ក្នុងអំឡុងពេលនេះ ការទរមង់វិសារតរគប់រគងករណីកុមអនកថែទាំបានរបាក់បាន។ ការទរមង់វិសារតរគប់រគងករណីកុមអនកថែទាំបានរបាក់បានរបាក់រោឋ្ភិបាលរត្ូវបាន។ 

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ការរួមធាតុក្នុងការផ្តល់ជូន ការអនុវត្តសម្រាប់ការមែនិទ័រប្រាក់៖

1. ប្រភេទការងារផ្តល់ជូន និងការផ្តល់ជូនគ្នាក្នុងការសម្រាប់ក្នុងក្នុងការរួមធាតុ
2. ការបញ្ចូលការងារផ្តល់ជូនទុកជាតិ និងកូនក្នុងក្នុងការរួមធាតុលេខដូចជាសាច់ក្រោយ
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TSG4 Action 3: Investing in Innovation

Emerging Practice of Alternative Care for Children in Cambodia Research Findings - Summary Report

Background

Family Care First (FCF) is a USAID supported project with the goal of making lasting improvements in the well-being of Cambodia’s children. FCF, led by Save the Children, assists children outside of family care or those at risk of losing family care. It seeks to prevent unnecessary separation of children from their families and enable children to be placed in appropriate family care.

FCF supported the study and documentation of existing reintegration and alternative family care services provided by seven implementing partners in Cambodia. These services included: family reintegration services, kinship care; long and short-term foster care; and semi-independent supported living. The objectives of the research were to:

1. Enhance understanding of best approaches to reintegrating and placing children in alternative care programs and how to effectively scale and strengthen them in the future
2. Establish and enhance the understanding of scalable standard operating procedures to reintegrating and placing children in alternative care programs

Partners

The research partners were Holt International and the Royal University of Phnom Penh Department of Social Work. The implementing partners were Cambodia Children’s Trust, Children in Families, First Step, Friends International, Hagar, M’lop Russey and M’lop Tapang.

Methodology

The research design employed a mixed methodology approach using both qualitative and quantitative measures. This included a desk review of existing resources and evaluative input from key informants including service providers, case workers, care providers, and children. The research questions were designed to answer the following questions:

- What international good practice models are identified as successful in permanency for children?
- What/how are current laws/regulations support or are barriers to successful permanency planning?
- What are the approaches and models currently being implemented for permanency for children in Cambodia? How are they contributing to permanency? What are the challenges?
- What are the specific indicators of success for reintegration from residential care?

- What is the point of view of the child, family, service provider, and community in the success of the placement?
- What is the recommended model and approach for a pathway to permanency for children?

Key Findings

Common Elements in Good Practices

Based on a review of international models the following common elements were identified as good practice in reintegration and alternative care.

- Permanency of care provides a greater sense of belonging and independence for children.
- Regular contact between the child and their family supports reunification.
- Gatekeeping ensures that alternative care is appropriate and only occurs when needed.
- The best alternative care for children is usually family or kinship care.
- Children should participate in decisions about their care.
- A case management approach provides services based on individualized needs and offers a variety of assistance.
- Family tracing ensure all possible kin has been found and contacted for permanency and care placement.
- Monitoring, evaluation and assessment of programs is important.
- Understanding the national context establishes the what best care practices will be needed.

Approaches to Care

A range of alternative care models were implemented by partners in this study: family preservation, kinship care, short and long-term foster care and community rehabilitation. However,

- The different types of care were not clearly defined or consistently used.
- Specific alternative care options were not always available when needed (e.g. for children with disabilities, of different ages or in other locations).
- Placements did not consistently meet the legal definition of permanency.

Services and Support

A wide range of support services were provided to children and families by partners including, counselling, education support, material support and health care. However,

- Services provided were often based on what was available, not on the needs of the child and family.
Services were not consistently available, depending on location. There is a significant gap in available services to meet the needs of children and families.

Foster care providers were generally more satisfied with the services they received than kinship carers or family reunification.

Carers stated that they needed more services and support, in particular training on working with children with special needs and positive parenting.

Children were generally happy, well cared for, attend school, have an adult in their life that looks out for them, have friends and are accepted in their family and in the community.

Case management

All partners use a case management approach and standardized processes are beginning to be established.

- The government Alternative Care Forms were used along with additional agency forms, but the tools were not used consistently.
- Case workers are using computerized case management systems, but some report lack of access to information when in the field.
- Family tracing is occurring, but each organization has a different system.
- Care plans are more commonly linked to the goal of the organization than the needs of the child or family.
- Supervision is occurring, and case workers highly appreciate it but more is needed.
- Some cases are complex and beyond the capacity of the case worker and relevant government authority.

Recommendations

Based on the finding from this research, the following recommendations have been made:

**Partnership**

1. Promote continued and improved partnership between government and civil society to address gaps in alternative care to promote permanency for children.

**Care Models**

2. Clarify and standardize care definitions and models of care for foster care, kinship care, adoption and reunification practices. Provide training and capacity building to government and civil society on these standards of care.

3. Develop consistent criteria for types of care, entering care, qualifications and training required for care providers and measures of success. This should include standardized application processes, assessment and training for care providers.

4. Promote domestic adoption through advocacy campaigns, a clarified legal process, legal support and training to legal and permanency planning professionals.

5. Develop a standard Foster to Adopt mechanism to promote permanency for children.

6. Ensure the package of support to care providers is adequate to care for the child.

7. Require care provider meetings to bring together different groups for support and learning.

**Case Management**

8. Ensure that all care plans are targeted to meet the specific needs of the child and family; there is only one care plan per child; and the plan has the goal that will move the child into permanency in a reasonable timeframe.

9. Promote increased competency for case workers on permanency planning in the government and in civil society organizations.

10. Further standardize assessment tools and ensure case workers have the competencies and time to carry them out.

11. Home visits are a significant tool for case workers for assessment, service provision, follow-up, etc. Case workers should have skills to effectively conduct home visits both gathering the information needed from the case worker perspective and providing feedback to the family/child.

12. Case workers should have the skills and capacity to assess and provide support to ensure successful reintegration of children into families and communities.

13. Reduce caseloads when they are too much for case workers to adequately provide services.

14. Provide more support to case workers through standardized supervision.

**Specialized Services**

15. Provide specialized services options that address the needs of children and families. Some example of service or service modalities are positive parenting, drug treatment, mental health counseling, play therapy, group discussion, self-help groups, and others.

**Research, Monitoring and Evaluation**

16. Conduct future research to better understand the gender dimensions to permanency planning.

17. Conduct regular monitoring and program evaluations in each type of care.

18. Conduct research to promote better understanding of long-term outcomes for children in alternative care.