that organization children are "followed up at least once a month to ensure their needs are being met and to support and encourage the adult looking after them". They note the importance of the family bond being maintained, the cost effectiveness of the placement and that the child remains in their own community.[22] The OSCaR case management system has been joined by a number of NGOs and it prompts a case review every six months. This study explores the current practice of kinship care.

Foster Care

The UN Guidelines on Alternative Care (2009) define foster care as "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care."

Foster care is generally the earliest form of formal or government- family based alternative care in Asia. Foster care was initiated in Singapore in 1956, in Hong Kong in 1959, and in both the Philippines and in Thailand in the 1970s. In each of these countries foster care is governed by the child welfare authority in the country.[23]

In Thailand, the foster care program was initiated by Holt Sahathai Foundation in 1976 providing temporary care placements for children with special needs primarily. The official government run Foster Care Program in Thailand was established only in 1999. The foster families through the government received a monthly stipend of between USD60 and USD120. In 2015, the Thai government partnered with Care for Children to launch the National Foster Care Project for 20 government run orphanages

[19] Gibson, Priscilla (July 2009). *Intervention Approach with Kinship Families: Strategies for Child Protection Workers.* Center for Advanced Studies accessed at: KinshipFamiliesSubSum.pdf (umn.edu)
[20] Delap, Emily and Gillian Mann (2019). *The paradox of kinship care: the most valued but the least resourced care option – a global study.* Family for Every Child. Retrieved from Kinship-Care-Global-Review-Final.pdf (bettercarenetwork.org)
[21] Ibid.
[22] See: Kinship Care - Children in Families
[23] Madihi, Khadijah and Brubeck, Sahra (n.d) *Take me home: An overview of alternative care (with a focus on family based care options) of children in Asia.* Retrieved from Take Me Home: An Overview of Alternative Care (with Focus on Family-Based Care Options) of Children in Asia | Better Care Network

over a three-year period with the intent to help reintegrate children back into community and converting the residential facilities to community resource centers.[24]

In Singapore, Hong Kong and the Philippines children in foster care are likely to have experienced some forms of abuse or neglect and are under the protection of the state. Both Singapore and Hong Kong offer high fostering allowances with Singapore Fostering Scheme providing USD 690 or USD 820, Hong Kong USD 765 monthly. [25]

The Philippines is the only country in the region with a legislative framework to regulate family-based care. At the time of the study there were six fostered agencies licensed by the Department of Social Welfare and Development. Other countries in the region such as Indonesia, Vietnam and Cambodia are making headway on foster care regulations. Foster care is now recognized as an option in Vietnam,[26] and Cambodia has made progress with a strong policy framework including foster and kinship care guidance. As the most recent guidance is quite new (2021), implementation in line with the guidance remains a priority.

The Cambodia Prakas on the Procedures to Implement the Policy on Alternative Care (2011) does not specifically define foster care but describes it as temporary community-based care. If a child is in non-kin foster care for at least six months, the focus is supposed to be on permanent guardianship or efforts to find a permanent family.

The Prakas on Procedures to Implement Kinship and Foster Care defines Formal Foster Care (2021) as a situation where a child is placed by a competent authority for the purpose of alternative care in a family other than the child's relatives' own family, that has been selected, certified, approved and supervised for providing such care. This Prakas defines who is eligible to be foster carers: married couple or single person (with family support), have no more than two foster children unless siblings, live in the district for at least two years (Cambodians), and five years for foreigners, be no younger than 25 and at least 20 years older than the child, have proper employment, good health, good conduct and character, knowledge of child rights and child development and references. The roles and responsibilities of government authorities are also defined as in kinship care above.[27]

In Cambodia, to date the delivery of foster care services has primarily been through NGO service providers. The *MoSVY Study on Alternative Care Community Practices for Children* (2017) explored foster care practices. Foster families were more well monitored than kinship care families, and many care for large numbers of foster children (some up to 6). In this study, it was found that few of the foster families were registered with the government. Some of the NGOs pay foster parents a stipend to help to support the costs for caring for the child. The definition or understanding of foster care varied by the foster families. Many of the foster families understood the placements to be 'permanent' where NGOs considered the placements to be temporary. In some cases, placements had also evolved from what had intended to be short term to a long-term placement. In some cases, the foster parents changed the child's birth registration and had given the child their name as a way of creating permanency. In these cases the foster parents reported not going through the legal adoption process because it seen as unclear or too cumbersome.[28]

In the Family Care First study *Emerging Practice of Alternative Care for Children in Cambodia (2018)*, it was identified there were different models of foster care emerging: emergency, short-term and longer term. Emergency was one month or less, short term was around six months and longer term was viewed as a permanent placement at least by some foster families and organizations.

Foster parents were recruited through the organization's networks, on radio and through notices at churches. The NGO service providers had criteria for foster parents such as loving, financially and emotionally stable, good living environment, appropriate housing, knowledge in caring for children, understands child rights and child protection issues and does not participate in gambling, alcohol and

[24] Ibid.
[25] Ibid.
[26] Ibid.
[27] MoSVY (2021) Prakas on Procedures to Implement Kinship and Foster Care defines Formal Foster Care.
[28] Hamilton, C., Apland, K., Dunaiski, M. & Yarrow, E. (2017*). Study on Alternative Care Practices for Children in Cambodia*. MoSVY and UNICEF: Phnom Penh.

drugs or domestic violence. Most foster parents had to have a background check that included references from local authorities, police and/or neighbors. The primary reason for caring for a foster child was the desire to help a child, a few wanted the income or were asked by the placing agency. Many of the foster parents interviewed wanted to formally adopt the children they were caring for but saw the process as too complicated or did not know how to do the adoption.[29]

Clearly the understanding of and practice of foster care is evolving. In one study by Care for Children it was recognized that most key informants interviewed did not have a clear understanding of foster care. For example, in one organization, they equated child sponsorship with foster care.

In Cambodia, there has been no government run foster care system, and most foster care programs have been operated by NGO service providers. These include Cambodia Children's Trust, Children in Families, Hagar International, Kumar Rikreay Association, Love without Boundaries, Safe Haven, Friends International according to this research.[30] In recent years additional organizations such as Holt International have started model foster care programs. NGO foster care programs have emerged out of their own priority for providing family-based care. The government also prioritizes family-based care but limited budgets and capacities have resulted in slow progress toward government foster care programming.

Recognizing the important role that civil society organizations play in promoting family-based care, it is important to harness these forces and build on existing structures to ensure that children are safe and well-cared for in family-based care. Importantly the research shows that foster care programs must be designed to fit the context. However even though there is not a "one size fits all approach" there are important core elements to consider for successful foster care programs to be effective.[31] These are as follows:

- A child should only ever be considered for foster care when separation from his or her family of origin is necessary and, in the child's, best interests, and when foster care is deemed to be most appropriate. Some factors to consider that foster care is the most appropriate is that the:
    - the child cannot be placed with relatives.
    - the child needs a stepping stone to achieve reintegration or a more permanent option such as adoption.
    - foster care that is available that is suited to meet the child's needs. The foster care program must be safe and well-managed.[32]
- Foster care should be part of the wider system of child protection and care which prioritizes support to the family of origin and facilitating reintegration. [33]
- High quality foster care requires an investment of resources for:
    - Recruitment, careful assessment, and proper support. Support mechanisms may include associations of foster carers, access to specialist help and advice and financial support.
    - Proper matching of children to foster carers based on a consideration of the capacities of foster carers to meet the individual needs of each particular child.
    - Ongoing efforts to build the capacity of foster carers and those supporting foster care through training, supportive supervision and mentorship.

[29] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.
[30] Care for Children (2018). *Supporting Governments to Successfully Transition from Institutional to Family Based Care: Cambodia Report.*
[31] Madihi, Khadijah and Brubeck, Sahra (n.d) *Take me home: An overview of alternative care (with a focus on family based care options) of children in Asia.* Retrieved from Take Me Home: An Overview of Alternative Care (with Focus on Family-Based Care Options) of Children in Asia | Better Care Network
[32]
[33] Ibid.

- Proper support for children in foster care, including efforts to respond to the trauma of separation from family.
- Monitoring foster care places carefully through frequent visits and using the support of communities.
- Support to children and young adults leaving foster care.[34]

- Recognizing that some groups of children are excluded from foster including those with disabilities, those under age three and children living on the streets and they should have the same range of alternative care options as other groups. Examples of promising practice around the world should be explored.[35]
- And finally it can be considered valuable to start with a small foster care program and scale up over time. [36]

Findings from the Field

In this section, the findings from the quantitative and qualitative data from the primary data collection are presented. The findings are based analysis on the surveys and interviews with foster and kinship care providers, children in care (8 and older), case/social workers and other stakeholders with the nine NGO service providers participating in this study (See Sample), and the PDoSVY in the majority of provinces where children were in care.

Additionally, a mapping of kinship and foster care providers was also conducted to identify kinship and foster care providers in all provinces. The result of the national mapping is reported in the section of this report *Mapping of Kinship and Foster Care in 25 Provinces*. All data reported is this section is based on the data collected from the nine NGO service providers in the sample unless otherwise stated.

Service Providers for Foster and Kinship Care

The NGOs service providers engaged in the study are Cambodia Children's Trust, Children in Families (CIF), Friends International, Hagar International, Holt International, Komar Rikeay Cambodia (KMR), Mith Samlanh, M'lop Tapang, and Mlup Russey. Each of the NGO service provider organizations are partners with FCF and some had been offering foster care and kinship care prior to FCF's implementation.

Each of the NGO service providers reported that their practice of foster and kinship care is now guided by the 2021 Prakas on Procedures to Implement Kinship and Foster Care. As the Prakas has just come into force service providers and government authorities have not been fully oriented nationally. In the past, NGO service providers necessarily applied their own practices for implementation of foster and kinship care prior to the development of the 2021 Prakas. When necessary, the service providers are adapting their internal procedures to be in alignment with the new guidance. The 2021 Prakas requires accreditation of service providers by MoSVY as part of a Memorandum of Understanding. At the time of the research the process has not yet been established.

The current service providers are using (or adapting to) the definitions in the 2021 Prakas for formal foster care and formal kinship care (see Literature Review). In the earlier study Emerging Practices on Alternative Care it was reported that foster care was sometimes considered a permanent placement and not temporary care, and there was an inconsistent definition of kinship care between care providers. Some of the kinship care cases were cases of family preservation or family reunification. In the 2021 Prakas formal foster care and formal kinship has been defined and more of the FCF partners are applying a more consistent definition. However, when identifying organizations beyond FCF partners in the rapid mapping of foster care and kinship care in all provinces it was identified that likely kinship care definitions remain inconsistent and is an area for further improvement.

[34] Ibid
[35] Family for every child (2015). *Strategies for delivering safe and effective foster care.* Retrieved from Strategies for Delivering Safe and Effective Foster Care.pdf (bettercarenetwork.org)
[36] Ibid

The NGO service providers reported on current procedures and process that are being implemented to guide determination if a carer is eligible, child and family assessments, training for carers, development of care plans, service provision to children and families, visits to monitor the progress and reintegration. The majority had their own manuals to guide foster and kinship care practices and were using the CPD's case management system for assessing and serving families that consists of an Intake Form, Assessment for Family Preservation Form, Family Service Plan, Place-Reintegration Form, Follow Form and Case Closure Form. These are also the processes that are further clarified and strengthened in the new Prakas on Procedures to Implement Kinship Care and Foster Care.

The NGO service providers and government stakeholders interviewed all reported a strong commitment to further standardize and to improve the quality of foster and kinship care practices in Cambodia. Foster and kinship care are reported by the PDoSVY's and service providers to be the priority option for temporary alternative care for a child until he/she can be reunited with his/her birth family or if reunification is not possible to be placed in adoption. Both the PDoSVY and NGO service providers both described the importance of working together to ensure that the family-based care is available and of high quality.

In addition to the nine NGO service provider that participated in the study, a mapping of foster and kinship care providers in all 25 provinces was conducted through the PDoSVY's. A total of 16 NGO service providers reported they provide kinship care, and 14 NGO service providers report they provide foster care. However, since this was a rapid mapping, and program criteria for foster care and kinship care were not reviewed and assessed it is unclear (and unlikely) that the definitions and standards for formal kinship and foster care that are applied. From the review of the materials and program websites it is likely that some of the kinship care for example, would be classified more appropriately as family preservation cases. This is an area for further review and analysis.

Type of Care by Location

The nine organizations in the study were based in "home" provinces where their primary operations were conducted, but each also provided care to children that were not in the province where their office was located. The location of cases from the nine organizations in foster care and kinship care is driven by two factors – one that the organizations are working in that province and two the families of the children (for kinship care) are from the province.

The sample (233 cases) was collected in a total of 13 provinces. Overall Battambang had 21 percent of cases, Svay Rieng 18.5 percent, Kandal 13.3 percent, Phnom Penh 12.4 percent, Prey Veng, 10.7 percent, Sihanoukville 6.5 percent, Kampong Chhnang 5.6 percent, Siem Reap 3.9 percent, Pursat 3.4 percent Takeo 2.1 percent, and Koh Kong, Kampot, and Kampong Speu .9 percent each (See Table 4).

Table 4: Final Sample by Province (n=233)

Province	Frequency	Percent
Battambang	49	21.0%
Svay Rieng	43	18.5%
Kandal	31	13.3%
Phnom Penh	29	12.4%
Prey Veng	25	10.7%
Sihanoukville	15	6.4%
Kampong Chhnang	13	5.6%
Siem Reap	9	3.9%
Pursat	8	3.4%
Takéo	5	2.1%
Kampong Speu	2	0.9%
Kampot	2	0.9%

Koh Kong	2	0.9%
Total	**233**	**100%**

When the locations of care are aggregated by zone, there was no significant difference between kinship care and foster care in terms of number of children locating in distributed zone (p=.436) (See Table 5).

Table 5: Type of Care by Geographic Zone

Zone	Type of Care			Difference between Kinship & Foster (Chi-Square Test)
	Foster	Kinship	Overall	
Central zone	21.1%	31.4%	25.8%	3.784; df=4; p=0.436
Southwest zone	11.7%	10.5%	11.2%	
Southeast zone	32.0%	25.7%	29.2%	
Western zone	30.5%	29.5%	30.0%	
Northwest zone	4.7%	2.9%	3.9%	
Total	100.0%	100.0%	100.0%	
n	128	105	233	

Length of Time NGO Providing Foster and Kinship Care

Of the organizations providing foster and kinship care in the sample, the majority had been providing care for more than four years. For foster care, of the nine organizations in the sample that provided foster care, seven had provided foster care for more than four years, one more than one year and one less than a year. For kinship care of the eight organizations providing kinship care six had provided care for more than 4 years and two had provided care for more than 2 years (See Table 6).

Table 6: Service Provider Length of Time providing Foster and Kinship Care (n=9)

Years	Foster Care Providers	Kinship Care Providers
Less than 1 year	1	0
1 to 3 years	1	2
More than 4 years	7	6
Total	9	8

Challenges for Service Providers in Providing Care

Foster care and kinship service providers were all committed to providing quality foster care and kinship care. However, this was not without challenges. Service providers report that foster care and kinship care requires intensive "case work" – from assessment to reintegration/permanency which requires a high level of staff capacity. Finding the right foster carer is also challenge and some carers that are willing to provide care do not meet the criteria. There are also limited services for children and families at risk or to support reunification. This is almost universal and results in some organizations trying to provide services themselves when they are not available in the community.

Other challenges identified by service providers were about the carers. For example, in some cases long term foster carers do not want to be visited if they consider the placement permanent. Most kinship carers have a high commitment but have limited resources and some are older and have difficulty providing adequate care. Some kinship carers leave (migrate) and result in children being displaced

again. And some children cannot be reunified with the birth family and options for permanency (such as domestic adoption) are sometimes complicated.

Carers Providing Kinship and Foster Care

Demographics of Current Caregivers

In the study there were a total of 233 carers (105 kinship carers and 128 foster carers) interviewed. The survey collected information on the age, sex, poverty status, marital status, number of children, education level, occupation and disability status of the carers (See Table 7).

A chi-square test was performed to examine the difference between kinship and foster carers in terms of these demographic characteristics of current caregivers surveyed. There was strong significant difference between kinship and foster carers in term of carers' age, sex, poverty status, marital status, education level, and disability with X^2 (2, N=233)= 27.150, p< .001; X^2 (1, N=233)= 13.072, p< .001; X^2 (1, N=233)= 51.479, p< .001; X^2 (4, N=233)= 40.458, p< .001; X^2 (4, N=233)= 30.441, p< .001; and X^2 (1, N=233)= 21.056, p< .001 respectively.

Age: The age of the foster carers was significantly younger than the kinship carers (p=.000). The majority of kinship carers were over 50 years (70.5%) where the majority of foster carers were 31 to 50 (58.6%) and over 50 was 39.1 percent.

Sex: There were significantly higher number of females in kinship care (88.6%) than in foster care (68.8%) (p=.000). The majority of both kinship carers and foster carers interviewed were female (88.6% kinship, 68.8% foster).

Poverty: There were significantly higher number of kinship care providers that had Identification Poor (ID) poor cards than foster care providers (p=.000). For kinship care providers the majority had Equity Cards (69.5%) compared to only 22.7 percent of the foster carers.

Marital Status: There was a significant difference between kinship care providers and foster care providers in terms of marital status (p=.000). Overall the foster care providers were more married (78.1%) than the kinship care providers (44.8%). There were more kinship carers who are in widowed status than foster carers. More kinship carers were widowed (36.2%) compared to only 6.3 percent of foster carers.

Number of Children: The majority of kinship carers (70.5%) and foster carers (81.3%) had less than or equal two children. Though there was no significant difference between type of care and carers' number of children, it seemed kinship carers had more children than foster carers since 29.5 percent of kinship carers had more than or equal three children compared to 18.8 percent of foster carers.

Education Level: There was a significant difference between kinship carers and foster carers in terms of education level (p=.000). Overall foster carers had higher education levels than kinship carers. There were 26.7 percent of kinship carers compared to 13.3 percent of foster carers that had never attended school. At the higher end there were 23.4 percent of foster carers that had high school compared to 5.7 percent of kinship carers.

Occupation: There was a significant difference between kinship carers and foster carers in terms of occupation (p=.001). The occupations both kinship carers was most likely to be a farmer (24.8%) or a homemaker (34.3%), and other (31.4%). For foster carers the occupations were more varied homemaker (29.7%), farmer (14.8%), teacher (10.9) percent and other occupations such as grocery shop owner (7%) and paid laborer (4.7%).

Disability: There was a significant difference between kinship carers and foster carers in terms of disability status (p=.000). For kinship carers 28.6 percent reported a disability compared with 6.3 percent of foster carers.

Table 7: Demographics of Carers

Variable	Difference between Kinship & Foster (Chi-Square Test)			
	Foster	Kinship	Overall	

Age				
18-30 years	2.3%	4.8%	3.4%	**27.150; df=2; p=0.000**
31-50 years	**58.6%*** **	24.8%	43.3%	
>50 years	39.1%	**70.5%*** **	53.2%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	
Sex				
Male	31.3%	11.4%	22.3%	**13.072; df=1; p=0.000**
Female	68.8%	**88.6%*** **	77.7%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	
Poverty				
With Equity Card	22.7%	**69.5%*** **	43.8%	**51.479; df=1; p=0.000**
Without Equity Card	77.3%	30.5%	56.2%	
Total	100.0%	100.0%	100.0%	
	128	*105*	***233***	
Marital Status				
Single	2.3%	4.8%	3.4%	**40.458; df=4; p=0.000**
Married	**78.1%*** **	44.8%	63.1%	
Divorce	12.5%	14.3%	13.3%	
Widowed	6.3%	**36.2%*** **	19.7%	
Other	0.8%	0.0%	0.4%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	
#Children				
≤2 children	81.3%	70.5%	76.4%	3.712; df=1; p=0.63
≥3 children	18.8%	29.5%	23.6%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	
Education level				
Never attended school	13.3%	26.7%	19.3%	**30.441; df=4; p=0.000**
Informal education	0.0%	3.8%	1.7%	
Primary school	42.2%	53.3%	47.2%	
Secondary school	**21.1%*** **	10.5%	16.3%	
≥High school	**23.4%*** **	5.7%	15.5%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	
Occupation				
Paid laborer	4.7%	1.9%	3.4%	**23.592; df=7; p=0.001**
Garment worker	1.6%	1.9%	1.7%	
Construction worker	0.0%	1.0%	0.4%	
Farmer	14.8%	**24.8%** **	19.3%	
Grocery shop owner	7.0%	4.8%	6.0%	

Work as household chores	29.7%	**34.3%****	31.8%	
Teacher	**10.9%**	0.0%	6.0%	
Other	31.3%	31.4%	31.3%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	
Disability				
With Disability	6.3%	**28.6%*****	16.3%	**21.056; df=1; p=0.000**
Without Disability	93.8%	71.4%	83.7%	
Total	100.0%	100.0%	100.0%	
N	*128*	*105*	***233***	

Eligibility Criteria for Carers

The 2021 Prakas on the Procedures to Implement Kinship and Foster Care defines the criteria for foster and kinship carers. Article 15 states that a kinship carer shall be 1) a blood relative of the child, 2) have income and resources to care for their own and the relative child, be healthy with no communicable diseases, have good conduct/character, have basic knowledge on child rights and child development, and have the agreement of other family members to care for the child. Article 16 states that conditions for foster carers are be a married couple or an adult single person with family support, care for a maximum of two children, for Cambodians be ordinary residents for at least two years and possess appropriate housing that ensure safety of the child, for foreigners must have been residing in Cambodia for five years and plan to stay for another three years, be older than 25 and at least 20 years older than the child, be between age 25 and 55, have proper employment, have a certificate of good health, have basic knowledge of child rights and child development, and have references.[37]

Current Practices in Foster Carer Eligibility

Of the nine organizations explored in the sample, all reported they are or intend to be implementing the process recruitment of foster carers as described in the Prakas noted above. The responses of the service providers show that the criteria for eligibility currently being applied are in line with the Prakas, though all are not fully compliant currently.

The most common criteria reported in the survey that is being applied was economic stability to care for the child (89.9%). The next most common criteria were resident in the district for two years, good character, health, age, (all 77.8%), commitment to care for the child, and good character (66.7%), and safe environment. (55.6%). Some service providers reported other criteria. These other criteria were understanding of child protection, be a good citizen, a strong commitment to being a caregiver, a Christian, be Cambodian, have few children and have an appropriate job (See Table 8).

Table 8: Criteria for Foster Carers of Organizations Providing Care in Sample (n=9)

Criteria	Percent of Organizations that stated this criteria
Economic stability to care for the child	88.9%
Resident in the district for 2 years	77.8%
Good character or conduct	77.8%
Be healthy	77.8%
Age (not younger than 25 and 20 years older than child)	77.8%
References of good character	66.7%

[37] MoSVY (2021). Prakas on Procedures to Implement Kinship and Foster Care

Commitment of caregiver to care for child and provide a loving environment	66.7%
Safe environment	55.6%
Other	44.4%

Current Practices in Kinship Carer Eligibility

Of the eight organizations that provide kinship care, the practices applied in the criteria for eligibility to be a kinship carer was similar between organizations. As with foster carer providers, kinship care providers report they intend to be compliant with the new Prakas on the Procedures to Implement Kinship and Foster Care.

All of the organizations participating in the study required the kinship carer to be a blood relative of the child, and to have enough economic stability to care for the child. And when asked in interviews, all of the kinship carers reported they were blood relatives. The most common relationship between kinship carer and child was grandparent (57% grandmother and 6% grandfather). In about 16 percent of cases the biological mother was the carer. In these cases, the child had been returned to the biological mother (and the relative that had been the carer was no longer involved), or there was another blood relative also supporting care. Aunts (11%) and uncles (4%) were also common caregivers. About 10 percent of cases the caregivers were described as other. In these cases, the relationship was most commonly listed as a cousin (See Figure 3).

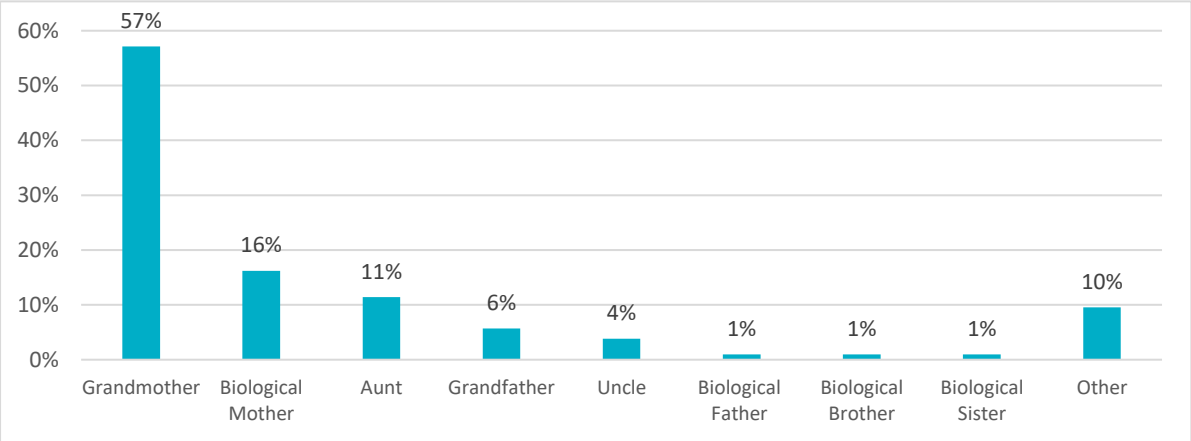
Though the requirement for economic stability is stated at 100 percent (See Table 9) this requires further exploration. As shown above in demographics of current caregivers, for kinship carers nearly 70 percent had Equity Cards. Though being poor does not make one ineligible for parenting it does warrant further investigation to ensure the families have economic stability to care for the child.

Other criteria reported were safe environment (75%), health of carer (87.5%), have good character or conduct (75%), Commitment to care for child and provide a loving environment (87.5%), age (62.5%), and family support to care for the child (75%) (See Table 9).

Table 9: Criteria for Kinship Carers of Organizations Providing Care in Sample (n=8)

Criteria	Percent of Organizations that stated this criteria
Be a blood relative of the child	100.0%
Economic stability to care for the child	100.0%
Be healthy	87.5%
Commitment of caregiver to care for child and provide a loving environment	87.5%
Safe environment	75.0%
Good character or conduct	75.0%
Family support to care for the child	75.0%
Age	62.5%
Other	25.0%

Figure 1: Kinship Carers Relationship to Child (n=105)



Process for Recruiting and Approving Carers

In the KIIs service providers reported they have a process for identifying and approving both foster carers and kinship carers. Generally, foster carers are recruited in a joint process with the local authorities, and through the networks of the organizations such as in the communities where they work. For kinship carers, the service providers report they do a family tree with the child and identify key family members such as an aunt or uncle, or grandparents that might be eligible to care for the child to identify a potential carer. Children are consulted on their views on the placement.

The service providers report that both foster and kinship carers were then assessed and approved through a process of getting to know the family through observation, gathering information through assessment, and collecting information from external sources such as the Village Chief, CCWC, and/or PDoSVY.

Foster Care

The nine organizations in the study that provided foster care reported they currently use a variety of methods to recruit foster carers that are in line with the guidance in the Prakas on the Procedures to Implement Kinship and Foster Care.

In this Prakas the process for recruiting and approval of foster carers is described in detail. It includes receiving and screening applications, review of the applications and a decision within 60 days through conducting a home visit to assess capacity (with 15 days of the application), preparing a report for the PDoSVY director for review and a decision, then notifying the applicants of the decision. In recent months the CPD has developed a detailed process with forms to carry out the recruiting and approval of foster carers that includes 1) Announcement Form to Recruit Foster Carers, 2) Draft Application for Kinship or Foster Carer, 3) Notification Letter Foster Care, 4) Foster Carer Assessment Form, 5) a Contractor Benefit Form, 6) Notification Letter, and 7) the form to Decline Consent by a Caregiver.[38] This process is new and has not been fully implemented.

Multiple responses were permitted in the survey, and organizations often used more than one method of recruitment, so the percentages are more than 100 percent.

The primary recruitment method reported for all foster carers was through posting notices advertising for foster carers in the community. This is carried out with support from local authorities. Another common method of recruitment was through known contacts (55.6%) such as through churches, employees or other persons that have received services through their organization. Some did report they also advertise through local media or public meetings to recruit (44.4%) Other methods (55.6%) for recruiting foster carers were through other NGOs, referrals from current or past foster parents, and referrals from local authorities (See Table 10).

[38] 2021 Prakas on the Procedures to Implementation of Kinship and Foster Care

Table 10: Process for Recruiting Foster Carers (n=9)

Method of Recruitment	Percentage of organizations that stated this criteria
Notice to the community through government authorities	100%
Recruit through known contacts	55.6%
Other	55.6%
Advertisement	44.4%

The organizations (9) providing foster care were asked about their process for approval of foster carers. They described a process whereby potential foster families submitted an application, the applications were reviewed and screened (88.9%) and then approved or rejected. All service providers reported that they conducted home visits to assess the conditions of the family, then based on the assessment approved and/or rejected the family (See Table 11).

These practices that are currently applied by the organizations providing foster care are similar to the new procedures just approved by CPD even though all are not yet using the forms and procedures (the forms were in development and were approved after the research was conducted).

Table 11: Process for Approval of Foster Carers (n=9)

Steps	Cases
Review and screen applications	88.9%
Conduct a home visit to assess conditions	100.0%
Approve or reject the foster family	88.9%

Kinship Care

In the Prakas on the Implementation of Kinship and Foster Care steps in the process for recruiting kinship carers are to convene a group of the child's relatives and identify family members who are willing to take the child into care, and to assess the carer and the needs of the child to find the best fit.[39]

The eight organizations that provide kinship care reported a variety of methods to recruit kinship carers. Multiple responses were permitted, and organizations often used more than one method. The most common method was to conduct a family tracing process through the community or local authorities (50%). This was followed by direct contact with known family members (25%) and advertisements (8%). Of note is that organizations reported they often had information about children's families especially if they were trying to reintegrate the child from a residential care facility (See Table 12).

Table 12: Process for Recruiting Kinship Carers (n=8)

Method of Recruitment	Percentage of organizations that stated this criteria
Family tracing through community or local authorities	50%
Direct contact with known family members	25%
Advertisement	8%
Other	2%

[39] MoSVY (2021) Prakas on the Procedures to Implement Foster and Kinship Care

Key Factors Motivating Carers

Carers were asked their motivation to care for the child in their care. Multiple responses were permitted so the total percentage is greater than 100 percent. For the kinship carers (105) there were a total of 231 responses. For the foster carers (128) there were a total of 260 responses.

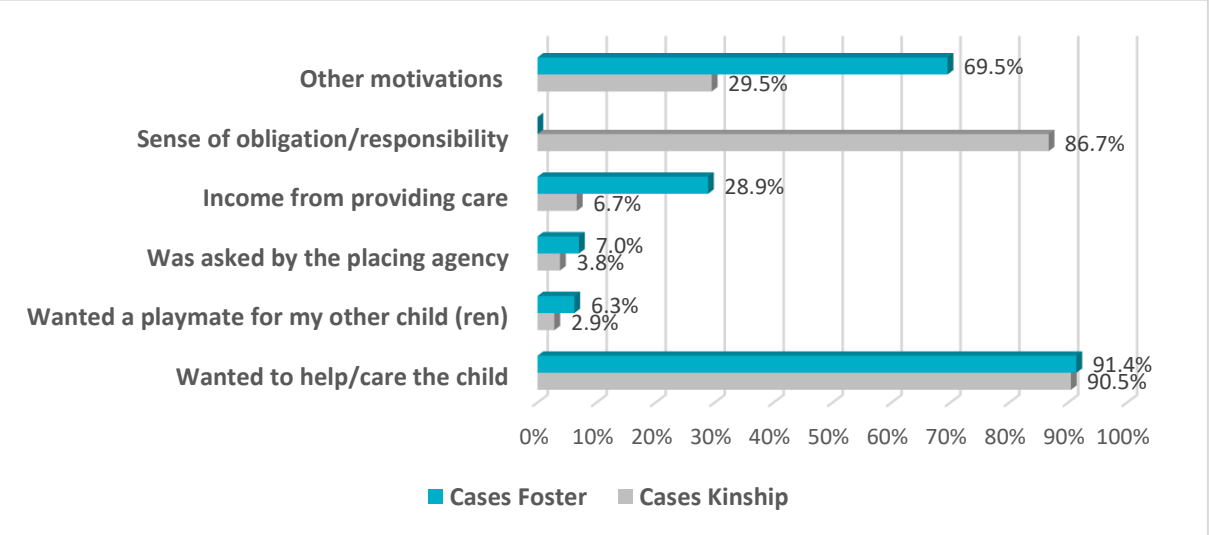
Clearly, both kinship and foster carers have positive motivations for being willing to care for a child that is in need of alternative care. Overall, the most common motivation for both foster care and kinship carers was that they wanted to help/care for the child (91.4% foster and 90.5% kinship). This is similar to the findings in the 2018 study Emerging Practice of Alternative Care for Children in Cambodia. In this study it was found that the most common motivation was also the caregivers desire to help or care for the child.[40]

For foster carers the next highest motivation was "other" motivations (69.5%). When exploring the responses in other motivations, 47 percent of foster carers stated their motivation was love, compassion or pity for the child needing care; followed by not being able to have a child (14%); wanting to have a child of another sex than was in their family or wanting more children or grandchildren (6%); and a job (1%). Foster carers also had a high percentage of carers (28.9%) that were motivated by the stipend for being a foster parent that they receive that contributes to their income. Of those foster carers that are motivated by the stipend all but one also was motivated to help/care for a child.

For kinship carers the next highest motivation was a sense of obligation and responsibility (86.7%). As kinship carers are by definition related to the child, the sense of responsibility to care for the child was expected to be strong. The next highest motivation for kinship carers was other (29.5%). When exploring the responses in other the most common was sympathy (17%); followed by so the child can go to school (3%), protect the child (2%), no reason (2%), have a grandchild (1%), and have someone to care for them when older (1%). Only 6.7 percent of kinship carers were motivated by income (stipend) and all of those also had other motivations such as a sense of obligation and responsibility and wanting to help care for the child (See Figure 4).

Kinship carers had one more option to select than foster carers. This was sense of obligation and responsibility with 86.7 percent of kinship carers selecting this option (See Figure 4). The motivation for kinship carers and foster carers were similar to those in the 2018 study on Emerging Practice on Alternative Care.[41]

Figure 2: Motivations to Care for Child
(n=128 foster carers and 105 kinship carers)



[40] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.
[41] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.

Length of Time as Carer Providers

To understand the length of time that care providers had served as a foster or kinship carer, respondents were asked the length of time they had served as a carer in months. Though there was no significant difference between type of carer within length of time as carer, though of those interviewed there were foster carers that had been providing care for longer periods than kinship carers. Some of the foster carers had been caring for children long-term. At least 10 (8%) of foster carers had cared for children five years or more and considered the placement to be long term – responding to the survey with "no definite end date", or "until adulthood" as the timeframe they expected to care for the child.

An independent-Sample T Test performed to compare mean between type of carer (Kinship and Foster Carer) within length of time as a carer. There was no significant difference between type of carer within length of time as carer with t (151.409, N=233) = -1.128, p> .05 (See Table 13).

The mean time carers had been providing care was 8.45 months for kinship carers and 10.83 months for foster carers. The maximum time for providing care was 36 months for kinship and 181 months for foster care (See Table 13). Foster carers had been in the program longer with some of them caring for the same child for many years as a long-term family based placement.

Table 13: Length of Time as a Carer (in months)

Type of Carer	N	Min	Mean	Max	SD	t-test
Foster Carer	128	0	10.83	181.00	22.780	-1.128; df=151.409; p=0.261
Kinship Carer	105	1	8.45	36.00	6.469	

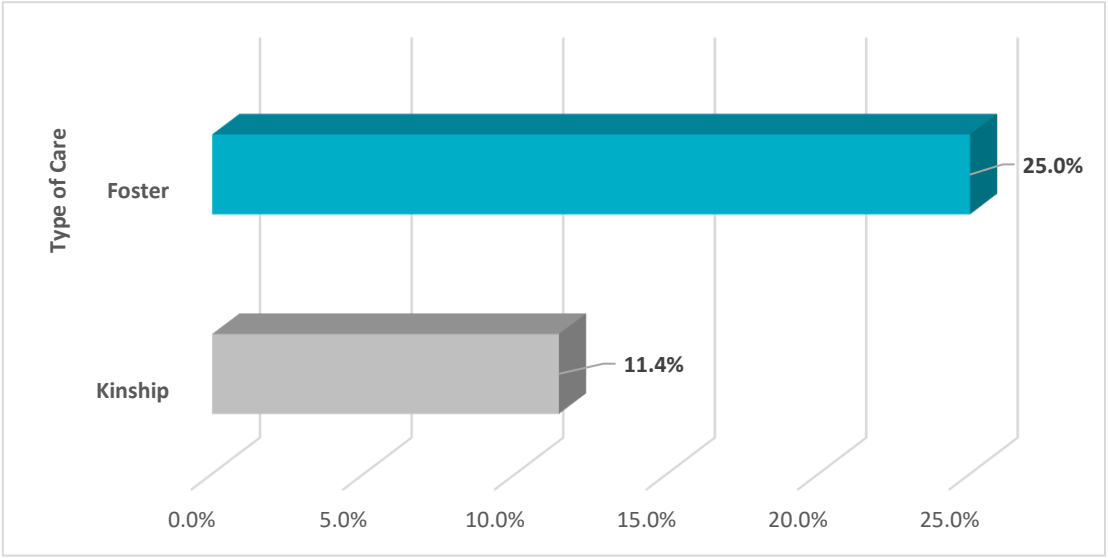
*The difference is significant at p < 0.05.
**The difference is significant at p < 0.01.
***The difference is significant at p < 0.001.

Carers for Children with Disabilities

Experience of and Willingness to Care for a Child with a Disability

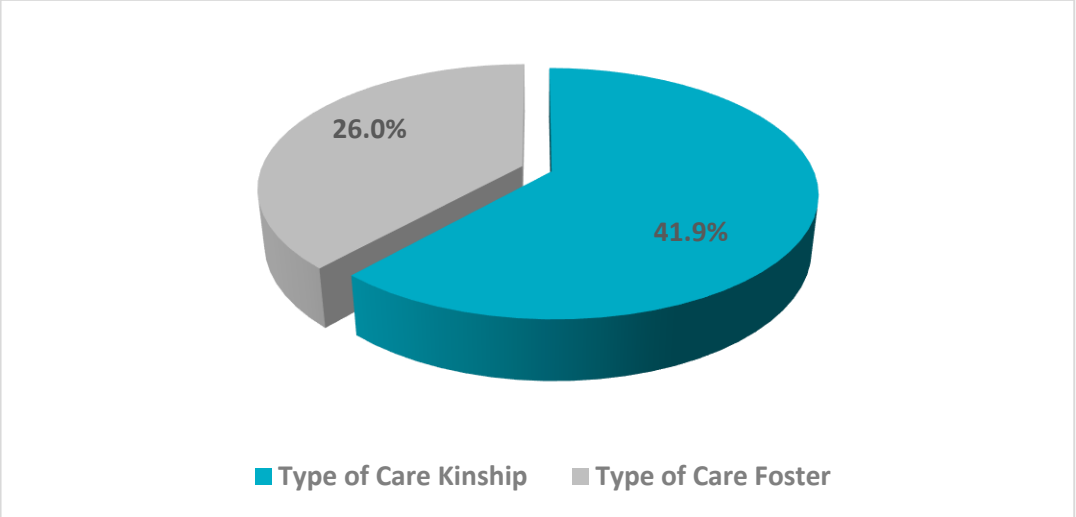
The foster carers (128) and kinship carers (105) were asked if they had provided care to a child with a disability. Overall 18.9 percent of carers had provided care for a child with a disability. More foster carers had provided care for a child with a disability than kinship carers (25% and 11.4% respectively) (See Figure 5). Of note are that the children in foster care with disabilities were all in the care of two organizations.

Figure 3: Care Provided for Children with a Disability by Type of Care (n=128 foster carers and 105 kinship carers)



Those carers who had not provided care for a child with a disability were asked if they would be willing to care for a child with a disability. Overall 33.9 percent of those that had not cared for a child with a disability said yes they would be willing to care for a child with a disability (26% of foster carers and 41.9% of kinship carers). Thus, more kinship carers than are currently providing care to children with a disability report they are willing to do so than foster parents (See Figure 6).

Figure 4: Willingness to Provide Care for a Child with a Disability. (n=96 foster carers and 96 kinship carers)



Motivation to be a carer for a child with a disability

Carers were asked their motivation for providing care for a child with a disability (either currently or in the past). Multiple responses were permitted thus the total percentage is greater than 100 percent. For the foster carers (128) there were a total of 212 responses. For the kinship carers (78) there were a total of 111 responses.

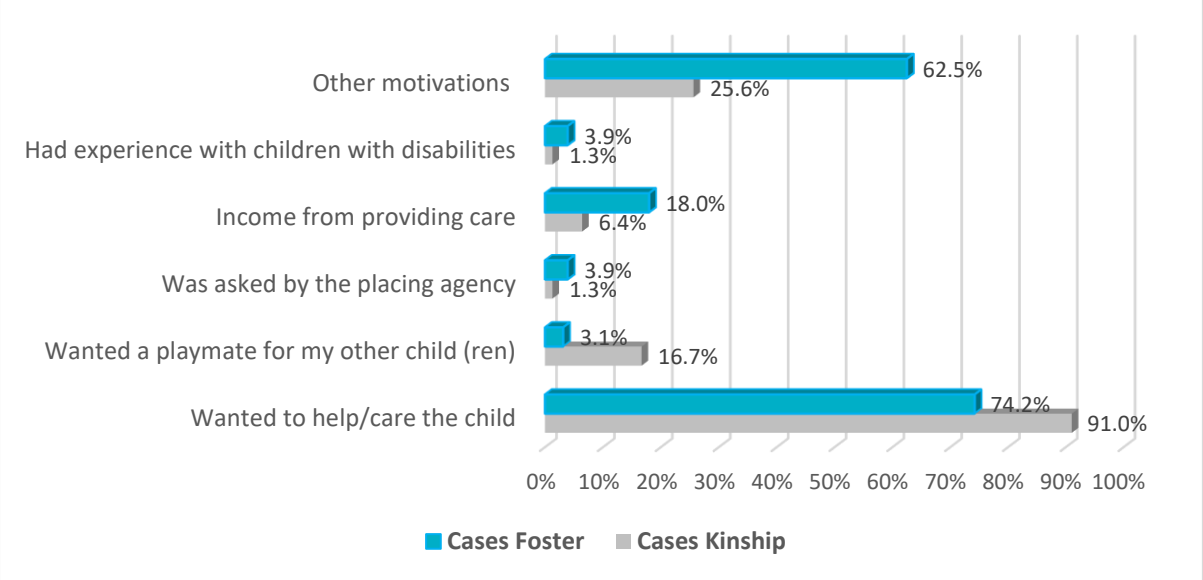
For both foster care and kinship care the most common motivation was wanted to help the child, though higher for foster care than kinship care (74.2%, 91% respectively). This is the same motivation that is commonly reported for both foster carers and kinship carers of children in general.

The next highest for both foster and kinship care were listed as “other” motivations. When explored the other motivations were pity for the child or love.

For foster carers the next highest motivation was income from providing care (foster carers 18%, kinship carers 6.4%) This motivation for payment (stipend, food), is higher for foster parents. In the cases where the payment was a motivation it was never the only motivation.

For kinship carers the next highest motivation was wanted a playmate for my other child(ren) (16.7%). In the cases where the carer wanted a playmate for their child this was never the only motivation (See Figure 7). All that selected this motivation also selected wanting to help/care for a child.

Figure 5: Motivation to Care for Child with Disability (n=128 foster carers and 105 kinship carers)



Barriers to be a carer for a child with a disability

Foster and kinship carers were asked about barriers to providing care for a child with a disability. Multiple responses were permitted. There were 128 foster carers responding with 240 responses and 105 kinship carers with 175 responses.

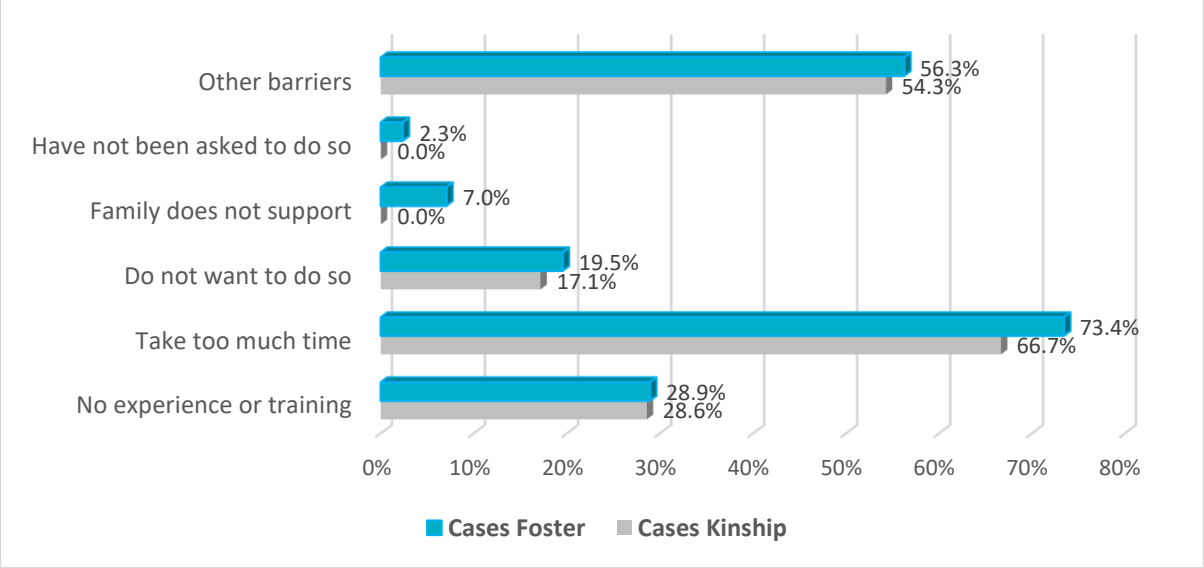
The most common barrier reported by all carers was that caring for a child with a disability took too much time for both foster and kinship carers (73.5% and 66.6% respectively).

The next most common barrier was reported as other (56% for foster; 54% for kinship). When the category other was examined, the reasons specified for other barriers were cost, their own health and ability to care for the child, expected difficulty and or effort in caring for the child and the expectation that the child would have behavior issues. Some carers saw caring for a child with a disability more than they could handle. This was especially true for older carers who often reported that they did not have the physical ability to lift or do the daily tasks they perceived necessary to care for a child with a disability.

This was followed by no experience or training to care for a child with a disability (28.9% foster carers; 28.6% kinship carers and not wanting to care for a child with a disability (19.5% foster carers; 17.1% kinship carers). For foster careers there were about seven percent that reported that they did not have family support, and another 2.3 percent that had not been asked (See Figure 8).

The PDoSVY key informants reported that it was common for them to refer a child with a disability to a residential care facility as foster care is not available for children with disabilities. As noted later in the report, the children that most often do not have carers available are children with health issues, children with disabilities and older children, so understanding and responding to the barriers are important to ensuring access to family-based care for all children in need of alternative care.

Figure 6: Barriers to Caring for a Child with a Disability (n=128 foster carers and 105 kinship carers)



Supports for Foster and Kinship Carers

The service providers report that a variety of supports are provided for foster and kinship carers including trainings, stipends and other material support and guidance and support through home visits and meeting other carers.

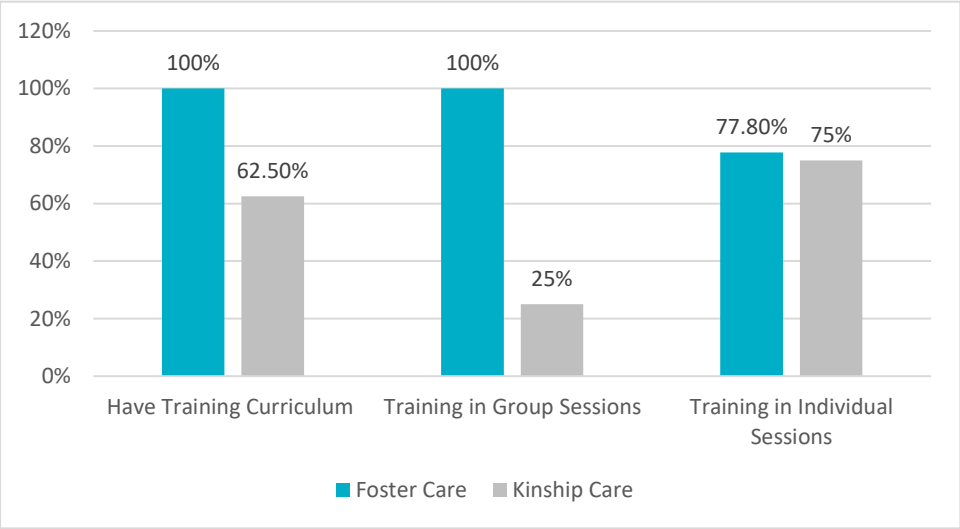
Training for Foster and Kinship Carers

Training is a key support provided to foster and kinship carers by the service providers in the study. All foster care providers (9) and kinship care providers (8) reported that they provide training to carers, though not all carers had received the available trainings. There is also a considerable variation in the training in terms of format, delivery methods, topics available and training received between foster and kinship carers.

Training Practices of Service Providers

The first areas explored were set training curriculums and the training modality of service providers. Training is more systematic for foster carers than for kinship carers through greater use of set curriculums and group training sessions for foster carers. For foster care providers 100 percent of the service providers have a set curriculum for training foster parents and use both group sessions (100%) and individual sessions (77.8%). For kinship care providers 62.5 percent had a set curriculum, and the organizations use both individual sessions (75%) and group sessions (25%) (See Figure 9).

Figure 7: Training Curriculum and Training Modality (n=8 kinship care providers, 9 foster care providers)



The next area explored was the training topics included in the training of foster and kinship carers by service providers. The respondents could give multiple responses, so the total types of training provided is greater than 100 percent.

NGO service providers report they provide a variety of trainings such as on understanding of the role of carer, positive parenting, child development, child rights, child protection and other topics.

The topics in the training where both foster care and kinship care providers all provided training were on the role of the foster care/kinship care provider (both 100%) and positive parenting and discipline (both 100%).

For all other reported topics, the training was available to foster carers more often than kinship carers. Foster carers had access to more training on child development (foster carer 88.9%, kinship carer 37.5%), more training of the effects of child abuse and neglect (foster carer 66.7%, 37.5%), caring for a child with a disability (44.4%, 12.5%), first aid (44.4% 12.5%), loss and grief (foster 33.3%, kinship 0%), self-care (33.3%; 0%) (See Table 14).

There was a large category of 'other" training that was reported. For foster carers the trainings reported in the other category were parent education. For kinship carers the trainings reported in the other category were financial literacy, child protection (violence against children), legal protection, and obligations of caregivers.

Overall foster carers had access to more training topics than kinship carers. As kinship carers are recruited part of the orientation is to provide information on the role and on positive parenting. In the 2018 study on the Emerging Practices of Alternative Care, training was reported for both kinship carers and foster cares, but the training was not mandatory for kinship carers.[42] Overall even though training is less for kinship carers there is improvement since the previous study.

Table 14: Training Provided by Service Providers to Foster Carers

Topic	Foster Care (9)	Kinship Care (8)
Understanding role of foster care or kinship care provider	100.0%	100%
Positive parenting or Discipline	100.0%	100%
Child development	88.9%	37.5%

[42] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.

Effects of abuse or neglect or sexual abuse	66.7%	37.5%
Caring for a child with a disability	44.4%	12.5%
First Aid	44.4%	12.5%
Loss and Grief	33.3%	0
Self care	33.3%	0
Other	55.6%	87.5%

Service providers were also asked if they provided additional training for carers to care for children with disabilities. Multiple responses were permitted so the total is more than 100 percent. Overall, service providers provide more training for foster parents for caring for a child with a disability. Since foster carers are recruited (by some service providers) to be available to provide care to children with disabilities and a kinship carer is recruited for a child in the family, this responds to the care need.

For foster carers 66.7 percent provided additional training for foster carers caring for children with disabilities compared to 12.5 percent of kinship carers (See Table 15). This additional training included ways of working with children with disabilities or special needs (100%), support and counseling to children with disabilities (83.3%) and how to access resources for children with disabilities or special needs (33.3%). For the 12.4 percent of kinship carers that provided additional training, the training was general advice about hygiene and behavior (See Table 15).

Table 15: Additional Training for Carers of Children with Disabilities

	Foster Care (n=9)	Kinship Care (n=8)
Provide Training for Carers of Child with Disability	66.7%	12.5%
Training Topics for Caring for Children with Disabilities		
Ways of Working with children with disability or special needs	100%	0%
Support and counseling provided to children with disability	83.3%	0%
How to access resources for the child with disability or special needs	33.3%	0%
General advice about behavior and hygiene	0%	100%

Carers Experience of Training

In addition to understating the types of training that is available by service providers, the types of training that current carers had received was explored. Carers were asked about the types of training they had received in preparation to be a carer or training they had received while providing care. Respondents could provide more than one answer. A total of 105 kinship carers marked 413 responses and 128 foster carers marked 659 responses.

Overall, both kinship carers and foster carers report that they have received a variety of trainings; however, in categories of training, foster carers were more likely to have received training than kinship carers.

For both foster parents and kinship carers the most common training received was positive parenting or discipline (89.8 and 77.1 percent respectively). Other common trainings were child development (80.5% foster carers; 61.2% kinship carers), understanding the role of the care provider (79.7% foster carers, and 75.2% kinship carers), effects of abuse, neglect or sexual abuse (66.4% foster parents; 47.6% kinship carers); self-care (60.2% foster carers and 57.1% kinship carers).

Other topics received much less often by kinship carers than foster carers were loss and grief (39.8% foster; 18.1% kinship carers); caring for a child with a disability (44.5% foster carers; 21.9% kinship carers); first aid 45.3% foster carers; 23.8% kinship carers (See Table 16).

In the category of other training for foster carers the other types of training were child safety, helping the child to study and learn, child rights, violence against children, treating the child equal to other children. For kinship carers the other training reported was on COVID 19 prevention, how to encourage children to study and learn.

Kinship carers also reported that additional training would be helpful on income generation, caring for a child with a disability and on hygiene and health.

Table 16: Types of Training Received by Foster and Kinship Carers (n=128 foster carers and 105 kinship carers)

Topics	Cases	
	Foster (128)	Kinship (105)
Positive parenting or discipline	**89.8%**	77.1%
Child development	**80.5%**	61.0%
Understanding role of care provider	79.7%	75.2%
Effects of abuse, neglect, or sexual abuse	**66.4%**	47.6%
Self care	60.2%	57.1%
First Aid	**45.3%**	23.8%
Caring for a child with a disability	**44.5%**	21.9%
Loss and Grief	**39.8%**	18.1%
Other	8.6%	11.4%

Material and Other Supports Provided to Foster and Kinship Carers

All service providers report providing a variety of supports to kinship and foster carers. Generally

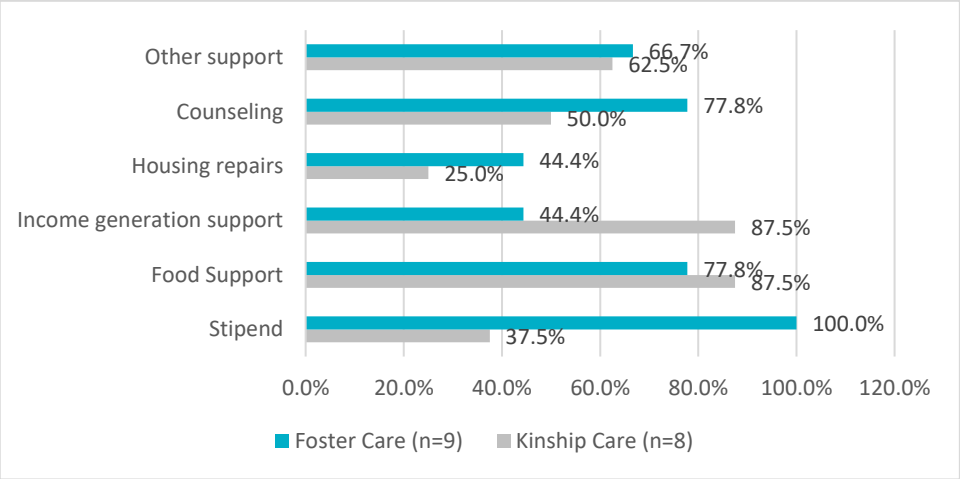
Supports Available from Service Providers

Service provider organizations were asked about supports provided to foster and kinship carers such as stipends and other supports. Respondents could give multiple responses, so the total is more than 100 percent. Foster care providers and kinship providers provide different supports for foster and kinship carers.

For stipends 100 percent of foster care providers report they have stipends for foster parents compared to 37.5 percent of kinship care providers. The amount of the stipends is explored in the next section. However foster carers most often had a standard amount for a stipend that in some organizations was a higher rate for a child with a disability. The amount for stipends for kinship carers was reported to be based needs assessment of the child and family.

Kinship care providers are somewhat more likely than foster care providers to provide food support (87.5% kinship; 77.8% foster care), and income generation support (87.5% kinship; 44.4% foster care). Foster carers are more likely to have access to house repairs (44.4% foster care; 25% kinship care) and counseling (77.8% foster care; 50% kinship care). And though many reported other supports to families, those other supports were not described (See Figure 10).

Figure 8: Service Provider Supports to Foster and Kinship Carers (n= 9 foster care providers; 8 kinship care providers)



Supports Received by Foster and Kinship Carers

Foster and kinship carers surveyed were asked about the different types of support they received from the organization they were linked to as a carer. The respondents were permitted to provide multiple responses. The 128 foster carers provided 320 responses, and the 105 kinship carers provided 255 responses.

The most common type of service received by foster and kinship carers was a stipend. Even though 100 percent of foster care providers report having stipends available (See Figure 10), 58 percent of foster carers report receiving a stipend (See Figure 11). For kinship carers while only 37.5 percent of kinship care service providers report providing a stipend (See Figure 10), 73.3 percent of carers report receiving one (See Figure 11). This is likely explained by two reasons. Firstly, the sample is not evenly divided between service providers, thus for example, a large part of the sample of kinship carers comes from an organization that does provide a stipend. Secondly, foster carers may be financially stable and not require the support of a stipend.

The mean amount for a stipend for a foster carer was 61 USD and ranged between 0 and 200 USD.; and for a kinship carer the mean was 29.53 USD and ranged between 2 USD and 125 USD (See Table 17). For foster carers stipends when reviewing the responses most common amounts for stipends were between 30-50 USD, and between 80-110 USD. For kinship carers the most common amounts for stipends reported by carers were between 10 USD and 30 USD.

Food support is provided to foster and kinship carers in similar percentages (45.3% foster carers; 41.9% kinship carers). The average (mean) amount of the food support reported that was received by foster carers was 62.35 USD and kinship carers 46.61 USD (See Table 17).

Another common support was received by carers was counseling (57% foster carers; 45% kinship carers). Counseling support is described as being provided most commonly by the case/social worker for the carer and child. This is basic support and guidance to care for the child and for the carer to manage any challenges and adjustments.

Other supports were income generation support (19.5% foster carer 13.3% kinship carers); housing repairs (10.2% foster carers; 6.7% kinship carers); Another 59.4% of foster carers and 61.9% of kinship carers reported ‘other’ types of support. (See Figure 11). When explored the other supports were personal protective equipment for COVID 19, diapers, personal hygiene supplies, and clothes or other household supplies.

Figure 9: Types of support received by foster and kinship carers (n=128 foster carers and 105 kinship carers, multiple responses permitted)

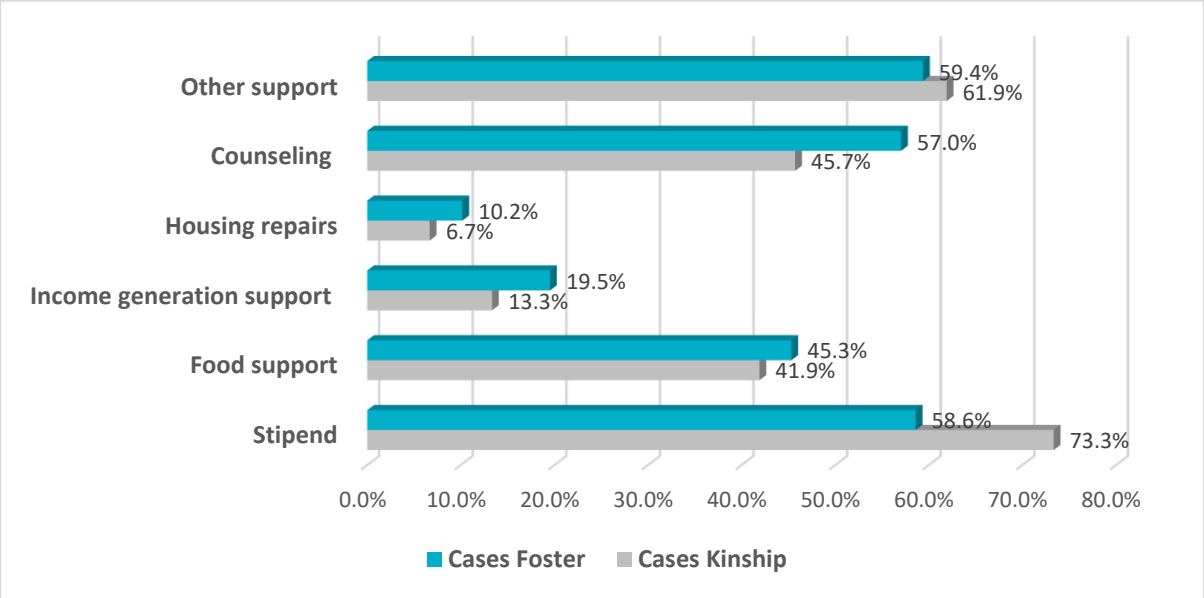


Table 17: Carers reports of food and stipend support

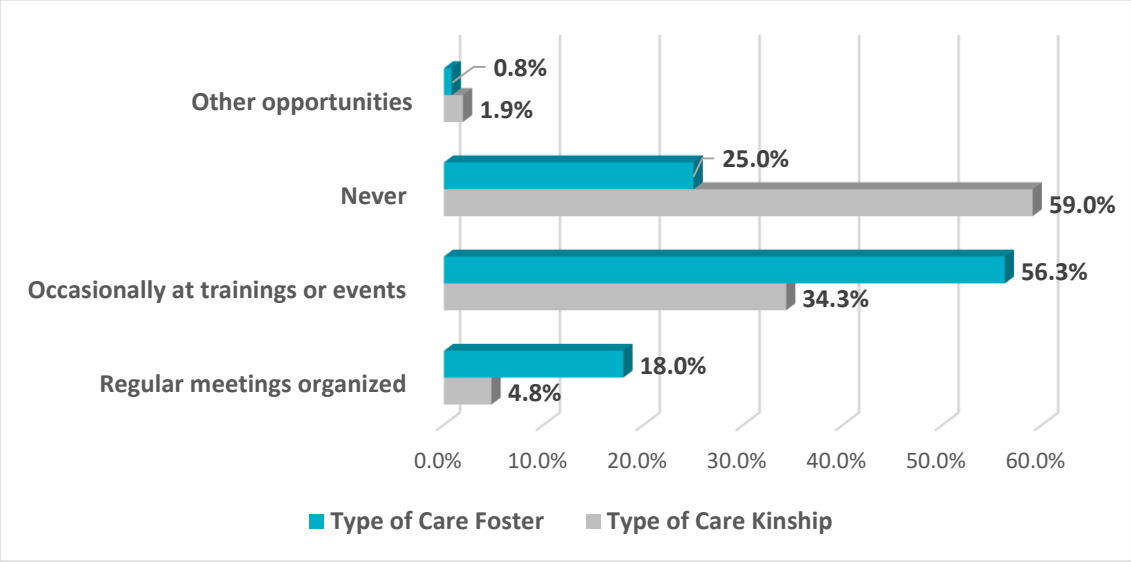
Type of Carer	N	Min in USD	Mean in USD	Max in USD
Stipend Support				
Foster Carer	75	0	**61.00**	200.00
Kinship Carer	75	2	29.53	125.00
Food Support				
Foster Carer	59	0	62.36	500.00
Kinship Carer	44	10	46.61	250.00

Opportunities to Meet Other Foster/Kinship Care Providers

Meeting with other care providers can provide an opportunity to share concerns, learn from each other and make connection with other foster or kinship carers. Foster cares and kinship carers reported varying experiences of opportunities to meet other carers.

Overall foster carers had more opportunities to meet with other carers than kinship carers. Regular meetings were not commonly held with only 18 percent of foster carers and 4.8 percent of kinship carers reporting regularly organized meetings. Others (56.3% of foster carers and 34.3% of kinship carers) reported they met other carers occasionally at trainings or events. And nearly two thirds (59%) of kinship carers and 25 percent of foster carers had never met with other carers (See Figure 12).

Figure 10: Opportunities to meet with other foster/kinship care providers (n=128 foster carers and 105 kinship carers)



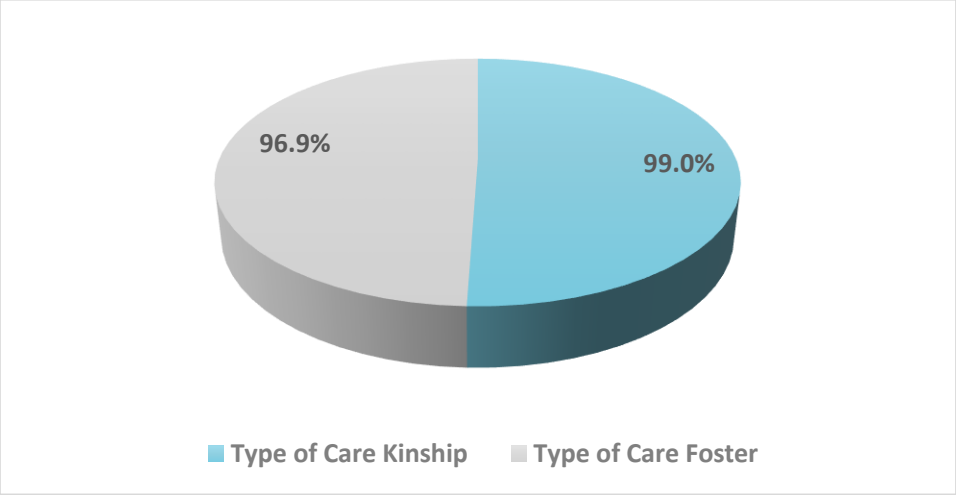
Social/Case Worker Support

Home Visits and the Frequency of Visits

The Prakas on the Procedures to Implement Kinship and Foster Care provides guidance on the follow up and home visits to kinship care and foster care placements states that the first follow up visit should be within seven days, the next within 28 days after the first visits, then visits every three months and when necessary.[43]

Both foster carers (96%) and kinship carers (99%) reported that they were visited by a social/or case workers (See Figure 13).

Figure 11: Visited by Social/Case Worker

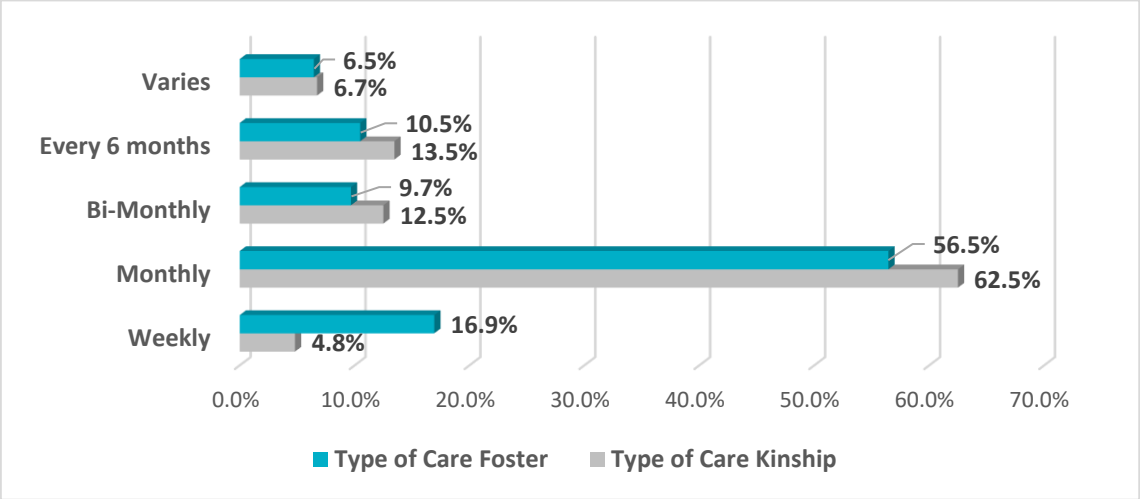


Foster carers and kinship carers were then asked how often they were visited by a social worker/case worker. Weekly visits were made more often to foster carers than to kinship carers (16.9% and 4.8% respectively). For both foster and kinship carers the most common frequency of social/case worker

[43] MoSVY (2021) Prakas on the Procedures to Implement Kinship and Foster Care.

visit was monthly (56.5% of foster care and 62.9% kinship carers). Visits were made bi-monthly to 9.7 percent of foster carers and 12.5 percent of kinship carers; and every six months to 10.5 percent of foster carers and 13.5 percent of kinship carers. For others (6.5% foster carers; 6.7% kinship carers)

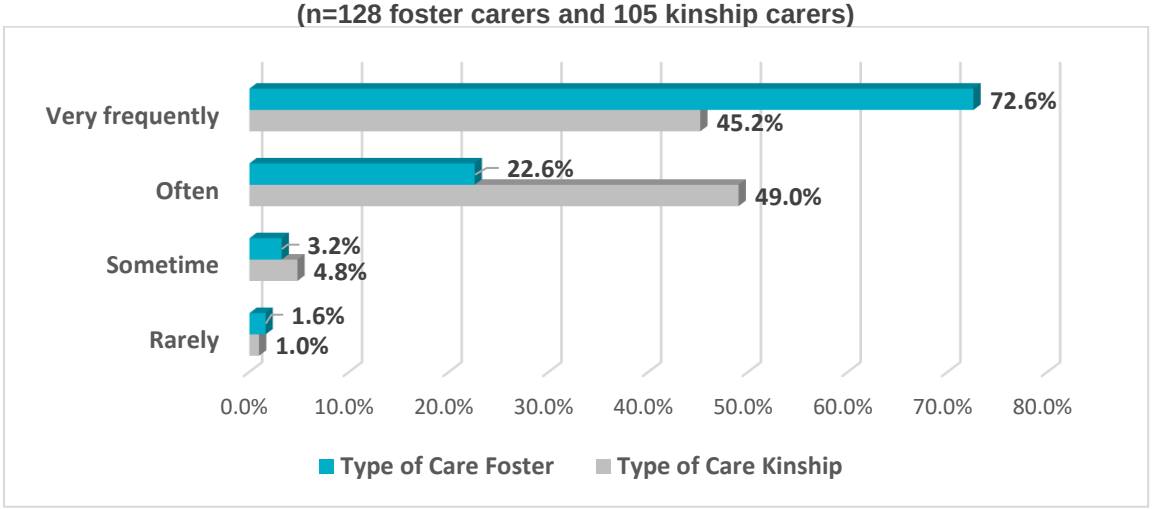
Figure 12: Time Frame Between Visit from Social/Case Worker (n=128 foster carers and 105 kinship carers)



the frequency of visits varied (See Figure 14).

The care providers were asked how they perceived the frequency of the visits. Foster carers reported social/caser workers visiting very frequently more often than kinship carers (72.6% and 45.2% respectively). Kinship carers were more likely to say social/case worker visits were often (49%) compared to foster carers reporting visits were often 22.6 percent. Only 3.2 percent of foster carers and 4.8 percent of kinship carers reported sometime; and 1.6 percent of foster carers and 1 percent of kinship carers reported rarely (See Figure 15).

Figure 13: Frequency of visits from social/case worker (n=128 foster carers and 105 kinship carers)

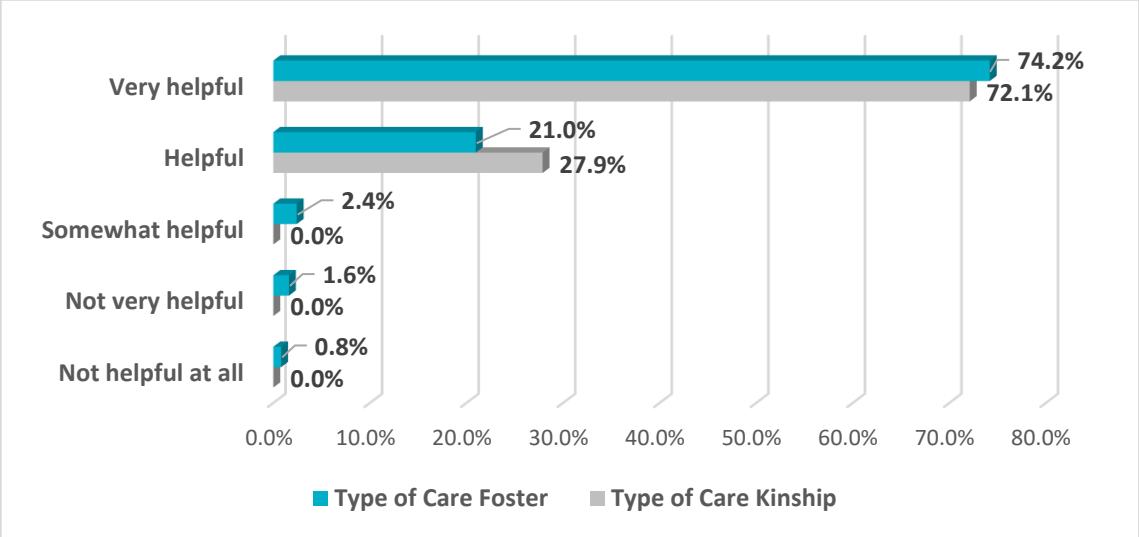


Helpfulness of Social/Case Worker Visits

The foster and kinship carers perceived the home visits as helpful. When asked about the helpfulness of visits by the social/case worker the majority of foster carers and kinship carers found the visits very helpful (74.2% of foster carers; 72.1% of kinship carers). Another 21 percent of foster carers and 27.9 percent of kinship carers found the visits helpful. No kinship carers found the visits not helpful; 1.6

percent of foster carers found them not very helpful and 0.8 percent found the visits not helpful at all (See Figure 16).

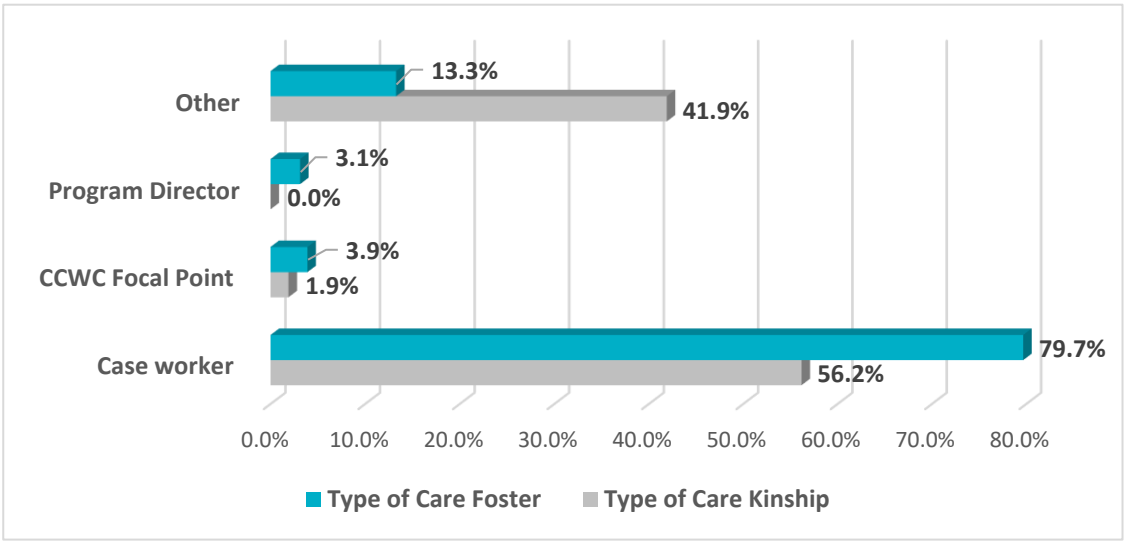
Figure 14: Helpfulness of Social/Case Worker Visits (n=foster carers 124 and kinship carers 104)



Carers Seek Help for Concerns with Child

Carers were asked who they talk to or seek help if they have a concern with the child. Generally, the most common source of support was the social/case worker. Over 79 percent of foster carers and 56 percent of kinship carers sought input or help from the social/case worker. This was followed by the category of other for both kinship and foster carers (13.3% and 41.9% respectively) (See Figure 17). Though the option was there to describe 'other' the majority that selected other did not describe the source of help. The responses in other that were listed was nurse.

Figure 15: Person Carer First Talks to or Seeks Help for Concerns with the Child (n=128 foster carers and 105 kinship carers)



Perspectives of Carers on Satisfaction on Services Received from the Service Provider

Foster and kinship carers were asked about their level of satisfaction with different services they or the child had received from the service providers. The respondents could select did not use the service, very dissatisfied, dissatisfied, satisfied or very satisfied. Not all services are required to be used by

carers, and some do not need the services. All services were not available to all families as many services are available based on need. Thus some selected they did not use the service if that was the case. Some of the services for the child are reported on in the next section even though the caregiver's satisfaction is reported in this section.

Overwhelmingly care providers were satisfied with the services that they received. There were no respondents that selected very dissatisfied with any service. The majority were satisfied or very satisfied with all services (See Table 18 for detailed responses).

In the Emerging Practices on Alternative Care study in 2018 similar questions were asked about satisfaction with services. The results in that study found that most kinship caregivers were unsatisfied with the services. Foster carers were more satisfied except with foster care meetings and the stipend. In this study the dissatisfaction was because they believe the services provided were not enough to help to stabilize the family and enable them to provide adequately for the child. Concerns were raised for education and material support particularly.[44]

Overall, using the satisfaction with services as a measure, the quality of services has improved since the 2018 study.

Communication with the organization: The majority of both foster and kinship carers were very satisfied or satisfied with communication with the organization. One percent of kinship carers and 2.3 percent of foster carers not satisfied.

Training received: All of the foster and kinship carers that had received training were satisfied or very satisfied with the training received. Nearly six percent of kinship carers and 3.1 percent of foster carers did not receive this service implying they had not had training.

Home visits: The majority of kinship carers and foster carers that had home visits were satisfied or very satisfied with the home visits. For kinship care 2.9 percent and for foster care 3.1 percent said they had not had home visits as a service. Slightly more foster carers (3.1%) than kinship carers (1%) were dissatisfied with the service.

Guidance and Support: The majority of kinship and foster carers that had guidance and support were satisfied or very satisfied with the service. Around 2.9 percent of kinship carers and 1.6 percent of foster carers reported they had not had this service. One percent of kinship carers and no foster carers were dissatisfied with the service.

Input into Care Plan for the Child: The majority of both kinship and foster carers were satisfied or very satisfied with their ability to provide input into the care plan for the child. About 6.7 percent of kinship carers and 2.3 percent of foster carers did not provide input. There were slightly higher (though still low) rates of dissatisfaction with this service with 2.9 percent dissatisfaction for kinship and 2.4 percent dissatisfaction for foster care.

Stipend (Payment). Nearly one third (29.5%) of kinship carers and 16.4 percent of foster carers repot they did not use this service. For those that did receive a stipend only one percent of kinship carers and 4.7 percent of foster carers were dissatisfied with the stiped. Though still small this is the second highest dissatisfaction with a service (following income generation). Still the majority were satisfied. For those that were dissatisfied, they received smaller stipends (less than 100 per month) and did not have ID Poor.

Educational support: The majority of kinship and foster carers were satisfied or very satisfied with the educational support for the child. Just over 10 percent of kinship carers and 11.7 percent of foster carers did not receive this support for the child. For dissatisfied, there were 2.3 percent of foster carers dissatisfied and no kinship carers.

Health: The majority of kinship and foster carers were satisfied or very satisfied with health services. Just over 11 percent of kinship care and 7.8 percent of foster care had not used the service. Under one percent of both kinship and foster care were dissatisfied with the service.

[44] Family Care First (2018). *Emerging Practice in Alternative Care in Cambodia*. Save the Children: Phnom Penh.

Income generation support. In both kinship and foster care around one fourth (27% kinship; 25% foster) of families had not had income generation support. Of those that did 3.8 percent of kinship carers and 6.3 percent of foster carers were dissatisfied. The majority as with other services were satisfied.

Table 18: Level of Satisfaction by carers with services for themselves and child

	Kinship					Foster			
	Did not use this service	Dissatisfied	Satisfied	Very Satisfied		Did not use this service	Dissatisfied	Satisfied	Very Satisfied
Communication with organization	0.0%	1.0%	23.8%	75.2%		1.6%	2.3%	29.7%	66.4%
Training received	5.7%	0.0%	23.8%	70.5%		3.1%	0.0%	27.3%	69.5%
Home Visits	2.9%	1.0%	27.6%	68.6%		4.7%	3.1%	29.7%	62.5%
Guidance and support for caring for child	2.9%	1.0%	24.8%	71.4%		1.6%	0.0%	30.5%	68.0%
Provide input into the plan for the child	6.7%	2.9%	35.2%	55.2%		2.3%	2.3%	30.5%	64.8%
Stipend (payment)	29.5%	1.0%	17.1%	52.4%		16.4%	4.7%	27.3%	51.6%
Educational Support for the child	10.5%	0.0%	21.0%	68.6%		11.7%	2.3%	27.3%	58.6%
Health Care	11.4%	1.0%	25.7%	61.9%		7.8%	0.8%	31.3%	60.2%
Income Generation support	27.6%	3.8%	18.1%	50.5%		25.0%	6.3%	19.5%	49.2%

Children Currently in Foster and Kinship Care

Demographics of Children in Foster Care and Kinship Care

The total children sampled in the study were 233 children. Of the 233 children in the sample, 105 were in kinship care and 128 were in foster care (See Table 19 for detailed responses).

A chi-square test was performed to examine the difference between kinship and foster children in term of demographics of children.

There was a significant difference between kinship and foster children in term of children's age, case status, and reason of exit/closed with X^2 (2, N=233)= 13.331, p< .01; X^2 (1, N=233)= 11.396, p< .01; and X^2 (2, N=233)= 10.490, p< .01 respectively (see Table 12).

Child Age: The children ranged in age from less than one year (0) to 17 years of age. Overall children in care were about evenly distributed among age categories: age 0-7 34.3 percent; age 8-12 29.6 percent; and 13-17 36.1 percent.

However, when disaggregated by type of care, the children in kinship care were significantly older than those in foster care (p=.001). Just over 47 percent of the children in kinship care were between the ages of 13 and 17 compared to 26.6 percent of children in foster care in the same age group. And 23.8 percent of children in kinship care were 0-7 years of age compared to 43 percent of children in foster care.

Child Sex: Though there was no significant difference between type of care and child sex (p>.05), it seemed that there were a higher percentage of children that are female children in kinship care than in foster care. In kinship care 57.1 percent of children were female compared to 46.1 percent of children in foster care.

Disability Status: Generally, the majority of children in kinship or foster care were not reported to have a disability, and there was no significant difference between type of care and children's disability status (p>.05), though it tended that there were more children with disabilities in foster care than in kinship care: no disability 89.5% of children in kinship care; 81.3 percent of children in foster care.

Case Status: The parameters of the sample were to include children in care in the sample organizations over the past four years. Thus some of the children's cases (services) had been closed. The case status in kinship care had significantly higher closed cases than in foster care (p=.001). For the sample just over 30 percent of the children in kinship care were in close cases, compared to 12.5 percent of children in foster care.

There was significantly higher closed cases in kinship care than in foster care (p=.004). There was no closed cases with the reason of returning to birth family and getting adopted for children in foster care while for those with closed cases for children in kinship care 28 percent had been returned to their birth family, 6.3 percent adopted, and 65.6 percent stated other as the reason which included that child carer didn't respect the guidelines, the end of service support and the impacts of COVID-19 on the project. For children in foster care 100 percent reported other as the reason for the case closure which there was only one reason which was that the children were transferred to other organization.

Table 19: Demographics of Children in Foster and Kinship Care (n=233)

Variable	Type of Care			Difference between Kinship & Foster (Chi-Square Test)
	Kinship	Foster	Overall	
Child Age				
0-7 years	23.8%	43.0%	34.3%	**13.331; df=2; p=0.001**
8-12 years	28.6%	30.5%	29.6%	
13-18 years	**47.6%****	26.6%	36.1%	
Total	100.0%	100.0%	100.0%	
n	*105*	*128*	***233***	
Child Gender				
Male	42.9%	53.9%	48.9%	2.818; df=1; p=0.114
Female	57.1%	46.1%	51.1%	
Total	100.0%	100.0%	100.0%	
n	*105*	*128*	***233***	
Case status				
Active	69.5%	87.5%	79.4%	**11.396; df=1; p=0.001**
Exit/Close	**30.5%****	12.5%	20.6%	
Total	100.0%	100.0%	100.0%	
n	*105*	*128*	***233***	
Reason Exit/Close				
Get integrated into the birth family	**28.1%****	0.0%	18.8%	**10.490; df=2; p=0.005**
Get adopted	**6.3%****	0.0%	4.2%	
Other	65.6%	**100.0%****	77.1%	
Total	100.0%	100.0%	100.0%	
n	*32*	*16*	***48***	
Disability				
With Disability	10.5%	18.8%	15.0%	3.093; df=1; p=0.097
Without Disability	89.5%	81.3%	85.0%	

Total	100.0%	100.0%	100.0%	
N	*105*	*128*	***233***	

*The difference is significant at p < 0.05.
**The difference is significant at p < 0.01.
***The difference is significant at p < 0.001.

Length in Time in Care of Children

Independent-Sample T Test performed to compare mean between type of care (Kinship and Foster Care), children's sex and disability status within length in time of children while One-Way ANOVA Test was employed to compare mean between children's age groups (0-7, 8-12, and 13-18 years old) within length in care of children (See Table 20).

Type of Care: The 105 kinship carers reported their children had been being in length of care (M = 48.90 months, SD = 47.086086) which was lower compared to the 128 foster carers that indicated their children had been being in length of care (M = 61.34, SD = 47.245) demonstrated significantly difference, t(222) = -2.004, p = .046.

Child Sex: There was no significant effect for sex, t(231) = 1.213, p = .227, despite male children (M = 59.58 months, SD = 48.177) had longer in care than female children (M = 52.04 months, SD = 46.705).

Disability Status: There was significant difference between disability status within length in care of the children, t(231) = -2.437, p = .016. The children who live with disability had longer in care (M = 73.57, SD = 46.518) than the children who live without disability (M = 52.58, SD = 47.061).

Child Age: A one-way ANOVA revealed that there was a strong statistically significant difference in length in care of children between three age groups **(F(2, 230)=8.586, p=0.000).** Children who were older had longer in care, so it would indicate that the older children started their placement since they were at younger age.

Table 20: Length in Time Care of Children in Months (n=233)

Variable	N	Min	Mean	Max	SD
Overall	233	1	55.73	204	47.479
Type of Care					
Foster Care	128	1	**61.34***	198.00	47.245
Kinship Care	105	1	48.90	204.00	47.086
T-Test	**-2.004; df=222.463; p=0.046**				
Child sex					
Female	119	1	52.04	198.00	46.705
Male	114	2	59.58	204.00	48.177
T-Test	1.213; df=231; p=0.227				
Child Disability Status					
Yes	35	2	**73.57***	198.00	46.518
No	198	1	52.58	204.00	47.061
T-Test	**-2.437; df=231; p=0.016**				
Child age					
0-7 years	80	1	38.86	96.00	24.389
8-12 years	69	3	60.90	178.00	48.437
13-18 years	84	1	**67.55*****	204.00	58.094

One-way ANOVA Test	**F(2, 230)=8.586, p=0.000**

*The difference is significant at p < 0.05.
**The difference is significant at p < 0.01.
***The difference is significant at p < 0.001.

Current Practices and Processes with for Children in Foster Care and Kinship Care

Initial Assessments

Service providers reported that case management processes include an initial assessment of the child and their birth family. Both PDoSVY and NGO service providers reported that assessments were conducted for determining if a child needs to go into kinship or foster care. This included assessment of the child's situation and the family's capacity to care for the child. Generally, the PDoSVY's report they work closely with the NGO service provider in conducting the assessments and follow the legal procedures for alternative care, kinship and foster care.

The NGO service provider case/social workers were asked what kind of assessments were conducted by the organization to determine admission into care. First service providers (all 9) were asked what types of assessments are completed with birth families. They reported safety (for the child), health (of the child and family), economic stability, socio-emotional situation of the child and family and parenting capacity of the family (See Table 21).

Table 21: Types of Assessments for Birth Families (n=9)

Area of Assessment	Percent
Safety	100.0%
Health	88.9%
Economic	100.0%
Socio Emotional	100.0%
Parenting	55.6%

All reported that they used the six forms of the CPD as part of their assessment process. For foster care 55.6 percent used additional assessment tools, and for kinship care 100 percent used additional assessment tools (See Table 22). The additional assessment forms were tools provided by their organization such assessments as genograms, assessment for substance abuse, or other tools that are specific to their organization. This was not explored in detail. About 50 percent of the kinship care organizations reported they also use the Child Status Index. PDoSVY social/case workers also reported the use of the government forms.

Table 22: Assessment Tools by Type of Care (n=9)

Assessment Tool	Foster (n=9)	Kinship (n=8)
Government Forms	100%	100%
Additional Tools or Forms	55.6%	100%

Services for Strengthening Birth Families

Recognizing the priority for children to remain with their birth families, service providers (9) were asked about the services they provided to support strengthening birth families. Once an assessment of child and its birth family is completed if possible and safe services are provided by all of the organizations to strengthen birth families. All reported they provided parent education or caregiver education training in groups or individual sessions (100%), income generation (88.9%), individual counseling (88.9%), vocational training (55.6%), health care (33.3%) and group counseling 11.1%) (See Table 23).

Both the PDoSVY and NGOs service providers described that children at risk of family separation were often impacted by poverty, migration, abuse and neglect, domestic violence and other factors. As such, families need a variety of services based on their individual situation. The PDoSVY reported that they work closely with the CCWC Focal Point and NGOs try to find the services that meet the family's needs so they will be able to care for their child in addition to the services noted above.

Table 23: Services for Strengthening Birth Families (n=9)

Service	Percent
Parent or caregiver education	100%
Individual counseling	88.9%
Income generation	88.9%
Vocational training	55.6%
Other	33.3%
Health care	33.3%
Group counseling	11.1%

Process for Supporting Children

Development of Care Plans

Care plans are critical to guide the provision of quality care for children in alternative care. A Care Plan is the documentation of the goals and next steps for a child based on the individual needs and available options for an individual child.

The foster care providers (9) and kinship care providers (8) were asked about their use of Care Plans and their components. For both foster care providers and kinship care providers 100 percent reported they had a care plan for the child based on the needs of the child. The Care Plans For including services and referrals based on needs of the child and family it was reported that 88.9 percent of foster care providers and 100 percent of kinship care providers did this in their care plans. There was far less of both foster care providers (11.1%) and kinship care (12.5%) that reported they have processes for periodic reviews and updates (See Table 24).

Table 24: Care Pans by Type of Service Provider (n=9)

	Foster Care	Kinship Care
Each child has an individual care plan that is based on the individual needs of the child	100%	100%
Includes plans for services provided, and referrals to other organizations based on the needs of the child/family	88.9%	100%
Have processes for periodic reviews and updates	11.1%	12.5%

In KIIs with PDoSVY, they reported that the components of care plans were to develop a plan to meet the child's basic needs. They reported that placements were often needed for a few months only – some longer, and reported that cases should be followed up at least every six months. They reported that the key actors in the development of the care plan are the CCWC, NGOs social workers and the child's family and the child themselves if possible.

When compared to the findings of the 2018 study on Emerging Practices of Alternative Care the Care Plans for children and families are more individualized and based on the individual situation of the child [45] versus a similar plan for all children.

Child Engagement in Care Plan

When asked if children were involved in care plans, the service providers (9) reported that children were informed about the plan (100%). Eighty nine percent of organisations reported that children were consulted about the care plan based on their age (not charted). The other 11 percent did not consult with children in the care plan. This was due to the age of the child or their ability to engage.

Goals of the Care Plans

The goals of the care plan were different somewhat for foster and kinship care.

For kinship care the goal was permanency for the child through return to birth family or adoption (37.5%), guardianship (37.5%), to have the child in family-based care (75%). Multiple responses were permitted thus the total does not equal 100%. For kinship care the care plans are reported to include work to strengthen the birth families (87.5%)

For foster care the long-term goal was temporary placement while a permanent solution is found (88.9%), and long-term family-based care (11.1%). Though multiple responses were permitted each organization only selected one choice.

Eligibility Criteria for Children in Foster Care

To better understand the eligibility of children for foster care service providers (9) were asked what the criteria for a child to be admitted fostering care. Multiple responses were permitted. The most common criteria were no known blood relative of the child available to provide care (88.9%), followed by age and health of the child (55.6% each), and other (44.4%) (See Table 25). The priority for children to be placed in foster care if no kinship care is available is in line with the new Prakas on the Procedures to Implement Kinship and Foster Care.

Table 25: Criteria for Eligibility for Foster Care (n=9)

Criteria	Percent of Service Providers (n=9)
No known blood relative available or capable to provide care	88.9%
Age of Child	55.6%
Health of Child	55.6%
Other	44.4%

Process of Referral of Children to Foster Care

Service providers reported that there is a clear process for referral of children to foster care. All of the care providers (9) reported the child is assessed to need foster care, a foster parent is identified, and the child is provided information about the family. Others also reported that they provide an introductory visit if the placement is non-emergency (55.6%), and there is an orientation for both the child and the foster family (66.7%) (See Table 26).

Table 26: Process for Referral of Children to Foster Care (n=9 foster care providers)

Actions	% Service Providers Reporting Action
Foster parent identified that has the capacity to care for the child	100%
Child is provided information about the foster family	100%

[45] Holt study

Child is assessed to need foster care	100%
Child is placed with an orientation for both the foster parent and the child	66.7%
If non-emergency an introductory visit is conducted	55.6%

Services and Supports for Children in Foster and Kinship Care

The service providers (foster care 9, kinship care 8), reported a variety of services that are available to children in kinship care and foster care. Earlier in this report carers provided a summary of the services available to them as carers. This provides more detail on the services for children.

Food support, educational materials and school uniforms were services reported to be provided for 100 percent of children in foster care and kinship care. Clothes generally were provided by 100 percent of foster care providers and 87.5 percent of kinship care providers.

Individual counseling was provided for 88.9 percent of children in foster care and 87.5 percent of children in kinship care. Less often children were provided group counseling (33.3% foster care, 37.5% kinship care) and toys (33.3% foster, 25% kinship) (See Table 27). Other services (33.3% foster, 35% kinship care were school materials, COVID 19 personal protective equipment, diapers, medical support, hygiene products (shampoo, soap), mosquito nets, and some bicycles.

Table 27: Services and Supports provided by Service Providers for Children in Kinship and Foster Care

	Foster Care (9)	Kinship Care (8)
Food support	100%	100%
Educational materials	100%	100%
School uniform	100%	100%
Clothes	100%	87.5%
Individual counseling	88.9%	87.5%
Group counseling	33.3%	37.5%
Toys	33.3%	25%
Others	33.3%	25%

Safeguarding

All nine organizations in the sample were asked about their procedures and policies for safeguarding children. The most common actions for safeguarding were to conduct background checks (for criminal behavior) for kinship and foster families, provide positive parenting education and conduct regular home visits (all implemented by 100% of service providers). Other safeguards were reference checks (by assigned references from the prospective carer) for kinship and foster families (88.9%), training for kinship and foster families on abuse and exploitation (88.9%), zero tolerance of violence (77.8%), and orientation to children on their rights (66.7%) (See Table 28).

Table 28: Safeguarding Procedures and Policies of Service Providers (n=9)

Safeguarding Procedure	% Of Service Providers that implement safeguarding procedure
Regular home visits to monitor the children in care	100.0%
Positive Parenting education	100.0%

Background checks of kinship and foster families	100.0%
Training for kinship and foster families on abuse and exploitation	88.9%
Reference checks for kinship and foster families	88.9%
Zero tolerance of violence	77.8%
Orientation to children on rights	66.7%

Raising Issues in Placement

Children and families in care must have a way to raise up issues to service providers. To understand the available options service providers were asked about any processes in place. The most common mechanism was that children have periodic meetings with case workers. This was seen as a way that the child could directly report to the case/social worker. In 22.3 percent of organizations there was a complaints mechanism in place and children informed about it. The other (44.4%) were providing the child a phone number to call if they had issues and conducting check ins with the children. (See Table 29).

Table 29: Process for raising up issues (n=9 service providers)

	Care Providers (9) Multiple responses
Children have periodic meetings with case worker	100%
A complains mechanism is in place and children are of informed of it	22.2%
Other	44.4%

Engagement of CCWC and PDoSVY with Service Delivery

Prakas on the Procedures to implement the Policy on Alternative Care for Children in Cambodia and The Prakas for the Procedures for Implementing Kinship and Foster Care Service both describe that the PDoSVY, DoSASW, and the CCWC have roles to play in service delivery including recruitment, approval and monitoring of foster care and kinship care cases.

In the interviews, service providers were asked about their role in engaging with the relevant government authorities such as the PDoSVY, CCWC and the DoSASW. All of the service providers (foster and kinship) report that the CCWC and PDoSVY refer cases to them and participate as partners in service delivery. For foster care providers 100 percent also said they update them on their work, compared to 87.5 percent of kinship fare providers. The other ways of engagement (11.1 foster care and 25% kinship care) was that the service providers fully engage with the key stakeholders in government from the initial assessment until the case is closed (See Table 30).

Table 30: Engagement with Government (CCWC, PDOSVY)

	Foster Care Providers (9)	Kinship Care Providers (8)
Refer cases to us	100%	100%
Participate as partners in service delivery	100%	100%
We update them on our work	100%	87.5%
Other	11.1%	25%

In the key informant interviews with PDoSVY social/case workers they report that after the new Prakas on the Procedures to Implement Kinship and Foster Care was released in 2021, they had training about the roles of PDoSVY and DoSASW and regarding foster care, kinship care in particular about family assessments. They learned about the key role of PDoSVY in receiving applications, conducting assessments, selecting and approving foster families and keeping a register of foster families. They were also guided to learn about their key role in collaboration with PDoSVY, DWCCCs, CCWCs and relevant NGO partners to identify assess and approve kinship carers. In recent months a new process for recruiting and approving foster carers has been developed but not fully disseminated at this point.

Leaving Foster or Kinship Care

In the relevant regulations there is no specific time limit for children to be foster care and/or kinship care. The Prakas on the Procedures to implement the Policy on Alternative Care for Children in Cambodia states that children for whom family preservation and reunification services have been exhausted shall be referred to planning for placement for a permanent family through legal guardianship, domestic or intercountry adoption. There is no time limit described for how long the family preservation and reunification efforts should continue. However, in Article 23 (4) it states that the need for family or community reintegration should be evaluated every six months for children in residential care.

In Article 20 of the same Prakas it addresses how long a search should be conducted for an abandoned child before permanency planning is begun stated there shall be conducted a search for the family of an abandoned child for five consecutive months then the child is to be referred for permanency planning. In Article 27 it does state that for kinship care if extended family have cared for the child for at least six months the placement shall be considered permanent if the child is doing well and they should be encouraged to enter into legal guardianship or adopt.

In the Prakas on the Implementation of Kinship and Foster Care time limits are not addressed.

Time Limit for Current Service Providers

Service providers were asked if there was a time limit for children to be in their foster or kinship care programs.

For foster care providers 44.6 percent reported there was a time limit for children in care with the average time limit was 15 months (SD=10.392). For those foster carers that did report a time limit it was six months and renewed as needed and two years. For kinship care providers 37.5 percent reported there was a time limit for children to be in care with the average time limit was 16 months (SD=17.321) (See Table 31). Those kinship care providers that did list a specific limit on time in care it was six months, extended as needed after that and another up to three years.

Table 31: Time limit in care by type of care

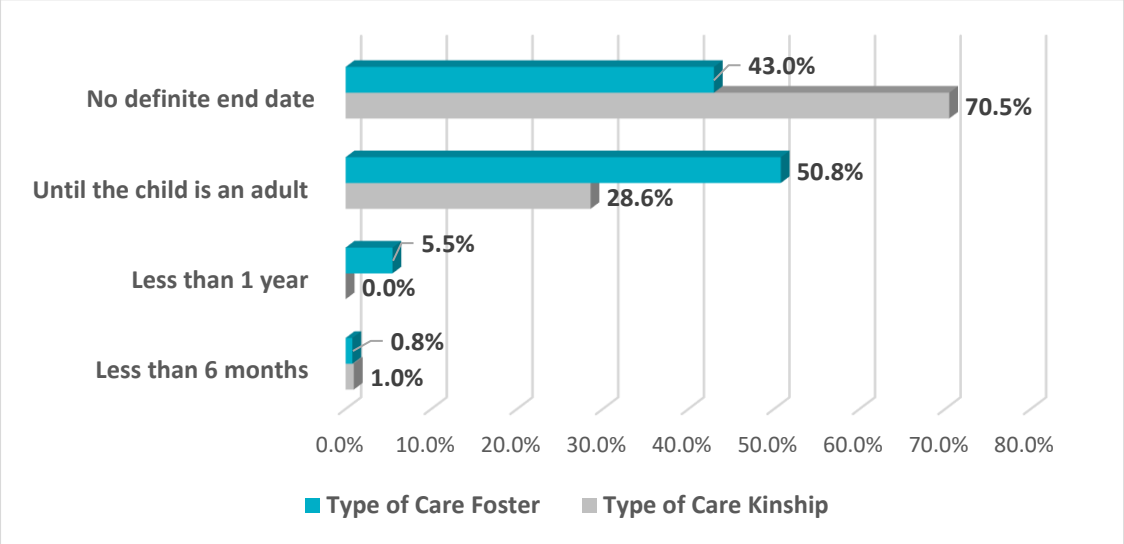
	Foster Care Providers (9)	Kinship Care Providers (8)
No	55.6%	62.5%
Yes	44.4%	37.5%
N	4	3
Min	6	6
Mean	15	16
Max	24	36
SD	10.392	17.321

Expectations of Length of Time to for Care for the Child by Carers

The majority of careers had no specific expectation for the time they would care for the child (foster care 43%; kinship care 70.5%). Some expected to care for the child until adulthood (foster care 50.8%;

kinship care 28.6%). Generally, both foster carers and kinship carers saw this as a commitment that was indefinite. Only 5.5 percent of foster carers saw the commitment as less than one year, and 0.8% of foster carers and 1 percent of kinship carers saw the commitment as less than 6 months (See Figure 13).

Figure 16: Expectations of length of time to care for the child (n= foster carers 124 and kinship carers 104)



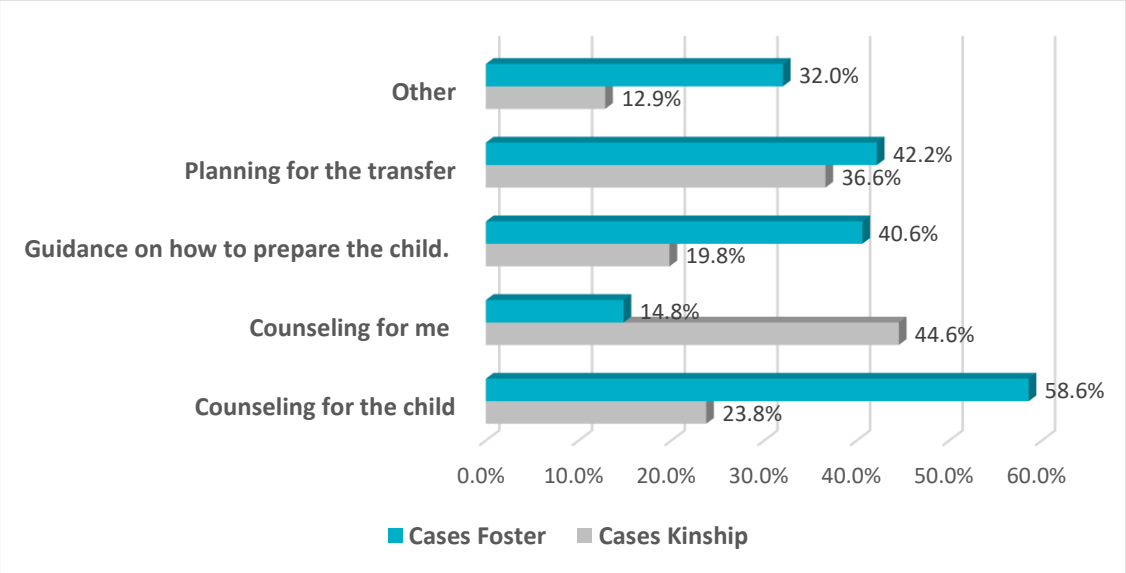
Type of Services Carers Expected to Prepare for Child Leaving Care

Foster and kinship carers were asked the type of preparation they expect to prepare for the child leaving care. The respondents could provide more than one response so the total responses are more than 100 percent. For foster carers there were 128 carers that provided 241 responses. For kinship carers there were 105 carers that provided 139 responses.

For foster carers the most common services expected was counseling for the child (58.6%), planning the transfer (42.2%), and guidance on how to prepare the child (40.6%). Just over 14 percent expected counseling for themselves on preparing the child or concerns.

For kinship carers the responses were different. The most common expectation was counseling for the carer (44.6%), followed by planning for the transfer (36.6%), and counseling for the child (23.8%). The lowest (besides other) was guidance on how to prepare the child (19.8%) (See Figure 14).

Figure 17: Services expected to prepare the child leaving care (n= 128 foster carers and 101 kinship carers)



Criteria for reunification

Reunification for children to their birth family is guided by the Service providers (9) were asked about the criteria for children to be reunified to their birth family. The criteria was: economic stability (100%), Safe environment (88.9%), health (66.7%), good character (66.7%), commitment of the caregiver to provide a loving environment for the child (88.9%), and finally child agrees to return to the birth family (88.9%) (See Table 32).

Table 32: Criteria for reunification with birth family (n=9)

	Care Providers (9) Multiple responses
Economic stability	100%
Safe environment	88.9%
Commitment to provide a loving environment for the child	88.9%
Child agrees to return to birth family	88.9%
Health	66.7%
Good character	66.7%

Children that Cannot that Cannot be Reunified

Foster care providers and kinship care providers were asked what happens to children that cannot be reunified with their birth families. Multiple responses were permitted so the total does not equal 100 percent.

In the KIIs the case/social worker reported that they work closely with the CCWC and the PDoSVY to make a decision on what the next step is if a child cannot be reunited with the birth family. They report there are efforts for adoption for children that are in care for a long time, but so far the procedures are

complicated to use, so are not used commonly. MoSVY is implementing a domestic adoption program in an effort to improve this process so this option becomes more available as a permanency option.

As a last resort if a child cannot be reunited with the birth family or relatives, in some cases the child is referred to a residential care facility. Common issues where children cannot be reunified are when there is drug addiction, severe poverty or the birth family cannot be found. Other issues that make it difficult to reunify the child reported by PDoSVY were if the child is a result of an unplanned pregnancy, relatives do not accept the child, and migration of the parents.

In the survey, service providers reported that for foster children the solutions available through their organizations for children that cannot be reunified are percent legal guardianship (22%), adoption (44.4%) and other 55.6%. For kinship care the solutions were legal guardianship (25%), adoption (12.5%) and permanent kinship care (25%) and other (75%) (See Table 33). The other for both kinship and foster care were children live independently when they are 18, permanency planning, find longer term foster care or residential care, and find solutions case by case.

Table 33: Solutions for Children that Cannot be Reunified

	Foster Care (9)	Kinship Care (8)
Legal guardianship	22.2%	25%
Adoption	44.4%	12.5%
Permanent kinship care		25%
Other	55.6%	75%

Child Well-Being

Views of Carers on Child Well-Being

Carers (both foster and kinship) were asked about the well-being of the child they were providing care. The responses are based on the care providers perspective of the child. The domains of well-being included the child's physical health and nutrition, development, and socio-emotional well-being. The results are summarized by type of care, and age of child (See Table 34).

Child Health and Nutrition: In the area of health and nutrition carers were asked if the child was physically healthy, if the child gets to see a health provider as needed, eats like other children his age. Overall, for child health and nutrition, children in foster care were reported to have better health and nutrition than children in kinship care, though the differences were sometimes small.

The largest difference was for children under 7 "eating like other children his or her age". For children in kinship care the percentage was 68 compared to 89.1 for children in foster care. The other area with a lower score was seeing a health care provider. Overall children in both kinship and foster were less able to see a health care provider as they got older. For children in kinship care age 13-17 the percentage dropped compared to other children and kinship care and foster care (76% compared to 88.2%) respectively.

Child Development: In the area of child development the carers were asked if the child was growing normally compared to other children their age, developing as expected, attending school regularly and advancing to the next grade. Generally, scores more similar for kinship and foster care except in a few categories. Children in kinship care under 7 years of age were "normal growing" less often (76%) compared to foster children (83.6%).

Another area with large difference was for age 0-7 in both kinship and foster care for "child attending school regularly" and "child advancing to the next grade". The percentages were quite low, but this can be explained with many children in this age category being below school age. However, of note is that children in kinship care in ages 8-12 and 13-17 were doing better at "advancing to the next grade": Children 8-12 kinship care (90%) and foster care (79.5%); and children 13-17 kinship care (86%) and foster care (76.5%).

Child Socio-Emotional Development: In the area of socio-economic development, carers were asked about child having a close friend, neighbors accepting the child, and extended family accepting the child. As expected, scores were lower for both children in kinship care and children in foster care for having a close friend in the age category 0-7. For older children the percentage was about the same for children having a close friend for kinship and foster care.

For "neighbors accepting the child" the percentage was lower for younger children in kinship care, and higher for older children in kinship care. For children aged 0-7 the percentage was 88 for kinship care and 96.4 for foster care. For children aged 13-17 the percentage was 98 for kinship care and 82.4 percent for foster care.

For "extended family accepting the child" the score was higher for kinship carers than for foster carers in all age categories: 0-7 96 percent kinship, 89.1 percent foster care; 8-12 96.7 percent kinship care, 89.7 percent foster care; 13-17 92 percent kinship care, 85.3 percent foster care (See Table 34).

Table 34: Child Well-Being Reported by Carers by Age and Type of Care (n=233)

	Kinship				Foster			Difference between Kinship & Foster (Chi-Square Test)
	Cases				Cases			
	0-7 years	8-12 years	13-17 years		0-7 years	8-12 years	13-17 years	
Child Physically Healthy	80.0%	86.7%	84.0%		85.5%	89.7%	85.3%	*0.392; df=1; p=0.579*
Child go to see health care provider	92.0%	86.7%	76.0%		**98.2%**	**94.9%**	**88.2%**	***8.207; df=1; p=0.005***
Child eating like other children at his or her age	68.0%	86.7%	90.0%		89.1%	94.9%	94.1%	*3.952; df=1; p=0.063*
Normal growing	76.0%	83.3%	86.0%		83.6%	92.3%	88.2%	*0.998; df=1; p=0.354*
Child development as expected	84.0%	83.3%	92.0%		83.6%	84.6%	82.4%	*0.750; df=1; p=0.457*
Child attend school regularly	**40.0%**	**90.0%**	**80.0%**		30.9%	84.6%	79.4%	***4.469; df=1; p=0.038***
Child advancing to the next grade as expected	**40.0%**	**90.0%**	**86.0%**		29.1%	79.5%	76.5%	***9.391; df=1; p=0.002***
Child having close friend	76.0%	83.3%	86.0%		78.2%	82.1%	82.4%	*0.219; df=1; p=0.735*
Neighbors accepted the child	88.0%	93.3%	98.0%		96.4%	97.4%	82.4%	*0.166; df=1; p=0.792*
Extended family accepted the child	96.0%	96.7%	92.0%		89.1%	89.7%	85.3%	*2.536; df=1; p=0.167*
n	*25*	*30*	*50*		*55*	*39*	*34*	

The carers were also asked about the child's social well-being. It is quite normal for children to be happy sometimes or sad sometimes, however if children are happy or sad in the extremes (most of the time) it is of concern.

Overall, most children and slightly more children in foster care were viewed as happy most of the time by their carer. For foster care male's 89.9 percent and females' 84.7 percent, and in kinship care males 77.8 percent; females 70 percent were happy most of the time. Only a small percent in either foster or kinship care were sad most of the time. This was truer for females in both kinship and in foster care than for males. For sad most of the time the view of carers was that 5.1 percent of females in foster care, and 6.7 percent of females in kinship were sad most of the time (See Table 35).

Table 35: Carers View on Child's Happiness/Sadness by Gender and Type of Care (n=233)

	Type of Care				Difference between Kinship & Foster (Chi-Square Test)
	Foster		Kinship		
	Male	Female	Male	Female	
Happy most of the time	**89.9%**	**84.7%**	77.8%	70.0%	***8.797; df=2; p=0.012***
About average	5.8%	10.2%	17.8%	23.3%	
Sad most the time	4.3%	5.1%	4.4%	6.7%	
Chi-Square Test	*0.909; df=2; p=0.635*		*0.824; df=2; p=0.662*		
n	*69*	*59*	*45*	*60*	

Views of Children on Child Well-Being

In this study, children in the sample that were age 8 to 17 were asked about their perspectives on their well-being. Children under 8 were not interviewed. Overall, a total of 153 children were interviewed out of the sample of 233. In the age group 8-12 this included 38 children in kinship care, and 31 children in foster care. In the age group 13-17 this included 46 children in kinship care and 38 children in foster care.

Children were asked an array of questions about their living conditions, education experience, food and health. The results are summarized below (See Table 36 for detailed results).

Child's Typical Day

Children were asked what their typical day was like describing the activities they did during the day. The two most common activities for children were "doing household chores", and "going to school."

For "helping with household chores" 100 percent of children in kinship care age 8-12 and 84.8 percent of children in kinship care 13-17 reported that they helped with household chores. For children in foster care for younger children (8-12) the percentage was less with 77.4 percent helping with household chores.

For "going to school" children aged 8-12, 89.5 percent of children in kinship care and 96.8 percent of children in foster care reported going to school. For age 13-17 the percentage was lower for both types of care: children in kinship care 82.6%; children in foster care 84.2 percent. This is at or above the national average.

Children engaged in a variety of other activities such as playing with neighboring children, playing with siblings or relatives, doing homework, reading or studying, assisting family members, playing sport, etc. Children in foster care and kinship care age 8-12 were more likely to play with neighboring children (55.3%; 71% respectively); and children in kinship care were less likely to do homework in younger age groups and more likely in the older age group. (See Table 36).

Table 36: Childs Typical Day Reported by Child (8-17)

	Foster Care		Kinship Care	
Activities	**Age 8-12 n =31**	**Age 13-17 n=38**	**Age 8—12 n=38**	**Age 13-17 n=46**
Do household chores	77.4%	86.8%	100.0%	84.8%
Do a massage for someone in the family	16.1%	18.4%	18.4%	28.3%
Play sport	61.3%	42.1%	31.6%	23.9%
Go to school	96.8%	84.2%	89.5%	82.6%
Play with neighboring children	71.0%	55.3%	55.3%	52.2%
Play with my siblings or relatives (foster or birth)	64.5%	57.9%	76.3%	52.2%
Play alone	25.8%	18.4%	18.4%	13.0%
Assist my family (foster or birth) members tasks	58.1%	65.8%	57.9%	67.4%
Do homework	67.7%	68.4%	60.5%	52.2%
Reading books, notebooks, etc., or self-study	71.0%	71.1%	55.3%	58.7%
Other	12.9%	21.1%	18.4%	15.2%

Living Arrangements for Children

The majority of children in care were living in homes that were owned versus rented. This was slightly truer for kinship care providers than foster carer providers. Children in kinship care age 8-12 – 76 percent were living in owned housing vis 92 percent of 13–17-year-old foster children (See Table 37).

Table 37: Lives in Owned versus Rented Housing

	Foster Care		Kinship Care	
Housing	**Age 8-12 n =31**	**Age 13-17 n=38**	**Age 8—12 n=38**	**Age 13-17 n=46**
Own House	87.1%	92.1%	76.3%	89.1%
Rent house	9.7%	2.6%	18.4%	2.2%
Other	3.2%	5.3%	5.3%	8.7%

Children were asked if they liked where they if they liked where they lived. The majority did like where they live with about five percent or under responding no. The older children were more likely to say they did not like. (See Table 38).

Table 38: Child likes Home

	Foster Care		**Kinship Care**	
Like living situation	**Age 8-12 n =31**	**Age 13-17 n=38**	**Age 8—12 n=38**	**Age 13-17 n=46**

No	0.0%	5.3%	2.6%	4.3%
Yes	100.0%	94.7%	97.4%	95.7%

Children's Sleeping Arrangements

Children were asked about their sleeping arrangements. Children had a variety of sleeping arrangements. The sleeping arrangements varied somewhat by age and type of care. For example, older children in foster care were most likely to sleep with a locked door. For older children in kinship care they were more likely to sleep in an open space in the house. No children were sleeping outside. Others were in a room with a space in the house with a curtain, in the attic with doors and windows, upstairs with siblings. See Table 39).

Table 39: Sleeping Arrangements of Children by Age and Type of Care

	Foster Care		Kinship Care	
Sleeping arrangements	**Age 8-12 n =31**	**Age 13-17 n=38**	**Age 8—12 n=38**	**Age 13-17 n=46**
Room with locked door and window	19.4%	65.8%	23.7%	13.0%
Room without locked door or window	12.9%	5.3%	10.5%	8.7%
Open space inside the house	45.2%	21.1%	47.4%	65.2%
Open space at the balcony	3.2%	2.6%	7.9%	2.2%
Open space at opened ground floor of the house	3.2%	0.0%	5.3%	2.2%
Open space at closed ground floor of the house	0.0%	0.0%	2.6%	0.0%
Outside the house	0.0%	0.0%	0.0%	0.0%
Other	16.1%	5.3%	2.6%	8.7%

Children were also asked why kind of surface they sleep on. Children either slept in a bed, on the floor, or reported other. Children in kinship and in foster care were more likely to sleep on a bed. Other for 8-12 year olds was on the floor either on a mat or a mattress for both kinship and foster care. Other for 13-17 year olds were on a bamboo mat with a mattress, on plywood, on wooden floor and on bricks (See Table 40).

Table 40: Child's Sleeping Surface by Age and Type of Care

	Foster Care		Kinship Care	
Sleeping surface	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
On the bed	38.7%	50.0%	57.9%	34.8%
On the floor	22.6%	26.3%	21.1%	26.1%
Other	38.7%	23.7%	21.1%	39.1%

Overall the majority of children reported they liked where they sleep. This was truer for foster care than kinship care (See Table 41).

Table 41: Child Likes Where He/She Sleeps

	Foster Care	Kinship Care

Sleeping surface Ok	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-1817 n=46
No	0.0%	2.6%	7.9%	8.7%
Yes	100.0%	97.4%	92.1%	91.3%

Education Experience

Children were asked if they were studying in school. The majority of children were studying. The majority of children were in school though there are some differences.

In kinship care fewer children were in school in both age categories than foster carers: Age 8-12 7.9 percent not studying in kinship care compared to 3.2 percent of children in the same age in foster care.

For older children slightly more children in kinship care were also not studying. Age 13-17, 15.2 percent of not studying in kinship care compared to 13.2 percent in foster care (See Table 42).

Overall for children aged 8-12, over 90 percent, and for children aged 13 to 17, around 85% are in school who are in foster and kinship care are in school. This is positive when compared to national statistics. For children in primary school about 97 percent nationally are enrolled in school, but by the time they are 17 years old 55 percent of adolescents have dropped out. So the higher rates of older children in school is very positive.[46]

Table 42: Children Studying by Age and Type of Care

	Foster Care		Kinship Care	
Child Studying?	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
No	3.2%	13.2%	7.9%	15.2%
Yes	96.8%	86.8%	92.1%	84.8%

Children were asked what grade they were studying. For children age 13-18, about 43.5 percent of children in kinship care were in primary school compared to 34.2 percent of children in foster care (See Table 43).

Table 43: Children's Level of Education by Age and Type of Care

	Foster Care		Kinship Care	
	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
Kindergarten	9.7%	0.0%	2.6%	0.0%
Primary school	80.6%	34.2%	89.5%	43.5%
Lower secondary	6.5%	39.5%	2.6%	34.8%
Upper secondary school	0.0%	13.2%	0.0%	6.5%

Children were asked what they liked about school. The highest ranked activity children liked was “playing with their classmates or friends”, though less for children in kinship care (8-12: kinship 88.6%, foster 96.7%; 13-18: kinship 71.8%; foster 93.9%).

For “like subjects I’m studying” it was similar for foster and kinship care across age categories. Generally, though not universally, the children in kinship care liked less about school (See Table 44).

Table 44: Characteristics that Children Like about School by Age and Type of Care

	Foster Care	Kinship Care

[46] See Education | UNICEF Cambodia

	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
I like subjects I'm studying	70.0%	78.8%	71.4%	74.4%
I like study's activities such as reading, drawing, etc.,	73.3%	66.7%	57.1%	64.1%
I like to compete with my classmates/friends in terms of study	50.0%	42.4%	25.7%	35.9%
I like playing sports	56.7%	45.5%	34.3%	43.6%
I like my teacher	73.3%	63.6%	40.0%	61.5%
I like playing with my classmates or friends	96.7%	93.9%	88.6%	71.8%
I like buying and eating snacks	70.0%	45.5%	42.9%	53.8%
I like my class environment	66.7%	66.7%	54.3%	46.2%
I like school because there are toys and/or play ground	50.0%	42.4%	22.9%	28.2%
Other	20.0%	15.2%	22.9%	23.1%

Child's School Attendance

Children in kinship and foster care were asked if there were times that they did not go to school. The majority in all age groups reported there were sometimes they did not go to school (See Table 45). The most common reason that children did not go to school was they were sick or a family member was sick. In a few cases there were other reasons such as no transportation, afraid of being punished by teacher, or bored (See Table 46).

Table 45: Times Child Does Not go to School by Age and Type of Care

	Foster Care		Kinship Care	
	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
No	12.9%	15.8%	28%	26.1%
Yes	83.9%	71.1%	65.8%	58.7%

Table 46: Reasons Child Does Not go to School by Age and Type of Care

	Foster Care		Kinship Care	
	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
I was sick	96.2%	85.2%	96.0%	96.3%
My family member was sick	19.2%	7.4%	4.0%	22.2%
I was asked to assist my family members' tasks	3.8%	3.7%	8.0%	11.1%
I was afraid to be punished by teacher because of doing something wrong	7.7%	0.0%	0.0%	3.7%
I was afraid I was bullied at school	0.0%	0.0%	0.0%	3.7%
I wanted to do somethings I like at home or community instead	0.0%	0.0%	0.0%	3.7%
I felt bored at school	7.7%	0.0%	0.0%	3.7%
There was no one playing with	0.0%	0.0%	0.0%	0.0%
There was no means of transportation	0.0%	3.7%	4.0%	7.4%

Other	11.5%	51.9%	48.0%	18.5%

Adequate Food Available

Children were asked if there were times when there is not adequate food available. Over one fourth of children in kinship care reported there were time when there was adequate food not available more often than for children in foster care.

For children age 8-12, 26.3 percent of children in kinship care responded yes to adequate food available compared to just 16.1 percent in foster care in the same age group. The difference was even greater for older children. For children aged 13 to 17, 30 percent of children in kinship care responded yes compared 7.9 percent of children in foster care (See Table 47).

Table 47: Adequate Food not Available

	Foster Care		Kinship Care	
	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
No	83.9%	92.1%	73.7%	69.6%
Yes	16.1%	7.9%	26.3%	30.4%

Health Care Available

Children were asked if they went to the doctor or health center when they are sick. For kinship care 71.1 percent of 8–12-year-olds and 52.2 percent of 13-17 year olds said yes. For foster care 67.7 percent of 8–12-year-olds and 57.9 percent of 13-17-year-olds said yes (See Table 48).

Table 48: Health Care Availability by Age and Type of Care

	Kinship Care		Foster Care	
	Age 8-12 n =31	Age 13-17 n=38	Age 8—12 n=38	Age 13-17 n=46
No	32.3%	42.1%	28.9%	47.8%
Yes	67.7%	57.9%	71.1%	52.2%

If the response was no the children were asked how they were cared for. The majority were cared for by a family member, but a few older children in foster care reported they cared for themselves.

Children's Perspective on their Own Child Wellbeing

To understand the child's perspective on their own well-being they were asked to respond to a series of statements with never, on one day, on a few days, most days, and every day. The first group of statements are the results of children age 8-12. The full results are presented in Table 49.

I felt happy. For kinship care 5.3 percent and foster care 9.7 percent responded that they never felt happy.

I felt sad. For kinship care 5.3 percent and foster care 0 percent responded they felt sad every day.

I enjoyed by school work: For kinship care 7.9 percent and foster care 12.9 percent responded they never enjoyed their school work.

I had lots of energy. For kinship care 5.3 percent and foster care 9.7 percent responded they never had lots of energy.

I had no one to play with. For kinship care 15.8 percent and foster care 12.9 percent responded they never had anyone to play with.

I felt tired. For kinship care 5.3 percent and foster care 6.5 percent responded they were tired every day.

I kept waking up in the night: For kinship care 13.2 percent and foster care 9.7 percent said they were waking up in the night every night.

I get along with my friends and family: For kinship care 10.5 percent and foster care 12.9 percent reported they never get along with friends and family.

I felt like I fit at my school. For kinship care 5.3 percent and foster care 3.2 percent said they never fit at their school.

I felt like I fit in my community. For kinship care 7.9 percent and foster care 9.7 percent said they never fit in their community.

I feel good about myself. For kinship care 7.9 percent and foster care 3.2 percent reported they never felt good about themselves.

Table 49: Child Well-Being by Age (Age 08-12) and Type of Care

Statement	Kinship						Foster				
	Never	On one day	On a few days	Most days	Every day		Never	On one day	On a few days	Most days	Every day
I felt happy	5.3%	10.5%	18.4%	26.3%	39.5%		9.7%	6.5%	19.4%	19.4%	45.2%
I felt sad	26.3%	13.2%	44.7%	10.5%	5.3%		29.0%	41.9%	19.4%	9.7%	0.0%
I enjoyed my school work	7.9%	2.6%	10.5%	34.2%	44.7%		12.9%	12.9%	12.9%	19.4%	41.9%
I had lots of energy	5.3%	5.3%	28.9%	39.5%	21.1%		9.7%	12.9%	9.7%	22.6%	45.2%
I had no one to play with	47.4%	15.8%	10.5%	10.5%	15.8%		19.4%	29.0%	16.1%	22.6%	12.9%
I felt tired	34.2%	18.4%	28.9%	13.2%	5.3%		32.3%	38.7%	22.6%	0.0%	6.5%
I kept waking up in the night	31.6%	18.4%	18.4%	18.4%	13.2%		19.4%	22.6%	32.3%	16.1%	9.7%
I got along with my friends and family	10.5%	2.6%	5.3%	34.2%	47.4%		12.9%	9.7%	0.0%	32.3%	45.2%
I felt like I fit in at my school	5.3%	0.0%	7.9%	34.2%	52.6%		3.2%	19.4%	3.2%	38.7%	35.5%
I felt like I fit in my community	7.9%	2.6%	7.9%	26.3%	55.3%		9.7%	12.9%	6.5%	25.8%	45.2%
I felt good about myself	7.9%	2.6%	13.2%	26.3%	50.0%		3.2%	16.1%	6.5%	22.6%	51.6%
n	38	38	38	38	38		46	46	46	46	46

The second group of statements are the results of children age 13-17. The full results are presented in Table 50.

I felt happy. For kinship care 4.3 percent and foster care 10.5 percent responded that they never felt happy.

I felt sad. For kinship care 8.7 percent and foster care 5.3 percent responded they felt sad every day.

I enjoyed by school work: For kinship care 10.9 percent and foster care 18.4 percent responded they never enjoyed their school work.

I had lots of energy. For kinship care 6.5 percent and foster care 10.5 percent responded they never had lots of energy.

I had no one to play with. For kinship care 17.4 percent and foster care 13.2 percent responded they had anyone to play with every day.

I felt tired. For kinship care 0 percent and foster care 10.5 percent responded they were tired every day.

I kept waking up in the night: For kinship care 21.7 percent and foster care 23.7 percent said they were waking up in the night every night.

I get along with my friends and family: For kinship care 8.7 percent and foster care 5.3 percent reported they never get along with friends and family.

I felt like I fit at my school. For kinship care 4.3 percent and foster care 10.5 percent said they never fit at their school.

I felt like I fit in my community. For kinship care 6.5 percent and foster care 0 percent said they never fit in their community.

I feel good about myself. For kinship care 4.3 percent and foster care 7.9 percent reported they never felt good about themselves

Table 50: Child Well-Being by age (Age 13-17) and type of care

Variable	Kinship						Foster				
	Never	On one day	On a few days	Most days	Every day		Never	On one day	On a few days	Most days	Every day
I felt happy	4.3%	0.0%	28.3%	28.3%	39.1%		10.5%	2.6%	23.7%	18.4%	44.7%
I felt sad	37.0%	39.1%	10.9%	4.3%	8.7%		31.6%	31.6%	23.7%	7.9%	5.3%
I enjoyed my school work	10.9%	4.3%	10.9%	30.4%	43.5%		18.4%	0.0%	5.3%	26.3%	50.0%
I had lots of energy	6.5%	4.3%	13.0%	19.6%	56.5%		10.5%	2.6%	23.7%	18.4%	44.7%
I had no one to play with	41.3%	13.0%	15.2%	13.0%	17.4%		55.3%	7.9%	21.1%	2.6%	13.2%
I felt tired	39.1%	26.1%	30.4%	4.3%	0.0%		31.6%	23.7%	23.7%	10.5%	10.5%
I kept waking up in the night	30.4%	8.7%	26.1%	13.0%	21.7%		31.6%	13.2%	21.1%	10.5%	23.7%
I got along with my friends and family	8.7%	2.2%	10.9%	28.3%	50.0%		5.3%	7.9%	7.9%	28.9%	50.0%
I felt like I fit in at my school	4.3%	8.7%	6.5%	17.4%	63.0%		10.5%	15.8%	2.6%	21.1%	50.0%
I felt like I fit in my community	6.5%	0.0%	8.7%	32.6%	52.2%		0.0%	7.9%	15.8%	23.7%	52.6%
I felt good about myself	4.3%	2.2%	13.0%	13.0%	67.4%		7.9%	5.3%	15.8%	23.7%	47.4%
n	46	46	46	46	46		38	38	38	38	38

Availability of Foster Care Placements

Frequency of foster parents with no child placement

There were nine organizations participating in the research that provided foster care. Foster care service providers (9) were asked about the frequency of having foster parents available that have no child placement.

The majority (44.4%) of foster care organizations sometimes had foster parents with no placements and 22.2 percent this was true often reported often. Only 22.2 percent reported never having a carer with no child; and 11.1 percent reported always having available placements (See Table 51).

Since foster care providers work in a particular province and/or district, that some places have an excess of available foster parents does not mean that foster care is available everyone nationally – only in the provinces where the organizations work.

Table 51: Organizations Frequency of Having Foster Parents with no Child Placement (n=9)

Frequency	Percent
Sometimes	44.4
Often	22.2
Never	22.2
Always	11.1
Total	100.0

Frequency of having children that need placement but no foster parents available

Foster care service providers (9) were asked if they ever had children that needed placements with no placements available. The majority (88.9%) reported they never had a problem finding a placement for a child (See Table 52).

Table 52: Children that need placement with no available foster parents (n=9)

Frequency	Percent
Never	88.9
Sometimes	11.1
Total	100.0

Characteristics of children in need of placement with no foster carers available

Foster care service providers (9) were asked about the characteristics of children in need of placement that do not have care available. The respondents could provide more than one response.

The most common child background that was hard to find a foster care placement for was children with health issues (66.7%), followed by children with disabilities (33.3%), and children over five (22.2%). One organization reported they continue to recruit or refer to other NGOs until they find care (11.1%) (See Table 31). In the interviews carers reported that reasons they do not want to provide care for children with disabilities or health issues is due to their expectations that caring for the child would require physical strength, more time than they had available, and other factors (see section on Carers caring for children with disabilities).

Table 53: Characteristics of Children in Need of Placement with No Foster Carers Available (n=9)

Background Characteristic

	Percent of Orgs Reporting this Characteristic as a Challenge for Child Placement in Foster Care
Children with health issues	66.7%
Children with disabilities	33.3%
Children over 5	22.2%
We keep recruiting or refer to other NGOs	11.1%

Foster Care Placements Available to Other Organizations

Foster care service providers were asked if their organizations would provide care to children referred from other organizations. Overall 44.4 percent reported yes they would accept children from other organizations. Generally, the foster care agencies were providing foster care for children in a targeted location, so their priority was for children in the location where they worked.

Availability of Foster Care Placements for Children with Disabilities

Foster care service providers were asked if in their organization they provided care to children with disabilities. Of the nine organizations interviewed providing foster care 55.6 percent reported they do provide care to children with disabilities (See Table 54). Service providers reported that for carers that are taking care of children with disabilities, often they have past experience with a child with disability.

Table 54: Foster Care for Children with Disabilities (n=9)

Foster care to children with a disability	Response
No	44.4%
Yes	55.6%

Service providers were asked how they respond to the need for foster care for children with special needs or a disability especially if they do not provide care themselves. Respondents could provide more than one response so the total is more than 100 percent Overall 25 percent referred to other organizations, 50 percent referred to an institution, and two marked other. The response to other were non-applicable, and the organization does not have children with disabilities or special needs requiring care (See Table 55).

Table 55: Response to need if do not provide foster care for children with disability (n=9)

Response	Percent
Refer to other foster care provider	25%
Refer to child care institution	50%
Other	50%

Service providers were asked the reasons that they do not provide foster care for children with disabilities. The reasons provided were it is not the organizations practice, lack of trained foster parents, lack of knowledge on care for children with disabilities, lack of knowledge on service for children with disabilities.

The service providers were also asked if they planned to provide foster care for children with disabilities in the future (if they did not now), and 100 percent responded yes, they plan to do so.

Mapping of Kinship and Foster Care in 25 Provinces

The MoSVY CPD has prioritized understanding the existing kinship care and foster care currently being provided in the 25 provinces. To better understand current practice outside of the FCF partners, a

mapping was conducted through the CPDs at the provincial level. The CPD contacted the PDoSVY in each province and requested information on service providers stating they provide foster care and kinship care in their province. The type of care provided was self-reported by the PDoSVY and the organization.

Kinship Care

Overall, there were 16 organizations identified that report they provide kinship care. The organizations provided care in 16 provinces: Banteay Meanchey, Battambang, Kampong Chnnang, Kampong Thom, Kampot, Kandal, Kep, Koh Kong, Kratie, Phnom Penh, Prey Veng, Rattanakiri, Siem Reap, Sihanoukville, Strung Treng, Svay Rieng.

This identifies an additional eight organizations that report providing foster care beyond those participating in this study. A challenge identified is that it is not clear if the organizations that report providing kinship care apply the definition of formal kinship care. The Prakas to Implement the Procedures on Foster and Kinship Care states that formal kinship care refers to “a situation where a child is placed by a competent authority for the purpose of alternative care into a family with the child’s relatives who could be grandparents, aunts, uncles or other family members of the child”.[47]

Though interviews were not conducted, a review of available information on the organization’s websites did not always show the service of formal kinship care kinship care being provided. Some of the practices that were reported as kinship care were more likely to be classified as family strengthening programs or family preservation programs versus formal kinship care as described in above definition.

This is clearly an area for further exploration, and training on the Prakas to Implement the Procedures on Foster and Kinship Care will be important to contribute to the understanding and documentation of formal kinship care practices in Cambodia. A Summary of the Mapping is available in Annex 3.

Foster Care

The mapping identified a total of 14 non-government organizations that are providing foster care. Foster care was identified in nine provinces, with some provinces having more than one foster care providers The nine provinces with number of foster care providers per province are: Banteay Meanchey (1), Battambang (4), Kandal (2), Kep (2), Phnom Penh (5), Prey Veng (1), Siem Reap (2), Sihanoukville (1), and Svay Rieng (1).

This is clearly an area for further exploration, and training on the Prakas to Implement the Procedures on Foster and Kinship Care will be important to contribute to the understanding and documentation of formal kinship care practices in Cambodia. A Summary of the Mapping is available in Annex 3.

[47] 2021 Prakas to Implement the Procedures for Kinship and Foster Care

Conclusions and Recommendations

Conclusions

The new Prakas on the Procedures to Implement Kinship and Foster Care is timely as organizations are strengthening their foster care and kinship care programs. This Prakas provides guidance to promote a more systematic and higher quality family based alternative care.

Service providers and government authorities report that the 2021 Prakas on the Procedures to Implement Kinship and Foster Care has guided their work and has provided a foundation for defining foster and kinship care, guiding training and practice to improve delivery of family- based alternative care and to systematize care practices between providers. This Prakas provides more detailed guidance to implement the previous polices such as the 2011 Prakas to Implement the Policy on Alternative Care for Children.

As part of the implementation of the 2021 Prakas, the Ministry of Social Affairs, Veterans and Youth Rehabilitation Child Protection Department has begun to provide training to relevant authorities that is highly appreciated as it clarifies roles and responsibilities, guides, and standardizes procedures for foster and kinship care. Additionally in cooperation with service providers additional tools and guidance to recruit, assess, approve and monitor carers have been developed. These types of advances result in practical tools to implement quality foster and kinship care and require training and dissemination to both government and NGO service providers.

Foster care and kinship care is available in the target areas of service providers and is less available for children with health issues, children with disabilities and older children.

Over a third of the country has no foster care or kinship care providers identified as providing these services in their province. The services are in practice only available in the target area where the NGO service providers work. Where there is foster care and kinship care the NGO service providers surveyed reported that the majority of time they had available placements when they need them. Having availability in these target areas does not imply that foster care is available as needed throughout the country. When the NGO service providers had a child in their target area that needed a placement and one was not available it was most likely because the child had health issues, a disability or was an older child. This gap resulted from limited carers with expertise of caring children with disabilities.

Over half of the foster care providers also reported they provide foster care to children with a disability. If service providers cannot provide care for a child with a disability, they refer to others or a residential care facility. Currently about one fourth of foster carers and just over 10 percent of kinship carers have provided care for a child with a disability. About 25 percent more foster carers and 40 percent more kinship carers reported they were willing to provide care for a child with a disability. Barriers were the perspective that caring for a child with a disability took more time, was difficult, costed more, and some did not feel they had the physical ability. Nearly one third reported they did not have the experience or training to care for a child, and some lacked family support.

The NGO service providers are experienced with the majority providing services for more than four years. However, there is not a coordinated “system” of foster care in the country between NGO service providers. Less than half of service providers would accept a child referred from another organization only serving the children in their target area. This is an opportunity going forward as the capacity and role of the government increases in foster care and kinship care to ensure that these services are more widely available and supported by both government and NGO service providers.

Foster carers have more capacity and support to provide quality care than kinship carers.

The situation of kinship carers generally presented more risks and challenges for the provision of quality care for children. Kinship carers tended to be older than foster carers, and they were also more likely to be poor. The data showed that many kinship carers were grandmothers or elder relatives, more often reporting disabilities themselves. Nearly 70 percent of kinship carers had Equity Cards compared to 22

percent of foster carers. Equity cards are an important support for kinship carers . Observations by the researchers were that kinship carers housing more often needed repairs or was inadequate.

Kinship carers also had more children than foster carers and were less likely to be married (older widowed relatives) likely putting even more pressure on limited household budgets. Foster carers had higher education levels and worked in more varied occupations, where the primary kinship carers were farmers or homemakers. These characteristics combined with less training and fewer supports (See below) result in children in kinship care likely being in less stable living environments and guides areas for strengthening application of criteria and supports for kinship carers.

The criteria and process for recruitment for foster carers and kinships have common key elements but are not yet fully in line with the Prakas on the Procedures to Implement Kinship and Foster Care.

Criteria to be a Carer

All service providers in the sample had criteria for kinship carers and foster carers. Foster carers were expected to be residents of the community, have economic stability, a safe environment, healthy, have good character and a commitment to care for the child, have age not younger than 25 or and 20 years older than the child. Kinship carers had similar requirements except for age, and an additional requirement for the child to be a blood relative of the carer. These requirements are in line with the Prakas on the Procedures to Implement Kinship and Foster Care, though through there are concerns about how some of the requirements are applied.

The 2021 Prakas states that a kinship carer shall be 1) a blood relative of the child, 2) have income and resources to care for their own and the relative child, be healthy with no communicable diseases, have good conduct/character, have basic knowledge on child rights and child development, and have the agreement of other family members to care for the child. Generally, these were applied by the service providers with the addition of an age limit applied by some. However, with the high percentage of kinship carers qualifying for an Equity Card it is likely that the income and resources to care for the child is category that requires further assessment and or supports to ensure financial stability. The researchers also observed that the living conditions for children in kinship care (quality of housing) was less adequate than for foster carers.

The 2021 Prakas states that conditions for foster carers are be a married couple or an adult single person with family support, care for a maximum of two children, for Cambodians be ordinary residents for at least two years and possess appropriate housing that ensure safety of the child, for foreigners must have been residing in Cambodia for five years and plan to stay for another three years, be older than 25 and younger than 55 and at least 20 years older than the child, have proper employment, have a certificate of good health, have basic knowledge of child rights and child development, and have references.[48] The observations of the researchers were that the current application of eligibility for foster carers was more in line with the 2021 Prakas particularly for newer foster families.

Process for Recruitment and Approval of Carers

Foster carers were most commonly recruited through the practice of a notice to the community on the need for foster carers supported through the government authorities. Other ways for recruitment were through advertisement and known contacts. Kinship carers were recruited by conducting family tracing through local authorities, followed by direct contact with known family members and a few did advertisements.

There is an existing application process for foster carers implemented by the NGO service providers. The most common way before approving foster parents is through a home visit to assess the conditions of the family. Most service providers describe a process of reviewing and screening applications, conducting home visits to assess conditions, and approving or rejecting the family.

Based on the 2021 Prakas the there is a procedure for receiving, screening applications, and approving applications has been developed. It requires a home visit to assess capacity and a decision and

[48] MoSVY (2021). Prakas on Procedures to Implement Kinship and Foster Care

notification of the applicant within 60 days of the. In recent months the CPD has developed a detailed process with forms to carry out the recruitment and approval of foster carers that includes 1) Announcement Form to Recruit Foster Carers, 2) Draft Application for Kinship or Foster Carer, 3) Notification Letter Foster Care, 4) Foster Carer Assessment Form, 5) a Contractor Benefit Form, 6) Notification Letter, and 7) the form to Decline Consent by a Caregiver.[49] This process is new and has not been fully implemented.

The application of these procedures are likely to impact the selection of carers in the future and may required a review of current carers to determine if they meet eligibility criteria. If the current carers do not meet criteria, supports should be provided or other care arrangements/supports to ensure the child has adequate care.

Foster carers and kinship carers are motivated by a strong desire to help children. Kinship carers feel a strong sense of obligation. Both are motivated to care for children with disabilities but have barriers of time and lack of skills/training.

The most common motivation for foster and kinship carers was that they wanted to help/care for the child. For kinship carers there was also a strong sense of responsibility or obligation to the child. About a quarter of foster carers reported that the income from the stipend for being a foster carer was also a motivation.

The motivations for foster and kinship carers were similar for caring for a child with a disability. Both reported the most common motivation was to help care for the child. This was somewhat higher for foster carers. Other motivations were income (foster parents) and having a playmate for their child (kinship carers).

Barriers to caring for children with disabilities were that it took too much time, and they had no experience or training to care for a child with a disability. This was true for both kinship and foster carers.

Foster carers receive training that is more systematic and occurs more often than kinship carers.

Supports for Kinship and Foster Carers

Training: All service providers for foster and kinship carer report they provided training to kinship and foster carers. For foster care the training is more formalized with all service providers having a set curriculum applied both in group and individual sessions. For kinship care just over 60 percent of service providers have a set training curriculum and most often provide the training in individual sessions. Service providers all report they provide training on understanding the role of foster or kinship carers, and positive parenting or discipline. Other topics are not provided by all service providers and when they are provided it is at least twice as often provided to foster carers as kinship carers. These topics were child development, effects of sexual abuse and neglect, caring for a child with a disability, first aid, loss and grief and self-care.

Carers report a different experience of training. Overall, both kinship carers and foster carers report that they have received a variety of trainings; however in categories of training, foster carers were more likely to have received training than kinship carers. The categories of training reported by carers was positive parenting and discipline, child development, understanding of the role of the care provider, effects of sexual abuse, self-care, first aid, caring for a child with a disability and loss and grief. Kinship carers reported they would like additional training on income generation, hygiene, and caring for a child with a disability. Foster carers reported they would like additional training on hygiene, helping the child to study, child rights, and parenting.

For carers providing care to children with disabilities, foster carers also received more training. They received training on ways of working with children with disabilities most commonly, followed by support and counseling to children with disabilities, and how to access resources for children with disabilities.

[49] 2021 Prakas on the Procedures to Implementation of Kinship and Foster Care

For kinship carers, they only received additional general advice about behavior and hygiene for children with disabilities.

Generally, training is an area for improvement particularly with kinship carers. The training needs to be consistent for all carers, and be provided in a format that ensures all are reached. The nature of kinship care likely means that carers are recruited (and trained) one by one, but this must be integrated as part of the standard engagement with a kinship care provider.

Foster carers receive more supports than kinship carers, yet kinship carers are more likely to have Equity Cards.

The 2011 Prakas on the Procedures to Implement Kinship and Foster care note that the case plan should include the detailed plan of the financial, psychological and practical support to be given to the kinship carer when required. It does not provide guidance on supports for foster carers except the criteria to be a foster carer (described earlier), yet foster carers generally receive more supports to care for the child than a kinship carer.

Stipend: All service providers (100%) report they have stipends for foster carers and about one third have stipends for kinship care providers. However, while more foster care providers have stipends available, more kinship care providers receive them. This is likely a result of a few kinship care service providers that provide stipends having a larger proportion of kinship carers in the sample.

However, the stipend for kinship care is lower. The range of stipend was for foster carers was between 0 USD and 200 USD, and for kinship carer was between 2 USD and 125 USD. For foster carer the most common amount for stipends were between 30-50 USD and between 80 and 110 USD. For kinship carers the most common amounts for stipends reported by carers were between 10 USD and 30 USD.

Other Supports: A variety of other supports were provided to both kinship and foster carers such as food support, counseling, income generation support, and housing repairs. In all categories kinship carers were less likely to have received support than foster carers.

Links with Other Caregivers: Foster carers were much more likely to have opportunities to meet with other carers. The most common way was through trainings or events. Only a few organizations had regular meetings. Nearly two thirds of kinship carers had no opportunities to meet other carers.

Overall, kinship carers received less support than foster carers even though they were living in more precarious situations. Commonly the expectation and or experience was that once a kinship placement was identified, some supports were provided to stabilize the family, but on-going support was not as common. The placement was seen as successful because the child was in a kinship care placement. The reality is with the high poverty rates in kinship care families and low stipends and supports to ensure that kinship care placements meet the criteria additional supports are required.

More Social/case worker visits and appreciated by both kinship and foster carers.

The Prakas on the Procedures to Implement Kinship and Foster Care provides guidance on the follow-up and home visits to kinship care and foster care placements states that the first follow up visit should be within seven days, the next within 28 days after the first visits, then visits every three months and when necessary. Nearly all (99% of foster carers and 96.9% of kinship carers) reported they had home visits by a social/case worker.

The visits were seen as helpful by both foster carers and kinship carers. The time frame of the visits varied but the most common timeframe for visiting was one month. It was also reported that it was based on the case status. The vast majority of both kinship and foster carers found the visits helpful. Less than three percent of foster carers and no kinship carers found the visits not very helpful or not helpful at all. When carers were concerned for the child the most common place they sought help was from the case worker.

Carers appreciate the services they receive generally. They are least satisfied with the stipend and income generation support.

Carers were asked about their satisfaction with communication, training, home visits, guidance and support, input into care plans, stipends, educational support, health support, and income generation support. They were the least satisfied with the stipend and the income generation support. Less than four percent of kinship and seven percent of foster carers were dissatisfied with any service.

In the Emerging Practices on Alternative Care study 2018 similar questions were asked about satisfaction with services with very different results. In 2018 most kinship caregivers were unsatisfied with the services. Foster carers were more satisfied except with foster care meetings and the stipend. The carers reported this is because they believe the services provided are not enough to help to stabilize the family and enable them to provide adequately for the child. Concerns were raised for education and material support for children particularly.[50]

Overall, using the satisfaction with services as a measure, the quality of services have improved since the 2018 study.

Service providers conduct assessments using the government system of forms and sometimes supplement with their own assessment tools.

All organizations reported they used the governments forms for assessment and many (55.6% kinship carers and 100% foster carers) supplemented these forms with additional assessment tools. The additional assessment forms were tools provided by their organization such assessments as genograms, assessment for substance abuse, or other tools that are specific to their organization.

Areas for assessment were safety, health, economic, socioemotional and parenting. The DoSVY and NGO service providers reported they collaborated on the assessments. The level of collaboration ranged from conducting the assessments together to NGO service providers reporting to the DoSVY about the assessment.

The most common service for birth families is parent education.

Ail service providers reported that their priority was for children to remain in their birth family and to return children to birth families when possible. All provided some services to support birth family strengthening. The most common service was parent education (100%), followed by income generation and individual counseling (88.9%). Other services were vocational training, health care and group counseling. The service providers report that the services for birth families are provided based on the assessment of need, so not all families receive the same services.

There is a process for placing children in kinship and foster care that is guided by the Prakas on kinship and foster care and the organizations own manuals.

Eligibility: The eligibility for a child for foster care is that the child needs placement, there is no known blood relative available or capable. Some also consider the age of the child and the health of the child.

Process for Referral to Care: The child is assessed to need foster care, a foster parent is identified, and the child is provided information about the placement. For some they also do an introductory visit if it is not an emergency and conduct an orientation to the foster carer and the child.

Generally, 100% foster and kinship carers report they follow this process of looking for a family member for kinship care then referring to foster care, identifying a foster family. Just over half provide an introductory visit, and about two thirds do an orientation for both foster and kinship carers. An orientation is an important component that could promote successful placements.

Care plans are standard for children but do not adequately address follow up and permanency for the child.

Care Plans: All organizations reported they developed care plans based on the child's individual needs and they provided services and referrals as needed. However, less that 15 percent had processes for

[50] Previous Study Holt

periodic review and follow-up. The care plans had similar goals for each type of care. For kinship care the goal was permanency and for foster care it was a permanent solution and long-term family-based care. One of the challenges however, is that Care Plans were not systematically followed up.

While all service providers reported they did follow-up there was not a planned time frame reported. This is important to ensure that children are permanency planning including return to birth family, adoption or other options are timely for the child.

Services: A range of services are available to children in kinship and foster care. The most common are food support, educational materials, and school uniforms. Individual counseling is also common.

There are limited mechanisms for complaints mechanisms for children and families outside of talking to the case/social worker.

Safeguarding: Overall service providers all had some safeguarding measures in place such as regular home visits, positive parenting education, and legal background checks. Others had more procedures in place such as training for kinship and foster carers on abuse and exploitation, reference checks, zero tolerance polices for violence, and orientation on child rights.

Complaints mechanisms: There were very limited complaints processes except for children meeting with case workers. This was seen as a way the child could talk directly to a case worker. Only about 20 percent had a formal complaints mechanism where children are informed of the process. This is likely an area for improvement and deliberate action.

CCWC and DoSVY are growing in their engagement with the provision and monitoring of foster and kinship care.

Engagement with CCWC and DoSVY: There was reported a close and growing engagement with between government and NGO service providers enhanced since the new Prakas on Foster Care and Kinship Care had been released. This has guided increased training and more formalized procedures and working relationships.

Time limit for Care. The majority of service providers do not have a time limit for children to be in care. There is no time limit in the Prakas on Procedures to Implement Foster and Kinship Care. For children that are abandoned the Prakas on the Procedures to Implement Alternative Care guide the time for family tracing before the child is referred for permanency planning.

Reunification: The criteria for children to be reunified are that the birth family is assessed to have economic stability as the first priority. Other areas were safe environment, health, good character, commitment to care for the child and child agrees to return. Children that cannot be reunified are considered for permanent kinship care, adoption (especially from foster care), and legal guardianship.

There are not clear plans for children to leave temporary care. There is still a lack of permanency. Domestic adoption practice is being established but is not universally available to children.

Leaving Care: Foster and kinship carers expected to care for children in their care long term. Many had not expected end date or expected to care for the child until the child is an adult. Only a small percentage expected the care to be short term. This seems to conflict with the intention that foster care and kinship care is a temporary type of care while a more permanent arrangement is made for the child such as return to birth family or adoption.

Carers expected to have support when the child left care. For foster carers the most common was counseling for the child. For the kinship carer the most common was counseling for the carer. Other services expected were guidance on how to prepare the child and planning for the child leaving.

Domestic adoption is considered to be complicated so not widely available to children as a permanency option.

While the majority of children in care have a typical life, there are still some children whose well-being is of concern.

Perspectives of children:

Daily Life: Generally, children were attending school, helping with household chores playing with their friends, doing homework or other typical tasks of family life. Most were living in houses that were owned by their carer and almost all liked the living arrangements. Children had a variety of sleeping arrangements but none slept outside the house and the majority reported they liked where they sleep.

School: The majority of children were in school. They were not always in a grade that was appropriate for their age (based on review of ages/grades). Children reported they liked playing with their friends, the subjects they are studying. Children attended school except when they were sick and less often to help the family, or other factors such as fear of punishment of a teacher or being bored.

Food: All children were not reporting adequate food available. This was more common for children in kinship care than children in foster care.

Health care: Children were able to get health care either at a health center or were cared for by family. A few reported they took care of themselves when they were ill, but this was older children.

Child Well-Being:

Children were asked about their well-being. Overall, the majority of children report positive well-being. However, in all categories there were a percentage of children that did not report positive well-being. The areas of concern are when the child felt negatively all of the time. In those cases children may be experiencing mental health issues such as anxiety or depression and referral resources should be available.

There was no category where at least some children did not feel negatively though in most categories it was well below ten percent of children. Areas where children 8-12 years old in kinship and foster care reported negative well-being was “I had no one to play with” and “I get along well- with family and friends”

Areas where children 13-18 reported negative well-being over 10 percent were “I enjoyed my school work”, “I had no one to play with” and “I kept waking up in the night every night”.

Recommendations

Government stakeholders

- Expand **availability of foster care and kinship care to other provinces** in a planned deliberate way. This will require a planned approach with collaboration between NGOs Service Providers and CPD, and other government authorities.
- **Allocate state budget** to support kinship care and foster care services, monitoring of quality of services.
- Continue to provide **orientation and training on the Prakas** on the Procedures to Implement Kinship and Foster Care in Cambodia to national and subnational authorities and service providers – focusing on standardized recruitment forms and processes for foster care, definitions of types of placements and quality standards.
- Continue to **strengthen the capacity and provide adequate resources for CPD, PDoSVY, DoSASW, CCWC** to carry out their roles and responsibilities.
- Further efforts to promote permanency. When efforts are exhausted at the provincial level, CPD should make it national wide and then move it to ICA.

- Identify **mechanisms to support carers such as standardized stipend amounts, and access to social protection resources** for carers. This can be done via either the amendment of the Sub-degree for the allowance of budget for children in the state RCIs by including the budget for children placed in kinship care and foster or the family package.

Government and NGO Service Providers

- Ensure that **services are in place for strengthening families** to be able to care for their children including services for families caring for children with disabilities (economic empowerment, parent education, counseling, substance abuse treatment, healthy relationships, health, others).
- Further standardize and/or implement the **process for assessment, approval, training and monitoring foster and kinship carers.**
- **Assess existing kinship and foster care cases to ensure they meet the criteria.** This will likely result in some carers being ineligible to provide care due to income, health or other factors. Additional support services will be necessary to ensure safe placements.
- **Expand and standardize support to kinship carers** to ensure they are able to adequately care for children. This includes consideration of a stipend if care is temporary, recognizing that kinship carers are more likely to be poor as demonstrated by the high % of families with Equity Cards (assess if some kinship with Equity Cards are family preservation instead of a kinship placement). Increasing access to income generation that can support the kinship carers to have sustainable livelihoods or providing supports to those that cannot (older) generate income will help to stabilize families.
- **Provide opportunities through regular exchanges** for carers through meetings, trainings, and other events so that they could share good practices and lessons learned from their practical experience in caring for children.
- **Care plans should focus on the individual child** and first and foremost aim to re-integrate children with birth families. If re-integration is not possible, the care plans should focus on **permanency planning** unique to the needs and situation of the child in line with available options. All children should have a permanency plan either reunification or other permanent option such as adoption.
- Expand **training and consider stipends or other supports for carers to be able to provide care for children with disabilities, children with health issues and older children**. Carers were motivated to care in most care, but did not have adequate capacity, support and resources from their perspective.
- Ensure **support services are in place for children** and procedures to monitor their well-being. Although children were generally doing well, there were some that were experiencing distress. Supportive counseling should be available, and measures or tools such as the Child Status Index institutionalized to assess children's well-being on-going. Additionally, there should be further study and resources on the mental health of children.
- Ensure that safeguarding **measures are standardized and adequately implemented** and **complaints mechanism are developed and available** for children beyond the social worker visits. Some examples of tools could be the Helpline, Suggestion Boxes, and formal processes with clear training on how to use the procedures.

Annex 1 Sampling Tables

Table 56: Sample size by each location within each target organization

N	Location	Total	Total Sample by Each Location	Sample by Each Location and Each Organization								
				Children In Family	Friend International	M'lob Tapang	Mluprussey	Cambodian Children Trust (CCT)	Holt International	Hagar International Foundation	KMR	Mith Samlanh
1	Phnom Penh	81	35	**18**	0	0	**5**	0	0	**3**	**1**	**8**
2	Kandal	73	30	**22**	0	0	**4**	0	0	**2**	0	**2**
3	Prey Veng	59	25	**23**	0	0	0	0	0	0	0	**2**
4	Battambang	94	39	0	0	0	**8**	**7**	**10**	**5**	**8**	0
5	Kampong Chhnang	31	13	**11**	0	0	**2**	0	0	0	0	0
6	Takeo	14	6	**1**	0	0	**4**	0	0	0	0	**1**
7	Siem Reap	27	11	**0**	**10**	0	0	0	0	**1**	0	0
8	Svay Rieng	100	42	**42**	0	0	0	0	0	0	0	0
9	Pursat	16	7	0	0	0	**5**	0	0	0	**1**	0
10	Pailin	1	0	0	0	0	0	0	0	0	0	0
11	Banteay Meanchey	5	2	0	0	0	0	0	0	0	**1**	0
12	Kratie	4	2	0	0	0	0	0	0	0	**1**	0
13	Uddar Meanchey	3	1	0	0	0	0	0	0	0	**1**	0
14	Kampong Thom	1	0	0	0	0	0	0	0	0	0	0
15	Kampong Speu	4	2	1	0	0	0	0	0	**1**	0	0
16	Koh Kong	3	1	0	0	0	0	0	0	0	0	**1**
17	Tbong Khmoum	3	1	0	0	0	0	0	0	0	0	**1**
18	Kampong Cham	3	1	0	0	0	0	0	0	0	0	**1**
19	Kampot	3	1	0	0	0	0	0	0	0	0	**1**
20	Sihaknoukville	17	7	**1**	0	**6**	0	0	0	0	0	0
	Total	**542**	**226**	**118**	**10**	**6**	**28**	**7**	**11**	**14**	**15**	**17**

Table 57: Sample size by each location within each target organization and each type of care

N	Location	Total	Sample by Each Location, Each Organization, &Type of Care

			Total Sample by Each Location	Children In Family		Friend International		M'lob Tapang		Mluprussey		Cambodian Children Trust (CCT)		Holt International		Hagar International Foundation		KMR		Mith Samlanh	
				KC	FC	KC	FC	KC	FC	KC	FC	KC	FC	KC	FC	KC	FC	KC	FC	KC	FC
1	Phnom Penh	81	35	**13**	**5**	0	0	0	0	0	**5**	0	0	0	0	0	**3**	0	**1**	**2**	**6**
2	Kandal	73	30	**15**	**7**	0	0	0	0	**1**	**3**	0	0	0	0	**1**	**1**	0	0	**2**	0
3	Prey Veng	59	25	**10**	**13**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**1**
4	Battambang	94	39	0	0	0	0	0	0	**5**	**3**	0	**7**	**5**	**6**	**3**	**2**	**1**	**7**	0	0
5	Kampong Chhnang	31	13	**11**	0	0	0	0	0	**2**	0	0	0	0	0	0	0	0	0	0	0
6	Takeo	14	6	**1**	0	0	0	0	0	**2**	**2**	0	0	0	0	0	0	0	0	**1**	0
7	Siem Reap	27	11	0	0	**2**	**8**	0	0	0	0	0	0	0	0	0	**1**	0	0	0	0
8	Svay Rieng	100	42	**17**	**25**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Pursat	16	7	0	0	0	0	0	0	0	**5**	0	0	0	0	0	0	0	**2**	0	0
10	Pailin	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Banteay Meanchey	5	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	1	0
12	Kratie	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**	0	0
13	Uddar Meanchey	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0	0
14	Kampong Thom	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Kampong Speu	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**	0	0	0	0
16	Koh Kong	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
17	Tbong Khmoum	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
18	Kampong Cham	3	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
19	Kampot	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
20	Sihaknoukville	17	7	0	**1**	0	0	**1**	**5**	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**542**	**226**	**67**	**51**	**2**	**8**	**1**	**5**	**10**	**18**	**0**	**7**	**5**	**6**	**5**	**9**	**1**	**14**	**9**	**8**

Annex 2: Data Collection Tools

Questionnaire for Caseworker/Social Worker

FOR KINSHIP CARE AND FOSTER CARE

ID INFORMATION	
1. Date of Interview	
2. Interviewer:	
3. Name of Organization:	
4. Name of Person Interviewed:	
Role/Position of Person Interview	1 Program Manager 2 Case Worker 3 Social Worker 4 Other Please specify…
5. Province:	

TYPE OF CARE PROVIDED: I want to ask you about kinship care and foster care programming that your organization provides. First I want to ask about your program.	
6. Does your organization provide kinship care and/or foster care? (can select one or both)	1 Kinship Care 2 Foster Care 3 Kinship care & Foster Care
KINSHIP CARE	
7. How long has your organization provided kinship care?	1 Less than 1 year 2 1-3 years 3 4+ years
8. Do you have a guidance manual on how to implement kinship care?	1 Yes 0 No
9. How many children in kinship care placements does your organization have now?	_____ Enter number
10. Do you place children in kinship care that have disabilities?	☐ Yes.(1) If there is an available family member that can care for the child (answer 11 if yes) ☐ No, (0) we refer children with disabilities to foster care or institutional care
11. If yes, How many of your current kinship care placements are children with disabilities?	_____ Enter number

Kinship Carers	
12. How do you identify/recruit kinship carers?	☐ Direct contact with known family members (0=No, 1=Yes) ☐ Family tracing through community, local authorities (0=No, 1=Yes) ☐ Advertisement (0=No, 1=Yes) ☐ Other (0=No, 1=Yes), please describe:
13. What is the eligibility criteria for kinship carers? (Check all mentioned)	☐ Be a blood relative of the child (0=No, 1=Yes) ☐ Economic stability to care for the child (shelter, healthcare, education) (0=No, 1=Yes) ☐ Safe environment (0=No, 1=Yes) ☐ Be healthy (0=No, 1=Yes) ☐ Good character/conduct (0=No, 1=Yes) ☐ Commitment of caregiver to care for child and provide a loving environment (0=No, 1=Yes) ☐ Age (0=No, 1=Yes) ☐ Family support to care for the child (0=No, 1=Yes) ☐ Other (0=No, 1=Yes), please describe: _____
14. What do you think motivates kinship carers to provide care to a child?	☐ Feeling of responsibility for the child (0=No, 1=Yes) ☐ Love for the child (0=No, 1=Yes) ☐ Economic benefits received for caring for the child (0=No, 1=Yes) ☐ Other (0=No, 1=Yes), please describe:
15. What type of stipend or other supports are provided to kinship care providers? (Check all that apply)	☐ Stipend (0=No, 1=Yes), If yes, answer (Q16, Q17) ☐ Food support (0=No, 1=Yes) If yes, how much per month? _____ ☐ Income generation support (0=No, 1=Yes) ☐ Housing repairs (0=No, 1=Yes) ☐ Counseling (0=No, 1=Yes) ☐ Other support: (0=No, 1=Yes)
16. If yes, how is the amount for the stipend determined?	☐ Same for all children (0=No, 1=Yes) ☐ Age of child (0=No, 1=Yes) ☐ Disability Status of the Child (0=No, 1=Yes) ☐ Health of the child (0=No, 1=Yes) ☐ Other (0=No, 1=Yes) Please specify:…
17. If yes, please select any groups of children that carers would receive a higher stipend	☐ Older children (0=No, 1=Yes)

	☐ Younger Children (0=No, 1=Yes) ☐ Children with a disability (0=No, 1=Yes) ☐ Children with a health issue (0=No, 1=Yes) ☐ Other (0=No, 1=Yes)
18. Food support, how much per month?	
19. Do you provide training to kinship carers?	☐ Yes (1) ☐ No (if no, skip to 25) (0)
20. How is your training provided?	☐ Individual sessions with kinship carers (0=No, 1=Yes) ☐ Group session with other kinship carers (0=No, 1=Yes) ☐ Other (0=No, 1=Yes)
21. Do you have a set curriculum?	☐ Yes (1) ☐ No (0)
22. What are the topics you cover in the training?	☐ Understanding role of kinship care provider (0=No, 1=Yes) ☐ Child development (0=No, 1=Yes) ☐ Loss and Grief(0=No, 1=Yes) ☐ Effects of abuse, neglect, or sexual abuse(0=No, 1=Yes) ☐ Positive parenting/Discipline(0=No, 1=Yes) ☐ Caring for a child with a disability (0=No, 1=Yes) ☐ First Aid(0=No, 1=Yes) ☐ Self-care(0=No, 1=Yes) ☐ Other: (0=No, 1=Yes)
23. How many hours is the training?	Enter number of hours
24. Do you provide additional training for kinship carers caring for children with disabilities or special needs?	☐ Yes (1) ☐ No (skip to 25) (0)
25. What is additional training about?	☐ Ways of working with children with disability or special needs (0=No, 1=Yes) ☐ How to access resources for the child with disability or special needs(0=No, 1=Yes) ☐ Support and counseling provided to children with disability(0=No, 1=Yes) ☐ Other(0=No, 1=Yes)
Children in Kinship Care ***If a child has been assessed to required alternative family care and kinship care is being considered:***	
26. What are the eligibility criteria for a child to be placed in kinship care placement?	☐ Known blood relative available/capable to provide care(0=No, 1=Yes)

	☐ Child agrees to live with kinship carer (based on age) (0=No, 1=Yes) ☐ Age of child(0=No, 1=Yes) ☐ Health of child(0=No, 1=Yes) ☐ Other (0=No, 1=Yes)
27. What are the screenings or assessment tools your organization uses to determine admission for kinship care placement?	☐ Government forms (0=No, 1=Yes) ☐ Additional assessment tools (0=No, 1=Yes) **(please describe)** _____
28. Do you use the Child Status Index? Can you describe how?	☐ Yes (1) If yes describe how ☐ No (0)
29. What are the components of the care plans for the child? *Ask them without giving choices and check all they report*	☐ Each child has an individual care plan that is based on the individual needs of the child (0=No, 1=Yes) ☐ Includes plans for services provided, and referrals to other organizations based on the needs of the child/family. (0=No, 1=Yes) ☐ Have processes for periodic reviews and updates(0=No, 1=Yes)
30. Do care plans include work to strengthen the birth family?	☐ No (0) ☐ Yes (1), in all cases where the birth family is known ☐ Other (2)
31. What are the goals of kinship care plans? (check all that apply)	☐ The goal of the care plan is permanency for the child through return to birth family or adoption. (0=No, 1=Yes) ☐ The goal of the care plan is guardianship(0=No, 1=Yes) ☐ The goal is to have a child in family based care (not legal guardianship, birth family or adoption) (0=No, 1=Yes) ☐ Other (0=No, 1=Yes) Please specify:..
32. How are children engaged in the development of the care plan?	☐ Informed of the plan (0=No, 1=Yes) ☐ Consulted about their views based on their age (0=No, 1=Yes) ☐ Other (0=No, 1=Yes) Please specify:…

33. How are government stakeholders such as CCWC's DoSVY and engagement with your organization in delivering kinship care?	□ Refer cases to us (0=No, 1=Yes) □ Participate as partners in service delivery (0=No, 1=Yes) □ We update them on our work (0=No, 1=Yes) □ No contact on cases (0=No, 1=Yes) □ Other (0=No, 1=Yes) Please specify:…
34. Is there a time limit on kinship care?	□ Yes (1), How long? _____ □ No (0) □ Don't know (-7)
35. What happens if the child cannot be reunified with their birth family?	□ Permanent kinship care (0=No, 1=Yes) □ Legal Guardianship(0=No, 1=Yes) □ Adoption(0=No, 1=Yes) □ Other (0=No, 1=Yes) Please specify:…
36. What kinds of supports are provided to children in kinship care?	□ Food support(0=No, 1=Yes) □ Educational materials(0=No, 1=Yes) □ Clothes(0=No, 1=Yes) □ School uniform(0=No, 1=Yes) □ Toys(0=No, 1=Yes) □ Individual counseling(0=No, 1=Yes) □ Group counseling(0=No, 1=Yes) □ Others: (0=No, 1=Yes)
FOSTER CARE	
37. How long has your organization provided foster care?	1 Less than 1 year 2 1-3 years 3 4+ years
38. Do you have a guidance manual on how to implement foster care?	1 Yes 0 No
39. How many foster parents do you have now? (with or without children in care)	_____ Enter number
40. How many children in foster care placements does your organization have now?	_____ Enter number
41. Do you provide foster care for children with disabilities or special needs?	1 Yes (if yes answer next question) 0 No (if no go to no options)
If yes, how many of the children in foster care now are children with disabilities?	_____ Enter number
a. If no, how do you respond to the need for foster care for children with special needs/disabilities?	□ Refer to other foster care provider(0=No, 1=Yes) □ Refer to child care institution(0=No, 1=Yes) □ Decline services(0=No, 1=Yes)

	□ Other please describe(0=No, 1=Yes)
b. If no, what are the reasons your organization is not providing foster care for children with disabilities? (choose all that they give)	□ Organization does not provide care to children with disabilities(0=No, 1=Yes) □ Lack of trained foster parents(0=No, 1=Yes) □ Lack of knowledge on care for children with disabilities(0=No, 1=Yes) □ Lack of knowledge of services for children with disabilities (referrals) (0=No, 1=Yes) □ Other please describe(0=No, 1=Yes)
c. If no, Do you have plans to provide foster care for children with disabilities in the future?	1 Yes 0 No -5 Skipping
42. Do you often have foster parents available with no child placement?	1 Never 2 Sometimes 3 Often 4 Always
43. Do you often have children that need placements, but no foster parents available?	1 Never 2 Sometimes 3 Often 4 Always
44. If you have children in need of placements with no foster carers available what are their common backgrounds	□ Children with disabilities (0=No, 1=Yes) □ Children over 5 (0=No, 1=Yes) □ Children with health issues (0=No, 1=Yes) □ Male children (0=No, 1=Yes) □ Female children (0=No, 1=Yes) □ We keep recruiting or refer to other NGOs (0=No, 1=Yes)
45. Are your foster care placements available for children that are referred from other organizations?	1 Yes 0 No
46. Is there a time limit on foster care?	ϒ Yes (1), How long? _____ ϒ No (0) ϒ Don't know (-7)
Foster Carers	
47. How do you identify/recruit foster carers?	□ Recruit through known contacts(0=No, 1=Yes) □ Notice to the Community through government authorities(0=No, 1=Yes) □ Advertisement (0=No, 1=Yes) □ Other, please describe: (0=No, 1=Yes)
48. What is the eligibility criteria for foster carers? (Check all mentioned)	□ Be residents in the district for 2 years(0=No, 1=Yes)

	□ Employed: Economic stability to care for the child (shelter, healthcare, education) (0=No, 1=Yes) □ Safe environment(0=No, 1=Yes) □ Be healthy(0=No, 1=Yes) □ Good character/conduct(0=No, 1=Yes) □ Commitment of caregiver to care for child and provide a loving environment(0=No, 1=Yes) □ Age (not younger than 25 and 20 years older than child(0=No, 1=Yes) □ References of good character (0=No, 1=Yes) □ Other(0=No, 1=Yes), please describe: _____
49. What is the process for approval of foster carers?	□ Review and screen applications(0=No, 1=Yes) □ Conduct a home visit to assess conditions(0=No, 1=Yes) □ Approve or reject the foster family (0=No, 1=Yes)
50. What do you think motivates foster carers to provide care to a child?	□ Feeling of responsibility for the child (0=No, 1=Yes) □ Love for the child(0=No, 1=Yes) □ Economic benefits received for caring for the child(0=No, 1=Yes) □ Other(0=No, 1=Yes), please describe:
51. What type of stipend or other supports are provided to foster care providers? (Check all that apply)	□ Stipend(0=No, 1=Yes), If yes, how much per month? _____ □ Food support(0=No, 1=Yes) If yes, how much per month? _____ □ Income generation support(0=No, 1=Yes) □ Housing repairs(0=No, 1=Yes) □ Counseling (0=No, 1=Yes) □ Other support: (0=No, 1=Yes) Please specify:...
51.1. Stipend, how much per month?	
51.2. Food Support, how much per month?	
52. Do you provide training to foster carers?	0 No 1 Yes
53. What is the training about?	□ Ways of working with children with disability(0=No, 1=Yes) □ Support and counseling provided to children with disability(0=No, 1=Yes) □ Other(0=No, 1=Yes)
54. How is your training provided?	□ Individual sessions with foster carers(0=No, 1=Yes)

	☐ Group session with other foster carers(0=No, 1=Yes) ☐ Other(0=No, 1=Yes)
55. Do you have a set curriculum?	1 Yes 0 No
56. What are the topics you cover in the training?	☐ Understanding role of foster care provider(0=No, 1=Yes) ☐ Child development(0=No, 1=Yes) ☐ Loss and Grief(0=No, 1=Yes) ☐ Effects of abuse, neglect, or sexual abuse(0=No, 1=Yes) ☐ Positive parenting/Discipline(0=No, 1=Yes) ☐ Caring for a child with a disability (0=No, 1=Yes) ☐ First Aid(0=No, 1=Yes) ☐ Self-care(0=No, 1=Yes) ☐ Other: (0=No, 1=Yes)
57. How many hours is the training?	Enter number of hours
58. Do you provide additional training for foster carers caring for children with disabilities or special needs?	1 Yes 0 No (skip to X)
59. What is additional training about?	☐ Ways of working with children with disability or special needs(0=No, 1=Yes) ☐ How to access resources for the child with disability or special needs(0=No, 1=Yes) ☐ Support and counseling provided to children with disability(0=No, 1=Yes) ☐ Other(0=No, 1=Yes)
Children in Foster Care ***If a child has been assessed to required alternative family care and foster care is being considered:***	
60. What are the eligibility criteria for a child to be placed in foster care placement?	☐ No known blood relative available/capable to provide care(0=No, 1=Yes) ☐ Age of child(0=No, 1=Yes) ☐ Health of child(0=No, 1=Yes) ☐ Other (0=No, 1=Yes)
61. What are the screenings or assessment tools your organization uses to determine admission for foster care placement?	☐ Government forms (0=No, 1=Yes) ☐ Additional assessment tools (0=No, 1=Yes) **(please describe)** _____
62. What is the process for referral of children to foster care? (Check all that are mentioned – do not read the list)	☐ Child is assessed to need foster care(0=No, 1=Yes) ☐ Foster parent identified that has the capacity to care for the child(0=No, 1=Yes)

	☐ Child is provided information about the foster family(0=No, 1=Yes) ☐ If non-emergency an introductory visit is conducted(0=No, 1=Yes) ☐ Child is placed with orientation to both foster parent and child(0=No, 1=Yes)
63. What are the components of the case plans for the child? Does it include work to strengthen the birth family?	☐ Each child has an individual care plan that is based on the individual needs of the child (0=No, 1=Yes) ☐ Includes plans for services provided, and referrals to other organizations based on the needs of the child/family. (0=No, 1=Yes) ☐ Have processes for periodic reviews and updates(0=No, 1=Yes)
64. How are children engaged in the development of the care plan?	☐ Informed of the plan(0=No, 1=Yes) ☐ Consulted about their views based on their age(0=No, 1=Yes) ☐ Other(0=No, 1=Yes)
65. How are government stakeholders such as CCWC's DoSVY and engagement with your organization in delivering foster care?	☐ Refer cases to us(0=No, 1=Yes) ☐ Participate as partners in service delivery(0=No, 1=Yes) ☐ We update them on our work(0=No, 1=Yes) ☐ No contact on cases (0=No, 1=Yes) ☐ Other(0=No, 1=Yes)
66. What is the long-term goal of foster care placement?	1 Temporary placement for the child while a permanent solution is found 2 Long term family based care
67. What happens if the child cannot be reunified with their birth family?	☐ Legal Guardianship(0=No, 1=Yes) ☐ Adoption(0=No, 1=Yes) ☐ Other (0=No, 1=Yes)
68. What kinds of supports are provided to children in foster care?	☐ Food support(0=No, 1=Yes) ☐ Educational materials(0=No, 1=Yes) ☐ Clothes(0=No, 1=Yes) ☐ School uniform(0=No, 1=Yes) ☐ Toys(0=No, 1=Yes) ☐ Individual counseling(0=No, 1=Yes) ☐ Group counseling(0=No, 1=Yes) ☐ Others: (0=No, 1=Yes) Please specify:...
Families of Children in Kinship or Foster Care	

69. What kinds of assessments are completed with birth families?	□ Safety(0=No, 1=Yes) □ Health(0=No, 1=Yes) □ Economic(0=No, 1=Yes) □ Socio-Emotional(0=No, 1=Yes) □ Parenting(0=No, 1=Yes)
70. What kinds of services are provided to strengthen birth families?	□ Individual counseling(0=No, 1=Yes) □ Group counseling(0=No, 1=Yes) □ Parent/caregiver educational Group/session (0=No, 1=Yes) □ Vocational training (0=No, 1=Yes) □ Income generation(0=No, 1=Yes) □ Health care(0=No, 1=Yes) □ Other: (0=No, 1=Yes) ……
71. What are the criteria for children to be reunified with birth families?	□ Economic stability to care for the child (shelter, healthcare, education) (0=No, 1=Yes) □ Safe environment(0=No, 1=Yes) □ Health (0=No, 1=Yes) □ Good character/conduct(0=No, 1=Yes) □ Commitment of caregiver to care for child and provide a loving environment(0=No, 1=Yes) □ Child (based on age) agrees to return to birth family(0=No, 1=Yes)
Child safeguarding in Kinship and Foster Care	
72. What kinds of safeguards are in place for children to prevent abuse or exploitation?	□ Background checks of kinship and foster families(0=No, 1=Yes) □ Reference checks for kinship and foster families(0=No, 1=Yes) □ Training for kinship and foster families on abuse and exploitation(0=No, 1=Yes) □ Zero tolerance of violence, abuse, exploitation, substance abuse(0=No, 1=Yes) □ Parent education (positive parenting) (0=No, 1=Yes) □ Regular home visits to monitor the children in care(0=No, 1=Yes) □ Orientation to children on rights(0=No, 1=Yes)
73. How do children raise up any issues in the placement?	□ Children have periodic meetings with case worker(0=No, 1=Yes) □ A complaints mechanism is in place and children are informed of it. (0=No, 1=Yes) □ Other(0=No, 1=Yes)

74. What is the process for dealing with any kinds of complaints from children and or foster carers or kinship carers?	Leave open ended
Closing	
75. What are the biggest challenges with foster care and kinship care?	
76. Anything else important for us to know about kinship or foster care?	

Interview Guide for Kinship Carer

ID INFORMATION	
1. Date of Interview	
2. Interviewer:	
3. Name of Organization:	1 Children In Family 2 Friend International 3 M'lob Tapang 4 Mluprussey 5 Cambodian Children Trust 6 Holt International 7 Hagar International Foundation 8 KMR 9 Mith Samlanh
4. Person Interviewed:	
5. Province:	1 Banteay Meanchey 2 Battambang 3 Kampong Cham 4 Kampong Chhnang 5 Kampong Speu 6 Kampong Thom 7 Kampot 8 Kandal 9 Kep 10 Koh Kong 11 Kratié 12 Mondulkiri 13 Oddar Meanchey 14 Pailin

	15 Phnom Penh 16 Preah Vihear 17 Pursat 18 Prey Veng 19 Ratanakiri 20 Siem Reap 21 Sihanoukville 22 Stung Treng 23 Svay Rieng 24 Takéo 25 Tboung Khmum
6. Consent Process Administered	0 No 1 Yes
7. Primary Care giver	1 Male 2 Female

8. Primary Caregiver	Age _____ Marital Status: 1 Single 2 Married 3 Divorced or Separated 4 Widowed 5 Other Highest grade completed: 1 Never attend school 2 Non-formal education 3 Primary school not completed 4 Completed primary school 5 Lower secondary not completed 6 Completed lower secondary school 7 Upper secondary not completed 8 Completed upper secondary school 9 Completed undergraduate education 10 Completed post-graduate education Occupation/income sources: 1 Paid laborer 2 Garment worker 3 Construction worker 4 Farmer 5 Grocery shop owner 6 Work as household chores 7 Teacher 8 Policeman 9 Other Please specify _____
9. How long have you been providing kinship care?	Enter months _____
10. How many children are you providing kinship care for?	Enter number _____
11. Have you provided kinship care for children with disabilities?	0 No 1 Yes
12. If yes how many	Enter number _____

13. If not would you be willing to care for children with disabilities as a kinship parent?	0 No 1 Yes -5 Skipping
14. What is your relationship with child or children?	Please check all that applied for kinship carer who has more than 1 child in his/her care. □ Biological Mother (0 No, 1 Yes) □ Biological Father (0 No, 1 Yes) □ Grandmother (0 No, 1 Yes) □ Grandfather (0 No, 1 Yes) □ Aunt (0 No, 1 Yes) □ Uncle (0 No, 1 Yes) □ Biological Brother (0 No, 1 Yes) □ Biological Sister (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
15. Estimated distance from kinship carer's house to centre of commune (in meter)	
16. Disability status	1. Do you have difficulty seeing, even if wearing glasses? 1 No difficulty 2 Some difficulty 3 A lot of difficulties 4 Cannot do at all 2. Do you have difficulty hearing, even if using a hearing aid? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 3. Do you have difficulty walking or climbing steps? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 4. Do you have difficulty remembering or concentrating? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 5. Do you have difficulty (with self-care such as) washing all over or dressing? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all

17. Poverty status	1. Do you have an Equity Card? 0 No 1 Yes 2. If yes, what level? 1 Level 1 2 Level 2 -5 Skipping
18. How many people live in your household?	Enter total number _____ Children (under 18 not including children in kinship care) _____ Adults: _____
19. What motivated you to care for this child?	Please check all that are reported by the kinship care provider *(do not read list, let them say. If their reason is not listed, add in other)* □ Wanted to help/care the child (0 No, 1 Yes) □ Sense of obligation/responsibility because child was related to me (0 No, 1 Yes) □ Wanted a playmate for my other child (ren) (0 No, 1 Yes) □ Was asked by the placing agency (0 No, 1 Yes) □ Income from providing care (0 No, 1 Yes) □ Other motivations (0 No, 1 Yes) please list: _____ Notes:
20. If you are providing care for now or in the past of a child with a disability what motivated you to care for a child with a disability?	□ Wanted to help/care for the child (0 No, 1 Yes, -5 skipping) □ Wanted a playmate for my other child (ren) (0 No, 1 Yes, -5 skipping) □ Was asked by the placing agency (0 No, 1 Yes, -5 skipping) □ Income from providing care (0 No, 1 Yes, -5 skipping) □ Had experience with children with disabilities (0 No, 1 Yes, -5 skipping) □ Other motivations (0 No, 1 Yes, -5 skipping) please list: _____
21. What are the barriers to you caring for a child with a disability as a kinship parent?	□ No experience or training (0 No, 1 Yes, -5 skipping) □ Takes too much time (0 No, 1 Yes, -5 skipping) □ Do not want to do so (0 No, 1 Yes, -5 skipping) □ Family does not support (0 No, 1 Yes, -5 skipping) □ Have not been asked to do so (0 No, 1 Yes, -5 skipping) □ Other barriers (0 No, 1 Yes, -5 skipping) please list: _____
22. What type of training have you received as a kinship care provider?	□ Understanding role of kinship care provider (0 No, 1 Yes) □ Child development (0 No, 1 Yes) □ Loss and Grief (0 No, 1 Yes)

<table>
<tr><td></td><td>☐ Effects of abuse, neglect, or sexual abuse (0 No, 1 Yes)
☐ Positive parenting/Discipline (0 No, 1 Yes)
☐ Caring for a child with a disability (0 No, 1 Yes)
☐ First Aid (0 No, 1 Yes)
☐ Self-care (0 No, 1 Yes)
☐ Other: (0 No, 1 Yes)
Please specify _____</td></tr>
<tr><td>23. How helpful for each training you received?</td><td>
<table>
<tr><th>Training Topic</th><th>5 Very helpful</th><th>4 Helpful</th><th>3 Somewhat helpful</th><th>2 Not very helpful</th><th>1 Not helpful at all</th></tr>
<tr><td>Understanding role of kinship care provider</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Child development</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Loss and Grief</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Effects of abuse, neglect, or sexual abuse</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Positive parenting/Discipline</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Caring for a child with a disability</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>First Aid</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Self-care</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Other:</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>24. What other training would be helpful to you?</td><td></td></tr>
<tr><td>25. What kinds of supports do you receive as a kinship care provider?</td><td>☐ Stipend (0 No, 1 Yes)
If yes, how much per month? _____
☐ Food support (0 No, 1 Yes)
If yes, how much per month? _____
☐ Income generation support (0 No, 1 Yes)
☐ Housing repairs (0 No, 1 Yes)
☐ Counseling (0 No, 1 Yes)
☐ Other support (0 No, 1 Yes)</td></tr>
<tr><td>26. Have social workers or case worker visited you?</td><td>0 No
1 Yes</td></tr>
<tr><td>27. If yes, how often have social workers or case worker visited you so far?</td><td>4 Very frequently
3 Often
2 Sometime
1 Rarely
-5 skipping</td></tr>
</table>

28. How helpful for this visit?	1 Not helpful at all 2 Not very helpful 3 Somewhat helpful 4 Helpful 5 Very helpful -5 skipping
29. What are the challenges in being a kinship care provider?	
30. If you are caring for a child with special needs what are the challenges?	
31. What support services have been provided to help you with the challenges either generally or for special needs child?	
32. How often does the social worker/case worker visit?	1 Weekly 2 Monthly 3 Bi-Monthly 4 Every 6 months 5 Varies
33. Do you have opportunities to meet with other kinship care providers?	3 Regular meetings organized 2 Occasionally at trainings or events 1 Never
34. What are the rewards being a kinship care provider?	□ Stipend (0 No, 1 Yes) □ Helping a child (0 No, 1 Yes) □ Companion for my family (0 No, 1 Yes) □ Someone to help in the family (0 No, 1 Yes) □ Other (0 No, 1 Yes)
35. How long are you supposed to care for the child?	1 Less than 6 months 2 Less than 1 year 3 Until the child is an adult 4 No definite end date
36. What services are you expecting to prepare for the child leaving your care?	□ Counseling for the child (0 No, 1 Yes) □ Counseling for me (0 No, 1 Yes) □ Guidance on how to prepare the child. (0 No, 1 Yes) □ Planning for the transfer (0 No, 1 Yes) □ Other (0 No, 1 Yes)
If other, please specify	
37. If you have a problem or concern about the kinship care program who do you firstly talk seek help from?	1 Case worker 2 CCWC Focal Point 3 Program Director 4 Other
If you talk or seek help from other person, please specify	
38. What recommendations do you have to improve	

the kinship care program?	
39. OBSERVATIONS:	

Please rate your level of satisfaction with the following from the services you/child have received from the service provider:

	3 Very Satisfied	2 Satisfied	1 Dissatisfied	0 Dis not use this service	Comments
40. Communication with organization					
41. Training received					
42. Home Visits					
43. Guidance and support for caring for child					
44. Being able to provide input into the plan for the child					
45. Kinship Care Provider Stipend (payment)					
46. Educational Support for the child					
47. Health Care					
48. Income Generation support					
49. Other Services Please describe					

Now I want to ask you about the child you are caring for now (The child selected in the sample)

Child Number: _____

Kinship Care (0 No, 1 Yes)

Case_Management_Progress (1 Active, 2 Exit)

If exit/close, what status (1Get integrated into the birth family, 2 Get adopted, 3 Other)

If other status, please describe

Child Age……

Child gender (1 Male, 2 Female)

Disability (1 Yes, 2 No)

Length in Care (in month)

I want to ask questions about the overall well-being of the child currently	
1. Is the child physically healthy?	0 No, 1 Yes If no, please describe:
2. When the child is sick does he/she see a health care provider?	0 No, 1 Yes If no, please describe:
3. Is the child eating like other children his/her age?	0 No, 1 Yes If no, please describe:
4. Is the child growing similar to other children his/her age?	0 No, 1 Yes If no, please describe:
5. Is this child developing as you would expect?	0 No, 1 Yes If no, please describe:
6. Does the child attend school regularly?	0 No, 1 Yes If no, please describe:
7. Is the child advancing to the next grade as expected?	0 No, 1 Yes If no, please describe:
8. Who is most important adult in the child's life? Why?	
9. Does he/she have close friends (other children)?	0 No, 1 Yes If no, please describe:
10. How have the neighbors and extended family accepted the child?	**Neighbors** 0 No, 1 Yes How can you tell? **Extended Family** 0 No, 1 Yes How can you tell?
11. Is this child happy or sad most of the time?	1 Happy most of the time 2 Sad most the time 3 About average compared to other children his/her age

	Other notes:
12. Does the child have any issues with legal status?	Birth Certificate or Birth Registration 0 No, 1 Yes Has been refused services because of legal status 0 No, 1 Yes Has a conflict with the law 0 No, 1 Yes Other 0 No, 1 Yes please describe
13. What kind of contact does the child have with his or her birth mother/father?	1 Planned Regular visits in preparation for reunification 2 Occasional Visits 3 No visits 4 Other
14. What is the most difficult or challenging thing about caring for this child?	

Observation:

What are the living conditions of the child? Please describe if the house is adequate, or needs repairs, or inadequate

Interview Guide for Foster Carer

ID INFORMATION	
50. Date of Interview	
51. Interviewer:	
52. Name of Organization:	1 Children In Family 2 Friend International 3 M'lob Tapang 4 Mluprussey 5 Cambodian Children Trust 6 Holt International 7 Hagar International Foundation 8 KMR 9 Mith Samlanh
53. Person Interviewed:	
54. Province:	1 Banteay Meanchey 2 Battambang 3 Kampong Cham 4 Kampong Chhnang 5 Kampong Speu 6 Kampong Thom 7 Kampot 8 Kandal 9 Kep 10 Koh Kong 11 Kratié 12 Mondulkiri 13 Oddar Meanchey

	14 Pailin 15 Phnom Penh 16 Preah Vihear 17 Pursat 18 Prey Veng 19 Ratanakiri 20 Siem Reap 21 Sihanoukville 22 Stung Treng 23 Svay Rieng 24 Takéo 25 Tboung Khmum
55. Consent Process Administered	0 No 1 Yes
56. Primary Care giver	1 Male 2 Female

57. Primary Caregiver	Age _____ Marital Status: 1 Single 2 Married 3 Divorced or Separated 4 Widowed 5 Other Highest grade completed: 1 Never attend school 2 Non-formal education 3 Primary school not completed 4 Completed primary school 5 Lower secondary not completed 6 Completed lower secondary school 7 Upper secondary not completed 8 Completed upper secondary school 9 Completed undergraduate education 10 Completed post-graduate education Occupation/income sources: 1 Paid laborer 2 Garment worker 3 Construction worker 4 Farmer 5 Grocery shop owner 6 Work as household chores 7 Teacher 8 Policeman 9 Other Please specify _____
58. How long have you been providing foster care?	Enter months _____
59. How many children are you providing foster care for now?	Enter number _____
60. Have you provided foster care for other	0 No 1 Yes

children (besides the children you have now?	
If yes how many	Enter number _____
61. Have you provided foster care for children with disabilities?	0 No 1 Yes
62. If yes how many	Enter number _____
63. If not would you be willing to care for children with disabilities as a foster parent?	0 No 1 Yes -5 Skipping
64. Estimated distance from foster carer's house to centre of commune (in meter)	
65. Disability status	4. Do you have difficulty seeing, even if wearing glasses? 1 No difficulty 2 Some difficulty 3 A lot of difficulties 4 Cannot do at all 5.Do you have difficulty hearing, even if using a hearing aid? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 6.Do you have difficulty walking or climbing steps? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 4. Do you have difficulty remembering or concentrating? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 5. Do you have difficulty (with self-care such as) washing all over or dressing? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all 7.Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all
66. Poverty status	1. Do you have an Equity Card? 0 No 1 Yes 2. If yes, what level? 1 Level 1 2 Level 2 -5 Skipping

67. How many people live in your household?	Enter total number _____ Children (under 18 not including children in foster care) _____ Adults: _____
68. What motivated you to care for this child?	Please check all that are reported by the foster care provider *(do not read list, let them say. If their reason is not listed, add in other)* □ Wanted to help/care the child (0 No, 1 Yes) □ Wanted a playmate for my other child (ren) (0 No, 1 Yes) □ Was asked by the placing agency (0 No, 1 Yes) □ Income from providing care (0 No, 1 Yes) □ Other motivations (0 No, 1 Yes) please list: _____ Notes:
69. If you are providing care for now or in the past of a child with a disability what motivated you to care for a child with a disability?	□ Wanted to help/care for the child (0 No, 1 Yes, -5 skipping) □ Wanted a playmate for my other child (ren) (0 No, 1 Yes, -5 skipping) □ Was asked by the placing agency (0 No, 1 Yes, -5 skipping) □ Income from providing care (0 No, 1 Yes, -5 skipping) □ Had experience with children with disabilities (0 No, 1 Yes, -5 skipping) □ Other motivations (0 No, 1 Yes, -5 skipping) please list: _____
70. What are the barriers to you caring for a child with a disability as a foster parent?	□ No experience or training (0 No, 1 Yes, -5 skipping) □ Takes too much time (0 No, 1 Yes, -5 skipping) □ Do not want to do so (0 No, 1 Yes, -5 skipping) □ Family does not support (0 No, 1 Yes, -5 skipping) □ Have not been asked to do so (0 No, 1 Yes, -5 skipping) □ Other barriers (0 No, 1 Yes, -5 skipping) please list: _____
71. What type of training have you received as a foster care provider?	□ Understanding role of foster care provider (0 No, 1 Yes) □ Child development (0 No, 1 Yes) □ Loss and Grief (0 No, 1 Yes) □ Effects of abuse, neglect, or sexual abuse (0 No, 1 Yes) □ Positive parenting/Discipline (0 No, 1 Yes) □ Caring for a child with a disability (0 No, 1 Yes) □ First Aid (0 No, 1 Yes) □ Self-care (0 No, 1 Yes) □ Other: (0 No, 1 Yes) Please specify _____

72. How helpful for each training you received?	

Training Topic	5 Very helpful	4 Helpful	3 Somewhat helpful	2 Not very helpful	1 Not helpful at all
Understanding role of foster care provider					
Child development					
Loss and Grief					
Effects of abuse, neglect, or sexual abuse					
Positive parenting/Discipline					
Caring for a child with a disability					
First Aid					
Self-care					
Other:					

73. What other training would be helpful to you?	
74. What kinds of supports do you receive as a foster care provider?	□ Stipend (0 No, 1 Yes) If yes, how much per month? _____ □ Food support (0 No, 1 Yes) If yes, how much per month? _____ □ Income generation support (0 No, 1 Yes) □ Housing repairs (0 No, 1 Yes) □ Counseling (0 No, 1 Yes) □ Other support (0 No, 1 Yes)
75. Have social workers or case worker visited you?	0 No 1 Yes
76. If yes, how often have social workers or case worker visited you so far?	4 Very frequently 3 Often 2 Sometime 1 Rarely -5 skipping
77. How helpful for this visit?	1 Not helpful at all 2 Not very helpful 3 Somewhat helpful 4 Helpful 5 Very helpful -5 skipping
78. What are the challenges in being a foster care provider?	
79. If you are caring for a child with special needs	

what are the challenges?	
80. What support services have been provided to help you with the challenges either generally or for special needs child?	
81. How often does the social worker/case worker visit?	1 Weekly 2 Monthly 3 Bi-Monthly 4 Every 6 months 5 Varies
82. Do you have opportunities to meet with other foster care providers?	3 Regular meetings organized 2 Occasionally at trainings or events 1 Never
83. What are the rewards being a foster care provider?	□ Stipend (0 No, 1 Yes) □ Helping a child (0 No, 1 Yes) □ Companion for my family (0 No, 1 Yes) □ Someone to help in the family (0 No, 1 Yes) □ Other (0 No, 1 Yes)
84. How long are you supposed to care for the child?	1 Less than 6 months 2 Less than 1 year 3 Until the child is an adult 4 No definite end date
85. What services are you expecting to prepare for the child leaving your care?	□ Counseling for the child (0 No, 1 Yes) □ Counseling for me (0 No, 1 Yes) □ Guidance on how to prepare the child. (0 No, 1 Yes) □ Planning for the transfer (0 No, 1 Yes) □ Other (0 No, 1 Yes)
If other, please specify	
86. If you have a problem or concern about the foster care program who do you firstly talk seek help from?	1 Case worker 2 CCWC Focal Point 3 Program Director 4 Other
If you talk or seek help from other person, please specify	
87. What recommendations do you have to improve the foster care program?	
88. OBSERVATIONS:	

Please rate your level of satisfaction with the following from the services you/child have received from the service provider:

	3 Very Satisfied	2 Satisfied	1 Dissatisfied	0 Dis not use this service	Comments
89. Communication with organization					
90. Training received					
91. Home Visits					
92. Guidance and support for caring for child					
93. Being able to provide input into the plan for the child					
94. Foster Care Provider Stipend (payment)					
95. Educational Support for the child					
96. Health Care					
97. Income Generation support					
98. Other Services Please describe					

Anything else you think it is important for us to know about being a foster care provider?

Now I want to ask you about the child you are caring for now (The child selected in the sample)

Child Number: _____

Foster Care (0 No, 1 Yes)

Case_Management_Progress (1 Active, 2 Exit, 3 other)

If exit/close, what status (1Get integrated into the birth family, 2 Get adopted, 3 Other)

If other status, please describe

Child Age……

Child gender (1 Male, 2 Female)

Disability (1 Yes, 2 No)

Length in Care (in month)

I want to ask questions about the overall well-being of the child currently	
15. Is the child physically healthy?	0 No, 1 Yes If no, please describe:
16. When the child is sick does he/she see a health care provider?	0 No, 1 Yes If no, please describe:
17. Is the child eating like other children his/her age?	0 No, 1 Yes If no, please describe:
18. Is the child growing similar to other children his/her age?	0 No, 1 Yes If no, please describe:
19. Is this child developing as you would expect?	0 No, 1 Yes If no, please describe:
20. Does the child attend school regularly?	0 No, 1 Yes If no, please describe:
21. Is the child advancing to the next grade as expected?	0 No, 1 Yes If no, please describe:
22. Who is most important adult in the child's life? Why?	
23. Does he/she have close friends (other children)?	0 No, 1 Yes If no, please describe:
24. How have the neighbors and extended family accepted the child?	**Neighbors** 0 No, 1 Yes How can you tell? **Extended Family** 0 No, 1 Yes How can you tell?
25. Is this child happy or sad most of the time?	1 Happy most of the time 2 Sad most the time 3 About average compared to other children his/her age **Other notes:**
26. Does the child have any issues with legal status?	Birth Certificate or Birth Registration 0 No, 1 Yes Has been refused services because of legal status 0 No, 1 Yes Has a conflict with the law 0 No, 1 Yes Other 0 No, 1 Yes please describe

27. What kind of contact does the child have with his or her birth mother/father?	1 Planned Regular visits in preparation for reunification 2 Occasional Visits 3 No visits 4 Other
28. What is the most difficult or challenging thing about caring for this child?	

Observation:

What are the living conditions of the child? Please describe if the house is adequate, or needs repairs, or inadequate

Interview Guide for Children 8-12

Child's Demographic Information

Child ID Number	
Type of Care	1 Kinship 2 Foster
Case Management Progress	1 Active 2 Exit/Close
If exit/close, what status	1 Get integrated into the birth family 2 Get adopted 3 Other -5 Skipping
If other, please specify	
Length in Care (in month)	
Interview date	
Name of Interviewer	

Name of Organization	
Province	
Consent Process Administered	0 No 1 Yes
Child age	Enter number
Child Gender	0 Female 1 Male 2 Other
Disability	0 No 1 Yes
If yes, what type of disability	

Prior to interviewing child:

X Permission of Care Provider is signed

x 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.

Summary Statement:

I am _____ (your name) from a project called Family Care First/REACT. I am part of a research project to help to document and recommend improvements to services to children and families. Your family has received some services from _____ (Service Provider Name). As part of the research we have talked to the service providers, case workers, and care providers. Now we want to talk to you. The purpose of our visit to you and to talk to you is to understand how you and your family are doing. This is so we understand if the services you/your family have received have been helpful.

We will ask you some questions, but it is ok not to answer if you don't want to. The questions will be about your life, school, family and friends. Also, anything you tell us we will keep private and confidential. We will record it but we will not use your name. Is that ok with you? Do you have any questions? (answer all the child's questions).

Questions for Children 8-12

1. Tell me about your life: What is your typical day like?	Please check all that applied. □ Do household chores (i.e., wash clothes, clean the house, wash the dishes, make up bed, cook, take care of sibling) (0 No, 1 Yes) □ Do a massage for someone in the family (Parents, aunt, uncle, grandparents, etc.,) (0 No, 1 Yes) □ Play sport (football, volleyball, basketball, etc.,) (0 No, 1 Yes) □ Go to school (0 No, 1 Yes)

	□ Play with neighboring children (0 No, 1 Yes) □ Play with my siblings or relatives (0 No, 1 Yes) □ Play alone (Play toys; for example) (0 No, 1 Yes) □ Assist my family members' tasks (0 No, 1 Yes) □ Do homework (0 No, 1 Yes) □ Reading books, notebooks, etc., or self-study (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify: _____
2. Where do you live?	1 Own house 2 Rent house 3 Other Please specify: _____
3. Do you like where you live?	1 Yes If yes, why? _____ 0 No If no, why? _____
4. Where do you sleep?	1 Room with locked door and window 2 Room without locked door or window 3 Open space inside the house 4 Open space at the balcony 5 Open space at opened ground floor of the house 6 Open space at closed ground floor of the house 7 Outside the house 8 Other Please specify: _____
5. What surface do you sleep on?	1 On the bed 2 On the floor 3 Other Please specify: _____
6. Do you like where you sleep?	1 Yes If yes, why? _____ 0 No If no, why? _____
7. Whom do you sleep with?	Please check all that applied. □ Alone (0 No, 1 Yes) □ Biological Mother (0 No, 1 Yes) □ Biological Father (0 No, 1 Yes) □ Grandmother (0 No, 1 Yes) □ Grandfather (0 No, 1 Yes)

	□ Aunt (0 No, 1 Yes) □ Uncle (0 No, 1 Yes) □ Biological Brother (0 No, 1 Yes) □ Biological Sister (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
8. Do you like whom you sleep with/to sleep alone?	1 Yes If yes, why? _____ 0 No If no, why? _____
9. Are you studying?	1 Yes 0 No
9.1. If yes, what grade are you studying?	1 Kindergarten 2 Primary school (Grade 1-6) 3 Lower secondary (Grade 7-9) 4 Upper secondary school (Grade 10-12)
9.2. If no, what is your highest level of education?	1 None (Never attend school) 2 Non-formal education 3 Primary school not completed (Grade 1-6) 4 Completed primary school (Completed grade 6) 5 Lower secondary not completed (Grade 7-9) 6 Completed lower secondary school (Completed grade 9) 7 Upper secondary not completed (Grade 10-12) 8 Completed upper secondary school (Completed grade 12)
9.3. If yes, what do you like about school?	□ I like subjects I'm studying (0 No, 1 Yes) □ I like study's activities such as reading, drawing, etc., (0 No, 1 Yes) □ I like to compete with my classmates/friends in terms of study (0 No, 1 Yes) □ I like playing sports (0 No, 1 Yes) □ I like my teacher (0 No, 1 Yes) □ I like playing with my classmates or friends (0 No, 1 Yes) □ I like buying and eating snacks (0 No, 1 Yes) □ I like my class environment (0 No, 1 Yes) □ I like school because there are toys and/or playground (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
9.4. If yes, are there times when you do not go to school?	1 Yes

	0 No -5 Skipping
9.4.1. If yes, why don't you go to school?	□ I was sick (0 No, 1 Yes) □ My family member was sick (0 No, 1 Yes) □ I was asked to assist my family members' tasks (0 No, 1 Yes) □ I was afraid to be punished by teacher because of doing something wrong (0 No, 1 Yes) □ I was afraid I was bullied at school (0 No, 1 Yes) □ I wanted to do somethings I like at home or community instead (0 No, 1 Yes) □ I felt bored at school (0 No, 1 Yes) □ There was no one playing with (0 No, 1 Yes) □ There was no means of transportation (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
10. What is your favorite food to eat?	□ Fast food (i.e., pizza, hamburger, etc.,) (0 No, 1 Yes) □ Fish (0 No, 1 Yes) □ Chicken (0 No, 1 Yes) □ Pork (0 No, 1 Yes) □ Beef (0 No, 1 Yes) □ Egg (0 No, 1 Yes) □ Curry soup (0 No, 1 Yes) □ Tong Yum (0 No, 1 Yes) □ Sea food (0 No, 1 Yes) □ Samlor korko (0 No, 1 Yes) □ Khmer noodle (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
11. Are there times when there is not enough food?	1 Yes 0 No
11.1. If yes, please explain	
12. What makes you happy the most?	
13. When something exciting or fun happens, who do you tell?	Please check all that applied: □ Biological Mother (0 No, 1 Yes) □ Biological Father (0 No, 1 Yes) □ Grandmother (0 No, 1 Yes) □ Grandfather (0 No, 1 Yes)

	□ Aunt (0 No, 1 Yes) □ Uncle (0 No, 1 Yes) □ Biological Brother (0 No, 1 Yes) □ Biological Sister (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
14. When you are sad or hurt who do you go to?	Please check all that applied: □ Biological Mother □ Biological Father □ Grandmother □ Grandfather □ Aunt □ Uncle □ Biological Brother □ Biological Sister □ My friends □ Other Please specify _____
15. What happens when you got sick?	1 I was taken care by my family member 2 I was taken care by myself 3 Other -5 Skipping
16. When you got sick, did you go to the doctor (health center, etc.)?	1 Yes 0 No
17. Who are your friends?	□ Friends from school (0 No, 1 Yes) □ Friends from community (0 No, 1 Yes)
18. What do you like to do with your friends?	
19. Do like living in this community?	1 Yes 0 No
19.1. If yes, why?	
19.2. If no, why?	
20. What would you like to make your families' life better?	1. Work: _____ 2. Family: _____

Child Well-being: Ask the child to think about how they felt in the last week. Read to the child ask them to respond. Mark their answers.

	1 Never	2 On One Day	3 On a Few Days	4 Most Days	5 Every Day
I felt happy					
I felt sad					
I enjoyed my school work					
I had lots of energy					
I had no one to play with					
I felt tired					
I kept waking up in the night					
I got along with my friends and family					
I felt like I fit in at my school					
I felt like I fit in my community					
I felt good about myself					

Observation Notes:

Look around and observe the child's and families living situation, possessions, how the adult and child interact (do they know each other, have a good relationship) (write on back of page as well)

Child's Demographic Information

Child ID Number	
Type of Care	1 Kinship 2 Foster
Case Management Progress	1 Active 2 Exit/Close
If exit/close, what status	1 Get integrated into the birth family 2 Get adopted 3 Other -5 Skipping
If other, please specify	
Length in Care (in month)	
Interview date	
Name of Interviewer	

Name of Organization	
Province	
Consent Process Administered	0 No 1 Yes
Child age	Enter number
Child Gender	0 Female 1 Male 2 Other
Disability	0 No 1 Yes
If yes, what type of disability	

Prior to interviewing child:

X Permission of Care Provider is signed

x 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.

Summary Statement:

I am _____ (your name) from a project called Family Care First/REACT. I am part of a research project to help to document and recommend improvements to services to children

and families. Your family has received some services from _____ (Service Provider Name). As part of the research we have talked to the service providers, case workers, and care providers. Now we want to talk to you. The purpose of our visit to you and to talk to you is to understand how you and your family are doing. This is so we understand if the services you/your family have received have been helpful.

We will ask you some questions, but it is ok not to answer if you don't want to. The questions will be about your life, school, family and friends. Also, anything you tell us we will keep private and confidential. We will record it but we will not use your name. Is that ok with you? Do you have any questions? (answer all the child's questions).

Questions for Children 13-18

10. Tell me about your life: What is your typical day like?	Please check all that applied. □ Do household chores (i.e., wash clothes, clean the house, wash the dishes, make up bed, cook, take care of sibling) (0 No, 1 Yes) □ Do a massage for someone in the family (Parents, aunt, uncle, grandparents, etc.,) (0 No, 1 Yes) □ Play sport (football, volleyball, basketball, etc.,) (0 No, 1 Yes) □ Go to school (0 No, 1 Yes) □ Play with neighboring children (0 No, 1 Yes) □ Play with my siblings or relatives (0 No, 1 Yes) □ Play alone (Play toys; for example) (0 No, 1 Yes) □ Assist my family members' tasks (0 No, 1 Yes) □ Do homework (0 No, 1 Yes) □ Reading books, notebooks, etc., or self-study (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify: _____
11. Where do you live?	1 Own house 2 Rent house 3 Other Please specify: _____
12. Do you like where you live?	1 Yes If yes, why? _____ 0 No If no, why? _____
13. Where do you sleep?	1 Room with locked door and window 2 Room without locked door or window 3 Open space inside the house 4 Open space at the balcony 5 Open space at opened ground floor of the house 6 Open space at closed ground floor of the house 7 Outside the house

	8 Other Please specify: _____
14. What surface do you sleep on?	1 On the bed 2 On the floor 3 Other Please specify: _____
15. Do you like where you sleep?	1 Yes If yes, why? _____ 0 No If no, why? _____
16. Whom do you sleep with?	Please check all that applied. □ Alone (0 No, 1 Yes) □ Biological Mother (0 No, 1 Yes) □ Biological Father (0 No, 1 Yes) □ Grandmother (0 No, 1 Yes) □ Grandfather (0 No, 1 Yes) □ Aunt (0 No, 1 Yes) □ Uncle (0 No, 1 Yes) □ Biological Brother (0 No, 1 Yes) □ Biological Sister (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
17. Do you like whom you sleep with/to sleep alone?	1 Yes If yes, why? _____ 0 No If no, why? _____
18. Are you studying?	1 Yes 0 No
18.1. If yes, what grade are you studying?	1 Kindergarten 2 Primary school (Grade 1-6) 3 Lower secondary (Grade 7-9) 4 Upper secondary school (Grade 10-12)
18.2. If no, what is your highest level of education?	1 None (Never attend school) 2 Non-formal education 3 Primary school not completed (Grade 1-6) 4 Completed primary school (Completed grade 6) 5 Lower secondary not completed (Grade 7-9) 6 Completed lower secondary school (Completed grade 9)

	7 Upper secondary not completed (Grade 10-12) 8 Completed upper secondary school (Completed grade 12)
18.3. If yes, what do you like about school?	□ I like subjects I'm studying (0 No, 1 Yes) □ I like study's activities such as reading, drawing, etc., (0 No, 1 Yes) □ I like to compete with my classmates/friends in terms of study (0 No, 1 Yes) □ I like playing sports (0 No, 1 Yes) □ I like my teacher (0 No, 1 Yes) □ I like playing with my classmates or friends (0 No, 1 Yes) □ I like buying and eating snacks (0 No, 1 Yes) □ I like my class environment (0 No, 1 Yes) □ I like school because there are toys and/or playground (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
18.4. If yes, are there times when you do not go to school?	1 Yes 0 No -5 Skipping
18.4.1. If yes, why don't you go to school?	□ I was sick (0 No, 1 Yes) □ My family member was sick (0 No, 1 Yes) □ I was asked to assist my family members' tasks (0 No, 1 Yes) □ I was afraid to be punished by teacher because of doing something wrong (0 No, 1 Yes) □ I was afraid I was bullied at school (0 No, 1 Yes) □ I wanted to do somethings I like at home or community instead (0 No, 1 Yes) □ I felt bored at school (0 No, 1 Yes) □ There was no one playing with (0 No, 1 Yes) □ There was no means of transportation (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
19. Do you work?	1 Yes 0 No
19.1. If yes, what kind of work do you do?	1 Cattle herder 2 Paid laborer 3 Assist some household chores 4 Help family to earn income 5 Other

	Please specify _____
19.1.1. How often?	1 Occasionally 2 Once per week 3 A few days per week 4 Several days per weeks 5 Almost every day per week 6 Every day per week
20. What is your favorite food to eat?	□ Fast food (i.e., pizza, hamburger, etc.,) (0 No, 1 Yes) □ Fish (0 No, 1 Yes) □ Chicken (0 No, 1 Yes) □ Pork (0 No, 1 Yes) □ Beef (0 No, 1 Yes) □ Egg (0 No, 1 Yes) □ Curry soup (0 No, 1 Yes) □ Tong Yum (0 No, 1 Yes) □ Sea food (0 No, 1 Yes) □ Samlor korko (0 No, 1 Yes) □ Khmer noodle (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
21. Do you often eat the food you like?	1 Yes 0 No
22. Are there times when there is not enough food?	1 Yes 0 No
22.1. If yes, please explain	
23. What makes you happy the most?	
24. What makes you sad or hurt the most?	
25. When something exciting or fun happens, who do you tell?	Please check all that applied: □ Biological Mother (0 No, 1 Yes) □ Biological Father (0 No, 1 Yes) □ Grandmother (0 No, 1 Yes) □ Grandfather (0 No, 1 Yes) □ Aunt (0 No, 1 Yes) □ Uncle (0 No, 1 Yes) □ Biological Brother (0 No, 1 Yes) □ Biological Sister (0 No, 1 Yes) □ Other (0 No, 1 Yes)

	Please specify _____
26. When you are sad or hurt who do you go to?	Please check all that applied: □ Biological Mother □ Biological Father □ Grandmother □ Grandfather □ Aunt □ Uncle □ Biological Brother □ Biological Sister □ My friends □ Other Please specify _____
27. Do you get sick often?	1 Yes 0 No
28. When you got sick, did you go to the doctor (health center, etc.)?	1 Yes 0 No
28.1. If no, how did you do?	1 I was taken care by my family member 2 I was taken care by myself 3 Other -5 Skipping
29. Who do you normally play with?	□ My friend (0 No, 1 Yes) □ My sibling (0 No, 1 Yes) □ My relatives (0 No, 1 Yes) □ My neighboring child (0 No, 1 Yes) □ Other (0 No, 1 Yes) Please specify _____
30. Do you have best friend?	1 Yes 0 No
30.1. If yes, how many best friends do you have?	
31. What do you like to do in your free time?	
23. Do like living in this community?	1 Yes 0 No
23.1. If yes, why?	
23.2. If no, why?	
24. What is your plan for your future?	3. Work: _____ 4. Family: _____

Child Well-being: Ask the child to think about how they felt in the last week. Read to the child ask them to respond. Mark their answers.

	1 Never	2 On One Day	3 On a Few Days	4 Most Days	5 Every Day
I felt happy					
I felt sad					
I enjoyed my school work					
I had lots of energy					
I had no one to play with					
I felt tired					
I kept waking up in the night					
I got along with my friends and family					
I felt like I fit in at my school					
I felt like I fit in my community					
I felt good about myself					

Observation Notes:

Look around and observe the child's and families living situation, possessions, how the adult and child interact (do they know each other, have a good relationship) (write on back of page as well)

Research Overview:

FCF is an implemented in Cambodia by Save the Children support children to live in safe, nurturing family based care. To identify and document “common practice” of kinship care and foster care in Cambodia including regard for gender, age, disability, socio economic status, and geographical location of children and care providers this study is being conducted.

Robin Mauney and Sophal Nguon are the lead consultants contracted by FCF to carry out this research.

Write Service Provider Name Here is participating in this research to document care practices. As such, you have been selected through a random selection process to participate in the research.

Benefits of Research

The benefits of the research are that its results will help service providers to better understand the kinship care and foster care services. It will provide guidance for future service providers as they design services.

Risks of Research

To the best of our knowledge participation in the research have no risks to you and your family.

Research Parameters

Please check each of the statements below to signify that you have read the statement, or it has been read to you.

□ The purpose of the research is to identify good practices in care that lead to better outcomes for children. The research findings will be reported based on the aggregation of data on types of care and outcomes for children.

□ Information will be collected on care providers (demographic, background) that are providing care to children that were identified through a random sampling process.

□ No names will be collected on care providers. All care providers will be assigned a number. Only the service provider will know the name of the agency

□ Information (demographic, services, status) will be collected on children that were identified through a random sampling process of children’s basic information submitted FCF is an implemented in Cambodia by Save the Children support children to live in safe, nurturing family based care. To identify and document “common practice” of kinship care and foster care in Cambodia including regard for gender, age, disability, socio economic status, and geographical location of children and care providers this study is being conducted.

□ No names will be collected on children. All children will be assigned a case number. Only the service provider will know the name of the child.

□ All information collected on children (demographic, care history, service plan, services provided, etc.) will only be used in aggregate form.

□ The researchers have experience in child friendly interviewing and child protection. As a result, basic safeguards are in place including confidentiality, voluntary participation.

□ I can ask any questions about the research and have them answered in a timely way.

By checking the boxes above, I am documenting that my questions have been answered and I and consent to participate in the research.

_____

Care Provider

_____

Date

_____

Researcher Representative

Kinship Care and Foster Care Research Consent Form

Project Title:

Organization's Name	Case Worker/Social Worker		Child Cases Selected	
	Code	Sex	Code of each selected child	Type of Care

Research Overview: Research Overview:

FCF is an implemented in Cambodia by Save the Children support children to live in safe, nurturing family based care. To identify and document "common practice" of kinship care and foster care in Cambodia including regard for gender, age, disability, socio economic status, and geographical location of children and care providers this study is being conducted.

Robin Mauney and Sophal Nguon are the lead consultants contracted by FCF to carry out this research.

Research Parameters

Please check each of the statements below to signify that you have read the statement.

□ Service providers participating in this study are a part of FCF . As such they have agreed to participate in this documentation and standardization of care emerging practice across the different interventions.

□ The purpose of the research is not to evaluate specific agencies, but to identify good practices in care that lead to better outcomes for children. As such in the analysis no service providers will be identified in the report for any specific practice that is deemed inappropriate, or inadequate. The research findings will be reported based on the aggregation of data on types of care and outcomes for children.

□ All information collected on agency practices will be used solely for the purposes of the research and to understand care practices. Policies, forms, manuals, or other agency information gathered will not be shared with anyone else without the express permission of the service provider.

□ Any names collected on agency staff will only be used for communication purposed and will not be reported in the research findings report.

□ Information will be collected on children that were identified through a random sampling process of children's basic information submitted to FCF as part of this research.

□ No names will be collected on children. All children will be assigned a case number. Only the service provider will know the name of the child.

□ All information collected on children (demographic, care history, service plan, services provided, etc.) will only be used in aggregate form.

□ Service providers will be provide to provide access to care providers, and children if age appropriate for brief interviews about services received. All interviews conducted with care providers and children will be conducted with informed consent (informed about the purpose and process, voluntary participation, confidentiality). A separate consent procedure will be

conducted with any children and their families interviewed following Save the Children's Ethical Considerations for Research with Children and Youth People.

- □ All interviewers are experienced and have training in child protection, child safeguarding and child friendly interviewing.
- □ Service providers will be asked to participate in a review of the findings workshop before the report is finalised.

By checking the boxes above, I am documenting that I understand the parameters and conditions of this research.

_____

Service Provider Representative

_____

Date

_____

Researcher Representative

FAMILY CARE FIRST

Research Consent Form – Parental Permission for Children Participation in Research

Research Project Title: Documentation of Kindship Care & Foster Care Practice

Research Overview: FCF is an implemented in Cambodia by Save the Children support children to live in safe, nurturing family based care. To identify and document "common practice" of kinship care and foster care in Cambodia including regard for gender, age, disability, socio economic status, and geographical location of children and care providers this study is being conducted.

Robin Mauney and Sophal Nguon are the lead consultants contracted by FCF to carry out this research.

Write Service Provider Name Here is participating in this research to document care practices. If you allow your child to participate in this study, they will be asked to answer some questions related to this study or let the researchers to observe. The questions will be about their daily life, school, family and friends.

Benefits of Research

The benefits of the research are that its results will help service providers to better understand the kinship care and foster care services. It will provide guidance for future service providers as they design services.

Risks of Research

To the best of our knowledge participation in the research have no risks to you and your family.

Research Parameters

Please check each of the statements below to signify that you have read the statement, or it has been read to you.

□ The purpose of the research is to document the practice of foster care and kinship care in Cambodia.

□ Information (demographic, services, status) will be collected on children that were identified through a random sampling process of children's basic information submitted to FCF as part of this research.

□ No names will be collected on children. My child will not be identified and all children will be assigned a case number. Only the service provider will know the name of the child.

□ All information collected on children (demographic, care history, service plan, services provided, etc.) will only be used in aggregate form.

□ The researchers have experience in child friendly interviewing and child protection. As a result, basic safeguards are in place including confidentiality, voluntary participation.

□ I can ask any questions about the research and have them answered in a timely way.

□ Whether my child participates or not, or withdraws after participating, will have no effect on any treatment or service that is being provided to him/her.

□ My child is free to withdraw from the project at any time and is free to decline to answer particular questions.

□ My child will receive no direct benefit from participating in this study;

By checking the boxes above, I am documenting that my questions have been answered and I and as parent or legal guardian, I authorize _____ (child's name) to become a participant in the research study described in this form.

Child’s Date of Birth

_____

Parent or Legal Guardian’s Signature

_____

Research Representative

Assent Form

We are doing a research study about foster and kinship care practice in Cambodia for FCF . A research study is a way to learn more about people. If you decide that you want to be part of this study, you will be asked to answer some questions. You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents know about the study, too. When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study

Please tick the boxes you agree with:

I am happy to take part in the research/interview.

☐

I understand that taking part is voluntary and I can change my mind and stop taking part in the research/interview at any point.

☐

I understand that my name will not be used in any report or any other materials written as a result of the interview

☐

Name

Signature Date _ _/ _ _ / _ _ _ _ **THANK YOU**

INTERVIEW GUIDE

Kinship Care – Foster Care

Stakeholders at the National Level

Explain about the project: The research is being conducted by Family Care First – Save the Children - The overall is to identify and document "common practice" of kinship care and foster care in Cambodia. So we want to learn about foster care and kinship care in your area.

1. When a child is not able to stay with their family what is the most common alternative care (orphanage, foster or kinship care) that you observe occurring now?
2. What kinds of assessments are done (health, development, family stability, safety, etc.) with the child and family?
3. Are care plans common for children? What are the components of the care plans? What are the strengths and weaknesses?
4. Is work with the birth family common? What kind of services are available strengthen birth families is common? What needs to be available that is not available.
5. What happens when children cannot be reunified with birth family? Are permanent options such as adoption considered? Why or why not?

Kinship Care:

How is kinship care practiced in Cambodia?

- What are systems for placing children in kinship care?
- How do you find the kinship care family? Are there any specific requirements for someone to be a kinship caregiver?
- Is there any training for the kinship care providers?
- What are the steps to place the child in kinship care?
- How about follow-up once the child is place? What are the procedures
- What is the goal of long term goal of kinship care (permanent placement, temporary care, reunite with family etc.)

Foster Care:

How is foster care practiced it?

- What are systems for placing children in foster care?
- How do organizations find the foster care family? Are there any specific requirements for someone to be a foster caregiver? Are there areas for improving this?
- Is there any training for the foster care providers? Is there a standard training requirement? What should it be?
- What are the steps to place the child? How is the child oriented? How is the family oriented? – areas for improvement?
- How about follow-up once the child is place?
- What is the goal of long term goal of foster are (permanent placement, temporary care, reunite with family etc.)? From your observations how long do children stay in foster care?

What are ways that foster care or kinship care need to be improved? What recommendations do you have?

INTERVIEW GUIDE
Kinship Care – Foster Care
DoSVY, Other Government Stakeholders at the Subnational Level

Explain about the project: The research is being conducted by Family Care First – Save the Children - The overall is to identify and document "common practice" of kinship care and foster care in Cambodia. So we want to learn about foster care and kinship care in your area.

6. When a child is not able to stay with their family what is the most common alternative care (orphanage, foster or kinship care)?
7. How do you decide what kind of care a child is eligible for?
8. What kinds of assessments are done (health, development, family stability, safety, etc.) with the child and family?
9. Do you make care plans for the child? What are the components of the care plans?
10. Do you work with the birth family for reunification?
11. What kinds of services are available for birth families?
12. What happens when you cannot reunify a child?

Kinship Care:

Is kinship care practiced in your area?

- What is your agencies (DoSVY), role in kinship care?
- Do you place children directly in kinship care or do you work with an NGO
- How do you find the kinship care family? Are there any specific requirements for someone to be a kinship caregiver?
- Is there any training for the kinship care providers?
- What are the steps to place the child?
- How about follow-up once the child is place?
- What is the goal of long term goal of kinship care (permanent placement, temporary care, reunite with family etc.)

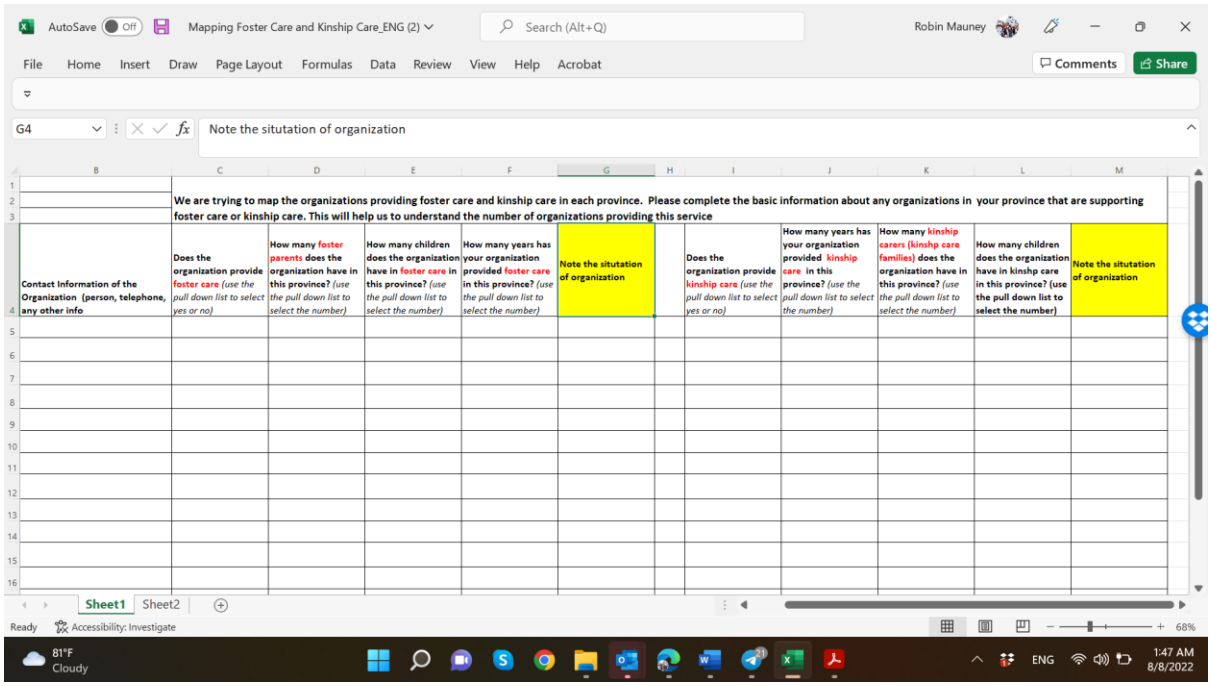
Foster Care:

Is foster care practiced in your area? Can you tell me about it?

- What is your agencies (DoSVY), role in foster care?
- Do you place children directly in foster care or do you work with an NGO
- How do you find the foster care family? Are there any specific requirements for someone to be a foster caregiver?
- Is there any training for the foster care providers?
- What are the steps to place the child in foster care?
- How about follow-up once the child is placed?
- What is the goal of long term goal of foster care (permanent placement, temporary care, reunite with family etc.)

What are ways we need to improve kinship or foster care?

National Foster Care and Kinship Care Mapping



Annex 3. Mapping of Kinship Care and Foster Care by Province

Kinship care by province and organization

Province	Name of Organization	# of Kinship Families	# Children in Kinship Care
Banteay Meanchey	Love without Boundaries	1	2
Battambang	HOLT International	6	14
	M'lup Russey	1	9
	Komar Rikreay Cambodia	2	2
Kampong Chnnang	Prison Fellowship Cambodia	13	26
	Children In Family	29	46
Kampong Thom	Childhood Cooperation Development	40	40
Kampot	OEDDO	25	37
	SOS	54	74
Kandal	Children in Families	36	36
Kep	Samphors Pheaktra Koma Khmer	22	22
	Enfants d'Asie	1	1
	M'lup Samrap Komar	113	113
Koh Kong	Friend International (Phnom Penh)	1	2
Kratie	SOS	75	100
Phnom Penh	Cambodia Children's Fund	13	28
	Mith Samlanh	4	4
	Children in Families	31	31
	Hagar Cambodia	1	1
Prey Veng	Children in Families	25	25
Rattanakiri	SOS	171	294
Siem Reap	Friend International-Kalyanmit	3	3
Sihanoukville	Mlop Tapang	2	2
Strung Treng	M'lup Russey	2	2
Svay Rieng	Children in Families	40	40
		711	954

Foster care by province and organization

Province	Name of Organization	# of Foster Families	# Children in Foster Care
Banteay Meanchey	Love without Boundaries	26	83
Battambang	Cambodia Children's Trust	10	17
	Holt International	11	16
	Hagar Cambodia	2	2
	Komar Rikreay Cambodia	5	12
Kandal	Children in Families	15	16

	M'lup Russey	2	3
Kep	Enfant du Sourire Khmer	22	22
	Enfants d'Asie	1	1
Phnom Penh	Cambodia Children's Fund	60	123
	Pour un Sourire d'Enfant (PSE)	13	12
	Mith Samlanh	13	15
	Children in Families	10	11
	Hagar Cambodia	7	12
Prey Veng	Children in Families	11	30
Siem Reap	Kaliyan Mith	13	20
	Hagar Cambodia	2	4
Sihanoukville	M'lop Tapang	10	13
Svay Rieng	Children in Families	60	60
	TOTAL	293	472

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