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THE DEINSTITUTIONALIZATION OF CHILDREN IN CAMBODIA: INTENDED AND UNINTENDED CONSEQUENCES

DISSERTATION

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Abstract

Recent research estimates 2.7 million children are in residential care worldwide. These figures have disproportionately increased in countries like Cambodia in recent years, receiving widespread attention from scholars and development practitioners. To counteract this rise, the Royal Government of Cambodia has decided to deinstitutionalize 30% of the children in residential care institutions by 2018. This research aims to shed light on the perceived intended and unintended consequences of this process that, to the best of our knowledge, has not yet been studied. For this purpose, first-hand observations and ten intensive interviews were conducted in Siem Reap and Phnom Penh during February and March 2018. Both purposive sampling for key informants and convenience sampling for staff members of the residential care facilities were used. The main findings indicate perceived shortcomings in the required monitoring of reintegrated children and youth, who seem to be facing challenges such as having to drop out of school. This situation calls for a more in-depth evaluation of the process to ultimately guarantee "the best interests of the child."

Keywords: Residential care, children, youth, reintegration, deinstitutionalization

THE DEINSTITUTIONALIZATION PROCESS IN CAMBODIA: INTENDED AND UNINTENDED CONSEQUENCES

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Abbreviations

ASPBAE	Asia South Pacific Association for Basic and Adult Education
BEIP	Bucharest Early Intervention Project
CC	Commune Council
CCC	Cooperation Committee for Cambodia
CCWC	Commune Committees for Women and Children
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CIA	Central Intelligence Agency
CNCC	Cambodia National Council for Children
CPK	Communist Party of Kampuchea
CPP	Cambodian People's Party
CSO	Civil Society Organization
DGH	Directorate General for Health
DHS	Demographic and Health Survey
EFA	Education For All
FCF	Family Care First
FI	Friends International
GNI	Gross National Income
HDR	Human Development Report
HIV AIDS	Human Immuno-deficiency Virus
INGO	International Non- Governmental Organization
IOM	International Organization for Migration
ICF International	International Consulting Firm
LNGO	Local Non-Governmental Organization
LMIC	Low Middle-Income Countries
MICCAF	Migration and its Impacts on Cambodian Children and Families
MoI	Ministry of Interior
MoFA/IC	Ministry of Foreign Affairs and International Cooperation
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NGO	Non-Governmental Organization

NIS	National Institute of Statistics
ODA	Official Aid for Development
OSC	Orphan and Separated Children
POFO	Positive Outcomes for Orphans
PRK	People's Republic of Kampuchea
RCI	Residential Care Institution
RCF	Residential Care Facility
RGC	Royal Government of Cambodia
SCPS	Strengthening Child Protection Systems
UN	United Nations
UNCT Cambodia	United Nations Country Team Cambodia
UNDP	United Nations Development Programme
UK	United Kingdom
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
WCCC	Women and Children Consultative Committee

PART I: INITIAL CONSIDERATIONS

Chapter 1

Introduction

Children and youth are one of the most relevant subjects of international development both because their lives are shaped by policies and interventions, but also due to their influence in today's and tomorrow's society (Ansell, 2016). Due to different factors, some of these children and youth are not cared within a family environment and are placed in alternative care services instead. A recent estimation manifests that there are 2,7 million children, aged 0 to 17, in residential care worldwide[1] (Petrowski, Cappa, & Gross, 2017). Although an ample body of international literature focuses on the negative effects of residential childcare (Hobbs, Hobbs, & Wynne, 1999; IJzendoorn et al., 2011; Nelson, Furtado, Fox, & Zeanah, 2009; Rus, Parris, & Stativa, 2017; Steels & Simpson, 2017), some authors shed light on positive evidences it can have in children's lives and warn of the need to consider regional and context differences in favor of sound policy decision-making (Kendrick, 2015; Stark, Rubenstein, Pak, & Kosal, 2017; Whetten et al., 2014). The mainstream international discourse on child welfare considers residential care as the "last resort" option for children at risk or in need ("Stockholm Declaration on Children and Residential Care," 2003; United Nations [UN] General Assembly, 2010), but the debate continues as some research calls to reconsider it as a possible "placement of choice" (Mollidor & Berridge, 2017, p. 289).

The strong stance against residential care has ultimately influenced a push for deinstitutionalization processes in some countries, particularly in contexts where residential care has had a disproportionate growth in recent decades. According to the latest estimation, East Asia and the Pacific[2] holds the highest number of children in residential care globally (772,000). Within the region, countries like Cambodia have seen a rapid expansion of Residential Care Facilities (RCFs), where between 2005 and 2010, there was a 75% growth (Jordanwood & Lim, 2011), and between 2010 and 2015 there was an increase of more than a 400 %. According to that last national estimation, 48,775 children were in residential care in

[1] Data drawn from 140 countries, and considered more than 80% of the children worldwide (Petrowski, Cappa, & Gross, 2017, p. 394).

[2] Table 1: United Nations Children's Fund (UNICEF) regional classification (according to programmatic presence) East Asia and the Pacific includes: Brunei Darussalam; **Cambodia**; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tonga; Tuvalu; Vanuatu; Viet Nam (Petrowski et al., 2017, pp. 389–390).

Cambodia in 2015 (Stark et al., 2017).[3] The implications of this rise, along with other reasons, have lead the Royal Government of Cambodia (RGC) to decide for the deinstitutionalization of 30% of children in Residential Care Institutions (RCIs) from 2016 to 2018, with the backup and guidance of its international development partners (Ministry of Social Affairs, Veterans and Youth Rehabilitation [MoSVY], 2017; MoSVY & UNICEF, 2017).

But why were the RCFs[4] in the country expanding so rapidly, and their population escalating at a similar pace? The complex and intertwined set of pathways and reasons for the increase have not been studied yet in depth. However, some drivers identified in the literature include poverty and access to education (Jordanwood & Lim, 2011; Stark et al., 2017); the multiplication of RCFs run by Non-Governmental Organizations (NGO) with the support of a significant amount of international funding until 2015 (Jordanwood & Lim, 2011), accompanied by a parallel rise of "voluntourism" and orphanage tourism since 2000 (Carpenter, 2015; Guiney & Mostafanezhad, 2015; Jordanwood & Lim, 2011; Reas, 2013), among others. This process towards deinstitutionalization seems to have started with strength since 2012 (Sarah Chhin, personal communication, March 16, 2018). The findings of the Jordanwood & Lim research, "With the best intentions…A Study of Attitudes Towards Residential Care in Cambodia" (2011)[5] denounced this unregulated growth and has informed several government actions, reports and initiatives such as the strong anti-orphanage and anti-orphanage tourism campaign (ChildSafe Movement, n.d.-b; Friends-International, 2015), which focuses on allegations of abuse and neglect in the RCFs.

Moreover, the process is underpinned by a strong support from the government and international actors, to family and kinship-based care as well as community-based alternatives (that does not seem to be in place yet, at least completely). The RGC demonstrated a serious commitment in this regard. The publication of a series of *Prakas,* Sub-Decrees, researches and the "Action Plan for Improving Child Care with the target of safely returning 30 per cent of children in residential care to their families within 2016-2018"[6] (MoSVY, 2017), is its latest effort alongside international partners such as the United Nations Children's Fund (UNICEF)

[3] It is important to account for the differences in access to data in both estimations and researches, the first one only accounting for RCFs registered with the government (Jordanwood & Lim, 2011) and the second, doing a nationwide estimation, that although shows high numbers, acknowledges it is still under representing the numbers of possible RCFs in the country (Stark, Rubenstein, Pak, & Kosal, 2017).

[4] For an explanation of different terms such as Residential Care Institutions (RCIs) and Residential Care Facilities (RCFs), please refer to the Appendix C: Terminology.

[5] This report that is widely cited in this dissertation and elsewhere (i.e. policies and more recent reports on the issue), because it provides one of the only and most comprehensive studies on the topic, not without methodological limitations, but with a significant contribution in a country with an important need to improve its data management, sharing system and research production. From now on, it will be referred as the "Attitudes" or the 2011 report.

[6] Hereby referred as the "Action Plan 2016."

and Family Care First (FCF, part of United States Agency for International Development [USAID] projects in Cambodia), to promote family care and child welfare.

Unfortunately, the deinstitutionalization and reintegration of children to their families and communities is not a simple process, and it reveals tensions and contradictions during its implementation. For example, if "residential care was also found to be acting as a social welfare service" in Cambodia (Jordanwood & Lim, 2011, p. 66), what happens when the welfare system is still absent in 2018? Would the reintegration of children into their families and communities compromise their access to child protection and welfare? Based on the perceptions of key informants who work in the capital Phnom Penh and staff of RCFs in the Siem Reap province, this research aims to look at the intended and unintended consequences of the implementation of the deinstitutionalization policies in Cambodia and how they are affecting children's access to welfare services.

This research project has been an unpredictable journey from its inception. The initial idea in 2017 was to study the case of children left-behind by migrant parents in Bolivia. Through working experience with children in RCFs there, I had noted a common pattern among children who had completely different backgrounds and issues but seemed to have parental migration as a common characteristic. While preparing the first steps of the initial research project, Professor Christophe Gironde put me in contact with the NGO Louvain Cooperation in Cambodia, which was the implementing partner of a nationwide study about "Migration and its Impacts on Cambodian Children and Families" (MICCAF). I had the honor to intern with Louvain Cooperation Cambodia for two months while also conducting data collection for my research. By taking a grounded theory approach, the present research aims to voice the concerns I could observe while conducting interviews to key informants and staff of RCFs. As it turned out, I started to conduct fieldwork aiming to understand the relation between parental migration and institutionalization of children in Cambodia, but finally arrived at my starting point: child welfare and residential care facilities. It was an unexpected but unforgettable journey.

This Master's dissertation starts with the explanation of the Methodology in the second chapter. Chapter three will briefly outline the relationship between child welfare and residential care and discuss global, regional and local issues and main debates on alternative types of care for children, finalizing with some research about deinstitutionalization and reintegration. Chapter four invites the reader to get familiar with the Cambodian context, and chapter five describes what do we know about residential care in Cambodia, including some pathways to institutionalization. The main findings will be discussed in chapter six, starting by explaining the push towards deinstitutionalization, followed by tensions and contradictions encountered

during research and finalizing by mentioning the intended and unintended consequences of the process which include challenges of children's reintegration, followed by the conclusions.

Chapter 2

Methodology

The present research aims to answer the research question: *What are the perceived intended and unintended consequences of the policies that deinstitutionalize children in the residential care facilities in Siem Reap and Phnom Penh, Cambodia?* Moreover, three sub-questions guided this study: (i) What are the deinstitutionalization policies and their objectives? (intended consequences); (ii) what are the underlying reasons that led to the adoption of these policies in the first place, and which international, national and local dynamics do they respond to? (iii) what are the mechanisms and dynamics that underlie the implementation of these policies? (tensions and unintended consequences). The last sub-question englobes other three queries. The first one, asks about the tensions and contradictions of the deinstitutionalization process. The second, how these tensions influence the work of existing residential alternative care facilities, and the third, how reintegrated children might be affected by these policies.

To respond to all these questions, the researcher chose intensive interviews (Charmaz, 2006), as the appropriate method for data collection. Moreover, she made first-hand observations during a 2-month field research in Cambodia (February-March 2018). During this time, the researcher collaborated with the NGO Louvain Cooperation, in the preparation of the qualitative component of the MICCAF project, nationwide study on migration and its impacts in Cambodia.[7] This research project is a collaboration between the International Organization for Migration (IOM), Mission in Cambodia; PLAN International and Louvain Cooperation as the implementing partner of the research.

During the first month, the researcher observed the Cambodian context by participating in the activities of the NGO's research team. These included a visit to the Prey Veng province where enumerators were collecting quantitative data. Notes were taken while observing their work, learning about the context of the area, as well as after informal conversations with enumerators themselves, local families, key informants and during "first approach" visits to RCFs in Siem Reap at a later stage. Intensive interviews were carried out during the second month. The researcher contacted 12 people and conducted ten interviews (83.33% rate of acceptance with 100% rate of response, more details are explained below). The researcher chose both purposive sampling for key informants and convenience sample for staff members in the RCFs as part of the non-random sample approach chosen.

[7] On-going research.

The interviews were geographically limited to the province of Siem Reap and the capital Phnom Penh. Both places were chosen for the prevalence of RCFs in the area, and at an initial point, based on data about high out-migration numbers as well. Interviews with key informants were carried out in Phom Penh, where their offices were located. Interviews were transcribed, coded and later categorized into three main themes (i.e., pathways for institutionalization, tensions, and contradictions, and intended and unintended consequences of the de-institutionalization process -including reintegration challenges). These themes aim to answer the research questions (and sub-questions), as well as guide the organization of the research accordingly.

This research is closer to the Grounded Theory approach, explained by Charmaz (2006). Following the author of the book *Constructing Grounded Theory*, the researcher presents this study as a result of the "past and present involvement and interactions with people, perspectives, and research practices" (Charmaz, 2006, p. 10). In addition, the present analysis focuses on the process of deinstitutionalization in Cambodia, interested in understanding some causes, contextual conditions and also implications for children. The main topic evolved and changed, molded by the field research experience. The research areas stem from the findings rather than the literature review given the characteristics and aims of this research (i.e., to understand the process of deinstitutionalization). It must be noted that the initial research interest had a corresponding interview guideline which changed after analyzing the collected data. This situation aimed to better reflect the main current concerns regarding residential care in Cambodia. These characteristics partly align with Charmaz's Grounded Theory approach (Charmaz, 2006).

2.1 Setting

A Southeast Asian country, Cambodia's geographical limits are defined by its neighbors Vietnam, Laos, Thailand and the Gulf of Thailand. Cambodia's recent "step up the ladder" has qualified it to be considered a low-middle income country since 2015 (World Bank Group, 2017) and a country with Medium Human Development (United Nations Development Programme [UNDP], 2017). Cambodia has vast rural areas, and its urban population accounts only for 20.7% of its 15,762,370 inhabitants (UNDP, 2018b; World Bank, 2018). Its capital, Phnom Penh, has the biggest conglomerate of urban population and the provinces of Battambang and Siem Reap follow suit. This concentration is similar when numbers of RCFs are analyzed. The 2017 "Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia"[8] (MoSVY & UNICEF, 2017), shed light on the condensed existence of 83 percent alternative care facilities in nine of the 25 provinces of the

[8] Hereby called "Mapping of RCFs" report or 2017 MoSVY & UNICEF report.

country. The capital holding the highest number (117 RCIs) and Siem Reap, holding the second highest number with 80 RCIs of a total of 267 in five provinces (please refer to Figure 1, below). Siem Reap is the most touristic province in Cambodia, a characteristic that has also contributed to the increase of residential care facilities in the area as a result of "voluntourism" and "orphanage tourism" (discussed in following sections; Carpenter, 2015; Reas, 2013). Accessibility to centers and interviews was also part of the criteria for deciding to focus on this province. Given the limited scope of this research, no other provinces could form part of the fieldwork. The researcher also selected Phnom Penh to access larger RCIs, and essentially because the snowballing process provided access to interviews to key informants whose offices were located in the capital. It is important note, that one key informant, Sarah Chhin mentioned that RCFs in Phnom Penh provide services to children from all over the country (Personal communication, March 16, 2018).

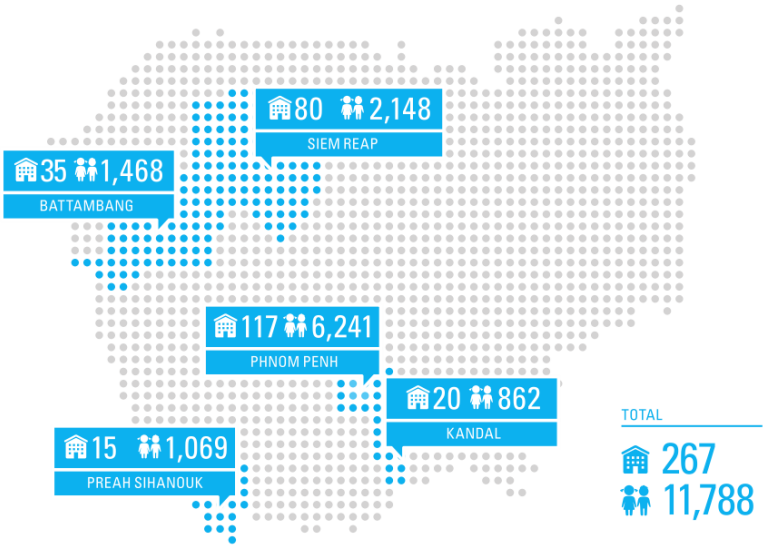

Figure 1: Number of residential care institutions and children living there by province.

Reprinted from "Action Plan for Improving Child Care with the target of Safely returning 30 percent of children in Residential Care to their families 2016-2018" by MoSVY, 2017, p10

2.2 Participants

The researcher chose a non-randomized sampling process for this qualitative research (Bui, 2014) and used both convenience and purposive sampling. In the case of staff from RCFs, the researcher used convenience sampling. The aim was to interview staff from at least one or two types of alternative care facilities mentioned in the MosVY & UNICEF report of 2017, namely: RCIs, faith-care facilities, and pagoda-based associations, group-homes and boarding schools. In addition, the researcher spoke to a key informant who was linked with a project that provides emergency foster care for children in need, but she did not visit transit homes nor temporary emergency accommodations. However, the key informant Sarah Chhin

worked with M'lup Russey[9], an organization that provides emergency foster care services. The researcher and the translator conducted the interviews together, most of the time. Overall, they visited six facilities, where they conducted seven interviews with eight participants.[10]

The researcher did pilot visits to some centers, with the MICCAF research team in Siem Reap (organized by the researcher as part of her internship tasks). These pilot visits provided a way to evaluate which ones were relevant to conduct a follow-up intensive interview with a member of the staff. The criteria for selection included the type of residential care, but their willingness and availability to meet also played a role. Three out of seven interviews were conducted with staff from RCFs through this first pilot visit. The researcher conducted the other four interviews at a later stage, two using the snowball method, and other two using an online search engine. This search procedure was initially used to find other centers.[11] Unfortunately, it was not possible to obtain an extensive nationwide list from any stakeholder at that point. It is worthwhile noting that not many Residential Care **Institutions** (RCIs) were openly portrayed as such on their websites, seemingly because of the deinstitutionalization policies being applied in the country (Personal communication, February 2018). Therefore, only alternative types of RCFs were found through the online search. The researcher was able to contact potential interviewees who worked in three RCIs (one in Siem Reap and two in Phnom Penh); however, only two staff members from one RCI agreed to the interview.[12]

The researcher used purposive sampling to select four key informants.[13] The researcher had access to the interviews using the snowball method. Their evident expertise in child welfare in Cambodia and abroad qualified them as key informants for this study. For example, the only interviewee who did not signed for anonymity, Ms. Sarah Chhin, linguist by profession, has carried out projects and research about children in alternative care in Cambodia since 2000.

[9] http://mluprussey.org.kh/en/

[10] To clarify this number, two staff from the same center agreed to be interviewed at the same time. Whereas, two different interviews were conducted to two different members of the staff of another organization.

[11] The researcher had created a non-extensive list of RCFs in some Provinces, only though internet search.

[12] It is worth mentioning the reasons why the other two RCIs were not accessible for interviews. After the first contact, the large RCI in Siem Reap was hesitant to the visit. It seems that a negative reaction was triggered by the use of the word "orphanage" during the first call. This might also evidence the sensitive context in respect of RCIs in the country. After a follow-up email from the researcher to clarify possible misunderstandings, the contact agreed to a possible visit to the RCI, however, she never sent a confirmation. The other potential interview, was meant to happen at a large RCI which also has several other community development projects in Phnom Penh. The researcher visited this institution to organize a follow-up meeting with the deputy social worker. The day of the interview, he expressed his preference for the help of a translator (which was not mentioned before). The interview was then re-scheduled, but when the researcher and translator arrived at the second meeting, the social worker expressed that his superior had told him to redirect the interview to the General Director. Once in the office of the General Director, he was also unavailable (because of the short notice). The supervisor who kindly received us, asked for a follow-up email with the specific questions, to show it to the General Director and let him consider if they could email back answers or potentially accept an interview over Skype. However, they said since Khmer New Year was fast approaching, it will be better to do it after this important holiday. All these circumstances did not allow for the researcher to have an interviews with these institutions.

[13] In three interviews, as two of them were work colleagues and were part of the same interview.

Moreover, she has been an activist of the deinstitutionalization process from early on and she was Vice Chairman of the Committee that wrote the "Minimum Standards for Residential Care" (MoSVY, 2006b) and "Minimum Standards for Alternative Care in the Community" (MoSVY, 2008) that underpin the policies around this topic to this day. The second key informant (SKI)[14], is currently supporting the process of deinstitutionalization and has broad expertise in similar processes in other countries and a long career in child welfare and protection. The third and fourth key informants (TKI and FKI) are currently part of a research team carrying an important study related to children in Cambodia. Four out of the four contacted key informants accepted to participate in this research.

Concerning the conditions that enabled the access to these interviews, it is important to mention the support of the NGO Louvain Cooperation, and the IOM mission in Cambodia, for their help in granting access to interviews with both key informants and staff from RCFs. Being a Master Student from a Swiss Graduate Institute seemed to have a positive impact too while being a woman had no visible impact on the acceptance or refusal of the interviews. Finally, the translator proved very useful even if most of the interviews were carried out in English. He gave "comfort" to his co-nationals, knowing that they could turn to him when they were unable to find the right terms. As an overall figure, of the 15 people contacted, 12 became participants of this research.

While the support of the mentioned organizations was key for the research process, the responsibility for the information and views presented in this dissertation lies entirely with the author.

Description of the participants (Demographic information).[15] In total, ten interviews were conducted with 12 participants. From these, four were key informants and eight staff personnel from different RCFs. Of the key informants group, two were women, and two men and their ages ranged from 25 to 45 years old. Sarah Chhin and SKI have broad experience on child protection and welfare issues. TKI and FKI are researchers currently involved in a child-related research project. All interviews were carried out in English.
Of the eight people interviewed in six different residential care facilities, two were women and six men. Their ages ranged from 25 to 60 years old. Two were foreigners and six Cambodian nationals. Locals' native language was Khmer, but almost all the interviews with each participant were carried out in English, with the presence and support of a translator. From

[14] To honor the anonymity of the interviewees, they will be mentioned with initials that refer to their participation in the research. On this example, Second Key Informant will be SKI. Please note, the choice of position (i.e. second) is only due to the chronological order of the interviews. Staff from centers also have fake initials.
[15] The given information is deliberately vague to honor the anonymity of the participants.

this group, only one interview was conducted in French (with a Cambodian staff, when the translator could not be present).

Table 1 Participants' Demographic Information

Participant	Foreign/Local	Male/Female	Range of Age	Organization	Occupation[16]
Sarah Chhin	Foreign	Female	30-40	M'lup Russey	Strategic and Technical Advisor
SKI	Foreign	Male	30-40	INGO	Program officer
TKI	Foreign	Male	25-35	Local NGO	Researcher
FKI	Local	Female	25-35	Local NGO	Researcher
AB	Local	Male	30-40	Pagoda-based organization	Executive Director
CD	Local	Male	25-35	Local NGO – Group Home (Internationally funded)	Administrator
EF	Local	Female	30-40	Community-based care (Local NGO – internationally funded)	Social Worker – Project manager
GH	Local	Female	20-30	Community based-care (Local NGO – internationally funded)	Social Worker – Project Manager
IK	Local	Male	25-35	Local NGO with community projects that include an RCF (International support)	Project Manager

[16] Positions are not exact to honor anonymity.

LM	Foreign	Male	50-60	Faith-based care organization (Christian) Group-home	Executive Director and project manager
NO	Foreign	Male	30-40	RCI – International association	General Director
PQ	Local	Male	30-40	RCI – International association	Social Worker

2.3 Intensive Interviews and Anecdotal Observations: Description and Procedures

In this section, the details of the observations and intensive interviews will be described.

2.3.1 Observations. The researcher made informal observations during her two-month stay in the field, which she recorded in a notepad. They included informal conversations with locals, members of the research team and especially the observation of the enumerators' work in Prey Veng province for five days. On that occasion, the work day started at 7 am and finished around 5 to 6 pm, varying each day according to how many families they could interview in that village on that particular day. The team the researcher worked with, visited four villages and conducted eight surveys. Surveys lasted around two to three hours and sometimes more due to activities of the family members.

The researcher and the translator were introduced as part of the team to the participants. Both strived to be discrete during the survey process, refraining from making noises or causing interruptions. Both the translator and the researcher would follow the survey with printed versions and taking notes accordingly.

These observations permitted the researcher to grasp the context of rural Cambodians better. In addition, she was able to have conversations with the enumerators (who were all young Cambodian men and women), trying to understand their perceptions on relevant topics (both personal and as a result of their current work).

The researcher carried out the second set of significant observations during a field trip to Siem Reap with the research team. During this first approach visits to RCFs, the Director of the NGO, the co-investigator of the MICCAF research, as well as the MICCAF research coordinator, led the interviews. However, the researcher was an active participant and observer in these visits, asking necessary questions at opportune moments. Four pilot visits

were conducted in one day. In Phnom Penh, the researcher conducted one first approach visits to an International NGO (INGO), but she could not conduct a staff interview there.

Figure 2 Observation of surveys for the MICCAF research. Prey Veng Province, Cambodia. February 2018.

2.3.2 Intensive Interviews. In total, ten intensive interviews were carried out. The researcher chose the key informant approach as a qualitative method that has been widely used for research in social sciences (Marshall, 1996) because of the quality of data that can be gathered when it is not possible to do an extensive survey, or the time is limited (Kumar, Stern, & Anderson, 1993; Marshall, 1996). This technique is rather based on the knowledge and expertise of the informants, as part of the non-random sampling (Tremblay, 1957).
Kumar, Stern and Anderson put emphasis on the need to assess the informant's competency (Kumar et al., 1993), which was done by background questions with which the researcher confirmed the key informant's vast experience in child protection and welfare in Cambodia and abroad. This method also proved useful to acknowledge the "productivity" of the information gathered -i.e. "productivity implies the ability to tell a lot about the problem" -(Tremblay, 1957, p. 693). In order to ensure more reliable data, Kumar et al. study (1993) recommend having multiple informants. Four key informants were considered for this research.

The researcher estimated that the key informant technique worked well with the intensive interview method chosen as both are flexible enough to incorporate feedback during and post interview, as well as feed on each interview to choose further informants (Tremblay, 1957).[17] For Tremblay, it is advisable to analyze and cross-check the information gathered to ensure reliability (1957) and this was done throughout by verifying it against available reports and

[17] Trembley provides these characteristics to the key informant approach; the author of this research made the link with intensive interviews and their characteristics.

academic literature on related topics. In this regard, both primary and secondary literature also inform this research. Furthermore, since this research is closer to a Grounded Theory approach, it followed author Charmaz (2016), who asserts that the Grounded Theory and intensive qualitative interviews work well together.

The researcher used a semi-structured interview guideline that she elaborated in advance and had available during the interview (please refer to Appendix B). There was a set of questions for key informants and a different one for staff from RCFs. However, these questions only represented a thread of key points to be discussed. The researcher asked open questions to allow the interviewee to talk about the mentioned key points, adapting the conversation when redirection was necessary and prompting a more in-depth discourse according to the answers and the interview guideline. This followed Charmaz's description of intensive interviews in which the "participant does most of the talking" (Charmaz, 2006, p. 26). Careful attention was paid to avoiding certain sensitive issues that could result in a political discussion. The interview always led to talk about the deinstitutionalization process, and the researcher purposely prompted more answers on related issues. It is worth noting that neither the researcher nor the present study seeks to take a political stance. However, due to the transitional deinstitutionalization period, the researcher and the translator felt a certain apprehension to respond to some questions related to the government.

Each interview lasted from one to almost two hours, averaging 1 hour and 30 minutes, time stated in the consent form. Introductory words re-introduced the researcher and translator (if applicable), followed by a detailed oral and written explanation of the Consent Form. The interview would begin only after the signature and agreement of conditions. The researcher interviewed staff on the premises of the RCFs. Two out of four key informants preferred to meet in previously agreed restaurants and cafes, for lunch. The interview with the other two key informants was conducted at their office. One out of the twelve interviewees confirmed that she would like to be fully identified and the remaining 11 signed the consent form, which explicitly stated they would remain anonymous. The interview was audio recorded using a mobile phone with the respective audio recording application. Paralelly, the researcher took notes during the process.

Because the researcher was not familiar with the language, the role of the translator was essential in analyzing the context and information gathered, though no interview was carried out in Khmer. As it was stated, the translator would provide support when required, and he assisted with the written translations of interview excerpts recorded in Khmer. It is important to acknowledge that his perceptions have a certain weight on this analysis, as the researcher inevitably interpreted the context of Cambodia through his lens.

In the case of RCIs, a small contribution was offered (school supply for children in the center) in acknowledgment of their time and collaboration. In the case of key informants whom the researcher met in restaurants, the latter paid for their consumption, but this was not anticipated to them before the meeting. All of the interviewees were eager to support the research and even to assist the research with further information should the need arise.

2.4 Data Analysis

After conducting the interviews, the researcher transcribed and coded the relevant information. Later, she created categories of topic analysis that were salient throughout the interviews (i.e., pathways for institutionalization, deinstitutionalization, tensions and contradictions, intended and unintended consequences including reintegration challenges). These topics are in line with the research questions. Relevant quotations from interviews were used to explore themes that are part of the context and analysis presented in this research. The collected data is also presented with relevant academic literature and especially recent reports and policy documents. The latter are widely cited because of their relevance to the topic and because they are more numerous than academic literature on some current issues. Observations were mostly anecdotal, and the researcher used them to illustrate some of the themes as well.

2.5 General Limitations

The key informant technique has inherent limitations, namely “informant bias and random error” (Kumar et al., 1993, p. 1634). However, the researcher limited this bias with a comprehensive cross-check and accompanied the gathered information with literature evidence, when possible.

The deviation from the initial research question is another potential drawback, especially because the interview guideline responds to the initial set of research questions (still on residential care but more focused on children left behind by migrant parents). However, since the Ground Theory approach was applied, this limitation is reduced as the information gathered on children left-behind is also a pertinent part of this research as migration is a major contextual issue in Cambodia at present (Creamer, Jordanwood, & Sao, 2017).

Further limitations include the limited geographical extension of this study, which is focused on one province in Cambodia (Siem Reap) and the capital (Phnom Penh). However, this process is occurring in other provinces where the situation could vary. Finally, an interview with a government official could have been key to inform the analysis, but due to the sensitive pre-election atmosphere in the country, it was not deemed appropriate, or feasible.

Chapter 3

Literature Review

Looking at the debates about residential care for children and focusing on the characteristics of those services in low-middle income countries, this research aims to contribute to the broad discussion on how institutionalization and deinstitutionalization of children affects child protection and welfare and vice versa. It aims to do so, by looking at the case of Cambodia, a country in transition in several levels, with a continuous economic growth and improvements in development according to international reports (UNDP, 2018b; World Bank, 2017, 2018), but also deep inequalities, especially between urban and rural areas. In terms of child protection and welfare, Cambodia is in the middle of the process of deinstitutionalization in response of years of rapid increase of RCIs and children in them (Jordanwood & Lim, 2011; MoSVY & UNICEF, 2017; Stark et al., 2017). But this process also reveals some tensions and contradictions as well as challenges to accomplish the expected reintegration targets (MoSVY, 2017). This research aims to discuss those tensions, as well as the intended and unintended of the deinstitutionalization process, through the perceptions of key informants and staff from RCFs in Phnom Penh and Siem Reap.

In the first section, this literature review will provide a broad overview of child protection and welfare and the role of residential care within. The second section will briefly highlight some historical and regional characteristics and classifications of Residential Care. Drawing from these differences, characteristics of institutionalization in Low Middle-Income Countries (LMICs) will be mentioned, mainly but not exclusively. The third section will focus on some debates between residential care and other alternative types of care. Finally, the fourth section will touch upon recent research related to deinstitutionalization processes and reintegration.

3.1 Child Welfare, Child Protection and Residential Care

For the purpose of this research, the Child Welfare System will be understood as functions and services that target children in need and at risk[18] and include child protection and “family support services” (Anglin, 2002, p. 4). This definition is based on Anglin’s explanation of the western paradigm of child welfare which portrays children as beings that need protection and guidance from adults, and also agrees with the assumption that both child and family are social constructions (Anglin, 2002), Considering these elements and definitions, another main assumption of this research is that the State is responsible for caring for children in need or at

[18] Please refer to the Appendix C: Terminology.

risk, which is established in Article 3 of the “Convention of the Rights of the Child” (CRC; UN General Assembly, 1989, p. 2).

Anglin asserts that child protection and welfare interact and influence each other, as well as their discourses and practices shape how residential care is provided (Anglin, 2002). This can be observed in the influence of a large body of literature that has been portraying the negative aspects of RCIs over the years, mainly based on Eastern European examples (e.g., Nelson et al., 2009) that has underpinned the overall transition to privileging family care alternatives such as foster care. In terms of international documents, this transition is observed by a radical change from the Malmo Declaration, that urged to understand residential care as an “important available intervention to be used at an appropriate time in the development of those children for whom it is desirable” (FICE-International, 1986); to a Stockholm Declaration in which there is a clear stance against RCIs based on a body of literature (“Stockholm Declaration on Children and Residential Care,” 2003). Also from a Malmo declaration in which the link between residential care and education was positively acknowledged, and which shed light on RCFs as a potential placement of choice, to RCFs being a “last resort” alternative (UN General Assembly, 2010). Policies related to this issue in Cambodia, follow the latter stance, as well as the ongoing deinstitutionalization process (MoSVY, 2017).

Nevertheless, other authors have raised awareness on the caution needed when trying to compare, and analyze research findings from different contexts, because of inconsistency in definitions (Courtney & Iwaniec, 2009) historical, cultural and political variances; challenges in data collection, measurement and analysis, language and translation of concepts, as well as significant differences in characteristics between regions and countries (Ainsworth & Thoburn, 2014; Kendrick, 2015; Mollidor & Berridge, 2017). On this vein, there is international research that proves that residential care can have positive outcomes for children, especially for those who struggle within their families, because they cannot provide them access to education, health, nutrition, among others, mainly because of poor economic conditions. For example, in Cambodia, Stark et al., manifest that their findings did not align with those in Russia and Romania where cases of abuse of institutionalized children where put forward. Children in Stark’s research showed better outputs in educational indicators, and they seemed to be doing better compared to their pairs in lower wealth quintiles in the community (Stark et al., 2017, p. 7). Therefore, the debate about residential care and how it should be understood within the child welfare and protection realm (i.e., either as a last resort option or a valid alternative for children at risk or in need), and how this affects policy making and ultimately child wellbeing, is of outmost relevance in global development debates today (Mollidor & Berridge, 2017, p. 289; Whetten et al., 2014). This proves true in settings like the Kingdom of

Cambodia, where a transitional phase towards deinstitutionalization is currently in place (MoSVY, 2017; MoSVY & UNICEF, 2017).

3.2 Main Terms, Global and Historical Particularities on Residential Care and Other Alternative Forms of Child Care

3.2.1 Main terms. It is within the previously described framework that this research analyses the debate on the different types of alternative care provided to children in need of protection or at risk (i.e., whose parents cannot or do not provide care for them). Along this dissertation, the term Alternative forms of childcare will broadly refer to all types of care provided to children by somebody different than his/her mother or father. Residential Care falls under that category, but more specifically refers to care given by non-family members, in a group environment where children sleep, eat, play and get educated (either within the premises or outside). The length of their stay could vary (UN General Assembly, 2010). Care provided by adoptive parents and the debate around adoption are not part of the analysis of this research. Alternatives different to residential care include extended family and kinship care, as well as foster care. Community-based care is also considered, but its definition is not internationally agreed upon (Ainsworth & Thoburn, 2014). According to Ainsworth and Thoburn, this is the case for most of the concepts related to alternative forms of childcare. Moreover, there can be a difference between the abstract concept, a written law or policy and what actors who are directly related to alternative types of care, do or think they do (2014). Finally, some terms used in some languages different to English, might not have similar translations for technical terms (e.g., In Cambodia, "orphanage"[19] is used to refer to most types of alternative care). Keeping in mind these challenges, terms used in this research will refer to the UN Guidelines for Alternative Care for Children, and local laws, decrees, and reports used in Cambodia (For more details, Appendix C: Terminology).

3.2.2 Different types of residential care for children: history, faith, culture, other forms of classification and regional differences. Historically, the political and economic characteristics of communists' regimes, allowed for an extensive use of residential care for children that was offered in public institutions in Russia and other countries like Rumania. During the post-communist era, poverty and lack of public services continued with this trend (Ainsworth & Thoburn, 2014; Kendrick, 2015). For Kendrick, "economic development and industrialization can create a demand for residential child care because of the breakdown of traditional family and community structures" (2015, p. 537). Research from these settings has been widely used to advocate against residential care worldwide due to scandals of abuse, weaker child development and other negative consequences (Nelson et al., 2009; Rus et al., 2017).

Moreover, faith and religious organizations greatly influenced the expansion of residential care in various regions of the world. Kendrick (2015) mentions mainly catholic centers but in countries like Cambodia, Buddhist temples or Pagodas "welcome" Cambodian boys and

provide them shelter, food, and education in exchange for some tasks. Moreover, it has been observed that some Monks within pagoda-associations also run Residential Care Facilities for children (Carpenter, 2015; Personal communications, February-March, 2018). In some countries, residential care services are mostly used for cultural reasons. This is the case of Japanese culture which privileges RCFs over foster care in which a child that is not part of the family should be at home (Kendrick, 2015).

One could classify different types of residential care according to its characteristics, such as by size, ranging from individual use in the U.K., to medium size (20 children), mostly in Western Europe, and "large-scale" institutions that are mainly found in "developing and transition economies" such as Africa, Asia and countries of Eastern Europe (Ainsworth & Thoburn, 2014; Kendrick, 2015). In the latter settings, RCIs have also been started by "philanthropic founders or volunteers from first-world countries (including the 'diaspora')" (Ainsworth & Thoburn, 2014, p. 18) in response to community needs. It is this type of alternative care for children that this research aims to analysis, located in the context of a low-middle income country like Cambodia.

Residential care could also be classified by the type of services it provides, namely shelter, basic care, education, specialized assistance or therapy, among others. Ainsworth and Thoburn, also highlight that services offered can vary according to staff training which differs in countries like the U.K. and Western Europe which favors social pedagogues (Ainsworth & Thoburn, 2014; Anglin, 2002). On this vein, education seems to feature widely within residential care provision and child welfare, more so as "upbringing rather than teaching" per se (Ainsworth & Thoburn, 2014, p. 17). This lead us to an intersection between child welfare and education systems, in cases like boarding schools (Ainsworth, 1985 cited in Ainsworth & Thoburn, 2014). The crossroads between education and residential care will be largely discussed throughout this dissertation due to its significance in the Cambodian context. On the contrary, residential care dedicated to providing treatment[20] or therapeutic services caring for children dealing with disability, drug abuse, mental health, human trafficking, sexual exploitation, and juvenile correction facilities, will not be the focus of this analysis, although some of them will briefly feature along the text, when relevant.[21] Other characteristics for classification include the average length of stay (i.e., emergency, short-term, long-term),

[19] Mochchhomondal komar kamprea (Khmer)

[20] A term difference worthy of mention here is the use "residential treatment programs" in the U.S., to refer to "group-care facilities" (Ainsworth & Thoburn, 2014, p. 16) which was widely noticed during the desk review. Also, the term 'congregate care' is used in the U.S (Noonan & Menashi, 2010).

[21] Please note that even though one of the RCFs where we interviewed two staff, is dedicated to the provision specialized services, their specific case will not be discussed unless it is related to the broader topics of our analysis, due to scope and limitations of this research.

internal organization and infrastructure (e.g. small "family-like" group-homes or large institutions). Also the characteristics of the population they serve that could include age-specific groups and children from a specific ethnicity or cultural heritage (e.g., indigenous children in US, Australia, Canada and Roma children in Europe; Ainsworth & Thoburn, 2014).

Finally, specific regional differences include prevalence of "group-care facilities" in Western child welfare, the preference for foster family and kinship care in anglophone countries, where "residential facilities [are] being seen as a last resort, only to be used when all else had been tried and failed (often on multiple occasions)" (Ainsworth & Thoburn, 2014, p. 16) and "almost entirely used for children with challenging behavior" (Ainsworth & Thoburn, 2014, p. 21). More expensive costs of residential care have been put forward by some reports and are used as part of the narrative that supports foster care alternatives (Noonan & Menashi, 2010). "EveryChild" 2005 research in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)[22] "shows that large-scale residential care is twice as expensive as small group homes, three to five times more expensive than foster care and around eight times more expensive than providing social services-type support to vulnerable families" (cited in Delap, 2011). Both the narrative of cost-effectiveness and RCFs being only a "last resort" service, features widely in the last policies, decrees and governmental reports related to the issue (MoSVY, 2011, 2017; Royal Government of Cambodia, 2015).

3.2.3 Residential Care Facilities in low and middle-income countries and some figures. In the context of low and middle-income countries,[23] institutionalization of children in residential care seems to compensate for unanswered needs such as health support (e.g., HIV/AIDS), natural disaster relief (e.g., 2004 Tsunami in South East Asia, 2015 Earthquake in Nepal; Kendrick, 2015), education and poverty issues such as the case of Cambodia (Stark et al., 2017) and for the care of orphans (Abebe, 2009). It is within this context that this research is situated. It looks at residential care provided in low and middle-income countries, which seems mainly to respond to the needs of children who: are/were abused or neglected, suffered from abandonment or destitution, do not have parents or alternative carers, or do not have access to basic services with their families, among others (Ainsworth & Thoburn, 2014; Anglin, 2002; Kendrick, 2015).

A recent estimation with available data from 142 countries and around 80% of the children worldwide, manifests that 2,7 million of them, aged 0 to 17, are in residential care (120 per

[22] UNICEF programmatic regions

[23] I chose to use this World Bank categorization, to follow Whetten et al. research and because it seems like a more suitable alternative than using "Global North" or "Global South" which are not always geographically correct and may cause confusion to the reader. For detailed explanation on the categorization of the world Bank, please

100,000). These figures vary greatly among regions, East Asia and the Pacific being the one with the highest numbers (772,000) and the CEE/CIS presenting the highest concentrations (666 per 100,000). Authors warn about the limitations of this estimation, and of all the studies that formed part of this estimation considering the difficulties of data collection, analysis and consistency which are at stake (Petrowski et al., 2017). Since orphans are considered a vulnerable group that needs child welfare services, including residential care support, it is worth noting that in 2015, UNICEF estimated there were approximately 140 million orphans in the world (61 million in Asia)[24]. From the global total, 15.1 million were double orphans, and 95% were over 5 (2017). After conducting research in 36 countries, this UN agency acknowledged that it had to look beyond the orphan/non-orphan distinction and rather, focus on the "factors that render children vulnerable," to provide better responses to vulnerable children and their families worldwide. These factors included: "the family's ownership of property, the poverty level of the household, the child's relationship to the head of the household, and the education level of the child's parents" (UNICEF, 2017). In Cambodia, the reports and the deinstitutionalization narrative, as well as the Child safe campaign, insist that children in RCFs are not orphans and have parents living nearby the centers, thus, they should not be in residential care (Friends-International, 2015; Jordanwood & Lim, 2011; MoSVY, 2017; MoSVY & UNICEF, 2017). However, it might be necessary to apply the above-mentioned, UNICEF's expanded concept of children's vulnerability when looking at the reasons why children are placed in residential care facilities, in countries like Cambodia, where reasons seem to run deeper than the orphan/non-orphan debate, as it will be discussed in the next chapters.

refer to: https://datahelpdesk.worldbank.org/knowledgebase/articles/378833-how-are-the-income-group-thresholds-determined

[24] "52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia" (UNICEF, 2017)

3.2.4 Global debates about RCFs and different types of family-based care: challenges and opportunities (brief overview). [25]

a. Negative considerations of Residential Care Institutions. As it was mentioned before, studies from Russia and Romania are primary evidence for the negative effects for children in institutional care (Nelson et al., 2009; Rus et al., 2017; Stark et al., 2017). A widely cited research based in Romania, the Bucharest Early Intervention Project (BEIP), studied children under three and shed light on several developmental problems of those in institutionalized care, compared to peers in the community and quality foster care. (Nelson et al., 2009). Examples of these issues included children showing "fewer positive emotions, significantly more negative emotions and less attention compared to typically Romanian children living with parents" (Nelson et al., 2009, p. 227); and "attachment" disorders when only 3% of institutionalized children would form attachments compared to 100% of those who were not in RCIs (Nelson et al., 2009). Overall, children presented lower intellectual performance and brain development (Nelson et al., 2009). In the BEIP, children in foster care would present better results, as well as improvement after being moved from RCIs to foster care (Nelson et al., 2009).

Other literature refers to physical growth and cognitive issues. Furthermore, these issues could stay with children through life. However, these authors also warn against the use of a concepts such as "post-institutional syndrome" because this would disregard the fact that individuals react differently, have different characteristics, and have different backgrounds before entering care (IJzendoorn et al., 2011; Rutter, 2000). But years before, Goldfarb had created another similar concept: "institutional syndrome" to refer to children in RCIs who ask for disproportionate affection and who are hyperactive. This concept was widely used in the literature afterward (cited in Jordanwood & Lim, 2011).

Furthermore, physical, sexual, psychological and emotional abuse in RCIs are extensively mentioned by global literature (Courtney & Iwaniec, 2009; Hobbs et al., 1999; Rus et al., 2017). Isolation and absence or controlled visit to families is also another issue mentioned elsewhere, and in the case of Cambodia, were youth manifest their will to have more interactions and freedom outside the center (Jordanwood & Lim, 2011; Rus et al., 2017). Jordanwood & Lim research in Cambodia also mention different types of abuse and economic exploitation in places of risk (2011).

Rus et al., talk about "institutional structural neglect" (when referring to neglect in long-term RCIs), and mention issues such as low staff to child ratio and staff with little training and little

[25] Please note that due to the extensive amount of literature on the topic, I will only refer to some studies, deemed important and relevant to this paper. Also, I will use some comprehensive literature reviews on relevant topics.

time to do appropriate socializing activities with the children (2017; IJzendoorn et al., 2011). Moreover, neglect could include lack of proper care, nutrition, health, and other unmet basic needs and this is referred to as “global privation” (Rus et al., 2017, p. 9). Also, too many adults who constantly change in the center, could proof counter-productive for the child development (IJzendoorn et al., 2011; Steels & Simpson, 2017). The latter issue was linked with the attachment disorder (mentioned above) and in turn entered the debate about orphanage tourism[26] in places like Cambodia and countries of Sub-Saharan Africa (Jordanwood & Lim, 2011; Richter & Norman, 2010). However, Carpenter understands that this disorder was studied in children under three and children in RCIs in Cambodia are mainly over five which would make the analysis more nuanced (Carpenter, 2015).

b. Mixed evidence on residential care and education. In Rumania, Rus et al., found that children would have access to education in RCIs and this was considered an asset (2017). In Cambodia, Jordanwood & Lim expressed that some RCIs which offered to provide education did not accomplish the task and rather, they would make children work or dance for tourists (2011). Conversely, Stark et al., recently showed that most children in RCIs are accessing education (Stark et al., 2017). Globally, other authors discuss poor educational achievements for children in residential (Courtney & Iwaniec, 2009; Steels & Simpson, 2017). In the case of Rumania, mentioned above, troubles were found during professional and social reintegration after the center, because the education received did not prepare those children adequately (Rus et al., 2017). A similar concern was voiced out in Cambodia by children’s participating in Jordanwood & Lim study, saying that they did not feel prepared to confront life after the center. Moreover, a literature review about residential care has surfaced less employment, early pregnancies and more social problems for children who were in residential care (Mollidor & Berridge, 2017).

[26] Please see more on orphanage tourism on section 5.3.5.

c. More nuanced analysis of Residential Care. The Positive Outcomes for Orphans (POFO) was a three-year study (2006-2008), about orphan and separated children (OSC), ages 6 to 12. It compared indicators of "health, emotional functioning, learning ability, memory, and physical growth" (Whetten et al., 2014, p. 2) of children living in RCFs and those in family-care, in five low and middle-income countries (namely Kenya, Cambodia, Ethiopia, India, and Tanzania). The results thereby generated do not show a great variability in indicators among children living in residential care and family care, neither at baseline or during follow up. Moreover, the statistically significant indicators they put forward, indicate that children in RCFs had "higher means on measures of general health and height-for-age Z-scores and family-children were rated by the caregivers as having significantly fewer emotional difficulties" (Whetten et al., 2014, p. 8). Moreover, variability in indicators seemed to respond to individual cases rather than the care site. The authors believe this is evidence that counterargues literature that portrays RCIs as merely negative sites.

In Sub-Saharan Africa, a quantitative 5-year comparison among orphan and separated children in different types of RCFs (95% institutional) and family and community alternatives, portrayed at baseline (2014), that RCIs were meeting their basic requirements with appropriate living conditions, and the comparison reported better results for children in RCIs than those in the community and family care (Embleton et al., 2014).

The latest research in Cambodia shows that children in residential care presented better educational indicators ("school attendance and literacy") than children from the lowest wealth quintiles in the community[27] (Stark et al., 2017). And even when a third of them participated in activities such as dances or fundraising activities, these did not seem to hamper their attendance to classes or their rest. In addition, in this study, 92% of the children expressed they felt "very safe" (Stark et al., 2017, p. 6), in the RCI and that they trusted their caregivers.

In the U.K., a qualitative study done with former beneficiaries of "children therapeutic homes," yielded results that were positive overall. Interviewees expressed contentment with their past experience in the center, especially in their interactions with staff during and after care. Others had mixed feelings about school, interactions with friends and the therapeutic support, among others (Gallagher & Green, 2012).

[27] The mentioned study did not have a comparison group, but these conclusions are done comparing interview data from children aged 13-17 and comparing it to children in the community (lowest quintiles).

d. Family Care, Foster Care and kinship care and Community Care. A literature review of public care for children in the UK, where foster care is mostly used (70%), but which included residential care as well; concluded that overall welfare of children improved over time in public care. However, this was not the same for those who were reintegrated. Thus, the author calls for avoiding falling in the trap of an over-simplistic negative discourse about care provision for children, because this could affect the services that have been helping children in need and at risk for years (Forrester, Goodman, Cocker, Binnie, & Jensch, 2009).

In a study of kinship care and stranger foster care in the U.K. (compared to the US), it was observed that in the English system, kinship carers manifested they had reduced training and less support than stranger foster carers. Thus, some participants asked for more guidance from social services (even though some did not want disturbances in their private matters). Moreover, the results also revealed that kinship carers would do the same job without payment (or so they said). Finally, that kinship carers could have problems with the birth family. One social worker in that study perceived that family is not necessarily the best alternative for children all the time (Sykes, Sinclair, Gibbs, & Wilson, 2002)

3.2.5 Deinstitutionalization, Reintegration and Child Welfare. A comparative review of 32 studies on former beneficiaries of alternative care (including kin and non-kinship care, foster care, group-homes, among others), from various Western countries was conducted in 2016. The study work with 2 sub-groups: those countries who focused on child welfare services where parents had a key role (European countries mainly), and those countries which focused on more individualized child protection (U.S., Canada, U.K.). The authors aimed to look at the experiences of youth reintegrating in society. Both sub-groups demonstrated that youth who were former care beneficiaries had more difficulties in all indicators measured, compared to youth who were not in alternative care. Indicators included "education, employment, income, housing, health, substance abuse, and criminal involvement" (Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017, p. 74). The authors suggest quality education and the existence of a mentor as key part of the reintegration strategy. Although this study had limitations in terms of comparing welfare systems and even in definitions of types of alternative care, it is nonetheless, valuable.

In 2013, a Safe the Children report and review on practices about reintegration suggested some "stages of the reintegration process," based on experience from the field in LMICs. These included i) "Careful, rigorous and participatory decision making about the suitability of family reintegration"; ii) "preparing the child, family, and community for reintegration;" iii) carefully planned reunification;" and iv) extensive follow-up support" (Wedge, Krumholz, & Jones, 2013, pp. 4–5).

Finally, from 2014-2014, a study in Ghana, comparing two groups of children, both at one-point part of an RCF, but later on separating them into those reintegrated into their families and those who stayed in the RCF, showed that children in RCFs had better indicators on the access to basic services, but lower levels of hope (and future expectations). In the Ghanaian context, the authors manifest that although children should have monitoring and support systems during the process of reintegration, they only observed it in small numbers (James et al., 2017). This situation seems to have some familiarity with the current Cambodian context, which will be discussed in the next chapters.

PART II: CONTEXT, FINDINGS, AND ANALYSIS

ALTERNATIVE CARE PROVIDED TO CHILDREN IN CAMBODIA: A TRANSITIONAL PERIOD

Chapter 4

The Cambodian Context

4.1 History and Current Context

Cambodia is located in South East Asia, by the Gulf of Thailand. Its bordering countries include Thailand, Vietnam, and Laos. It occupies an area of 181,035 square kilometers (UNDP, 2018a). According to Chandler (2008), Cambodia is located "along a cultural fault line" between to adversaries, Thailand and Vietnam, which have had a strong geographical and historical influence on the country (Chandler, 2008). Along with the influence of Thai culture, the influence of Buddhism is salient as the official religion (96.9%), with the existence of Muslims (1.9%), Christian (0.4%) and other religions in smaller numbers (Central Intelligence Agency [CIA], 2018). *Wats* or pagodas (Buddhist temples) are a crucial part of the Cambodian landscape, socially, culturally and, of course, in terms of religion. Pagodas are not only places of worship but also spaces where youth gather, or boys can access education, food, and shelter in exchange for daily work (Personal communications, February-March, 2018).

Cambodia was a French protectorate from 1863 to 1953, period when there were changes in "foreign trade, communications, and demography. Rice and corn, grown for the first time in large quantities for export, and rubber, grown for the first time altogether, now link Cambodia with the world outside South East Asia" (Chandler, 2008, pp. 5–6). The independence of the country in 1953 did not change the economic organization, and the famous Prince Norodom Sihanouk kept the economy flourishing, as well as expanded education during his "benign dictatorship" (1955 -1970; Chandler, 2008, p. 7). To this day, Cambodians remember the described years with the nostalgia of better times.

Unfortunately, what came next is a memory that sits freshly in Cambodian's memories but contrary to the golden era, because it was a truly painful period. Initially, the Vietnam War - when the United States (U.S.) "dropped nearly as many tons of bombs in rural Cambodia as it did in Japan in World War II" (Chandler, 2008, p. 10), and especially, the following period, when the Communist Party of Kampuchea (CPK), took power. The famous Pol Pot established a regime of terror under the *Khmer Rouge* from April 1975 to 1979. This period left Cambodia destroyed both physically and emotionally. "Cambodian institutions were destroyed or overturned" (Chandler, 2008, p. 7), and urban dwellers were obliged to move to the rural areas

where everybody was put to work (essentially growing rice) under extreme conditions. In this communist period, the party eliminated "money, markets, formal schooling, Buddhist practices and private property" (Chandler, 2008, p. 7). A quarter of the population was exterminated with guns, through torture, and also as a result of inhuman working conditions, unavailable medical treatment and malnourishment (Chandler, 2008). As a consequence, today, Cambodia suffers from a generational gap of "skilled or educated" human resources. Education is one of the key themes to be analyze along this research. As one of our interviewees said [28] "our parents' generation only know how to grow rice, they have no education. Some of us, in my generation, were able to study, but some couldn't" which helps illustrate how the problems with education persist (EF, personal communication, March 22, 2018).

Figure 3 Tuol Sleng Genocide Museum. Phnom Penh, Cambodia. March 2018.

Vietnamese military intervened the country in 1979 and helped its "protégés" to take power, creating the People's Republic of Kampuchea (PRK). Among these "protégés," Hun Sen (former *Khmer Rouge)*, who became Prime Minister in 1985. In 1989 Vietnamese troops left Cambodia after the reduction of the Union of Soviet Socialist Republics' (USRR) help (Chandler, 2008). The 1991 Paris Peace Accord put an end to the long-lasting conflict in the country and created the United Nations Transitional Authority (UNTAC) which organized elections in 1993. After a conflict over political interests the Cambodian People's Party (CPP), with Hun Sen in the lead, took power until today. The Kingdom was reestablished with

[28] Middle aged Khmer women.

Norodom Sihamoni (the son of Norodom Sihanouk) as King (Bertelsmann Stiftung, 2018; UNDP, 2018a). The country awaits elections this July 2018, but the opposition party was dissolved last year, after Kem Sokha, its leader, was arrested for supposedly organizing to take over power from the CPP, with the backup of the U.S. (Prak, 2018).

According to the Human Development Report (HDR) of 2016, Cambodia's ranks in the 143th position of 188 countries with a 0.563 HDI. Cambodia is considered a country with Medium Human Development, being the fifth from the bottom of this group[29]. In addition, it recently became a lower middle-income economy in 2015 (World Bank Group, 2017). The country has seen a slow but steady improvement since the 1990's, moving up both lists in the past years. Changes include an enhancement in their economic growth. The latest figure on the GDP per capita was US$ 1,269,907 in 2016, a great improvement from 1993's figure (US$ 254,179). Moreover, the growth of the GDP per capita has been over 5% yearly since 2011 (World Bank, 2018), improving drastically from 2008-2009 but not as high as its peak of 11.5% in 2001. According to the UNDP, the government aims to become an upper-middle income country by 2030. However, this could also influence in a decrease of the Official Aid for Development (ODA) that the country will receive in the future. Today, net ODA received accounts for 5.1% of the Cambodian Gross National Income[30] (GNI; World Bank, 2018). This puts forward the need to increase its revenues in a sustainable manner (UNDP, 2018a). It also shed lights on the need of the country to acquire sustainable ownership of some projects that have been implemented by international and local NGOs in a country that was considered to have the second biggest concentration of NGOs per capita, only after Rwanda in 2011 (Rathavong, 2015). More about this issue will be discussed in the following section.

From its 15.762.370 inhabitants (World Bank, 2018), approximately 10 million are within the working age population.[31] The median age is 23.9 years (UNDP, 2018b) but youth entering the labor market every day seem to lack the skills that the market demands. Therefore, according to the UNDP and the World Bank, developing the capacity of the youth by improving the quality of secondary education, vocational training and access to tertiary education, and addressing gender gaps; is paramount to "improved equality and wealth for its citizens" (UNDP, 2018a; World Bank, 2017). These improvements must be accompanied with the availability to work in decent jobs, especially for women who are informally employed most of the time (UNCT Cambodia, 2015).

[29] Above Nepal (144), Myanmar (145), Kenya (146) and Pakistan (147). Those below Pakistan, are considered countries with Low Human Development.
[30] Current GNI, Cambodia: 18,788 billion US$ (World Bank, 2018).
[31] 15 to 64 years old.

Subsistence agriculture is still significant as the country has almost 80% of its population considered rural. Rice production is a main activity and livelihood source. Cambodia is a net exporter of rice, but there is a lot do to enhance the industry (UNCT Cambodia, 2015, p. 6). Cambodia is a bio-diverse country. Hence, rural livelihoods are also based on the production of rubber, corn, vegetables, cashews, cassava and silk (CIA, 2018). Unfortunately, rural livelihoods of people that work with related resources are affected by land issues, as well as by climate change, particularly floods and drought that distress some regions regularly (UNCT Cambodia, 2015; UNDP, 2018a).

Figure 4 Subsistence agriculture and livestock (low-income family). Prey Veng, Cambodia. February 2018.

Industries that move the economy in urban areas include tourism, garment production, construction, rice milling, fishing, wood and wood products, rubber, cement, gem mining and textiles (CIA, 2018). Population living in urban areas today accounts for 20.7% (UNDP, 2018b), the majority of which is settled in the capital Phnom Penh. Other urban distributions are found near the Tonle Sap and Mekong Rivers (CIA, 2018). According to the Inter-censal Population Survey of 2013,[32] the urban population percentages of the total population had been increasing since the census in 1998 (18.3%), through 2008 (19.5%) until 2013 (21.4%). The report also ascertains that migration influences this increase in urban centers (National Institute of Statistics [NIS] & Ministry of Planning [MoP], 2013).

Poverty is more prevalent in the countryside, especially in the provinces in the North East where indigenous populations live (UNCT Cambodia, 2015). According to the "Demographic

[32] Latest figures. The next Census is planned for 2019 (ODC, 2015)

and Health Survey 2014" (DHS 2014), rural dwellers are spread across the four lowest wealth quintiles, with less than 10% of them found in the highest quintile. Conversely, 78% of the urban dwellers are in the highest wealth quintile (NIS, Directorate General for Health [DGH], ICF International, 2015; 2014, p. 24). The employment to population ratio is 80.5%[33]. The employment in agriculture is 54.1% and in services, 29.6% Even though the unemployment rate seems to be low (0.5%), it is important to notice that 64.1% workers are considered to be in "vulnerable employment" (UNDP, 2018b). This sheds light on the fragility of the improvements related to poverty reduction in the country.

Figure 5 Low-income houses in the countryside. Prey Veng, Cambodia. February 2018.

The UN Country Team also emphasizes creating safety nets for vulnerable population in Cambodia claiming that:

> "Existing social assistance interventions include the Health Equity Funds, school feeding and scholarship programmes, and the Emergency Food Assistance programme. The social protection system also includes the National Social Security Fund for Civil Servants and the National Fund for Veterans. The scope of these programmes is limited, however, and the coverage fragmented. Many poor and vulnerable households in rural and urban areas remain outside the reach of social assistance, and there is a need to ensure the coverage of social protection for the large number of internal migrants in Cambodia, the majority of whom are youth." (UNDP, 2018b, p. 10).

[33] Of those 15 and older.

It is important to highlight that health indicators have also seen an improvement in recent years[34] (UNDP, 2018b). However, according to our interviewees, access to basic services is more difficult and scarce in rural areas (Personal communications, February-March 2018). This perception is aligned with the United Nations Development Assistance Framework (UNDAF) report that reads: "access to health services has increased across all wealth quintiles, yet inequities persist between different regions and by income" (UNCT Cambodia, 2015), especially since the access to these services is privately paid (NIS, DGH, ICF International, 2015). UNICEF calls for the need to extend the health equity fund and other "related health protection schemes to increase the use of health care services by the very poor" (UNICEF, 2009, p. 28).

International development partners also call for improvement in child nutrition to improve education. One of our interviewees also mentioned health and nutrition being two main reasons why children would drop out or would not enroll in school. He said: "we started the nutrition program in the school which [so] children could go and have regular feeding every morning and then, they can go to school and study without worrying about being hungry." The same project manager of a local NGO added: "the other thing is the health condition, is, they are not healthy. Two main reasons why children cannot go to school every day". (IK, personal communication, March 26, 2018).

4.2 Education

A section devoted to education and child work responds to its importance related to the research topic. As it will be discussed in the following section, one of the main reasons why children seem to enter RCFs in Cambodia is to access educational opportunities. The Government expenditure in education is only 1.9% of the GDP. The need for education in Cambodia comes stronger than in other settings because there is a generational gap, created by the Khmer Rouge period. Figures show that those who were educated were killed in more numbers. Plus, the education system was not functioning. Thus, those who were school age during that period did not access education (de Walque, 2006). Moreover, the lack of trained workforce is an issue mentioned in the last UNDAF and also recognized by the government. Enrolment in tertiary education is only 13% (UNDP, 2018b). The UN actors suggest focusing on Technical and Vocational Education Training programs and being aware of gender issues in the access to employment (UNDP, 2018a).

Likewise, the United Nations agencies in Cambodia emphasize the need to provide a more inclusive education, caring for gender issues, disability, and other disadvantaged groups. Also,

[34] Some examples include, life Expectancy at birth that is now 68.8 years, an infant mortality rate of 24.6 per 1,000 live births, and mortality of children under 5 reduced to 28.7 per 1,000 live births (UNDP, 2018b).

and aligned to the World Bank suggestions, to the need for the improvement of the quality of education and focus on better access and attainment in secondary and tertiary grades (UNCT Cambodia, 2015; World Bank, 2017). According to data from the HDR 2016, there is a 110% of gross enrolment ratio of population at primary school age. However, 26.5% of the primary cohort drops out[35]. And whereas there are no recent figures available in the HDR for secondary school enrolment, the Demographic and Health Survey 2014 manifests that access to secondary education was marked with gendered differences. In general, 10% less girls have pursued secondary education or high school, compared to boys (37%) within the participant households (NIS, DGH, ICF International, 2015). Also, only 21.3% of the population 25 and older, have "at least some secondary education" (UNDP, 2018b). If we disaggregate figures though, females account for 15.1% while male figures are almost double (28.1%). Differences among the poorest provinces must also be accounted for, for example, in the "Demographic and Health Survey 2014", 24% of males and 34% of girls of these provinces had never been to school (NIS, DGH, ICF International, 2015).

Table 2 Education in Cambodia (2018)

	General	**Male (M)**	**Female (F)**	**Rural Areas**
Government expenditure on education*	1.9% of the GDP			
Gross Enrolment Ratio				
Pre-primary[a]	19%			
Primary[a]	110%			
Secondary	Not available[a]	37%[b]	27%[b]	
Tertiary[a]	13%			
Female share of graduates in science, mathematics, engineering, manufacturing and construction at tertiary level[a]	6%			
Have Never been to school (poorest provinces)[b]				F 34% M 24%
Population over 25 with some Secondary Education[a]	21.3%	28.1%	15.1%	
Mean years of schooling[a]	4.8y	5.6y	3.8y	
Expected years of schooling[a]	11.7y	12.2y	11.2y	
Primary school Drop-out rate[a]	26.5%			
Survival rate to the last grade of lower secondary general education[a]	67%			

[35] During my latest revision, I updated figures from the same source, namely the Human Development Report for Cambodia. It must be highlighted that while other figures changed little, this figure (primary school drop-out rate) changed noticeably, from 53% in May to 26.5% in November, 2018.

Adapted from [a]UNDP, 2018b. [b]NIS, DGH, ICF International, 2015

Education and child labor. According to the Intercensal survey 2013, some children aged five and above were found to participate in employment already. But a steep increase is observed with the population over 12. Children between 12 to 14 and from 15 to 17 years old that were participating in employment in 2013 had mainly dropped-out from school or had never attended. Also, there was a noticeable difference among children in the rural areas and those in urban centers, the former with highest numbers of those who never attended school and the latter with higher drop-out numbers (NIS & MoP, 2013). These figures align with the perceptions of 12 out 12 interviewees who noted that drop-out rates and child labor are linked because children might need to contribute to the household income (Personal communications, February-March, 2018). Similar figures reported 98.5% of girls aged 12-14 who were employed, had dropped out of school (NIS & MoP, 2013).

More about some perceptions on access to education, gender inequalities, and child work and its relation to institutionalization of children in residential care, will be discussed in the following chapter.

4.3 Migration: Figures, Children Left Behind, and Migrant Children

Labor Migration is a significant topic in the current context of the country, however, "large-scale migration is not new in Cambodia. In some ways, Cambodia is a country of migrants" (CRUMP Research Team, 2012, p. 8). The Intercensal survey of 2013 shows a total of 4,242,696 people were migrants that year (28.9% of the total population).[36] The majority of whom had migrated out from rural areas to other provinces. Domestic migration accounted for 97.4% of overall migration figures in Cambodia, while only 2.5% were international migrants. Migration from rural areas to urban centers is second in importance, (25.5%), while rural to rural migration is the highest figure (56.5%) (NIS & MoP, 2013). Nevertheless, international labor migration has become an important subject of analysis. In 2013, there were 1,042,820 Cambodian migrants mainly in Thailand, but also in the U.S., France, Australia, and Canada (DESA, 2013). Other receiving-country for Cambodian migrants is Malaysia (MoLVT cited in Roth & Tiberti, 2017, p. 1787). Moreover, the corridor of migration from Cambodia to Thailand is located among the top 10 corridors in the region (World Bank, 2016).

Cambodians mainly migrate as a livelihood strategy aiming to improve the overall well-being of the household. According to a recent UNICEF study, 85% of rural migrants and 97% of international migrants in Cambodia are looking to surpass financial problems of their households (Creamer et al., 2017). Moreover, a study about "Migrant left-behind households"

[36] From a total population of 14,676,591 in 2013.

in Cambodia concludes that “migrants that leave children left-behind tend to leave households that are worse off economically. This may be the reason for migration (Zimmer & Van Natta, 2015). Labor migrants who are parents might leave their children in the care of the spouse that remains in the country of origin. However, when both parents migrate, they need to leave their children in care of alternative caregivers, such as grandparents or other family members. A governmental report about rural migration portrays that 82,4% of children left-behind stayed with their grandparents (usually grandmother) (CRUMP Research Team, 2012).

Zimmer & Van Natta’s found that migrant households with only children or children and elderly members, show the lowest socio-economic indicators. According to them, this should be understood as a reflection of the socio-economic characteristics of the household, prior migration of the parents, as opposed to as a result of migration (Zimmer & Van Natta, 2015). In any case, this could shed light on vulnerability of these households which in turn, could be a driver to place children in residential care as mentioned in the report on “Attitudes 2011.” According to that research, families in Battambang, Kampong Thom and Siem Reap expressed the need to migrate to Thailand to overcome financial issues, and that migration was a “first step that can lead to place a child in care” (Jordanwood & Lim, 2011, p. 44). In the same report, Directors from RCIs also confirmed the placement of children left-behind my migrant parents in their centers. While all of our interviewees acknowledged migration as a prevalent issue in the areas where the facilities are located or in their hometowns, the significance of migration as a pathway to institutionalization did not seem relevant in their perception. More about this finding will be discussed in the following chapter.

Chapter 5

What Do We Know About Residential Care for Children in Cambodia?

5.1 International Documents on the Topic, National Policies, and Main Reports

Since 2006, the Royal Government of Cambodia has made it clear that it supports family and community based-care and considers residential care should only be a last resort option, as well as temporary. In 2006, the "Policy on Alternative Care for children" was published, alongside the "Minimum Standards on Alternative care for Children in Residential Care,"[37] followed by the "Minimum Standards on Alternative Care for children in the Community" released on 2008. These documents underpin alternative care regulations in the country and state the position of the government since 2006, that is, supporting family and kinship care, as well as community-based care over residential, institutional care. The provisions in those different documents, respond in part to Cambodia's ratification of the Convention of the Rights of the Child, the 15 of October 1992. Following this ratification, the government of the Kingdom of Cambodia expressed that it is responsible for the protection of Cambodian children and their rights, responsibility also stated in the 1993 Constitution (MoSVY, 2006a). Moreover, the Cambodian government also follows international agreements such as the Stockholm Declaration, and following the second Stockholm Conference, organized in Phnom Penh in 2003, it adheres to the principles of the "*best interests of the child, non-discrimination, right to survival, development and protection and participation by the child in her/his own development* (MoSVY, 2006a; UN General Assembly, 1989).

In 2010, the General Assembly of the United Nations (U.N.) adopted the resolution on the "Guidelines for the Alternative Care of Children." This document also puts emphasis on the support to family and community care alternatives. However, there is an acceptance of alternative care placements until a permanent option is found (always aligned with the "best interests of the child"). For families to be able to provide appropriate care for children, this resolution calls for the State to support them in this endeavor. Para. 3 of the corresponding Annex of this document reads: "The State should ensure that families have access to forms of support in the caregiving role" (UN General Assembly, 2010, p. 2).

Because access to basic services and lack of welfare services is a salient problem in the context of countries like Cambodia as was discussed in the context, families who are in vulnerable situations do not have the social safety nets available to provide appropriate care to their children. Cambodian parents and children are said to use residential care as an

[37] Hereby referred as "Minimum standards 2006 or 2008, accordingly.

alternative for this unprovided support regarding access to education, health services, food, and shelter among others (Jordanwood & Lim, 2011). Even though the international documents briefly mentioned above, clearly support family and community care, they also acknowledge the need to support families who are vulnerable. The acknowledgment that a child within a family that have problems providing him or her with those basic services is considered in a "situation of risk or need for intervention" is also mentioned in art. 5, Chapter 2 of the *Prakas* on the implementation of alternative Care published in October 2011 (MoSVY, 2011).

However, after a sudden 75 percent increase in residential care facilities in Cambodia from 2005 to 2010, a MoSVY & UNICEF report was commissioned to study the "Attitudes Towards Residential Care in Cambodia." This study concluded that measures needed to be taken to avoid child neglect in these centers and enhancement of the monitoring system was required. Most importantly, the document called for the support of family and community care alternatives, as the majority of these children had parents living in the country (Jordanwood & Lim, 2011). Thus, since 2012, the Cambodian government embarked in a transitional process that aimed to deinstitutionalize children in residential care.

In 2015, the government published the Sub-Decree on "The Management of Residential Care Centers," and in 2016-2017 it published two reports that map and estimate the number, types, and characteristics of Residential Care Facilities in the country and children in them. Once more, figures showed an even more important increase, with figures of RCFs doubling the number of 2010, and figures of children in residential care ascending to more than 300 to 400 percent[38] (MoSVY & UNICEF, 2017; Stark et al., 2017). As a result, the Cambodian government launched the "Action Plan for Improving Child Care with the target of safely returning 30 percent of children in residential care to their families in 2016-2018" (MoSVY, 2017)

5.2 Residential Care Institutions and Other Facilities for Alternative Care: Figures and Increase

The MoSVY and UNICEF's 2017 report differentiates between Residential Care Institutions (RCIs) and Residential Care Facilities (RCFs) that exist in the country. After conducting nationwide research mapping residential care, they consider that in Cambodia the most prevalent types of Residential Care found are: group-homes, transit homes and temporary emergency accommodations, faith-based care in a religious building (Pagodas, as well as

[38] The two different studies show very different results, and the definitions used are not similar among both reports, but the increase in both is significant nonetheless.

Christian), and Boarding schools/houses (MoSVY & UNICEF, 2017, p. 7) (Please refer to Appendix C on Terminology).

The increase. Jordanwood & Lim state that from 2005 to 2010, there was a 75% increase in RCFs registered with the MoSVY in Cambodia. In 2010, there were 269 RCFs in the country with 11,945 children in them. The report highlights that 44% of these children were brought to the center by a member of the family (including parents) and they remind the reader that this goes against the Minimum Standards (MoSVY, 2006b, 2008). The authors mentioned that back then, the national authorities felt they had no control over the increase (Jordanwood & Lim, 2011, p. 9). However, the report also sheds light on the support of local authorities (i.e., Village Chiefs) for sending children to RCFs, when they deemed there was a need (Jordanwood & Lim, 2011).

By 2015 the numbers of children in RCIs had rapidly and largely increased. In 2016, Stark, Rubenstein, Pak and Kosal released the "National Estimation of Children in Residential Care Institutions in Cambodia" (2017). The findings of this research showed **48,775 children under 18, were living in 1,658 Residential Care Institutions**.[39] From these figures, 57.03% were boys, and 42.97% were girls (NIS & Columbia University, 2016)[40]. The research and the report read, "1 of every 100 children in Cambodia" was institutionalized (Stark et al., 2017, p. 6). This research also showed that 43.64% of the children had both parents alive, while 53.43% were orphans (either from one or both parents). Those living parents were mainly living in the same province (33.87%), but around 12% more were living in another province (45.75%). Only 5.94% were said to be living in another country. It has to be noted that both reports acknowledge that because this research only considered Residential Care Institutions and not all other Facilities, the number of RCFs could be higher (Stark et al., 2017).

In 2017, MoSY & UNICEF released the "Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia". Their findings accounted for **35,374 children and youth living in 639 Residential Care Facilities**. Please note that the figure for children under 18 living in Residential Care Institutions was 16,579 in 406 RCIs (47% female)[41].

[39] RCIs in this study were residential care centers were children would sleep more than 4 nights a week and had a staff that would take care of them. Their stay would normally last more than 6 months. Specialized centers (i.e. disabilities, drug treatment, etc), were also considered as long as the previous criteria was met. Only children under 18 years old were considered (Stark et al., 2017).

[40] Here, both the Journal article of the research and the report released by the government and associate organizations are cited. Both use the same data; the report is based on the same findings as the research.

[41] The differences in findings are acknowledged in each report, arguing that is better to read both supplementary. Difference accounts mainly for methodology choices.

Table 3: Figures of children in Residential Care in Cambodia. Comparing three reports (2011-2017)

Data	Attitudes towards Residential Care 2011[a]	National Estimation 2017 [a]	Mapping of 24 provinces 2017 [c]
Total Alternative Care Centers	269	N/A	639
Children/Youth in all types of RCFs	11,945		Total 35,374 Female 45% Male 55% Children 26,187 Girls 48% Boys 52% Youth 9,187 Young girls 36% Young boys 64%
Total RCIs		1,658	406
Total children (under 18) in RCIs	555	48,775 Female: 42.97% Male: 57.03%	Total 16,579 Female 47% Male 53%
Total Children and youth in other type of RCF	N/A	N/A	Total 9,608 Female 49% Males 51%

Note: Youth: ages 18-24 and children under 18. RCF: Residential Care Facility; RCI: Residential Care Institution.

Adapted from [a] Jordanwood & Lim, 2011; [b] Stark et al., 2017; [c] MoSVY & UNICEF, 2017

Figure 6 Number of residential care institutions by province.

Reprinted from "Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia" by (MoSVY & UNICEF, 2017, p. 24)

In the figure above, the blue colored circles and provinces, represent the five "priority provinces" of the deinstitutionalization process. These five provinces were the target of the first stage of the research behind the mapping of residential care facilities nationwide published by MoSVY & UNICEF (2017). The mapping results confirmed that Phnom Penh, Battambang, Siem Reap, Kandal, and Preah Sihanouk concentrated the highest number of RCIs in the country. Thus they became the implementation ground of the 30% deinstitutionalization policy. The figures above also show fours black circles in 4 provinces that have the five following highest numbers of RCIs. And finally, in green those provinces with less amount of RCIs.

A more detailed explanation of what this decision entailed will be analyzed in the following sections. But before, it is worthwhile trying to understand some of the possible reasons for this large increase of RCIs and children in them, in Cambodia.

5.3 Possible Pathways to Institutionalization and Possible Reasons for the Increase in RCIs, RCFs, and Children in Them

It is important to highlight that there is no comprehensive academic study on the possible reasons for children's institutionalization in Cambodia, nor for the recent increase in numbers

of children and RCFs in the country (MoSVY & UNICEF, 2017). Therefore, in the next section, the three most cited reports on RCFs will guide this attempt, especially the report on "Attitudes towards residential Care in Cambodia" by Jordanwood & Lim (2011),[42] because it is the only one that touches upon the possible reasons that might lead to institutionalization. Moreover, findings from fieldwork conducted for this Master's dissertation will be presented, and aim to complement information in the reports and other literature of the context, attempting to reflect on some pathways and reasons that seem to be part of an intertwined and multidimensional reality.

5.3.1 Residential care as an alternative for the lack of social welfare services. "Cambodia lacks a social welfare network to support poor families in need, and residential care often fills that gap" (Jordanwood & Lim, 2011, p. 9). This is a concluding statement of Jordanwood & Lim's research which interviewed Cambodian families that were in vulnerable socio-economic conditions. The authors affirm that these families, as well as local authorities and staff of residential care who participated in the research expressed that Residential Care was "playing a role akin to that of a social services network" (Jordanwood & Lim, 2011, p. 44). The "National Estimation" of 2017 also concluded: "in many ways, the proliferation of residential care institutions in Cambodia seems to reflect the lack of viable alternatives for families who struggle to provide for their children" (NIS & Columbia University, 2016, p. 15). Today, in 2018, some interviewees also refer to the lack of welfare and protection services for families in need, especially in the rural areas. Moreover, after arguing that these services among others, should be provided by various community actors, the team of researchers who participated in our study, expressed that these community services are not are yet in place:

> "TKI: I think it's a "should." I mean, provincial access to anything within the provinces is very, very low, and that's why there is such high migration, there is such high urbanization and international migration. Because access to
>
> FKI: Community resources, authority, is rare
>
> TKI: Very rare

[42] Because this report is widely cited in this research, I would like to summarize key points of its methodology. The research for this report was done in 2009 and 2010 in five districts of four Cambodian provinces with higher numbers of RCFs and children in them. The report is also informed by the ICC's -Project SKY own research (2007 and 2009), about attitudes of children in residential care and directors of RCFs. The research used mixed methods, that included, surveys, semi-structured interviews and focus groups. Participants families were randomly selected, as well "national and local government, residential care directors, overseas donors and volunteers, key informants from NGOs and the tourism industry, and adults who had formerly lived in residential care as children" (Jordanwood & Lim, 2011, p. 14). Moreover, these different actors participated in 151 interviewees, 992 in focus groups discussions, six filled-out in-depth questionnaires, 1,798 surveys. For more information on Project SKY, please visit: http://www.icc.org.kh/sky.php

FKI: Very low

TKI: I mean, even to get justice for their court cases, they have the come to Phnom Penh and lawyers and Court and investigation happens in Phnom Penh. Not in the province." (Personal communication, April 2, 2018).

This lack of support and alternatives might continue pushing for institutionalization or could make reintegration more difficult, as it will be discussed in the following chapter.

5.3.2 Poverty. Without underestimating the progress that the country has been experiencing, there is a need to consider the pressing issues that still exist in terms of poverty and inequality.[43] The UNDP highlights the need to address regional inequalities, especially those between rural and urban populations (UNDP, 2018a). As it was mentioned in the context, 64.1% of the workers are in "vulnerable employment" (UNDP, 2018b). Today, those near multidimensional poverty (MP) account for 21.6% of the population, while those already in MP are 33.8% (or 5,180,000 people) and those in severe MP are 11.4%. Two point two percent of the population are living under the income poverty line[44] (UNDP, 2018b). To avoid a large amount of this population to fall into precarious conditions, international actors acknowledge and promote the enhancement of social protection programs in the country (UNCT Cambodia, 2015; World Bank, 2017).

Within this context, the 2011 report on Attitudes Towards Residential Care cited data from MoSVY which confirmed that after 2005, 45% of the children that were in residential care, said that poverty triggered their entrance. Families who participated in the 2011 research also confirmed that "poverty had contributed towards their decision to place their children in care" (Jordanwood & Lim, 2011, p. 42). This result aligns with the findings from the interviews conducted to children older than 13 in the Stark et al. research, which display a 38.86% of the respondents chose "escape from poverty" as the main reason why they were in residential care (Stark et al., 2017).

Jordanwood and Lim clarify that poverty should not be taken as a direct or only driver to institutionalize children. In their study, the majority of participants were considered poor but not necessarily all of them had decided to institutionalize their children. They ascertain that families were looking for external support for their difficult situation (Jordanwood & Lim, 2011). In 2017, Stark et al. reach a similar conclusion stating that "the proliferation of residential care institutions in Cambodia seems to reflect the lack of viable alternatives for families who struggle to provide for their children" (Stark et al., 2017, p. 7).

[43] GINI adjusted: 0.436 (UNDP, 2018b)

[44] PPP $1.90 a day (2.2%)

Authors Jordanwood & Lim also mentioned that low-income families had difficulties with providing food for all the member of their families. In some cases, their diets were limited to what they could have available around them; others claimed that they did not even have land where they could do subsistence agriculture (Jordanwood & Lim, 2011). On this vein, children might also enter residential care in search of improving their food intake. Moreover, as noted by the World Bank, projects targeting better child nutrition must be prioritized to improve education. One of our interviewees also mentioned health and nutrition being two main reasons why children would drop out or would not enroll in school. “We started the nutrition program in the school. Which children could go and have regular feeding every morning and then, they can go to school and study without worrying about being hungry”. The same project manager of a local NGO, added: “The other thing is the health condition, is they’re not healthy. Two main reasons why children cannot go to school every day” (IK, personal communication, March 26, 2018).

As was presented in the context chapter, Cambodian citizens pay for health services (Jordanwood & Lim, 2011). According to our fieldwork, access to food, nutrition, and access to health services are other reasons why staff and key informants said children were in RCFs. Families could also expect RCFs to cover for health expenses that they cannot afford. One of the Village Chiefs interviewed for the 2011 research, perceived and expected that orphanages would pay for treatment for children that are unhealthy. This could avoid the problem of indebtedness that families could fall into if they would pay for expensive or long-term treatments. In Cambodia, health care costs are paid by poor populations in different ways, but borrowing is one of the most important practices, and this situation triggers other related family decisions, such as migration to pay debts or children dropping out from school because of lack of resources in the household. An interviewee illustrated this severe issue with his personal family story:

> Before that, I was [in] a medium [middle income] family, but my father get [got] diabetic. Then he just get [got] weak and weak, and he was working in an international NGO, as well. So, he had a good income but, due to his illness, he died. We were studying, and then we just quit when he died, because nobody was taking care and find [finding] income. All the money he get [got] from his working [work] we gave it back to the hospital, and when he died, everything is [was] gone with him, so we quit school and moved to other province. (IK, personal communication, March 26, 2018).

5.3.3 Education and hopes for better opportunities.

a. Poverty and access to education. Stark et al., found that 75% of children interviewed ascertained that they entered the RCF because they were trying to "escape from poverty" or to access "educational opportunities", noting that girls were more likely to put forward the latter reason (Stark et al., 2017, p. 5). On the other side of the coin, according to Stark, et al. the most cited purpose of an institution, was to provide education to children (45.08%; 2017).

Parents seem to have chosen to send their children to RCFs to access education when they could not afford to pay for informal fees or other education-related expenses. The authors of the study on Attitudes 2011 assert:

> Poor families explain that they want to provide the best for their children, but are often unable to provide them with food and education. While an array of other socio-economic factors such as remarriage, single parenting, large families and alcoholism contribute to the likelihood of placing a child in care, the single largest contributing factor for placement in residential care is education (Jordanwood & Lim, 2011, p. 3).

Moreover:

> In surveys conducted in the course of this research study, 91.9 percent of family members agreed/definitely agreed that a poor family should send a child to an orphanage for education if they cannot afford to pay for the child's education themselves (Jordanwood & Lim, 2011, p. 3).

Costs of sending children to school could be prohibiting for one or more children of the family, thus leading to school drop out of some or all children. Lack of economic means to pay for school was the reason that 63% of interviewees (n=41) mentioned for quitting school in de Guzman and Asia South Pacific Association for Basic and Adult Education (ASPBAE) research (2007). Even if school in Cambodia is free, there are additional costs that parents have to include in their spending for children to attend to school. According to a research done in 2007 in Cambodia, these expenses could include:

> "daily costs for food and parking; school fees for private tutoring, teacher fees, lesson handouts and exam papers; start up costs for school uniforms, study materials and school registration; and additional costs for items such as study and class supplies, bike maintenance, gifts for teachers and ceremonies, water, electricity, and garbage disposal" (de Guzman & ASPBAE, 2007, p. 12).

b. Informal Fees - Private lessons/tutoring. One of the most important additional school expenses in Cambodia, are the informal fees for private lessons that teachers ask children to attend outside public school hours, sometimes even outside the premises. According to Brehm & Silova's research in 2014, these private lessons are rather mandatory in the Cambodian public education system, and without them, children would not have "access to the complete national curriculum" (Brehm & Silova, 2014, p. 112). This is in line with comments from interviewees and observations from our fieldwork, when this issue was widely voiced, sometimes noting frustration because these informal fees would impede passing exams or grades to those who could not afford to pay them (Personal communications, February-March, 2018). One of the foreign key informants expressed:

> And as you know, I am sure you've seen, uh, money and education go extremely hand to hand, here, for public schools. So, you [don't?] pay for your morning classes, and those are normal public-school classes, but then you pay extra because the teacher doesn't teach [everything in?] the morning. So, if you are going to pass, if you're going to be able to have any semblance to learn and passing, you have to go to classes in the afternoon and get supplementary classes. So, you have to pay extra for those. And, then on top of that is uniforms, daily food, and transportation. (TKI, personal communication, April 2, 2018).

Research done in 2007, in the provinces of Phnom Penh, Battambang, Kampot, and Takeo[45], showed that "school fees" such as payment for private lessons would comprise up to 72% of the total school fees considered in the study (de Guzman & ASPBAE, 2007). Even though "Education For All" (EFA) targets for the country included the eradication of these informal fees by 2008 (de Guzman & ASPBAE, 2007), research in 2014 confirmed that they are still existing in an "unregulated (or hidden)" manner (Brehm & Silova, 2014, p. 96).

It was observed that the extra fees teachers charge, were not frowned upon by local people who talked about them. They always mentioned the fact that teacher's salaries were too low and they "had" to charge those fees to provide for their families, which aligns with observations in De Guzman and ASPBAE study (2007). The 2015 World Bank report "Educating the Next Generation: Improving Teacher Quality in Cambodia" signals that "the wages of a typical married Cambodian teacher with two children are below the poverty line" (Tandon & Fukao, 2015, p. 19). Nonetheless, it is important to note that Brehm & Silova, argue that "private tutoring should be conceptualized as a multi-dimensional phenomenon, which is not driven by any single factor" (Brehm & Silova, 2014, p. 98).

[45] Participant families: 210

In any case, these informal fees could add to the economic burden of low-income families and could lead to school dropout. One participant of the Jordanwood & Lim research in 2011, said:

> My child complained that at exam time he needed extra money, and we didn't have it, so he stopped studying (mother caring for her child at home, focus group discussion; Jordanwood & Lim, 2011, p. 49)

Thus, institutionalization might be a suitable alternative to continuing children's education, provided it offers educational opportunities for no financial cost, as it will be further illustrated below (Personal communication, February–March, 2018).

c. Access to better opportunities in the future. Parents seem to look for access to education that could, in turn, bring further opportunities for their children. Some parents in the 2011 study ascertained that they would prefer their children to "work with their minds" (Jordanwood & Lim, 2011, p. 49). The project manager of one local NGO commented: […] "they don't even want the children to repeat their way, you know? Way of working. They are uneducated. So, they want the children not [to be] the same (IK, Personal communication, March 26, 2018). Families seem to perceive the absence of education as an avenue to continue in the cycle of poverty.

Most families interviewed who had children in care were illiterate and worked in the fields as farmers or labourers. They said they wanted an easier life for their children. Education was described by families as offering more than knowledge and those who had attended school were described as better people. Education was also assumed to assure a bright future and a professional or office job (Jordanwood & Lim, 2011, p. 66).

Furthermore, some families felt proud or felt it was "their duty" to send children to RCFs. Some members of the family and local authorities were found to support this way of thinking or even advocating for it. It was found that families would be more likely to send their children to RCFs if they knew somebody who worked there or if someone in their social networks would recommend the facility. Furthermore, by sending their children to RCFs, some would feel a sense of sacrifice for the benefit of the child in the future. According to the 2011 study, some parents expected the RCFs to provide a future beyond school by perhaps providing vocational training or helping them get a job in the city. Some parents also weighed the fact that some of the RCFs were in the city, which could mean that quality of education would be better. For others, the urban setting was related to modernity or a possibility for their children to move out from rural Cambodia. Moreover, education was related to being a "better person" and avoiding issues or what they would consider wrong practices (e.g., gangs) (Jordanwood & Lim, 2011).

In this regard, Sarah Chhin affirmed:

> A lot of the children in the orphanages here were put there because their families thought that was a good parenting option. That they were going to get a good education, that would lead to a good job in the future (Sarah Chhin, Personal communication, March 16, 2018).

d. Similar to a Boarding school? Three foreign participants of our research compared the parental "choice" of sending a child to an RCF to access education to the choice parents in the Global North make when they decide to send their children to a Boarding School. One said that in his country of origin, elite would send their children to boarding schools to access better education. In Cambodia, he said, it is similar in terms of parents sending their children to boarding schools/RCFs to access "better" education. The key difference in Cambodia is that parents are mainly pushed by their poor socioeconomic conditions and that education is offered by NGO-lead organizations (LM, Personal communication, March 26, 2018). The Director of an umbrella organization that works with RCIs, also compared the decision to place children in orphanages to placing a child in a boarding school. He thought it was an understandable decision if one considers their search for better opportunities when they are living through hardship. However, he mentioned that some of those children did not really "need" to be in the RCIs, probably referring to the fact that they have families whereas those who were "left-behind" he said, they have no other choice (NO, Personal Communication, April 2, 2018). Finally, SKI asserted, "I mean, my parents sent me to boarding school. That was more convenient for them" comprehending this decision when comparing it to the Cambodian context (SKI, personal communication, March 29, 2018).

e. English lessons. In addition, sometimes this NGO led organizations propose extra courses such as English, that also help those children and families who cannot afford for extra lessons. English is deemed to be important to access job opportunities in Cambodia in the tourism sector, for example, especially in places like Siem Reap. One interviewee who was himself in a residential care center commented:

> And sometime later, I found this place [the NGO where he works now]. [It] provided free English classes. So I said ok, if I know English […] I can start in the hotel, later. Then I, I studied here, so I just learned English free here. And they just, I asked them to stay and they [told] me …yeah you can stay (IK, Personal Communication, March 26, 2018).

The same interviewee, now in charge of projects also related to education, mentioned that the public system does not provide English lessons. He said:

> "The public school, we have official teacher from the government, but because most of the public schools [are] in the countryside, they don't have English system/program. So, we hire the teacher from the city morning or evening, to teach English and computer there. And you know this is the education" (IK, Personal Communication, March 26, 2018).

f. Distances and lack of infrastructure. In the rural areas, long distances and lack of infrastructure and human resources for secondary grades (and above) seem to influence high school drop-outs. According to field interviewees and reports, access to secondary education and high school becomes harder because children have to travel far distances to reach the nearest education center. As one interviewee who manages a small group-home in Siem Reap said:

And because the people at the countryside, some of them, they drop school after primary school. Because at secondary school and high school, I think that, is a bit harder in the countryside. Mostly they have primary school. If they have to attend high school, they have to go to other village to study. So, they have to ride their bicycle for a long way. So, I think that they don't have time [if they have to work as well]. So, this is the main issue in Cambodia." (CD, personal communication, March 21, 2018)

One key informant also mentioned that if an RCI which provides education is found nearby a rural household, it is likely, even comprehensible, that a parent would decide to place his/her child in residential care. He said:

> I mean, people prioritize family placement first, but, if a residential care facility is nearby, they put the child there. I mean, I can understand why (SKI, personal communication, March 29, 2018).

Moreover, Sarah Chhin also mentioned the lack of gender-specific infrastructure in schools:

> "And as the girls, especially, get to a certain age, the toilets in secondary schools are not in good enough, safe enough, for them to feel safe enough to go use them. So, they try and travel back home to use the toilet and then go back to school, so that's where you get a great drop-out of girls more than a drop-out of boys." (Personal Communication, March 16, 2018).

Finally, the Director of the pagoda-based association perceived that if distances would push the family to decide that only some of the children would go to school, they would decide for boys to care for the girl's safety:

> "If they live very far away from the high school. And another example is if there are five children in the family, and then the boy and the girl they eh, finish

> secondary school the same year, but the school is far away from the community, the parents will decide to stop the girls, and then they allow the boy to continue education. Because they like, they worry about her safety, her security along the way to school. So, they'll stop the girl, and they'll allow the boy." (AB, personal communication, March 20, 2018).

Figure 7 Cambodian girls going back home after school. Those who can afford it use a bicycle to help them overcome long distances. Prey Veng Province, Cambodia. February 2018.

g. Child labor and education. Child labor and its negative interaction with access to education was a theme mentioned by every person interviewed and in many informal observations. They expressed that children might be asked to help out with agricultural tasks such as harvesting rice, or any other livelihood activities that are required to fulfill the basic needs of the family. The conditions of work (e.g. distance from house/work to school), or the lack of time to do both activities (i.e. studying, working), were said to possibly push the child to drop out from school when the poor economic conditions of the family are pressing (Davis, Havey, Vanntheary, Channtha, & Phaly, 2016; Personal communications, February-March, 2018). Moreover, "The Forgotten Cohort," thematic paper product of a longitudinal study on reintegration of children in Cambodia, discusses the possible "filial piety" within interactions in Cambodian families. This term refers to the pressure children feel, at a certain age, to help in the basic provision of the household or to repay debts.

The 2013 intercensal survey shows that a sharp increase occurs in employment of children above 14. In the same report, 82.3% of children between 15 to 17 had previously been enrolled in school (which implies they dropped-out), while only 1.6% were still attending school (while

working), and 16.1% had never attended school (NIS & MoP, 2013). In Cambodia, from 15 onward, children are considered old enough to work. Managing school and work could prove challenging, thereby contributing to the higher drop-out rates in secondary grades and high school.

The local staff of an NGO-led group home stated:

> And could you imagine that in a village there are 1 or 2 primary schools only? And primary school, they have from grade 1 to grade 6. But for primary school, they have only 100 students to go to those primary school. Maybe 130 students only, the primary school that uh, I went to visit. So, I think this is [a] very small amount. When I asked the teachers, they said that in the village there are more kids. But those kids, they were not allowed to go to public school because their parents wanted them to uh, a lot of them want those kids to assist their business or to do agriculture, even the 130 kids who are studying at that primary school, everyday have only 100 or 110 on that day go regularly. But others do not go regularly. So, mostly, some of them, they come only three or four days a week only, because they are very busy with their family. And some family <sil> they have reasons, but the reason I think that is not acceptable because they tell the school that they do not have enough money to buy notebooks, *peintures*, or pens for their kids to go to their school. So, this is the reason, some of their reasons why they keep their kids at home. To work and to grow rice, and agriculture." (CD, personal communication, March 21, 2018).

These could mean that beyond the high numbers of primary school enrolment, an unknown number do not make it every day to school, because of the possible need to work to help the family. Thus, even if the school infrastructure and the teachers would be available, and children signed their enrolment, they might still not benefit from a complete education all year round. And this is another issue to consider. This reflection could also be illustrated with the comment of a project coordinator of a medium size NGO in Siem Reap. The NGOs first infrastructural project was to build a school near Angkor Wat area to provide access to education to children in the surrounding communities. Soon they realized that children still dropped out. The interviewee said:

> But we saw children still dropping out, and we asked our team to do home visits, and then we found number of children that they wanted to come to school, but because the family was poor, the parents just wanted to work at the field, to work for somebody to find income (IK, personal communication, March 26, 2018).

The staff from a group-home mentioned that education is a long-term investment and as families sometimes need to fulfill immediate and urgent needs, together with other confluent factors, children and families might have low leverage to decide between drop out or continue education.

> "I mean, if they spend money in education, it means they wait [for] their money. So, but if they allow their kids to run a small business or to do agriculture they can earn some money to afford their living. So, inside themselves, they are always thinking money, money, every time. But they don't think about the long-term goal. They think very short term. Short term goal" (CD, personal communication, March 21, 2018).

The team of researchers mentioned that an apprenticeship could be perceived as a better option so at least, the young adult could be learning and earning income at the same time:

> "There is a number of issues with the respect of education that regards our participants. So why are you studying when you could be providing to your family now. If you 'd be working as an apprentice, you would be learning and earning an income right now instead of going to school, where it costs money every day" (TKI, personal communication, April 2, 2018).

A very delicate clarification must be done at this point. The objective of the last paragraphs is to share a concern that many people had regarding education and child work. This is not an argument saying that Cambodian parents do not value education, as could be read in some of the interviews excerpts. Rather these paragraphs aim to show a connection between poor socio-economic conditions as a driver for school drop-out in Cambodia (probably among some other confluent drivers). Furthermore, there seems to be a relation between increase of children in RCFs that provide education services and the overall issue of education in the country.

h. Age. One of the hints to notice that education is one of the main reasons for children to be in residential care are the figures in research findings. Authors highlight that children in RCFs in Cambodia are mainly older than 5, which is already school age. In 2011, the data drawn from MoSVY registers showed that mainly children from ages 6 to 12 were admitted to the centers. This could be related to their entrance to the first grade of school (Jordanwood & Lim, 2011). The recent National Estimation report of 2017, shows that "the vast majority of children were school-aged, with more than half of all children between 13 and 17 years of age" (Stark et al., 2017, p. 4), which could relate to the further difficulties in access to secondary education that were mentioned before.

Finally, although the 2011 report indicates that the youth aged 15 to 23 might not have been receiving education while living in RCIs (Jordanwood & Lim, 2011), the latest report indicates

that 95.74% of children they interviewed (13-17) were attending school every day (Stark et al., 2017). As we mentioned, the Stark et al., research (2017) shows that education is one of the main purposes of most Residential Care Centers that were part of their study.

5.3.4 Pagoda-based Associations. Parallelly, it is crucial to mention the presence of "Pagoda-based associations" that existed even before the Khmer Rouge period, had survived it and are strongly present until today (ADB, 2011). As it was mentioned in the description of the Cambodian context, the presence of Buddhism is very significant in the country. Temples are found in every location, Monks are respected, and the Wats or Pagodas could also be alternative centers of education for boys, but also places where they could access shelter and food, among others. Throughout fieldwork, different actors mentioned the possibility for boys to access alternative care in Pagodas. The local staff of a group-home, said:

> "The reason why they stay in the pagoda? Because their parents couldn't afford like food, shelter, clothes or anything else, so…this is the reason why those parents, they decided to uh bring their kids to stay in pagoda. Because some pagoda, they can feed those kids on food, and some education as well. So, yes, but those kids, they have to do some work for the pagoda, yes" (CD, Personal communication, March 21, 2018).

And through his own story, the staff form another local NGO said:

> I got to Siem Reap; I was looking for a job. And then I apply to many different hotels or restaurants, and they just reject me. I didn't speak any English; I quit public school very early. I don't [did not] have [the] ability to work in those places. So, I found a Pagoda to stay; I had food there. [..] And sometime later, I found this place [the NGO where he works now] (IK, Personal Communication, March 26, 2018).

Some locals, and among them two interviewees, mentioned the possibility of entering a pagoda for education, food, shelter, and then be transferred or be accepted in an RCF. This can be noted in the following example given by the staff of a group-home run by an NGO: "Just like our kids as well. Just as I told you, some of them, we choose from pagoda. So, the kids from pagoda, 100% refer to the boys, not girls. This is the reason why our center, we have big amount of the boys." (CD, Personal Communication, March 21, 2018).

Moreover, pagoda-based associations observed during fieldwork could handle community projects that include running a Residential Care Facility, as well as work for children supporting their education and vocational training (Personal Communications, February-March, 2018). They could work alone, or become an non-profit association (Carpenter, 2015); or work in collaboration with another NGO, as was noted by our interviewee, staff of the pagoda-based association:

> Actually [name of the residential care facility] is [it was] not started by [our] Association. It is the project of another NGO. […] But they separated and then one part they keep by their own and then [RCF name] …they transfer [RCF name] to [our] Association (AB Personal Communication, March 20, 2018).

The close relation Cambodians seem to have with pagoda-based care, could account for another pathway for children to enter an RCF, in one of the different ways described above.

Gender differences have to be noted here. Girls cannot access to study in the Pagoda, when their parents cannot afford to pay for school fees. This could partially explain the higher number of boys compared to girls in alternative care centers such as faith-based care and others which focus on providing education. Boys are sometimes taken from Buddhist temples to pagoda-based RCFs or another type of NGO-run care facilities (Personal communications, February-March, 2018).

Because of gender differences, our interviewee form the pagoda-base association expressed that many of their projects targeted girls and young women:

> We have like inequality happening between boy and the girl in Cambodian society. Like the boy have more opportunities to move from primary school to secondary school or from secondary school to high school. It's like, for example, if the family is really poor, so the boy can go to stay in Pagoda, in Buddhist temple, and can continue. They get support from the Monk and then they can continue. But the girls, they cannot stay in the temple. So, if they cannot stay in the temple, they cannot move to high school. (AB, personal communication, March 20, 2018).

5.3.5 NGOs, RCFs and "orphanage tourism." The report on "Attitudes 2011", emphasizes on the heavy influence of international donors in funding RCFs through NGOs and faith-based organizations, among others, allowing or pushing for the rise in the numbers of RCFs (Jordanwood & Lim, 2011). Data presented in that study refers to MoSVY's Alternative Care Database,[46] which shows that the increase of 75% of RCIs from 2005 to 2010, involved a rapid increase of RCFs run by NGOs, and conversely, government-run orphanages remained stable in number (Jordanwood & Lim, 2011).

Because the relation among NGOs, child welfare, and RCFs, might seem blurry to the reader, it is worthwhile sharing some available (however not up-to-date)[47] data on NGOs in Cambodia.

[46] Which I could not access.

[47] Unfortunately, I was not able to find clear and updated data on NGOs which run RCIs or RCFs in Cambodia. Most of the online sources cited in other journal articles or reports, are no longer available, for example http://www.cdc.khmer.biz/ (Suárez & Marshall, 2014). Moreover, during fieldwork, it was not possible to access a comprehensive list of all RCIs / RCFs, to investigate which ones were run by NGOs. To see a list of NGOs in Cambodia, please visit https://www.thengolist.com/cambodia.html. This website targets potential volunteers. It can

After a census of Civil Society Organizations (CSOs)[48] done in 2011 by the Cooperation Committee for Cambodia (CCC), it was found that the country accounted for almost 3,492 NGOs registered either with the Ministry of Interior (MoI) or the Ministry of Foreign Affairs and International Cooperation (MoFA/IC; CCC, 2012). Back then, Cambodia was said to be the second country with the largest number of NGOs per capita in the world (only after Rwanda) (Domashneva, 2013; Rathavong, 2015). Some conversations during our fieldwork also repeated this assertion (Personal communications, February-March, 2018). However, the same CCC report that puts forward that figure establishes the concluding number of "active" NGOs that year (2011) as 1,226. The areas with more NGOs were the capital Phnom Penh, and the provinces of Siem Reap, Battambang and Kandal[49] (CCC, 2012, p. 24, 2013). The next year, a new CCC research found 1,315 "open"[50] CSOs in the country, from which: "670 are local NGOs, 321 are international NGOs, and 324 are associations" (CCC, 2013, p. 7)[51]. From these figures, 41.7% worked with activities related to "Education and Training," 19.4% with "Health, nutrition and HIV/AIDS" and 11.3% with "Child Welfare and Rights" (the report highlights that these activities overlap; CCC, 2013, p. 45). Furthermore, International NGOs (INGOs) were mainly devoted to health and education activities, as well as Local NGOs (LNGOs). However, INGOs we more inclined to work for child welfare than LNGOs and Associations (CCC, 2013). In 2012, Oum ascertained that around 165 NGOs had child protection projects in Cambodia (cited in Clark, 2014).

Even though our sample is not representative, it might be worth mentioning that three out of six RCFs visited for this research, were LNGOs but two were founded by foreigners. One is an international association, and two faith-based organizations: one local (pagoda-based association) and the other one part of a Christian International Church. Six out of six receive financial support from abroad.

observed that almost all of the NGOs mentioned there work for children in projects related to education, health, nutrition, among others. Some of the are RCFS, other community projects.

[48] The report talks about Civil Society Organizations (CSOs) and define them "as an umbrella term that includes the subset of Non-governmental organizations (NGOs)" (CCC, 2012, p. 5). This is why various sources and this research uses this number to talk about the number of NGOs and associations in Cambodia around 2011 and 2012. A list of NGOs registered in the MoSVY would have been relevant to this research but, it was not found. It should be noted that clear and updated data about NGOs is not easily accessible, sometimes not available or non existent.

[49] I only mention four main areas, in descending order. Please refer to the Figure 6 of the cited report for more information on other provinces.

[50] Currently functioning, but a further distinction of open-funded or open-not funded can be found in the report.

[51] It must be noted that in 2012, the CCC further differentiated its definitions, stating "in this report CSO is a general term that refers to LNGOs, associations and INGOs, while Community Based Organizations are identified separately." (CCC, 2013, p. 4)

a. Lack of guidelines for registration. The "Attitudes 2011," the "Mapping of RCFs" and the "National Estimation" reports, mention the lack of clear local guidelines for registrations of NGOs that run RCFs in the country. Previously, registration could have been done with the MoI, the MoFA/IC, with the MoSVY (for RCFs), or even with the Ministry of Education (MoE, for boarding schools/homes), or the Ministry of Cults and Religion (MoCR; i.e., for faith-based NGOs/RCFs). This might have paved the way for the rapid multiplication of NGOs-run RCFs (Jordanwood & Lim, 2011; MoSVY & UNICEF, 2017; Stark et al., 2017). According to the "National Estimation" report conducted by the National Institute of Statistics (NIS) and Columbia University, the MoSVY acknowledges the difficulties for the current monitoring of these centers (Ministry in charge of Child Welfare, including Residential Care). They imply that it also derives from this confusing registration that limited the MoSVY's scope of inspection, thus not capable of inspecting all existing RCFs. The report found 68.03% of staff of 122 RCIs, self-reported being registered under the MoSVY. However, the MoSVY recorded only 29.51% inspected RCIs in 2014 (NIS & Columbia University, 2016). The MoSVY & UNICEF research, evidence 21% of the RCIs in their sample did not have a Memorandum of Understanding (MoU), and 12% were not registered. Moreover, 38% were not inspected in 2015 (MoSVY & UNICEF, 2017).

Overall, the uneven and unregulated registration, added to the limited scope of the current Ministry inspections, could have also provided some of the conditions for the increase in RCFs in Cambodia.

b. "Voluntourism" and "Orphanage tourism." Beyond and parallel to the lack of control for the registration of new NGOs and RCFs in the country, another related issue arose in the past years: "orphanage tourism." According to the MoSVY & UNICEF 2017 report, "while some residential care facilities are government-run, most are managed by private or faith-based non-governmental organizations, and almost all are funded by individuals from overseas. As a result, many centers turn to orphanage tourism to attract more donors, fueling a system that exposes children to risk" (MoSVY & UNICEF, 2017, p. 16). The issue has had some academic interest that tries look at it from various angles (Carpenter, 2015; Guiney & Mostafanezhad, 2015; Reas, 2013; Richter & Norman, 2010; Wilson, 2015), but while this section does not aim to discuss it extensively, it aims to touch upon how it might have influenced the increase of RCIs and Cambodian children in them. The following chapter will further discuss some negative characteristics of orphanage tourism that the government, some INGOs and UN agencies have used to back-up their stance anti-residential care.

"Volunteer tourism" in its generic definition refers to "those tourists who for various reasons, volunteer in an organized way to undertake holidays that might involve aiding or alleviating the material poverty of some groups in society, the restoration of certain environments, or

research into aspects of society and environment" (Wearing, 2001, p. 1). In turn, "orphanage tourism" forms part of the volunteer tourism industry and is defined by authors Guiney and Mostafanezhad as "the donation of money and goods, attending performances, or volunteering on a short-term basis at orphanages as part of one's holiday." Cambodia has become a "destination" *par excellence* of this practice. In addition, a strong counter-campaign of this activity has been organized by a group of International NGOs such as Friends International (FI), since 2005 (Carpenter, 2015; Reas, 2013).

The argument that Cambodian orphanage tourism has been commoditized for a booming alternative tourism industry (including the commodification of Cambodian children in RCIs themselves according to Reas (2013), could help explain the increase of RCIs in the past years partly. As any market products of a liberal economy, a "demand" for orphanage tourism could have increased the "supply" in countries like Cambodia. The rising demand responding to a rise in volunteer tourism, activity that can be done during the gap year that some students have in the Global North, or because it could add "soft skills" to the CVs of young Westerners; also it could be interesting for tourists who want to have a different experience other than "simple tourism" (Reas, 2013). The supply, on the other hand, could have been increased by either the real need to fund residential care centers that often lack sufficient funds (Jordanwood & Lim, 2011), or from NGOs that are funded by international donors, and by the tourism industry itself (Reas, 2013).

According to some audiovisual evidence, as campaigns against orphanage tourism (ChildSafe Movement, n.d.-b; Friends-International, 2015), as well as some reports; some of these centers would have been turned into entertainment businesses for tourists/volunteers. They would recruit and train kids to perform *Apsara* dances (Cambodian traditional dance) and produce handicrafts to have income. Jordanwood and Lim highlight some other examples of the interaction between the RCFs and the tourism industry when they describe Tuk-Tuks[52] in Cambodia offering transport services for tourists to visit orphanages or flyers that publicized visits or dances distributed in restaurants and touristic places in Siem Reap and Phnom Penh (2011). One of the residential care centers we visited, confirmed that they used to do those types of performances in previous years, but not anymore. However, they did not specify if they invited tourists or charged for entry (CD, personal communication, March 21, 2018). Furthermore, the three local NGOs visited said they used to receive visitors from abroad and also international volunteers for their English lessons or other activities. They also mentioned that some of them visited the center as potential donors or as constant donors who wanted to

[52] Traditional transport in Cambodia.

see how the children were doing. They also ascertained they had change this practice to follow the government regulations.

Thus, volunteers seem to channel international funds to RCFs. Volunteers donate funds to the organizations they visited, where they were volunteers, or some of them have even started NGOs themselves after a volunteering placement (residential care centers, community projects, or other initiatives; Jordanwood & Lim, 2011; Personal communications, February-March, 2018). The RCFs functioning seems to rely on this international funds, and it is a possible driver for the boom of RCFs in Cambodia (Jordanwood & Lim, 2011; MoSVY & UNICEF, 2017). However, no in-depth study has touched upon this particular topic.

5.3.6 "Recruitment." While the lack of clear guidelines for registration, might have been a push factor for the increase in RCFs, they are not a pathway for children to enter RCFs. However, "recruitment" could be both a pathway for children to go into an RCF and an increasing factor.

Local authorities also expressed that some residential care centers recruited children themselves. Staff from the centers would ask Village Chiefs about the poor families in the village, and later, they would visit those families to convince parents that children could access better opportunities in their RCFs (Jordanwood & Lim, 2011). In line with these findings, the key informant, Sarah Chhin, said that in previous years, RCF staff would recruit children. While the different interviewees did not consistently describe the exact process, Ms. Chhin described staff from NGOs and residential care centers of different types, going to far away villages to convince parents to let their children go to and live in their RCFs:

> "Whereas the kids in Phnom Penh, [children in residential care] we've been working with, were placed, were…were recruited. So, the orphanages at that point, had recruiters who would go down to the villages and find for, find out from the villages chiefs, who were the poorest in the, in the village and go and say, you know. "*You are very poor; you are having difficulties feeding your children, it must be really difficult to put them into a school, pay for schooling. How about we take them from you and we'll take, and we'll give them that opportunities for schooling and we'll feed them"* (Sarah Chhin, Personal Communication, March 16, 2018).

Although I would not choose the word "recruitment" to name this practice, five out of the six RCFs visited had done a similar practice in the past, and stopped since 2015 after the new policies were in place. Staff from the RCFs expressed that they would either go to the villages, talk to the Village Chiefs and ask them about vulnerable families that required their help or also followed some referrals from community members. After having learned of some children and families in need, they would go to visit the families to confirm their poor-socio economic

situation to select those which were considered more in need.[53] They would take those children to the RCFs:

> Because we choose uh, the kids to stay with us. So, um, we need the recommendation from other people, so they can tell us that "oh those kids is [are] very, very poor." And then, we can go with those kids, and then we can check with their parents, [….] to guarantee that those kids, they're poor (CD, Personal communication, March 21, 2018).

These "evaluations" of the poor socio-economic condition of families and children, and possible entry of these children to the RCFs, are also in line with findings from the 2011 report. Moreover, in the mentioned report, they said some directors (of RCFs) would feel proud when other siblings were brought to the center, because it meant somehow, they were doing a good job (Jordanwood & Lim, 2011). Our interviewees did not mention anything similar, but they were not asked anything in that regard.

The information about recruitment is relevant because this process might have contributed to the increase of children in RCIs in previous years, or at least it is another pathway that lead children into RCIs.

5.3.7 Support of local authorities. In the 2011 report about attitudes towards residential care, local authorities were very likely to support placement of children in RCIs. "In surveys, 70.7 percent said the best solution for a child with no parents was to live in an orphanage" (Jordanwood & Lim, 2011, p. 37). Poverty, and access to food and education were some of the reasons why they would support this decision. Most of the local authorities who participated in surveys (84.5%) "agreed/definitely agreed that a very poor family should send a child to an orphanage for education if they cannot afford to pay for the child's education in the village" and that this centers could provide better education to children in need (Jordanwood & Lim, 2011, p. 37).

Local authorities might have supported these practices because they did not have any other solution to some child protection issues in their village when they would arise. According to one key informant interviewed:

> "It's a protective mechanism, that the village chief…..So say the child is raped, and they can't resolve it. Then the child gets put into residential care. If the child is a rapist or has raped another child or is demonstrating sexual, harmful behavior, the result is,

[53] One must be very careful while reading the word "select", and "choose" as it was the exact word two Cambodian interviewees used, however, language limitations and translation from Khmer must be considered to really understand the meaning. In the researcher's understanding, they refer to evaluate which family or children needed their support, the most.

> the village chief thinks, I can't deal with this problem. I'll place the child into residential care." [34:15] (SKI, personal communication, March 29, 2018).

5.3.8 Accepted pathways. The Sub Decree 119 on the "Management of Residential Care Centers" specifies that some children might need to be cared for in Residential Facilities. These accepted situations described in article 11, include orphans or children who do not have any family to live with or are separated from them for various reasons including migration and imprisonment, and children who are survivors of human trafficking, violence or sexual abuse or exploitation, among others. (Royal Government of Cambodia, 2015)[54]

5.3.9 Migration and institutionalization. Jordanwood & Lim argued that migration had a role influencing the placement of children in Residential Care in Cambodia, situation mainly observed in the provinces near the border with Thailand, where out-migration is more prevalent. Migration was regarded as a "first step that could lead to placing a child in care" (Jordanwood & Lim, 2011, p. 44). According to this report, several staff from RCFs mentioned that there were cases of children whose parents were labor migrants. This report was widely cited by following reports on Residential Care and Migration in Cambodia (Creamer et al., 2017; Jordanwood & Lim, 2011; MoSVY & UNICEF, 2017). Most of the respondents of our research did not perceive migration as a direct pathway to institutionalization, rather, they saw it as one factor that could increase the vulnerability of the household, therefore contributing to the potential decision of placing child in residential care. It was also mentioned as a double-sided issue by one key informant, as in some circumstances migrant remittances could improve the household socio-economic situation. SIK asserts:

> "But we certainly see the links when parents migrate, increased the vulnerability of the child to not just residential care. Residential care is just one piece of the puzzle." […] So, migration is a significant driver for vulnerability or potentially protection. If they safely migrate, and then they remit money back home, that could then enable a child

[54] Chapter 5, Article 11:
"Children who may be allowed to reside in residential care center are those of the following conditions:
- Children without parents or guardians with whom they could live;
- Children separated from their family through abandonment, parents or guardian being imprisoned, trafficking or migration,
- Children separated from their family due to threatening circumstance;
- Children who suffered from violence committed against them or threat to cause violence in the family or sexual abuse or exploitation of all forms which include selling, buying or renting children and so, on;
- Children whose parents or guardian are not able to fulfill their obligation caring for their children due to their extreme difficulty, lacking necessary and basic needs and services, shelter, food, clothes, education and health care;
- Children whose family members are addicted to alcohol, gambling, using various substances, and, therefore, unable to provide them with proper care;
The permission for children to reside in the residential care center is the last and temporary option and it may be made possible only after the search for parents or parent, relative or guardian or foster parent has been exhausted". (Royal Government of Cambodia, 2015)

> to go to school if they are cared by granny or grandad or an aunty. So, it has two sides. In the Philippines, it's more of a protecting factor. In Sri Lanka, it was sometimes a protective factor. So, it's not cut and dry debate. (SKI, March 29, 2018).

Furthermore, according to Sarah Chhin, during her experience working with residential care related issues in Cambodia, the vast majority of children in institutions were not "left-behind" by migrant parents. On the contrary, she argues that parents of children in RCIs were around the area and sent their children to the RCIs voluntarily to access services like education that they could not afford. Today, Sarah currently works with M'lup Russey,[55] an organization that offers foster care services for children in need, especially those who are in the process of being reintegrated to their families after being in residential care. In her experience:

> From 2012, until 2015, we catered for, um, we had and did reintegration of 170 children or so, children from orphanages that were abusive and were closed by the government. And we traced families, and we sent them back. And, within those families, in that hundred and seventy kids, very, very, very few had parents who had migrated. (Sarah Chhin personal communication, March 16, 2018)

However, she also expressed that they are observing more cases of children whose parents are migrants and who are being sent to foster care services after another unfortunate event creates the conditions that would make the alternative caregivers such as grandparents, incapable to care for children any longer. Her examples included: a child who was trafficked; children whose houses were destroyed after a storm; or a child with disability whose grandmother could not deal with, especially because she had to take care of the other siblings as well (Sarah Chhin, March 16, 2018). This last case touches the point of the burden of parental migration on grandparents. Key informant SIK, also perceived that this burden could eventually lead to place a child in residential care:

> "What happens is, when parents migrate, often is not planned and it's not thought through. They don't know what their rights are; they don't get the paperwork in place. They then generally leave the child with the grandparent, so you got these grandparents with 12 children, who can't cope. And eventually, they have to put some of them into residential care." (SKI, personal communication, March 29, 2018).

Two key informants shared two anecdotal examples of direct relation between migration and institutionalization. A 3-year-old child from Battambang[56] province who was placed into foster

[55] http://mluprussey.org.kh/en/
[56] Province in the border with Thailand.

care after the mother had abandoned him to migrate to Thailand (SIK, personal communication, March 29, 2018). On another example, two siblings were found wandering around the village, until the Village Chief learned about the situation and followed a procedure that finalizes in placing those children in emergency foster care until a permanent placement is found by relevant social workers (Personal communication, March 16, 2018)

Even though all interviewees acknowledged that labor migration (especially to Thailand), was prevalent in the country, the exact impact of parental migration and children in RCFs was not clear. For example, the director of the pagoda-based association mentioned cases were children were abandoned by parents, but he did not know the exact reasons. He said it could have been migration or others such as divorce or illness. (AB, personal communication, March 20, 2018).

a. Family and kinship seem to be privileged by families in Cambodia. Field observations with local people put forward the choice of family and kinship care over residential care, leaving RCFs as the last option. Jordanwood and Lim, mention that an unpublished study by author Susan Andrews (for UNICEF, 2008) indicates that traditionally, Cambodians care for vulnerable children in their communities. Moreover, according to the 2011 study, “poverty places families in a vulnerable position, in which they are more likely to place a child into residential care for the sake of the child. However, when families are offered community-based care options, most prefer to keep their children at home” (Jordanwood & Lim, 2011, p. 42). Their findings also show that 61.1% of families surveyed for the 2011 study, ‘agreed/ definitely agreed that families are better at raising children than orphanages” (Jordanwood & Lim, 2011, p. 48). Local authorities reaffirmed that families would prefer family or kinship care to placement in an orphanage (Jordanwood & Lim, 2011).

Our findings align with the mentioned attitudes. During informal conversations with some enumerators and local families, as well as young students, they expressed that Cambodian families were bound morally to take care of their children. This was true for any kind of separation, due to socio-economic problems or because of parental migration for example. One enumerator even said that families would distrust RCIs because they do not know how they would take care of their children. More so lately, after they have been exposed to the negative campaign against orphanages. Even though this is only an anecdotal perception, it is important to mention as it could mean, parents might have been influenced by the campaign against Residential care in Cambodia (Personal observations and communications, February-March, 2018).

Sarah Chhin, one of the key informants, said:

> "Most orphans in Cambodia are looked after by relatives and not in orphanages. The kids in orphanages aren't orphans either. So you know, the social, I don't know what you would call it, the social construct if you'd like, is a different mentality from um, how, how it is automatically recognized that you should be looking after children in your family if they are orphans or abandoned." (Personal communication, March 16, 2018)

b. Children's migration and institutionalization. The difficult socio-economic situation that many families experience, especially in the rural areas, also seems to push young adolescents over 15 to migrate themselves, sometimes without family consent. The Intercensal survey of 2013, shows data from children migrating starting from the age of 10. Those between 15 -19 made up for 5.1% of migrants (NIS & MoP, 2013). The 2017 UNICEF "Study on the Impact of Migration on Children in the Capital and Target Provinces, Cambodia", mentions how girls over 16, leave their homes to work in the capital "to help alleviate the dire economic situation of their families" (Creamer et al., 2017, p. 14). This report also mentions children migrating to Thailand for the same reasons. IOM staff also mentioned this situation in informal meetings and also did several other conversations with locals. Children who decide for unsafe migration could experience problems in the border with Thailand, having to return to Cambodia (sometimes forcefully and violently) and being placed in residential care until social workers can contact their families again, according to informal conversations (Personal communications, February, 2018).

In an inverted relation, institutionalization could be an alternative to unsafe migration. The staff member of an LNGO, a former beneficiary of the RCF, affirmed that in times of trouble, finding the NGO's learning center and later becoming a beneficiary of the RCF, provided him with the opportunity to thrive and allowed him to avoid unsafe labor migration to Thailand. In his experience:

> "I decided not to migrate because I've seen pictures from my friends. […] A lot of us do that [migrate to provide for their families]. The thing is because our family is poor. They also borrow the money from the bank. So, we don't want to, but we have to. When you see the family, cannot find income, we have to go to Thailand because we know, or we hear, that we can find money from Thailand by working as a contractor, or in the factory, construction, etc. I see some of them they send the money back, back and forth, they never get rested, but a lot of them, they're in jail, or they send money but compared to what we are working here is not a big difference. So, you can stay with your family; you are safe. Even you don't find a lot of money, you are at your home." (IK, personal communication, March 26, 2018).

Chapter 6

Deinstitutionalization Policies and Reintegration (Tensions, Intended and Unintended Consequences)

By the end of 2016,[57] the Royal Government of Cambodia (RGC) released the "**Action Plan for Improving Child Care with the Target of Safely Returning 30 percent of Children in Residential Care to Their Families 2016-2018."**[58] After the MoSVY & UNICEF findings detected 70% of uninspected RCFs and a significant rise in numbers of RCFs and RCIs, as well as children in them; the RGC decided to tackle the issue by aiming to reintegrate 3,500 children by 2018. The planned actions only target Residential Care Institutions (therefore not including pagoda-based associations or other faith-based care facilities, nor boarding schools/homes, neither temporary shelters or group-homes; MoSVY, 2017). The document affirms that those RCIs that will be subject to closure are i) those which have children who have parents or family with whom reintegration is feasible (observing safety); ii) RCFs which voluntarily "transition to a community-based model or family care" (MoSVY, 2017, p. 14); and iii) those which do not follow Minimum Standards for care, have abusive practices against children or do not have budget to continue functioning (MoSVY, 2017).

The main goal of the Action Plan 2016 is to improve child protection and welfare, specifically for children at risk of family separation or already separated. To achieve these goals, it aims to strengthen the performance of national, community-level, and civil society actors, as well as the capacity of implementation partners on child protection issues (MoSVY, 2017).

According to the perception of the key informant Sarah Chhin, the process inside Cambodia has been very slow until 2012 when things started changing rapidly. According to her, there has been an unprecedented improvement from the early 2000s when no policies regulated residential care and child protection in the country (Sarah Chhin, Personal communication, March 16, 2018). Nevertheless, other actors disagree. According to another key informant and lead actor of the current process, the child protection realm in Cambodia is barely inexistent, and the deinstitutionalization process was not successful so far, because it is stained with black holes such as lack of adequate planning, funds, training, and guidelines that establish clear responsibilities. However, he ascertains that overall, progress tackling those issues is recently occuring (SIK, personal communication, March 29, 2018). The following section aims to look at the "push" towards deinstitutionalization policies and the contradictions and tensions

[57] Officially published in 2017.
[58] This document will be called "Action Plan 2016" from now on.

perceived by our research participants and expressed during the research process. Moreover, it aims to share their on the reintegration process, including its intended and unintended consequences as well as the challenges that in some way relate to unsolved issues that were mentioned as pathways to institutionalization.

6.1 The Push Towards Deinstitutionalization: Global and Local Causes

The implementation of the deinstitutionalization policies features a strong drive and support from international actors such as USAID and UNICEF and goes in line with a Western support for deinstitutionalization and promotion of family-based care. On the other hand, local actors seem to accept policy recommendations and try to keep up with their roles and responsibilities, but are sometimes unable to fulfill them due to lack of training, funding, or clear guidelines (SIK, personal communication, March 29, 2018).

6.1.1 International support to family care over residential care. The majority of the documents reviewed for this research refer to the CRC's acknowledgment that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love, and understanding," (UN General Assembly, 1989, p. 1). Moreover, "the best interests of the child" (UN General Assembly, 1989) are said to guide the process. In addition, some actors and documents who support this process also mention the Stockholm Declaration on Children and Residential Care[59], document that exhorts governments to take actions to reduce RCIs and calls Civil Society to collaborate in deinstitutionalization efforts. Also, compels both to find alternative forms of care and focus on prevention ("Stockholm Declaration on Children and Residential Care," 2003).
In 2010, the UN Guidelines for Alternative Care, clearly promoted family care over residential care and only advised the latter as a last resort option for the shortest period possible. The Cambodian regulatory frameworks related to residential and alternative care published by the national authorities (e.g., MoSVY, 2011), followed this principle. The MoSVY & UNICEF report found that currently, the majority of the RCIs extend their care services longer than six months (72%), while the report recommends the promotion of short-term alternatives only until a family or kinship permanent placement is found. The transition from RCFs which provide long-term care to short-term care providers or family and community care alternatives is also suggested in this report (2017).

[59] 71 participant countries

a. USAID. A key international actor on the push for deinstitutionalization and the entity in charge of two main projects (and one sub-project) related to child protection and welfare. In the report named "Promoting family-based care in Cambodia: Evaluation of Childcare Reform Projects," the authors affirm that the activities of the projects had an influence on attitudes of various stakeholders, from government officials to Cambodian families, including CSOs and its partners. Furthermore, the "Attitudes 2011" and the "Mapping of RCFs 2017" reports were commissioned by USAID and the evaluators highlight that "3PC met its target of influencing two government policies, (the Prakas on Procedures to Implement the Policy on Alternative Care for Children, and the Sub-decree on Management of RCIs)" (EMC, 2015, p. 9).
The 3PC or "Partnership Program for the Protection of Children," is a sub-project implemented since 2011, in partnership with the NGO Friends International[60] and the MoSVY. One of the main projects which oversee the 3PC, is the SCPS or "Strengthening Child Protection Systems," with UNICEF as the implementing partner and which goal is "to prevent and respond to violence, abuse, exploitation and unnecessary separation of children"[61] (EMC, 2015, p. iii). Finally, the project that has more to do with the push for deinstitutionalization and which is in favor of family care is "Family+" (implemented by FI).[62] Both mentioned projects have the goal of "strengthening child protection systems and services from grassroots to national levels, including supporting reform of alternative care systems and practice in favor of family-based care" (EMC, 2015, p. iii).

Family Care First is an initiative that arose after the Family+ project was finished in 2015, and it uses a pilot approach called "collective impact" that works with grassroots proposed projects which are overseen by staff from FCF to ensure technical consistency, and compliance with international norms as well as to apply lessons learned in other experiences."[63] FCF[64] is a key partner of the deinstitutionalization process, and its main goal is to "collectively contribute to a significant increase in the proportion of children living in safe, nurturing family-based care in Cambodia" (MoSVY, 2017, p. 10).

[60] In this project FI represents and leads a collaborative implementation of 9 NGOs.
[61] 2009-2013. Extended to 2017.
[62] 2013-2015

[63] "Collective Impact is a framework for facilitating and achieving large-scale social change. It is a structured and disciplined approach to bringing cross-sector organizations together to focus on a common agenda that results in long-lasting change. Global research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations." (Family Care First, 2016)
[64] "The US Government Action Plan on Children in Adversity was issued in December 2012. The second of its three primary objectives is: Put family care first. U.S. Government assistance will support and enable families to care for their children; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care. The FCF initiative aims to contribute to meeting this objective." (EMC, 2015, p. 1)

b. UNICEF. This UN agency has been providing MoSVY technical and financial support throughout the process that lead to the Action Plan 2016, promoting research (Jordanwood & Lim, 2011; MoSVY & UNICEF, 2017) that provided a baseline to initiate actions and follow up on them. In this regard, the responsibilities of UNICEF aim to continue in the same fashion as well as continuously monitoring the quality of the process (MoSVY, 2017).

6.1.2 The local process towards deinstitutionalization.

a. A key informant's perception. According to the key informant Sarah Chhin (who has been involved in the process since the early 2000 and in close relationship with the government), after Cambodia became a signatory of the Stockholm declaration, national authorities already acknowledged that:

> […] Orphanages were too big and are caring for too many children and, [..] the groups are too large. And so, they wanted to reduce the numbers, the amounts of children that any one orphanage could care for together and were looking for sort of children villages style places where you would have no more than 12 children in one […] in one house. […] So, group-homes in a sense of there being lots of group homes under one…organization. So, an orphanage split into community rooms." (Sarah Chhin, personal communication, March 16, 2018).

This was first step of sorts, according to her narrative. Locally, she expressed she was among the few voices that pushed for deinstitutionalization from early 2000, but she perceived not many people agreed with this idea, and the conditions were not in place. However, she mentioned a Cambodian Ministerial authority of the RGC asking for this deinstitutionalization to her and her organization (HOSEA) in 2001:

> "But he told us back then: 'If you want to have an organization…if you want to have a new project that helps children in Cambodia, will you please do research on where the children are from and how to get them off the orphanages and back home?' And he said that in 2001, and I wish that he was still alive today, so he can see where that lead to" (Personal communication, March 16, 2018).

In her perception, from 2012 onward, the deinstitutionalization process has moved very quickly, and it has to do in part with the strong and consistent support from the government officials (Sarah Chhin, personal communication, March 16, 2018)[65].

[65] In 2012, MoSVY and UNICEF (together with Project SKY), conducted a pilot deinstitutionalization project in Siem Reap when they reintegrated 37 children (EMC, 2015).

b. Current actors and responsibilities. A range of local authorities and other local grassroots actors are described as active participants of the Action Plan 2016 and other related policies. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) is leading the process. The Head of the MoSVY, Vong Sauth, ratifies the stance of the government promoting family and community care alternatives and acknowledging the need to improve monitoring and regulation of RCFs to look after Cambodian children's well-being. Its Child Welfare Department must be in touch with the Provincial level authorities, providing support, and overseeing the final approval for children who might enter residential care. The DoSVY or Department of Social Affairs, Veterans and Youth Rehabilitation is in charge at a Provincial/Municipal level and must supervise the work of social workers on the reintegration of children, facilitate training on "case management and reintegration" to those organizations that will transition to community-based services, and provide capacity building to community level actors, to highlight a few responsibilities within the process. Moreover, local community actors are key in the implementation and have several responsibilities. They include Commune Councils (CC), Women and Children Consultative Committee (WCCC), and the Commune Committees for Women and Children (CCWC) in charge of identifying and mapping families and children at risk of separation, facilitating the appropriate response of authorities and NGOs, monitoring reintegration, and examination of all cases potential cases of children's placement into an RCI (MoSVY, 2017). Village chiefs also play a crucial role, as they are now called to derive children to MoSVY departments who will in turn contact partners that provide temporary foster care services, until permanent placement is found (Sarah Chhin, personal communication, March 16, 2018; SKI, personal communication March 29, 2018).

c. Lack of control and monitoring and possible abuse/neglect in Residential Care Facilities. In 2014, Oum Sophannara, the Director of the Child Welfare Department, acknowledged that the monitoring tasks overwhelmed the capacities of the MoSVY staff (Consiglio & Pisey, 2014). As it was mentioned in a previous section, the lack of control and especially the chaotic registration under different Ministries, limited the scope of the MoSVY inspection that could not control all functioning RCFs (Jordanwood & Lim, 2011; MoSVY & UNICEF, 2017; Stark et al., 2017). The latest MoSVY & UNICEF report continue to highlight this gap, manifesting that their findings showed that 70% of the RCIs visited during research were not inspected by the government in 2014 (2017).

Jordanwood & Lim, MoSVY & UNICEF reports and Stark et al. research, raise alert among authorities and child protection specialists, about cases of abuse, malpractices and neglect of children as a result of the absence of appropriate monitoring that could oversee the compliance of the Minimum Standards for Residential and Alternative Care 2006/2008 (MoSVY, 2006b, 2008). This also features as a driver and a reason for the push of the deinstitutionalization process and to prohibit new openings.

Furthermore, reports and authorities also based their decision to move forward with deinstitutionalization procedures, relying mainly and insistently, in global research that highlights the negative effects of Residential Care (MoSVY & UNICEF, 2017). They also follow documents such as the Stockholm Declaration which in its introduction affirms "there is indisputable evidence that institutional care has negative consequences for both individual children and for society at large" ("Stockholm Declaration on Children and Residential Care," 2003). However, this emphasis seems to forget or disregard, literature that shows characteristics that benefit children's wellbeing. A clear example can be found in the Stark et al. research in Cambodia, which states that their results do not align with "the systematic abuse and neglect documented among children living in residential care institutions in Russia and Romania" (2017, p. 7). Stark et al., call for further research on this key issue (2017), that seems to have been taken for granted as merely negative for those who push for deinstitutionalization, without further considerations.

Nonetheless, cases of abuse and neglect were heavily featured in the anti-orphanage campaign lead by Friends International (as part of USAID's projects). This also connects to the campaign against orphanage tourism that we will discuss below.

d. The "Anti" Campaign: Anti-orphanages, Anti-orphanage tourism and against "Voluntourism." Another factor that pushed for the deinstitutionalization process was Voluntourism and Orphanage Tourism that boomed in Cambodia in the past years, as was mentioned in the previous Chapter.

In 2005, Callanan and Thomas shed light on the growing trend of worldwide tourists interested in this new type of experience, "volunteer tourism". For these authors, the increase responded to a variety of influences including the increase in the offer of projects for volunteers, destinations and the actors that included "charities, tour operators and private agencies" (Callanan & Thomas, 2007, p. 183). In Cambodia, all these influences seemed to have come together, and Cambodia was one of the favorite spots for "voluntourism" in recent years. This also ignited academic interest (Carpenter, 2015; Guiney & Mostafanezhad, 2015; Reas, 2013), as well as worldwide media attention (e.g. Al Jazeera English, 2012; The New York Times, 2014) after allegations of abuse, neglect and exploitation in some RCFs put forward by the anti-orphanage tourism campaign lead by Friends International as part of the "Child Safe Movement" started in 2005 (ChildSafe Movement, n.d.-a, n.d.-b; Friends-International, 2015).

This is where this issue becomes one of the factors that pushed for deinstitutionalization policies. Authors Jordanwood & Lim argued that some RCFs had become for-profit businesses linked to orphanage tourism. Moreover, they would use children to perform *Apsara*

dances (Cambodian traditional dance) and produce handicrafts to have income. Stark et al. recently found that 31.15% of children interviewed were "involved in performances or other fundraisers, such as dances or craft-making for tourists, to support the institution" (Stark et al., 2017, p. 5). However, it must be noted that these surveys also show that this practice did not interfere with children's schooling nor their rest (Stark et al., 2017). During our fieldwork in Siem Reap, pictures of these presentations were observed in one of the RCFs, and the staff mentioned that children use to do these types of activities but that they had stopped because of new government regulations. No information is known about entrance costs or the conditions in which children would perfom (Personal communication, March 2018).

Other negative consequences of voluntourism and orphanage tourism that are linked to the push towards deinstitutionalization, rely on claims about the negative influence of volunteers who are in contact with children. For example, some authors base their arguments on literature that analyzes "attachment disorder" of children in residential care (Richter & Norman, 2010). Moreover, in the Cambodian example, authors alert about the risks of children being cared by volunteers that are not trained or lack specific skills. Also, about safety issues related to child protection, as volunteers spend time with children in a very intimate "home" environment, sometimes unsupervised. They also highlight that some of them have no background checks. Furthermore, there is the issue of a strong reliance on international volunteers that do not train local capacity and overall, the reliance on the international funds of donors that could be former volunteers (Jordanwood & Lim, 2011). Reas argues that orphanage tourism is a significant industry that commodifies Cambodian children and orphanages (2013). Other authors have tried to analyze the issue in a more nuanced manner (Carpenter, 2015). The ChildSafe movement campaign has gone as far as asserting *"your donations do not help orphans, they create them"* (Friends-International, 2015);[66] and the same audiovisual also calls viewers to support community projects and Cambodian families instead of supporting orphanages. According to the 2011 study, these international donors are not informed about the alternatives to residential care that they could support (such as community projects for children in need) (Jordanwood & Lim, 2011).

Finally, it is important to note that "Child safe movement" lead by Friends International, was organized within the framework of USAID project "Family +" mentioned above, aiming to "change funding behaviors of international donors who fund RCIs in Cambodia, and "voluntourists" who visit them." (EMC, 2015, p. iiii)

[66] This campaign also uses evidence from Jordanwood & Lim study (2011).

6.2 The Perceived Tensions and Contradiction of the Deinstitutionalization Push

6.2.1 Lack of clear concepts. It seems like within the debate on childcare reform in Cambodia, the growing agreement about deinstitutionalization was not accompanied by an agreement on all the concepts to be used. The uncertainty was also present in the interviews conducted for this research. One of the "contested" terms is Group-Home. According to Sarah Chhin, this term is included under Alternative Care for Children in the Community[67] in the national regulatory frameworks (MoSVY, 2008). Ms. Chhin ascertains that this decision was far from "unanimous"[68] when different stakeholders were writing the Minimum Standards for Alternative Care in Cambodia:

> "Group-homes were thought of as homes within communities where groups of children would live, supervised in [the] community, by community. And of course, I mean, that's never happened. I mean, I've never seen one of those." […] "When we started doing the mapping[69], um, we tried to make a case to taking group-homes out and putting them into residential care." (Sarah Chhin, personal communication, March 16, 2018)

In the last MoSVY & UNICEF report, Group-Homes are situated under Residential Care Facilities (2017) which is more in line with the UN Guidelines for Alternative Care (UN General Assembly, 2010).[70] This simple difference could be important given the support for Community-Care Alternatives and the negative view on Residential Care and accompanying deinstitutionalization policies. Thus, if a center providing group-home care for children falls under the community based-care definition, it might remain working for the moment, whereas if it falls under an alternative type of residential care, then it could potentially be asked to close or reintegrate children.

Looking at the different types of RCFs that emerged from their research, MoSVY & UNICEF suggest to look beyond the concept of RCI, to control and monitor those facilities which are also providing residential care to children but currently do not fall in the RCI category, which is the target of the deinstitutionalization policies (MoSVY & UNICEF, 2017). Sarah Chhin highlights that some group-homes could act as RCIs while being considered community-based care providers by the "Minimum Standards" document. In her opinion, this is wrong because these "group-homes" might be conducting similar practices to RCIs and this could

[67] Group-Home: "Care provided to a limited number of children in a family environment under the supervision of small group of caregivers unrelated to the children" (MoSVY, 2008, p. 2)
[68] She participated as Vice Chairman during the elaboration of the Minimum Standards for Residential and Alternative Care in Cambodia (Personal communication, March 16, 2018).
[69] She refers to the cited report "Mapping of Residential Care Facilities…"
[70] (iv) Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes (UN General Assembly, 2010, p. 6)

imply putting children in those group-homes at risk. This might also happen with concepts like "boarding schools." She asserted:

> "And what we [71] want, is for the government to expand their thinking about Residential Care to be also monitoring the other places that provide institutional care, […] under a different name. Because basically, the risks are the same. And a lot of those that call themselves boarding schools, did not originally called themselves boarding schools, they were orphanages, but it's <sound> it's easier to make money […] but they are still residential care institutions, and the risks are the same for the children." (Sarah Chhin, personal communication, March 16, 2018).

According to Chhin, they will eventually target other types of facilities mentioned in the MoSVY & UNICEF report (2017).

> So, at the moment they're focusing on the RCIs, but there will come a time, I mean, Group-Homes as a matter of course, come under the Minimum Standards as Community-care anyway. So, they will be the first to start being monitored simply because they've already got, we've already got monitoring system for them. And, uh, the boarding school will also be monitored (Personal communication, March 16, 2018).

Moreover, key informant SKI claimed that the problem of definitions goes beyond simply agreeing on them because some facilities might use different terms to circumvent the new deinstitutionalization policies. He said:

> It's actually more complicated than that as well because then people will manipulate the uh, definitions to suit their own needs. So, they'll say:
>
> 'I don't run an orphanage; I run a single group home".
>
> *How many children do you have in that small Group-home?*
>
> 'Two hundred and fifty.'
>
> So, people will manipulate it to try and subvert the system-, the systemic change what they interpret as reducing their income or affecting their business model of running residential care for children.
>
> "I don't run an orphanage; I run a boarding school.
>
> *Do the kids ever go home?*

[71] Unclear "we".

> No[72]. (SIK, Personal communication, March 29, 2018).

While we could not conclude that staff from RCFs interviewed demonstrated a will to "subvert the system" or to "keep earning money," the answers of three staff from three RCFs shed light on some strategies that they might turn to, in order to comply or at least to adapt, to the new regulations. In an example where concepts seem to play a role, the Cambodian staff of one of the RCFs would designate his workplace as a former 'Children's home," that changed to a "Children's Center" after the policies came along. The researcher understands that the visited RCF could be considered as a group-home according to international and national definitions:

> "Before we called our organization as a children's home. Yeah, not an orphanage. We are a Children's Home. Yeah, because between an orphanage and a children's home only a bit different but they [the Advisory Board of the Center] prefer Children's Home. Yes, because we have other programs like English teaching and other things. So, this is the reason why we chose children's home. But until now we decided to change our name as Children's Center because now we have less kids who are staying with us. So, we prefer Children's Center. Yes, and, at the mid of this year, I think for us we will be staying half Children's Center and half rooms for the youth and kids. So, we depend on [have to] follow our government. What they want us to do." (CD, Personal communication, March 21, 2018).

Currently, this group-home provides shelter for eight children. They live in what could be described as a residential care. The center provides housing, food, and support for education (children go to school or university outside the center, but the staff also gives English lessons to them and other children of the nearby community). Before, this former residential care "home" used to have over 35 children. Moreover, when asked about the difference from their Children's center and an orphanage (or residential care institution), he ascertained:

> For orphanage, they focus only on feeding children on site, and they provide food, shelter and yes, and some education, but for us, we prefer Children's Home, because Children's Home is bigger[73] than an orphanage. And we can provide more need to the children. More than they require." […] Yes, just like to finish high school and attend university. This is what we were doing". (CD, personal communication, March 21, 2018).

[72] In boarding schools, children must be allowed to go out and visit their families, etc.
[73] The reader must mind that English is the second language for the interviewee, so the words he chose have to be carefully read in the context. In this context "bigger" seems to refer to a broader scope of the objectives of the organization.

Please note that the language barrier and difficulties in translation from Khmer to English and vice versa can also account for problems. According to our observations, the term "orphanage" is highly sensitive in the context of the deinstitutionalization policies as it is associated with malpractices. However, while for English speakers there are options like Residential Care Facilities, among others, for Cambodians, the term 'orphanage' (*mochchhomondal komar kamprea)* is the only one used to describe almost all of types of RCFs[74].

6.2.2 Random target 30%. The "Action Plan for Improving Child Care with the Target of Safely Returning 30 percent of Children in Residential Care to Their Families 2016-2018" is the document that guides the process of deinstitutionalization and consequent reintegration of children to their families and communities in Cambodia. It expresses the main goal reintegrating 30% or 3,500 children by this year while incrementing the protection of children at risk of separation or who are already separated from their families (MoSVY, 2017). This specific target is said to respond to the findings of the MoSVY & UNICEF research which evidence that nine provinces hold the larger amount of Residential Care Institutions (83%), while the rest do not have many, nor their numbers changed in recent years. Moreover, of the 406 RCIs found in the country, 267 are in five provinces (Phnom Penh, Siem Reap, Battambang, Kandal, and Preah Sihanouk), provinces which became the target for this Action Plan and other deinstitutionalization policies.

The very specific target of **30% closure** of RCIs and the rationale behind its calculation, was not found in the Action Plan 2016 document. The assumption, after reading both reports used as a baseline for the new policies, is that the target could have been calculated from them. One key informant was critic about setting a target on child protection issues; he said: "I mean what would you ever set a target for a child protection issue […] You know that in child protection, you don't do that." (SKI, personal communication, March 29, 2018).

While projects and programs work with targets and indicators to measure and monitor their progress and address possible shortfalls, setting up a target for child protection projects might endanger the compliance with the guiding principles or create other issues. Because these targets are set within a complex and changing social environment, a very thorough consideration before setting a target like the 30% is necessary (Tilbury, 2004). It is hoped that the promoters of the 30% target had reflected on possible shortcomings of this measure, rather than simply trying to stop the numbers from increasing (new openings of RCIs are prohibited, and children must not be accepted in existing RCIs). As Claire Tilbury reflected, "rather than develop indicators as a reaction to the latest perceived problem, it is essential to understand how they may impact on practice" (Tilbury, 2004, p. 238). An analysis on how this 30% target

[74] Please, also consider this while reading some of the excerpts.

could have impacted children and families could be further researched when monitoring the progress of this policy.

6.2.3 Perceptions on the capacity of local actors to fulfill their assigned roles, responsibilities and budget. According to an unpublished report written by Khadijah Madihi & Sahra Brubeck (2018, p. 12)[75], the 2016 budget allocated to the MoSVY was 713.30 billion Riel (USD17.83 billion). From this amount, 98% was said to be destined to pay veteran's rents. The latter information is confirmed in the evaluation document of USAID projects, adding that no budget was given to activities of child protection and welfare from the central government. This situation was said to undermine the fulfillment of tasks of MoSVY and DoSVY personnel (EMC, 2015). According to SKI, the situation is similar now in 2018. Even though there is a clear encouragement for the government of Cambodia to lead this process, the truth is, it urgently needs the financial collaboration of CSOs and international development partners. SKI asserts:

> Total investment from civil society is probably 200 million, so you got to get from 60 thousand dollars [government budget] to 200 million, in what, three years! […] that's not going to happen. So, and then you lose all the skills that have been developed here by civil society (SKI, March 29, 2018)

Moreover, the USAID project evaluators shared that respondents of their interviews highlighted different levels of commitment among DoSVY staff who worked more proactively in some provinces than in others, whereas CCWCs[76] were said to be more responsive and proactive, however they were not trained in social work and yet, they dealt with delicate and direct tasks with children and families every day. Also, they had overwhelming endeavors (EMC, 2015). Again, SKI shared the same perception:

> The CCWC is supposed to be the village level mechanism that responds to child protection, but it also has to respond to every other social issue in that community and has no resources, no training on child protection. That's not protecting. (SKI, March 29, 2018)

[75] I can share this document with the reader if necessary.
[76] As mentioned above, the CCWC tasks include identifying and mapping families and children at risk of separation, facilitating the appropriate response of authorities and NGOs, monitoring reintegration, participating in campaigns and examine all potential cases of children's placement into an RCI (MoSVY, 2017).

6.2.4 Back to square one: Reintegration into vulnerable families and lack of child welfare and protection services.

a. Lack of social protection and welfare services in the community. It is necessary to acknowledge that many services are still lacking in the Cambodian communities, as it was voiced by 12 of the 12 interviewees. This situation compromises the child's reintegration into their families and communities. Please note that the government and UNICEF had identified these issues since the first report in 2011, when they called for social protection programs, as well as for a progressive and controlled move from RCIs/RCFs towards reintegration of children, ultimately looking after their overall well-being. While the "Action Plan" has objectives such as: to "strengthen capacity of social service providers to provide quality services that protect girls and boys separated from their families, or at risk of separation, and those being deinstitutionalized and reintegrated by 2018", the process seems to be slower than what is expected in that document. According to a key informant's experience in Rwanda, the complete process of deinstitutionalization in that country took five years, however, some of the conditions in the country were more convenient than in Cambodia (SKI, personal communication, March 29, 2018).

Moreover, the team of researchers interviewed agreed that community service provision was not yet in place to fulfill the requirements of reintegrated children, especially in rural areas. Although the male researcher agreed with the deinstitutionalization policies and highlighted potential improvements in service provision if it would be in charge of various community actors rather than just one NGO, he and his colleague, acknowledged that these services should be in place, but are not yet available (FIK, TIK, personal communication, April 2, 2018).

b. Avoiding reintegration back into families in poor socio-economic conditions.

The Butterfly Longitudinal Research Project that does a 10-year study on the reintegration of approximately 100 survivors of sexual exploitation and trafficking in Cambodia published a thematic paper on the male cohort among this population in 2016. Experiences of 19 males during a 2-year reintegration phase can shed light on some potential difficulties of a reintegration process. Poverty was the most highlighted issue when children returned home. Participants said they experienced lack of food access and the need to stop studying to help in the provision of the household. Some parents had to become labor migrants, thus leaving the reintegrated child alone. Thirteen out of 19 participants said they had different forms of "housing instabilities" for various reasons (e.g., escape from violence), but mainly related to labor migration (either domestic or international, either on their own or with their parents; Davis et al., 2016, p. 18). Furthermore, six out of the 19 ascertained that their families "did not want them to be reintegrated" (Davis et al., 2016, p. 16) mostly because they could not afford to

provide them with education and fulfill other needs. However, 11 participants did have a supportive family environment after reintegration. Another finding is the presence of emotional and physical violence in the family possibly linked to poverty as an "stressor" among the family members (Davis et al., 2016, p. 15). It must be noted, that these challenges are mentioned considering that an NGO was supporting the children financially through this 2-year period marked as "reintegration" for this study. Further problems could arise if we think of a reintegration with neither monitoring nor financial help or other type of support.

If children are reintegrated back into families with the same poor socio-economic conditions and no community services to support them, it would be like returning to a situation that might have triggered their institutionalization in the first place, and this might endanger their successful reintegration. On this vein, it could be worthwhile focusing on supporting families before the reintegration of children and young adults (as well as during reintegration). One of the researchers interviewed shared the following opinion on the topic:

> "And then, also working with the family structure during the shelter program. During the reintegration process. […] It should happen before reintegration is considered. Who are these kids reintegrating into? And what's the reality of the family situation. How can we embrace the reality of the family situation? Because the family is going to be their number one protector or their number one stressor. Um, and uh, how can we ensure, that the family unit, and work with the family, provide for their needs to ensure our clients' stability and freedom away from the same vulnerabilities before they came into the shelter (TKI, personal communication, April 2, 2018).

This is the type of preventive support to avoid family separation, that the "*Prakas* on Procedures to Implement the Policy on Alternative Care for Children" details in its article 13:

> Article 13.
>
> When there is a danger that a child will be separated from his/her family due to a situation of risk, it shall be a priority to prevent such separation through supportive services to the family.
>
> Services shall be provided based on the assessment of the risks and the family's own resources to cope with the risks. The services shall aim to stabilize and empower the family so that the child can be cared for by the caregiver both for the short term and long term. (MoSVY, 2011)

A similar support could be useful before the reintegration of a child who is in residential care.

Overall, tensions and contradictions seem to arise because the push was stronger and wanted faster results than the real preparedness and capacity for achieving expected results. According to the same key informant:

> "I mean, to be honest with you, Cambodia is not an example of success at the moment […] If you embark on a process of care reform, so, moving children from residential care into family based-care; it requires a **systemic change**. So, if you start that process without having the frameworks in place, the policies, the guidelines, and the trained workforce, it'll be a disaster […] So, you have 611 reintegrations to date[77] and […] it doesn't look like they were terribly successful, and they didn't sufficiently put in place, um, alternative care placements that you need. […] So, if you're going to reintegrate 3,500 children, you need approximately, 625[78] foster care placements and that was not resourced[79] (SKI, Personal communication, March 29, 2018)

6.3 The perceived intended and unintended consequences

6.3.1 Reduction of offer (intended). Three out of six RCFs interviewed stopped receiving children since 2015 following the policies of the government.[80] This aligns with MoSVY & UNICEF policy recommendations and the "Better Gatekeeping" practices described in the Action Plan 2016 (MoSVY, 2017, p. 13), where they unauthorize new "beds" in RCIs, as well as prohibit the opening of new institutions. Moreover, they exhort actors to choose family-based care for children under three and to have a written authorization certified by actors and authorities in the commune, district and national level. The staff from the group-home expressed:

> Because as I remember, in late 2015, I made a phone call to the Ministry of Social Affairs and they told me that in Siem Reap, we [were] ban of [banned to] take new kids, so when I hear….and then I discuss with our Advisory Committee and our founders, about this information and then, uh, we decided to change our name from Children's Home to Children's Center. Because Children's Home it means a place for our kids to eat and sleep and everything but, uh, the policy of the government, they

[77] The target was: 30% or 3,500 children in the five target provinces. Phased approach: 800 (2016), 1,200 (2017), 1,500 (2018).

[78] His calculation draws from an approximate 20% of children thought to require foster-care placements from the bigger 3,500 figure.

[79] From the present field research, we know that the organization "M'LUP RUSSEY" assists the process with Emergency foster care that is required for these cases. (Sarah Chhin, personal communication, March 16, 2018) However, their capacity is small and they cannot serve the gap mentioned by the key informant in this comment.

[80] Please note the Action Plan was written and signed in 2016, published in 2017 but tried to guide the process from 2016 to 2018. So, it can be somehow challenging trying to follow these events chronologically. However, please remember that the Sub-Decree 199 on the Management of RCIs was released by the last quarter of 2015. USAID carried a deinstitutionalization pilot in Siem Reap in 2012. And the government was signing the Country Program Action Plan in February 2016. Moreover, actions were taken since 2012 and more insistently after the publication of the MoOSVY & UNICEF reports.

> don't want any NGO to choose new children to stay in, so, I think that sooner or later...I mean there is no kids or youth in our center, so I think….we thought then it is a good idea to change to Children's Center because in our children's center we can teach English and provide school supplies and everything to those kids. (CD, personal communication, March 21, 2018).

The interviewee also said that formerly, when they were a "Children's Home," they had 35 children in the facility. When they changed their name and their way of functioning, the also reintegrated 27 children, to follow government regulations. Today, this group-home provides shelter, food and educational support to eight children and young adolescents. The staff from a pagoda-based organization that runs an RCF for children, also affirmed that they stopped receiving children in 2015 because of the "restrictions" established by the new policies. He understood some reasons behind this change as described below:

> Another reason is about like, about reduce the child centers is about UNICEF and Ministry of Social Affairs they did the research about the difference between child in community and child in the centers. So, the result of the research show that the child in the center is not so strong, not so flexible when they go back to the community. So, like, they cannot adapt to the situation when they go back to their community. But, the children in the community they [adapt] easily to the situations of the life, the movement of the life. But the children in the center, even if they come from poor backgrounds, and they live in the center, but after they go back, they do not how to survive. […] Yeah they don't know how to work, how to adapt their live to their situations. So, the ministry did new policy to integrate children from center back to their community in order to let them learn how to live, learn how to live their life." [28:38] (AB, personal communication, March 20, 2018).

In the excerpt above, the staff member seems to share the narrative of the government on why family and community alternatives are better than residential care. The research he refers to is possibly the Jordanwood & Lim work (2011), a report widely used to back up the deinstitutionalization decisions implemented by the government and other actors. The staff from the pagoda-based association, also mentioned that they reduced the number of their beneficiaries after the policies were in place. From having a peak number of 55 beneficiaries in 2007, they now have 17 children in a residential care institution that they run. This staff member said they were even considering closing the RCF because of the "complications" it entails to run an RCF with the current policies (AB, personal communication, March 20, 2018).

6.3.2 Reduction of Donors (intended). The Jordanwood & Lim research recommend changing donor behavior, reducing international and national donors support to RCFs and instead, redirecting their financial help towards community-based care (2011). This objective also features in USAID project scope "Family+," and according to the evaluation report in 2015, their "advocacy campaign far exceeded its targets, reaching an estimated 3.9 million people internationally." Moreover, affirm that although a measurement of the reductions is complicated, "it was possible to find evidence of the impact in international media discussion, responses to the campaign by RCIs, and a program that ceased placement of volunteers in Cambodian RCIs" (EMC, 2015, p. iv).

Similar perceptions arose from our fieldwork. The staff of a group-home ascertained that some of the donors stopped supporting their organization after the new policies were in place because they could no longer see the direct impact on children, as many of them were reintegrated (CD, personal communication, March 21, 2018). It is important to note, that this situation endangers the financial capacity to support those children who were reintegrated. For example, a social worker of a large umbrella organization mentioned that monitoring is completely stopped if the monthly international sponsorship is ceased for a specific case[81] (PQ, personal communication, April 2, 2018).

6.3.3 More difficult monitoring and higher costs (*unintended*)

a. Unaffordable support to families before reintegration. At the community level, unforeseen monitoring costs arise from having to support the reintegration of children in families that are, in many cases, in villages far away from the RCFs. At the same time, the distances, subsequent costs of transport and the lack of human and financial resources, undermine the efficient and correct monitoring practices of reintegration. When asked if they were supporting the families of current beneficiaries, in preparation for the successful family reintegration, they expressed that they could not do it because of distances and lack of resources.

The staff of the pagoda-based organization, who suggested himself that support should be given to families prior to reintegration, also asserted that they could not follow this practice.

> The children in [the residential care center], we don't support their families because they are from different provinces, from different communities. That is not in [in this] area, but they are from Battambang province, they are from Banteay Meanchey province. Even in Siem Reap, but is far away (AB, personal communication, March 20, 2018).

[81] In this organization, the sponsorship is done case by case – also known in French as *parrainage.*

The staff of an NGO that manages various projects around Siem Reap supporting children, families and the community in general, also said that they could not provide support to those families of children currently under their residential care because all of them would live far away. “With these guys here, we don’t support the family, because they are away. You know? Different provinces. So, they can come to visit, but we don’t support them in this case, with the children.” (IK, personal communication, March 26, 2018)

When asked about those families who lived nearby, he said:

> […] “the ones nearby, we don’t get them [children] to stay here. […] They come and study here and, but we support them, the children, I mean, like the one, nearby. And if the family [is] violent, our team go to do counseling, support the children to go to school. And if family unemployment, we do also support (IK, personal communication, March 26, 2018).

b. Difficulties in monitoring. Furthermore, when asked how they would follow up on children who were reintegrated, they answered they would do it via telephone call, if available, because it was not possible to visit children in their hometowns due to the above-mentioned reasons (i.e., distances and lack of resources; AB, personal communication, March 20, 2018; CD personal communication, March 21, 2018). Once more, distances play a rather negative role when it comes to monitoring either in reintegration or in those community projects that support families. According to the social worker of an umbrella organization that works with various RCIs, in his experience, when monitoring the cases of “external” children:[82]

> “It is difficult to go to see all the children and their families. Sometimes they live 70km, 50km […] it is far. That is why we ask the parents to come to the center to ask for information. We also ask for their telephone numbers. If there is a problem, then we can go, to visit the family. Sometimes, if we find they are too far away, and we heard that one of the girls is not going to school, but we are not clear, how can we do? We can go to her school, go to her parents’ house. […] Its only me and my assistant who carry out these visits […] once a month. (PQ, personal communication, April 2, 2018).

In addition to distances, the lack of resources (either human or/and material), could undermine a thorough follow-up on children’s reintegration. The lack of resources and training for a proper monitoring were mentioned as gaps of the deinstitutionalization process by key informant SKI, but he also affirmed that development partners are doing advancements in this regard (Personal communication, March 29, 2018). The team of researchers also acknowledged that

[82] Reintegrated children that they still support if they continue studying and if sponsorships are available.

even if there is a lot of room for improvement in monitoring and reintegration, there has been some progress over the past few years (TKI, personal communication, April 2, 2018).

c. Reintegration with extended family. The situation seems to be more complex if the reintegration involves extended family, situation that arises when children do not have parents who can take care of them. According to the staff from the group-home:

> "Some of their family is not living in Siem Reap. So I think, this is very hard for them, especially even they have other relatives, when they go to stay with them, so I think this is not a good choice, because for other relatives, like uncle or aunt, I think that uh <sigh> <sil> If we ask them to stay, we have to make sure we can involve with them. To make sure to give them some money for food, for electricity, for anything else. So, yes. We cannot stay with them for free, <laughter>" (CD, personal communication, March 21, 2018)

On this vein, when staff of RCFs were asked about the characteristics of the reintegration of children whose parents are migrants; three staff from two different organizations said they work with the extended family (even though it could prove more demanding, financially) (AB, personal communication, March 20, 2018; NO and PQ, personal communication, April 2, 2018). The staff from the pagoda-based organization also mentioned:

> So, for our government, they already have a solution for this case. And they do this job step by step. Like for the kids who has no parents, so, we will find out the other relatives that those kids can stay with. Like with the uncle, with their cousins or with their aunt. Just like that. So, for the kids who have to stay on the NGO. Even if they don't have parents or other relatives, I mean they are abandoned. No one can take care of them, so they can stay. But if they stay, they can stay with the State Orphanage." (CD, personal communication, March 21, 2018).

Moreover, the Director of an umbrella organization that manages various RCIs, including state orphanages had a similar opinion when asked about the fate of children whose parents were labor migrants. He said:

> *NO:* We have a project for reintegration, forty children. We will assess the situation of the families, meaning uncles, aunts and also grandparents. If the conditions are here, and that the extended family is willing to take the children. But we haven't started this job yet.
>
> *Researcher*: I just wanted to know how different it can be to reintegrate to the parents [compared] to the extended family.

> *NO:* I think the problem is the financial issue. From what I understood, extended family could be more demanding when accepting a child back." (NO, personal communication, April 2, 2018).

This information could imply that the reintegration processes with extended family could be more challenging financially for the organizations. It could also make us reflect once more on the situation and struggles of these extended families that might have a poor socio-economic situation already and might not feel capable of caring for the incoming child. This could happen even to the biological parents. And although they have the responsibility and duty of care of the children, some of them might be in the same poor socio-economic situation that might have led them to put their children in the RCF in the first place.[83] This situation could potentially endanger the present and future well-being of the child.

The Sub-Decree 199 includes the conditions that may allow residential care centers to keep children under their care. They include the possibility of continuing providing care services to "children whose parents or guardians are not able to fulfill their obligation caring for their children due to their extreme difficulty, lacking necessary and basic needs and services, shelter, food, clothes, education and health care" (Chapter 5, Article 11, Royal Government of Cambodia, 2015). Moreover, the Action Plan 2016 has the guiding principle of doing a phased reintegration, looking after the "best interests of the child." However, it is not clear if when doing a large reintegration process to comply rapidly with new regulations imposed, the staff from the centers and the authorities make sure that the families of children that are being reintegrated, have the opportunities, conditions, capacity and even willingness to care for their children once more.

6.3.4. Perceptions on the difficulties and risks of reintegration (unintended/unaccounted for). The reintegration of the child back into his/her family and community is inherently related to the deinstitutionalization process, and it can be challenging. As seen in the literature review, there are stages that need to be considered for a "successful reintegration," to remind the reader, some of these included i) "Careful, rigorous and participatory decision making about the suitability of family reintegration"; ii) "preparing the child, family, and community for reintegration;" iii) carefully planned reunification;" and iv) extensive follow-up support" (Wedge et al., 2013, pp. 4–5). According to the perceptions of the interviewees, these stages are not being followed.

According to the key informant SKI, the current documents related to the deinstitutionalization process in Cambodia establish many actions that are in paper, but lack "other factors [that]

[83] Remember that escape from poverty and access to education were the two main reasons for institutionalization of children in Cambodia according to the latest National Estimation research and report (Stark et al., 2017).

are critical for it to work, such as there being a functioning education system, health system, and community-based social work." (SKI, personal communication, March 29, 2018). In this regard, our interviewees shared mixed evidence on reintegration perceptions. However, education was once more, a consistently highlighted issue, with school dropout after reintegration being the most common problem mentioned among interviewees.

a. Access to education (vs. residential care). The issue of education, largely discussed in this paper as one of the most important pathways for institutionalization in the context of Cambodia, was mentioned again related to reintegration by 11 out of 12 interviewees. For example, SKI expressed:

> "In the current research that we are doing on the 611 children [who were reintegrated], access to education is cited as one of the biggest challenges those children are facing, because they do not have any access to education anymore. So, they were getting educated in the RCI. So, when you're reintegrating, you have to look at the educational needs of the child, and that is not been done at the moment. […] And it should always be part of every assessment." (SKI, personal communication, March 29, 2018).

This important piece of information based on current research aligns with the perceptions of other interviewees. For example, the staff from a pagoda-based organization manifested that around 90% of those reintegrated from their RCF after the policies were in place, had dropped out of school already (AB, personal communication, March 20, 2018). For this staff, the reintegration process was not working well in respect to education. He continued:

> "If we sent them back to their community, they [will] totally drop out. Because we know the behavior of the children. We know about how children think. If we send them back so they will drop out of school. Because when they live in center, we provide them a motivation, we explain them about the importance of education, but when they go to stay in the family no one say about that. Everyone tries to motivate them to drop out from school and then find out job." (AB, personal communication, March 20, 2018)

The same interviewee said: "when we send them back to their community, so they will go back to their past" (AB, personal communication, March 20, 2018). He ascertained that his organization, among others, does not agree with reintegrating children before they finish the 12th grade (last grade of high school), because for him, and his organization, education is a tool to break away from the cycle of poverty. The staff from the group-home shared a similar concern, expressing that the deinstitutionalization policies, might prevent children to "attend higher education," and in this way not allowing them to get out of the cycle of poverty. He also added that this was a common concern among NGOs that worked with child protection in the area:

> The [NGO network] still worry about the kids on the countryside, because, if they still stay in the countryside, so they will lose [the] opportunity to attend higher education. So, if the parents, they were born as a farmer, their kids will be farmers as well, so, it means […] at the moment they are in the poverty situation, in the future, they will be poverty, so they continue for more generations. They do not have solution. So, this is our main problem [the main concern of the NGO network)" (CD, personal communication, March 21, 2018).

Eight staff from six different types of RCFs and community projects shared this view and agreed that children in their facilities benefited from access to education that they might otherwise miss if reintegrated. According to them, not accessing primary and secondary education, might prevent them from accessing new opportunities in the future. CD, staff from the group-home shares:

> But if we compare, I think, the children that stay in the NGO, I think they have, uh, more opportunities to attend university or other education than school. Because they are under the control of our staff and then, uh, they can focus only on education. But in the community, in our countryside, I think, uh, there are more, more at risk, because uh, they easily, uh, give up on their education. Even, if we provide some materials for them." [referring to community projects] […] "Because I can tell you that the kids, our kids who were staying with us, most of them, they are very good at the ability to study, at the ability to work. And they have a very good attitude as well. Because we give advice to them every day in our living. How to success [succeed] in their goal. And they can focus a hundred percent on education, because anything else, we support them. […] This is uh, very different from the kids from the countryside. Some of them, they have to work, they have to assist their parents run small business, or to do agriculture. An then they have to go to school at the same time. So, I think that the quality of their study is not good. But, uh, the kids who are staying here, they are better […] because we focus a hundred percent on their study." (CD, personal communication, March 21, 2018)

A former beneficiary and now permanent staff of an NGO-run RCF and community support initiative expressed he felt lucky. He said:

> "Lucky I found this place. They just want us to go back to school. Then high school later and then university. […] "I started here and learned English free here. I asked them to stay, and they accepted […] So, I just [was] supported to go to public school and University and I got trained and got promoted to be a volunteer staff and then become full-time staff. So, yeah, this is like everyone, like most, some of the children including myself, got this great opportunity. If I don't have this chance we will be

> somewhere, you know or work illegally in Thailand. "(IK, personal communication, March 26, 2018)

Finally, according to Stark et al. research in Cambodia, children are accessing education while in the RCIs and express feeling safe there. The research also concluded that "for some indicators, children in residential care may be doing better than their community counterparts in the lowest wealth quintiles, especially in terms of educational achievement and literacy" (Stark et al., 2017, p. 7). Thus, further research with a nuanced understanding of this results is recommended by the authors, as similar results were found elsewhere and they do not conform with the current discourse that Residential Care is merely negative for the development of the children (James et al., 2017; Whetten et al., 2014).

b. Quality of education and vocational training (VT). In the perceptions shared above, high expectations from access to education are observed, mainly referred to "at least" finishing high school. Quality of basic education must also be considered. However, even finishing high school with quality education, would not assure the child's future. It might not lead to a decent and stable job. This is why, the team of researchers whom we interviewed, shed light on the need to think in "quality and market-driven vocational training," as well. TKI ascertained:

> Another thing is vocational training. And one of the changing trends that we are seeing in this project and outside of this project from the survivors are voicing about quality of vocational training and job placement and making sure that they are actually doing the jobs that they are trained to do. So, there is [are] participants who got trained in saloon skills or thrown a business but have no idea how to manage a business, and they had to close. And now they are selling fruit on the street because they couldn't run this saloon business that was given to them (technically) but couldn't be managed and it had to be closed. […] Vocational training and job training is not only about a skill, it is a high skill with the soft skills involved of leadership, critical thinking, and um, business management along with the actual hard skill if you will. Um, because that's when sustainability happens. If you teach a hard skill, it's you "give a man a fish," you can give a person a skill, but if they don't know how to overcome the challenges within running a business or the employee or employment, uh if they, they'll never keep a stable job, you know? Or they won't be able to keep their business whatsoever, critically thinking how to grow their business whatsoever (TKI, personal communication, April 2, 2018).

Moreover, he sustains that there is a need for "market informed vocational training":

> "Where are the emerging markets in Cambodia? […] and that's where the employment is going to be. […]. You want to advocate safe migration? A hundred percent. But how can we advocate more for the development for Cambodia's economy, so people don't have to leave? So, market-driven vocational training, and then, another thing within VT specifically is internships and employment. So, vocational training may give the hard skill, but then, no employment. And across the world, kids are coming out from college, they have the education, but they are not finding jobs. Or they are taking jobs in a completely different field, not what they have training for. So, making sure VT is one of their main, if not the main goal and charges is not only the education itself and the high standards of education itself. Because if you are going to train saloon skills, train them at the best (5-star saloon), so they are making 25$us a haircut and not a dollar. And so that they have internationally accessible skills from the beginning. Not a skill that can lead to exploitation once again. […] you can train on how to run a front desk or, so that they are going to be at the front desk of a dingy hotel of the red-light district, or you can train them and get them the internships and job opportunities to work at Sofitel, and spend the same amount of money and time in that training. But it depends on the quality, networks, and connections (TKI, personal communication, April 2, 2018).

c. Psychological cost for reintegrated children and youth (vs. residential care). The "Forgotten Cohort" detected that six out of their 19 male participants, ascertained that their families "did not want them to be reintegrated" (Davis et al., 2016, p. 16) mostly because they could not afford to provide them with education and other needs. On the other hand, 11 participants did have a supportive family environment after reintegration. Another finding of that research is the potential problems with emotional and physical violence after reintegration. The authors mention it could be linked to poverty as an "stressor" among the family members (Davis et al., 2016, p. 15). Violence from peers and other community members was mentioned too, including "stigma and discrimination" (Davis et al., 2016, p. 16). Experiences of violence were also shared by the staff from the group-home, CD explained:

> So the state orphanage would be the last choice for the kids stay/ If they have no parents nor other relatives. And we have to monitor on their parents and relatives as well. Because some of families, they have [are] violent. Almost every day like they drink alcohol and they fight each other. So, for this situation, the government do not allow for these kids to stay with their families as well. Those kids have to stay in the state orphanage or NGO." (CD, personal communication, March 21, 2018)

Moreover, without a thorough and constant monitoring, some children might feel "abandoned" when they are reintegrated to their families and communities. This is aligned with the

comments of the researchers who expressed: “I mean, they treat them like a family within the shelter, and then there is these huge themes of feeling that they are abandoned after reintegration, during reintegration, and after case closure, especially case closure but during reintegration as well.” (TIK, personal communication, April 2, 2018). This feeling of abandonment could come from the deceived expectation of monitoring visits that do not happen often and if they do, that might last 5 to 10 minutes and might even be in the presence of all the family members, when they need a private environment (FKI, Personal communication, April 2, 2018). The team of researchers shared some comments on the topic:

> “[…For] NGOs, the longest reintegration process is 2 or 3 years. That’s at least the majority, vast majority, and that’s with the social worker meeting with them, depending on location, again. If they are here in Phnom Penh, that social worker could be with them twice a month. If they are far out in the province, that social worker is going to meet with them once or twice a year.” […] And then they are doing a trip around the province to meet their other clients as well. So, sometimes they meet with the social worker for 15 minutes. And how is the social worker, how are they supposed to build trust, and then, the social worker receives a wholesome story of their lives within 15 minutes’ visit? You know? (TIK, personal communication, April 2, 2018)

Asking the team of researchers about their opinion on the length of the reintegration process, according to their experiences while conducting research, the female researcher said:

> “For me, it’s not a matter of the length of the activity, but it is about how much effort of the organization go into the follow up period, like, whether they just go to meet the client for 5-10 minutes and come back, without asking more deeply, “how are you doing? What happened to you? What are your needs? What are the difficulties?”. Because participants say that the social workers that visit them, they just come to say hi and ask: how are you? And they turn back. (FKI, Personal communication, April 2, 2018)

d. Reintegration and migration. Some findings reveal a that in some cases, children that are being reintegrated, might drop out from school and become labor migrants in search for better opportunities. The director of the pagoda-based organization also reflected on the relation between reintegration and migration:

> “Some of them when we send out to their communities, so they drop out of school and then they go to Thailand […] and some of them they are very close to Siem Reap city. They drop [-out] from school, and they work in Siem Reap. They work as a bodyguard or service at the restaurant.” (AB, March 20, 2018)

In this example, rather than being a pathway to institutionalization, migration could become a step after reintegration, when young adults cannot find a job placement in their local communities.

e. A safer option? In some cases, and within high-risk environments, institutionalization can be a better option to avoid or recuperate from issues such as human trafficking (important in Cambodia). One key informant shared that this reality is present in many other countries too, where being in an RCF might even be the best option a child could have (SKI, personal communication, March 29, 2018). Following this conversation, he asserted:

> "And then actually, in some cases it is the best option. Because at least it will protect them from sexual exploitation. So, it's not cut and dry argument. The UK has 60,000 children in Residential Care, currently, in a very well-developed child protection system. Because the kids have complex needs, very challenging behavior. Specially trained foster carers can't manage them. I mean, the debate about "No residential care" is one that is touchy."[84] (SKI, personal communication, March 29, 2018)

Other key informants also shared some similar information of current research, regarding safety issues when children are reintegrated back to an unsafe environment. They mentioned very low numbers of reintegration processes that can be considered successful, and one of them added:

> "And so, it's very low [the number of successfully reintegrated children]. And this continuing compounding of poverty, lack of opportunity, compounding traumas, outside of their exploitative situation. What happens if they are reintegrated back into the community, their case is closed, and they are exposed to all the traumas in the community, to the violence. We had 2 participants whose mom got killed, where, after they are reintegrated, they are not getting that counselor services, that is [available] in the shelter, inside the NGO and not within the larger community. How are they going to overcome that?" (TKI, Personal communication, April 2, 2018)

And this comment leads back to the two underpinning issues discussed as pathways for institutionalization: Poverty and a lack of a social welfare and protection system for both children and adults. Since they are underlying issues in the Cambodian context, they are also present when one is to reflect about the challenges of the reintegration of children and young adults.

[84] Needing to be dealt with carefully (https://dictionary.cambridge.org/dictionary/english/touchy)

CHAPTER 7

CONCLUSIONS

Following an uncontrollable increase in RCFs and the numbers of children in them from 2005 to 2015, and lead by international development partners such as USAID and UNICEF, the Royal Government of Cambodia has been moving towards a deinstitutionalization process that set a target of 3,500 children reintegrated, by this year. This research aimed to look at the intended and unintended consequences of this ongoing process, as well as to shed light on some existing tensions and contradictions. The deinstitutionalization process was a salient topic among all the interviews carried out in Siem Reap and Phnom Penh on the topic of residential care because it was affecting their current and future operations. Subsequently, it was influencing the access to welfare services of former and current beneficiaries. This process seems relevant at a regional level, as East Asia and the Pacific has the highest number of children in RCFs in the world. Moreover, it is relevant globally as the mainstream international discourse on residential care seems to push towards deinstitutionalization but scarce research is found on the topic in experiences in low and middle-income countries (James et al., 2017). Although Cambodia is not the first process of its kind (James et al., 2017), some international initiatives such as Family Care First are conducting pilot approaches in the country which might be replicated elsewhere for the promotion of family-care alternatives (EMC, 2015). As there are 2.7 million children estimated to be in residential care in the world, looking at the process of deinstitutionalization and reintegration in different settings is of paramount importance to learn from possible challenges and consider best practices. This research aims to be a small contribution to the work there is to do.

This qualitative research based on the perceptions of key actors of the process puts forward the potential lack of adequate follow up of children who are being deinstitutionalized and reintegrated. Personnel from the RCFs expressed that they do not have the financial, material or human resources to carry out a consistent psycho-social support to children in their villages. On the other side, this aligns with the opinion of reintegrated children and youth who participate in an on-going research on the topic and who feel their expectations for support after reintegration are being unmet because they are inadequate or inexistent. A tension emerges here, when the reduction of donor support to RCIs was an intended consequence of this process, however, it could also affect the financial capacity of RCFs to pursue a proper follow up of those being deinstitutionalized, thus, their successful reintegration seems to be compromised. Furthermore, another key informant stated that local grassroots actors (e.g., CCWC), which are the first line of action for the process in the communities, seem to lack training and resources, yet the process depends largely on them. Moreover, key informants

stated that the government has not assigned a proper budget to carry out the deinstitutionalization process and that it relies heavily on CSOs financial support. It is worth noting that this research did not have access to interview government authorities who could inform on their perspective on the progress of this process.

Most of the interviewees expressed concern for the challenges encountered by deinstitutionalized children. Among those perceived challenges, the risk of losing the possibility to finish high-school or to access further education such as vocational training, is worth highlighting. But obstacles to access to education are not the only problem encountered after reintegration. Overall, the main contradiction appears to be that a “systemic change” (SKI, personal communication, March 29, 2018) was necessary before proceeding with the deinstitutionalization of children and youth, to ensure their successful reintegration This systemic change could include an enhancement of education, health, and other welfare and protection services for children and youth. Moreover, supporting families before reintegration to prepare them adequately and putting in place community-based care services, which are strongly supported by international organizations and national authorities in respective documents, but seem to be currently inexistent.

Further research on assessing the capacity of local grassroots actors like the CCWC and the capacity of social workers and staff who would carry out reintegration processes (from the RCFs, RCIs, and State RCIs affected), could be key to step back and find viable solutions for these issues. Moreover, further research on pathways to institutionalization (potentially focusing on education), could prove useful to tackle the main problem (institutionalization) from its root causes.

A perceived tension emerges between a process that aims to reintegrate children to their families and communities to improve their quality of life outside residential care, but that might be failing to do so. This aligns with further research (James et al., 2017; Whetten et al., 2014) that calls stakeholders to go beyond the simplistic support to one type of alternative care over other (either residential, family, or community care); and rather, to reflect on the need for all actors involved to efficiently guarantee the “best interests of the child”.

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APPENDICES

Appendix A: Consent Form

Participant Information Sheet &

INTERVIEW Consent Form

This interview aims to inform the Masters' dissertation of the student Pamela Michel Lizarazu, who is also the interviewer, accompanied by Khon Hong Dy (Khmer translator).

This research is the final requirement that Ms. Pamela Michel needs to achieve to graduate from the Masters Programme of Development Studies that she pursuits at the Graduate Institute for International and Development Studies in Geneva, Switzerland. This research is currently being conducted in Cambodia, thanks to the collaboration of the NGO Louvain Coopération that participates in a nationwide research related to the impacts of migration on Cambodian children and their families, in partnership with the International Organization for Migration (IOM), the UN migration agency.

The interviewer (in this case, the investigator with the support of a translator) should have the interviewee read this form carefully and ask any questions the interviewee may have before the interview starts. The investigator will be most happy to answer them. Subsequently, the interviewee should sign two copies of this form. The interviewee will be given one copy of the signed form.

Interview consent form

I volunteer to participate in the research project conducted by Ms. Pamela Michel Lizarazu, Master student at the Graduate Institute for International and Development Studies. I understand that the project is designed to gather information about the policies, strategies and debates implemented in Cambodia by the government and other institutions and organizations, regarding children whose parents are away as labor-migrants.

1. I am over 18 years old, and my participation in this project is voluntary. I understand that I will not be paid for my participation.

2. There are no known risks of my participation. If I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview. I can also withdraw from the research at any time by informing the investigator/interviewer, and consequently, all of my data will be discarded. I may withdraw and discontinue participation at any time without penalty or loss.

3. Participation involves being interviewed by the investigator/interviewer, Pamela Michel Lizarazu. The interview will last approximately 1 hour and 30 minutes. Notes will be written during the interview. A digital audio recording of the interview and subsequent dialogue will be made. If I don't want to be audio-recorded, I can inform the interviewer, who will discuss alternatives.

4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview (unless I require to do so). My confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.

5. I have read, and I understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

6. I have been given a copy of this consent form.

_____	_____
Interviewee's signature	*Signature of the investigator*
	Pamela Michel Lizarazu
_____	_____
Interviewee's Printed name	*Printed name of the researcher*

Please feel free to contact the investigator whenever required:

Pamela Michel Lizarazu

+855 85 391 125

pamela.michel@graduateinstitute.ch

And if you have further questions or concerns about the research, please feel free to contact Ms. Pamela Michel's Dissertation Advisor, Graziella Moraes Silva, PhD, Assistant Professor, Anthropology and Sociology at the Graduate Institute of International and Development Studies, Geneva, Switzerland, tel.: +41 22 908 45 84, email: graziella.moraes@graduateinstitute.ch, or Amaury Peeters, PhD, Country Director at Louvain Cooperation, Cambodia, tel.: +855 92 333 262, email: apeeters@louvaincooperation.org.

Appendix B: Interview Guidelines (Intensive interviews)

INTERVIEW GUIDELINE FOR STAFF in RESIDENTIAL CARE FACILITIES (SIEM REAP, CAMBODIA)

Introduction (Pamela, Hong Dy (Translator), research)

Consent form (explanation and signature)

Start Recording

Initial words: First of all, thanks for your time. Please, feel to make us repeat any question that you do not understand. Also, please remember that there are no wrong or right answers, and we are certain that your inputs will be very valuable. Thank you for sharing them with us.

Topics	**Questions for Staff at RCIs/RCFs**
Background questions	When was it founded? Local or international initiative? How is it funded? Internationally or locally? (*definitions*) How would you define (name) the type of center you work for/founded? Why? How many beneficiaries do you currently assist? What types of beneficiaries? What are their ages? How do the beneficiaries enter the center in the first place? Can you describe your projects/organization in more detail? e.g. residential care, family support, community support, reintegration Was there any major change in your projects and organization throughout the recent years? Why? ***If they talk about the change of 2015:*** What organizations, authorities proposed the change? How was the transition? How was it then? How is it now? What is your take on the transition process?
Strategies of Residential Care Institutions and	2. Do you know if some children have parents who are labor migrants?

other Facilities with children left-behind	How many children are in the center as a result of their parents' migration or a related cause? Do you perceive migration as prevalent around the area? How does your project help tackle the issues related to migration? How many children live in your residential care center at the moment? Of those, how many are children left-behind by migrant parents or how many of them are here because of a migration-related cause? What type of "residential care" is provided to them specifically? (if applicable) How do you handle the communication with parents, grandparents or previous caregivers? Do parents send remittances to the children under your care through you/the staff of the center? When do children leave the center? Do you support them after they finish high school? When do you acknowledge they reintegrate completely with their families and communities? Do you continue in touch with them? How is the reintegration process of children formerly in your center, working so far? If parents are not in Cambodia or nearby, how does the reintegration work? Do you stay work with the alternative caregivers of the child, to support the reintegration process (e.g. grandmother)? *(If applicable)* Are those children whose parents are migrants, more likely to stay a longer period in the residential care facility? Did you see any specific impact on children left-behind?
Policies/ strategies of government towards children left behind	3. Have you heard or know about some government strategies /policies for children left behind by migrant parents? How did they influence your work? Have these policies change over the last 5 years? How? How this has influenced your work again?

	How did it influence your support to children left behind more specifically?
How they influence each other (Policies → RCI/RCFs strategies)	Already included in previous questions
De-institutionalization process and alternative solutions → Changes over the past few years (2012 - 2015 when de-institutionalization started) and how they impacted the strategies supporting children left behind.	Already included in previous questions
What are the debates that exist currently on the topic?	Analyze the interview to prompt any question that could be relevant to this issue
Definitions of RCIs, RCFs and other alternative types of care	Already included in previous questions (only about how they define their organization) (*definitions*) How would you define (name) the type of center you work for/founded? Why?

INTERVIEW GUIDELINE for KEY INFORMANTS

Introduction (Pamela, Hong Dy [Translator], research)

Consent form (explanation and signature)

Start Recording

Initial words:

First of all, thanks for your time.

Please, feel to make us repeat any question that you do not understand first hand.

Also, please remember that there are no wrong or right answers, we just want to understand the work that you do and the work the organization does. We are sure all your inputs will be very valuable, and we thank you for sharing them with us.

Topics	**Questions for Key informants**
Background questions	Current Work Experience on the area of child protection and care Where are you from?

Strategies of Residential Care Institutions and other Facilities towards children left-behind	Are children left behind in the scope of Residential Care Institutions or Facilities, you have worked with? Why? How? What has been/is the approach on their particular situation? Did it change over the past 5 years? Why? How? In what ways it impacts children left behind? How? Evaluation today
Policies/ strategies of government targetting children left behind	Are children left behind in the scope of their policies? Why? How? What has been/is the approach on their particular situation? Did it change over the past 5 years? Why? How? In what ways it impacts children left behind? How? Evaluation today
How they influence each other	Has the change in NGO's, IOs, and Local grassroot organizations been influenced by government change in policies? How? Have the gov. policies been influenced by NGO's research, practices, IOs with international agreements and others?
What are the debates that exist currently on the topic?	Theoretical Empirical
Definitions of RCI, RCFs and alternative types of care	Normally connected to the previous point
De-institutionalization trend and alternative solutions → Changes over the past few years (2015 when de-institutionalization started) and how they impacted the	What is your opinion about the de-institutionalization process in Cambodia? Why? Have you actively participated in this transitional process? How?

strategies supporting children left behind.	Have you seen any particular impact on the strategies that targeted children left-behind as a result? How?
Link Theoretical debate on different approaches on child care (specifically for clb)	Lit. Review.

Appendix C: Terminology

Alternative care: Care not provided by parents. It may take form of:
(i) Informal care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;
(ii) Formal care: all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures; (UN General Assembly, 2010)

Boarding school/Boarding house: A housing arrangement for children to stay for a term or multiple terms of their studies to access education far from home. Boarding schools were included in the mapping as there was concern that some schools might, in fact, be residential care institutions." (MoSVY & UNICEF, 2017)

Child Welfare System: Functions and services that target children in need and at risk, and include child protection and "family support services" (Anglin, 2002, p. 4)

Children without parental care: all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. (UN General Assembly, 2010)

Family-based care: Form of alternative Care. Temporary care provided to children by extended family members, child-headed households, or foster families. (MoSVY, 2008)

Foster care: 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; (UN General Assembly, 2010)

Group Home care: Provided to a limited number of children in a family-like environment under the supervision of small group of caregivers unrelated to the children."(MoSVY, 2008)

Added to the definition of “Group homes” in “Other type of Residential Care Facility” that exist in Cambodia: “Typically, there is at least one trained, employed caregiver providing non-medical care supervision 24 hours a day to children in a structured environment”.(MoSVY & UNICEF, 2017)

Kinship care: family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature; (UN General Assembly, 2010)

Orphan: UNICEF and global partners define an orphan as a child under 18 years of age who has lost one or both parents to any cause of death. By this definition, there were nearly 140 million orphans globally in 2015, including 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia. This large figure represents not only children who have lost both parents, but also those who have lost a father but have a surviving mother or have lost their mother but have a surviving father. Of the nearly 140 million children classified as orphans, 15.1 million have lost both parents. Evidence clearly shows that the vast majority of orphans are living with a surviving parent grandparent, or other family member. 95 per cent of all orphans are over the age of five. (UNICEF, 2017).

Orphanage: An institution for the care of orphans. (Merriam-Webster, Incorporated, 2018)

Pagoda or other faith-based Care: Form of Alternative Care provided to children by monks *(Preah Sang*), nuns *(Donjis*), lay clergy (*Achars*) and religious bodies who provide the children their basic needs in the pagoda and other faith facilities. (MoSVY, 2008)

Prakas or proclamation: in Cambodian law “a proclamation is a ministerial or inter-ministerial decision signed by the relevant Minister(s). A proclamation must conform to the Constitution and to the Law or sub-decree to which it refers.” (KD consulting, 2009)

Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes; (UN General Assembly, 2010)

“Institutional or **residential care** is a group living arrangement for children in which care is provided by **remunerated adults for services provision**: e.g., orphanages, recovery centers, and child protection centers. Children in such settings receive full-time care for an appropriate length of time” (MoSVY, 2006, 2008).

Residential Care Institution (RCI): A type of residential care facility that provides services to all types of children who have been **abandoned or cannot stay with their biological families or relatives in communities,** and that fits the standard definition of a residential care institution as defined in the Minimum Standards on Alternative Care for Children.
These generally provide care in a **non-family** and structured environment for **a large number** of children. (MoSVY & UNICEF, 2017)

Residential Care Facility (RCF): A non-family-based center run by paid staff, where children live and access services, **as well as sleep at night.** This definition includes all the settings defined as providing residential care in the UN Guidelines for the Alternative Care for Children. (MoSVY & UNICEF, 2017)

Transit home and temporary emergency accommodation: A form of residential care with limited duration of stay for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment. (MoSVY & UNICEF, 2017)