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Veterans and Youth Rehabilitation

# Study Report on Good Practices in Family Preservation and Prevention of Family Separation Programming in Cambodia

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# FOREWORD

Under the coordination of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and with financial support of UNICEF, Coram International was selected to conduct a study on good practices in family preservation and prevention of family separation programming in Cambodia. The study is conducted during the time MoSVY has been implementing deinstitutionalization program through family reunification and supporting the reintegration of children to their families and communities.

The report provides in-dept analysis of programs of 7 different NGOs working on the prevention of family separation and family preservation in order to respond to risks related to physical and mental well-being and domestic violence. The report also provides the analysis on the good practices, gaps, challenges and opportunities of these NGOs' programs.

The study is important for modeling family-based care programs and directing family preservation and prevention of family separation programs, especially in the five priority provinces, namely, Phnom Penh, Battambang, Kandal, Sihanoukville and Siem Reap, although it will also be beneficial for other provinces. The study provides recommendations for MoSVY to consider developing national standards or guidelines for NGOs and development partners to continue producing evidence to guide the development of family preservation programs in Cambodia.

MoSVY would like to express profound appreciation to UNICEF for its support for this study and to Coram International who led the data collection and analysis of this report. MoSVY would also like to thank officials of MoSVY and DoSVY and staff of NGOs who have collaborated, facilitated and provided data for this study.

I strongly hope that the report will provide models of good practice programs to improve family-based care, higher responsibilities by all the stakeholders and which lead to effective prevention of family separation

Phnom Penh, 1 September 2020

Minister

**Vong Sauth**

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# ACRONYMS

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| 3PC | Partnership Programme for the Protection of Children |
| CCPCR | Cambodian Centre for the Protection of Children's Rights |
| CCWC | Commune Committee for Women and Children |
| CCT | Cambodian Children's Trust |
| CFI | Children's Future International |
| DoSVY | Department of Social Affairs, Veterans and Youth Rehabilitation (provincial/ municipal level) |
| FCF | Family Care First |
| HES | Household Economic Strengthening |
| FBO | Faith Based Organization |
| FCF | Family Care First |
| MoI | Ministry of Interior |
| MoSVY | Ministry of Social Affairs, Veterans and Youth Rehabilitation |
| MoWA | Ministry of Women's Affairs |
| NGO | Non-Governmental Organization |
| OSVY | Office of Social Affairs, Veterans and Youth Rehabilitation |
| RCI | Residential Care Institution |
| RGC | Royal Government of Cambodia |
| SoS | Signs of Safety |
| UNCRC | United Nations Convention on the Rights of the Child |
| TPO | Transcultural Psychosocial Organization |
| UN Guidelines | United Nations Guidelines for the Alternative Care of Children |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WCCC | Women and Children Consultative Committee |

# 1. INTRODUCTION

The overriding purpose of this study is to document **good practices and lessons learned from programmes that support family preservation and the prevention of family separation**, in order to strengthen the evidence base for family-based programmes as part of the childcare sector reform in Cambodia. The study is being carried out in the context of the country's broader program implementation to reduce residential care for children by reunifying and supporting their reintegration to their families and communities.

Global research has documented the negative impact caused to the development of children who have been placed in residential care institutions (RCIs).[1] According to existing evidence, children in residential care are more likely to suffer sexual and physical abuse, and are at risk of harsh punishment, a lack of stimulation, and separation from their traditional communities.[2] Even where institutions are safe and provide adequately for the material needs of children (and many do not),[3] institutional care does not provide the level of positive individual attention that children require for their successful emotional, physical, mental and social development and this type of care is especially damaging for very young children.[4] Moreover, long periods of time spent in residential institutions can make it difficult for children to reintegrate back into their community, and can have negative health and social impacts that last long into adulthood.[5]

Despite this, it has been estimated that thousands of children in Cambodia are living in residential care. Estimates vary (due to different methods and definitions used). A mapping study carried out by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) 2015 found that there were 16,579 children living in RCIs.[6] There were also found to be a further 9,608 children reportedly living in another 233 residential care facilities, including transit homes and temporary emergency accommodation, group homes, pagodas and other religious buildings and boarding schools, making a combined total of 26,187 children.[7] What is particularly significant is that an estimated 80 per cent of children living in RCIs have at least one living parent.[8] The number of RCIs has increased exponentially in recent years: by 75 per cent between 2005 and 2010,[9] prompting the Royal Government in 2016 to develop an Action Plan for Improving Childcare, with a target for reintegrating 30 per cent of children resident in RCIs in five target provinces.

The push factors for institutionalization includes poverty, migration, poor physical or mental health of parents, family violence, limited access to basic services or educational opportunities, drug and alcohol problems and child maltreatment. The use of residential care is also driven by community beliefs, including among local governments, that residential care is a suitable option for children where families are experiencing difficulties. They are also supported by a wealth of funding from international donors by NGOs operating largely outside the Royal Government frameworks and oversight.[10] As a result, many RCIs rely on 'orphanage tourism' or 'voluntourism' to attract donors, placing children at risk of harm.[11] There is some evidence of staff actively recruiting

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1 See the extensive selection of research on the effects of institutional care on children at Better Care Network, Effects of institutional care, at https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/effects-of-institutional-care

2 Better Care Network, Effects of institutional care, at https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/effects-of-institutional-care

3 Save the Children, Institutional care: A last resort, Policy Brief (2014), available at: http://www.thinkchildsafe.org/thinkbeforedonating/wp-content/uploads/Institutional-Care-The-Last-Resort-Save-The-Children.pdf

4 Harvard University, Center on the Developing Child, The science of neglect: The persistent absence of responsive care disrupts the developing brain, Working Paper 12 (2012).

5 Better Care Network, Effects of institutional care, at https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/effects-of-institutional-care

6 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

7 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

8 Stark, L. et al., 'National estimation of children in residential care institutions in Cambodia: A modelling study', BMJ Open (2017). The report discusses this study, as it provides key data on the profile of children in residential care in Cambodia (see section 3).

9 UNICEF, Residential care in Cambodia (2011), available at: https://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf

10 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011), p. 25.

11 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011), p. 25.

children from poor communities into RCIs.[12] While often well intentioned, the channelling of donor funding into RCIs has resulted in an industry in which children may be exploited in order for organizations to attract funds.

It is therefore important to develop family-based models in Cambodia and to assess their effectiveness and demonstrate the benefits that these programmes bring to children and their families. This study will map the existing programmes supporting family preservation and the prevention of family separation in five priority provinces: Phnom Penh, Battambang, Kandal, Preah Sihanouk and Siem Reap.[13]

Drawing on international law and guidelines, along with examples of best practice in programming for the prevention of family separation, the study will assess which examples of best practice in family-based programming can be applied to the Cambodian context, and which in-country examples can be scaled up to maximize capacity and effectiveness. This is particularly important due to the very limited evidence of 'what works' in programming to prevent family separation in Cambodia.[14]

This report provides an in-depth analysis of seven individual programmes that function to prevent family separation, along with one other programme that provides services and support to address particular mental health and family violence related risk factors. It then provides a synthesis of the key best practices, gaps, challenges and opportunities among these programmes.

In addition to this report, two other outputs were developed as a result of this study. An advocacy brief was developed to deliver key messages to donors on the negative impact of residential care and the benefits of programmes that support families, so that children can remain in family-based care. The advocacy brief is intended to be disseminated to donors to encourage support of good practice and family-based programming. A business case was also developed, which sets out the key elements and 'dos and don'ts' to guide organizations considering transitioning from residential care to family-based models of service delivery.

## 1.1 Scope of the study and definition of key concepts

**Child:** a child is a person aged under 18 years, in accordance with international law[15] and Cambodian domestic law.[16]

**Family:** refers to biological family, relative family and foster family who have legal guardianship to care for the child or care for the child, formally or informally.[17]

**Kinship care** is family-based care within the child's extended family or with close friends of the family who are known to the child.

**Foster care** is the placement of children by a competent authority into a family other than the child's own family.[18]

**Family preservation / prevention of family separation interventions** include programmes aimed at preventing unnecessary family separation.

**RCIs/Orphanages:** refer to centres run the State or NGOs which is recognized by MoSVY, which provide residential care and all basic development needs of children who have lost one or both parents, who have been abandoned, or whose parents or guardians are incapable of providing adequate care for them.[19]

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12 Fiss, J. and Matthews, L., Family Care First, Thematic mapping of five provinces (2016), p. 40.

13 Note that one programme that was examined is being run by an organization based in Phnom Penh, but is being implemented in Svay Rieng province.

14 However, it is noted that two recent evaluations (while not robust impact evaluations) provide some useful information on the effectiveness of family preservation programmes: CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018); Coram International, Promoting and protecting the rights of children: A formative evaluation of UNICEF's child protection programme in Cambodia (2018), UNICEF Cambodia: Phnom Penh.

15 UN Convention on the Rights of the Child, Article 1.

16 See Law on the Suppression of Human Trafficking and Sexual Exploitation 2008, Article 7.

17 MoSVY Prakas on Procedures to Implement Policy on Alternative Care for Children (2011), Article 4, Point 7

18 UN Guidelines for the Alternative Care of Children (2010), para. 29(c).

19 MoSVY Prakas on Procedures to Implement Policy on Alternative Care for Children (2011), Article 4, Point 17.

## Cambodia's international obligations on alternative care

The Royal Government of Cambodia ratified the **United Nations Convention on the Rights of the Child** (CRC) in 1992. The CRC, in its preamble, recognizes that "the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community" and that it is necessary for "the full and harmonious development of his or her personality" that children grow up in "a family environment, in an atmosphere of happiness, love and understanding". It requires States to respect the responsibilities, rights and duties of parents or legal guardians[20] and prohibits the separation of children from their parents against their will, except where this separation is necessary for the best interests of the child and in accordance with the determination of a competent authority subjected to judicial review.[21]

According to the CRC, States are under an obligation to "render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities".[22] They are also required to "take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible".[23]

The **UN Guidelines on the Alternative Care of Children** elaborate the obligations of States in the provision of alternative care for children, including the delivery of services to prevent the separation of children from families. The UN Guidelines emphasize that programmes to avoid family separation should be prioritized, in recognition of the right of the child to grow and develop in a family: "The family, being the fundamental group of society and the natural environment for the growth, well-being and protection of children. Therefore, efforts should primarily be directed to enabling the child to remain in the care of his/her parents or other close family members as priority. The State should ensure that families have roles and capacity to care for their children."[24] The Guidelines also emphasize that residential care should be limited to cases where it is necessary and for the best interests of the child,[25] recognizing that it is the opinion of experts that alternative care for young children should be provided in a family-based setting.[26] They also state that residential care institutions shall not be an alternative care option for children.[27] The UN Guidelines elaborate key principles and guidance on the development of family-based care for children, including programmes and services to prevent the separation of children from families. Along with policy and broad universal prevention measures, including ensuring that all households have access to basic food and essential services, and limiting the development and use of residential care options,[28] the Guidelines require States to "develop and implement policies that are consistent with the Guidelines and improve family based care for children to promote and strengthen parents' ability to care for their children".[29] The UN Guidelines call for interventions that respond to the full range of root causes of child separation, including birth registration, access to adequate housing and health care, education and social welfare services, as well as promoting measures to combat poverty, discrimination marginalization, stigmatization, violence, child maltreatment, sexual abuse and substance abuse.[30]

[20] UN Convention on the Rights of the Child, Article 5.
[21] UN Convention on the Rights of the Child, Article 9.
[22] UN Convention on the Rights of the Child, Article 18(2).
[23] UN Convention on the Rights of the Child, Article 18(c).
[24] UN Guidelines on the Alternative Care of Children, Article 3.
[25] UN Guidelines on the Alternative Care of Children, Article 21.
[26] UN Guidelines on the Alternative Care of Children, Article 22.
[27] UN Guidelines on the Alternative Care of Children, Article 23.
[28] UN Guidelines on the Alternative Care of Children, Article 156.
[29] UN Guidelines on the Alternative Care of Children, Article 33.
[30] UN Guidelines on the Alternative Care of Children, Article 32.

# 2. METHODOLOGY

The study involved an **in-depth assessment of a selection of family preservation programmes** across the five study provinces that have elements of good practice. The reason for this is that the overall purpose of the study was to document good practices and lessons learned from programmes that support family preservation and the prevention of family separation, rather than to carry out a broad or comprehensive mapping of existingprogrammes and services. The study aimed to identify good or promising programmes and examine, in an in-depth manner, how these programmes function, the effectiveness of the programmes (including the factors or components that are associated with effectiveness), lessons learned, gaps, challenges and opportunities for further development of family preservation programmes.

Overall, the study adopted a **qualitative approach to data collection** in order to identify good or promising practice models of programmes that either aim to support family preservation and / or that address the core drivers of family separation. Qualitative data is particularly useful for understanding why certain family preservation services have been effective or could be further developed and why they are viable as alternatives to residential care. In particular, qualitative data collection aimed to capture insights of key stakeholders on what works in community-based programming and to identify existing gaps, challenges and opportunities for development. This information is essential to forming recommendations that reflect the reality on the ground and that can be operationalized in the local context.

## 2.1 Research process and methods

The study included a review of relevant literature, international standards and guidance on alternative care and family separation; global evidence of good practice in programming aimed at preventing family separation; Cambodian policies, strategies, laws, regulations and guidance on preventing family separation; literature, including journal articles and research reports on the context, drivers and impacts of family separation in Cambodia and the functioning of the child protection system in Cambodia; and information on existing family preservation programmes in the five priority provinces.

An inception report was developed based on the literature review and by data collection carried out over a five-day **inception visit** to Phnom Penh. This involved a series of in-depth interviews with key stakeholders and visits to a selection of programmes that provide services that aim to prevent family separation and / or address key drivers of family separation.

A process was then **developed for the identification and selection of programmes** to be included in the study. Initially, researchers developed a 'long list' of programmes that could be considered good or promising practice, based on the guidance of key experts in government. Representatives from the Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY) in each province were consulted on their views on good practices of programmes. In addition, the leads of Family Care First (FCF/REACT) and the Partnership Programme for the Protection of Children (3PC), as well as UNICEF programme staff, were consulted. FCF/REACT and 3PC are coalitions of Cambodian child protection organizations that work to coordinate and facilitate child protection and social welfare services through networks of service provider organizations. A basic profile was developed in relation to each of these organizations, through online research and the distribution of a short questionnaire to each organization. In total, **26**

programmes / organizations were identified across the five study provinces.

Ten good or promising practice programmes were then identified from this long list for in-depth examination. Criteria were developed to guide selection, which was finalized in consultation with UNICEF and the study's steering group – a group of Cambodian and global experts in family preservation programming. Criteria included good practice indicators and purposive indicators (which included criteria related to the purpose of the study).

**Good practice criteria**

- The programme adopts an individualized family-based model, which involves individual family / parent / child assessments and plans;
- The programme works collaboratively with children and families in the development of the care plan;
- The programme has the capacity to respond to multiple drivers of family separation (according to the evidence of drivers of family separation set out above); and
- The programme includes components that deliver services to / in the homes of families.

**Criteria related to the purpose of the study**

- The sample includes a roughly even mix of well-established and known good practice programmes, and smaller organizations (including predominantly RCIs that have transitioned into family-based models. The reason for this was to examine family-based programming in the context of post-reunification support);
- The sample includes programmes delivered in rural and urban contexts;
- The sample includes programmes designed for delivery to particularly vulnerable or at-risk groups (e.g. families that have children with disabilities; single-parent families, children left behind, children in families experiencing violence or substance misuse and other addictions);
- The sample includes at least five examples of RCIs that have transitioned into family-based models (not providing residential care, or in the process of closing residential institutions and reintegrating children into family-based care) and provide support to children who have been reintegrated into families or other services to promote family preservation and prevent family separation; and
- The sample includes provision of support to children and families in kinship and foster care arrangements.

Data was collected in relation to eight programmes across the five study provinces (10 programmes were initially selected, however two of the programmes did not have the capacity to be involved within the timeframe of the study). The in-depth analysis of these eight programmes involved the following methods of collecting data on the programme model, components, functioning, outcomes, impacts, gaps, challenges and opportunities of each selected good / promising practice programme:

- A desk review of organizational documents, including strategies, concept notes, quarterly / annual narrative and financial reports, work plans, monitoring frameworks, programme registries and other relevant documents.
- Individual stakeholder interviews, carried out during site visits to each programme. This included individual, semi-structured key informant interviews with NGO staff involved in the implementation of the selected programmes; practitioners working in the programmes for the prevention of family separation; children (aged 10 years and over) and parents/caregivers who have received services from the programme. Group interviews were held in some cases, where this increased the comfort of respondents. To ensure a fully participatory methodology, child participation activities were used to support the interactions with children. This included a life path exercise, in which children were asked to assess

what was happening for the child before they entered the programme, during the programme and (where applicable) after completing/leaving the programme. Emotion stickers / icons were used to assist the child in identifying emotional responses in relation to the specific events in their lives (and in particular, related to their involvement in the relevant programme).

- **File reviews of programme beneficiaries** were carried out to gain an in-depth and applied understanding of the functioning and outcomes of programmes (and to verify data collected during key informant interviews with programme staff and beneficiaries). Researchers reviewed five to ten files from each programme of beneficiaries (families / children) who had recently completed a programme. The files reviewed, where possible, related to the beneficiaries who were interviewed as part of the study (this was to ensure that the data collected from beneficiaries and data contained in files could be cross-referenced and verified).

In total, data collection was carried out with 25 programme managers / staff and 59 programme beneficiaries (further details are provided in Annex B) across the eight programmes.

Questionnaires were completed by nine additional organizations, along with the provision of supporting documentation where possible (details are provided in Annex B).

All qualitative data and documents were subject to a **thematic analysis**[31] – a method of identifying, analysing and reporting patterns (themes) within data. The analysis aimed to identify both anticipated and unanticipated results of programming, good practices, challenges, levels of capacity, outcomes and areas where improvements can be made. Analysis of programmes was informed by the desk review findings on components and models of good practice in programming to prevent family separation.

Finally, the draft report was presented for **review and validation** at a stakeholder workshop in Phnom Penh in October 2018. The workshop participants engaged with the findings and provided feedback to the researchers, and assisted in the development of concrete recommendations. The report, advocacy paper and business case were also reviewed by members of the steering committee, who provided feedback that was incorporated into revised drafts of these documents.

## 2.2 Limitations

It is important to identify a number of limitations that were encountered in the research process. There is limited robust and objective data on outcomes and impact of family preservation programming in Cambodia (including in the programmes / organizations in this study). This meant relying on global evidence of 'what works' in family preservation programming and assessing Cambodian models and practices against this evidence.

Given the timing of the study, which took place during and immediately after a national election, it was not possible to carry out interviews with MoSVY, DoSVY and local government representatives as intended, due to their limited availability. However, in order to ensure that feedback on the research themes and draft report was received from key government stakeholders, a consultation workshop was held in Phnom Penh in October 2018. The workshop involved representatives from MoSVY and DoSVY from the five research provinces, along with a number of NGO representatives.

[31] Informed by the six-stage process outline by Braun and Clarke: 1. Familiarization with the data; generation of initial codes; searching for themes; reviewing themes; defining and naming themes; producing the report: see Braun, V. and Clarke, V., 'Using thematic analysis in psychology', (2006) Qualitative Research in Psychology, 3(2), pp. 77 – 101.

It was not possible to carry out file reviews of all organizations included in the study. Given the sensitive nature of the research, some organizations (particularly those working with child victims of exploitation and abuse) felt that these files should not be accessed.

It is important to note that the research, which involved an in-depth, critical assessment of the structure, model and working practices of organizations against good practice criteria may have caused research participants to be reluctant to engage critically on aspects of their professional experience, due to the fear that this may reflect badly on their work. This may have been compounded by UNICEF's role in supporting the work of some of the organizations included in the study. To mitigate against this potential reporting bias, researchers took care to explain the purpose of the study as a more generalized learning exercise. Researchers also emphasized that anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and honest information. Further, researchers sought to triangulate information from research participants through other sources of information (e.g. beneficiary interviews, file reviews, reports and other programme documentations).

## 2.3 Ethics

All research was carried out in full accordance with the United Nations Evaluation Group's Ethical Guidelines for Evaluation (2008) and Coram International's own Ethical Guidelines (Annex C), as well as UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015). All researchers were selected on the basis of their expertise in carrying out research with a range of stakeholders, including children, young people and vulnerable groups. All international researchers were criminal-record checked within the UK through the Disclosure and Barring System.

# 3. CONTEXT: FAMILY SEPARATION AND RESIDENTIAL CARE IN CAMBODIA

## 3.1 Children living in RCIs

The number of RCIs in Cambodia has increased since the early 1980s, when thousands of children were placed in orphanages after losing parents in the Khmer Rouge era, which left an estimated 74,000 children without parents.[32] The number of RCIs has increased dramatically in recent years – by 75 per cent between 2005 and 2010.[33] According to the mapping exercise by MoSVY,[34] 83 per cent of all RCIs are concentrated in nine provinces: **Phnom Penh** (117), **Siem Reap** (80), **Battambang** (35), Kampong Thom (23), **Kandal** (20), Kampot (17), Kampong Chhnang (16), **Preah Sihanouk** (15) and Kampong Speu (15).[35] Phnom Penh and Siem Reap alone account for 49 per cent of the total number of RCIs in the country.[36]

Significantly, the vast majority of children residing in RCIs (almost 80 per cent) have at least one living parent.[37] According to one recent study, among these children, almost half reported that their parent(s) lived in the same province as the RCI, and girls were significantly more likely to report this.[38]

Studies attempting to estimate the number of children living in RCIs have varied substantially, owing to different definitions and methods. A mapping study published by MoSVY in 2017 estimated that there were 16,579 children living in 406 RCIs. Another study published in 2016 by the National Institute of Statistics and Columbia University,[39] found substantially higher numbers of children living in RCIs; however, this study is likely to represent an over-estimation.[40] While these two recent studies varied in their estimations, both studies made similar findings on the characteristics of RCIs and the children living in them. First, although there are State children's homes, the majority of residential placements are provided by non-governmental organizations (NGOs), civil society organizations and faith-based organizations. According to the MoSVY mapping, 54 per cent of RCIs are faith-based, with the majority (84 per cent) of those being Christian.[41] Both studies found that a large proportion of these RCIs (38 per cent, according to the MoSVY mapping) are operating outside the MoSVY's regulatory framework. Furthermore, 21 per cent of all RCIs do not have a memorandum of understanding with the government and 12 per cent are not registered with any government agency.[42]

Both the MoSVY and Columbia University studies found a preponderance of boys over girls: 53 per cent (MoSVY) and 57 per cent (Columbia University) of children in RCIs were boys. However, according to the MoSVY mapping, slightly more girls (55 per cent) were living in transit centres and boarding schools.[43] Both studies found that the vast majority of children living in RCIs are of school age. The Columbia University study found that more than half of all children in RCIs are between 13 and 17 years old. Similarly, the MoSVY mapping

32 Murdoch, L., 'Cambodia: Too many orphanages, not enough orphans'.

33 UNICEF, Residential care in Cambodia (2011), available at: https://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf

34 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

35 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017), p. 10.

36 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017), p. 10.

37 Stark, L. et al., 'National estimation of children in residential care institutions in Cambodia: A modelling study', BMJ Open (2017).

38 Stark, L. et al., 'National estimation of children in residential care institutions in Cambodia: A modelling study', BMJ Open (2017).

39 Stark, L. et al., 'National estimation of children in residential care institutions in Cambodia: A modelling study', BMJ Open (2017).

40 The study estimated that there were 48,775 children living in approximately 1,658 RCIs. The report references this study in the following paragraphs as it provides key data on the profile of children in residential care in Cambodia.

41 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

42 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

43 MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

found that 67 per cent of children living in RCIs in 20 provinces are aged between 11 and 17 years. These findings resonate with data on the drivers of children being placed in RCIs (set out in detail below), a key factor being that parents believe placement in an RCI will result in access to affordable education for children. This could also explain the finding that boys represent a higher proportion of RCI residents than girls.

## 3.2 Drivers of family separation and placement of children in residential care

While there has been limited robust research carried out on the drivers of family separation and the placement of children in RCIs, the data that are available demonstrate that a range of inter-related factors tend to drive children out of families.

### Poverty

According to available data, poverty is a core driver of family separation in Cambodia. While poverty rates have declined significantly in Cambodia in recent years, from 53.5 per cent in 2004 to 13.5 per cent in 2014 and below 10 per cent in 2018[44] around 4.5 million people (30 per cent of the population) remain 'near poor'.[45] While of course not all families living in poverty in Cambodia place their children in RCIs, poverty can be a contributory factor associated with family separation, where parents use RCIs as a coping strategy when they lack resources to feed, clothe and care for children. Parents may also cite 'poverty' as a cause of family separation when they place a child in an RCI in the hope that this will provide them with better opportunities (e.g. through access to quality education – see below), or where they do this to pursue employment opportunities themselves (e.g. through migration).

Among older children interviewed for the Columbia mapping study, 75 per cent stated that they are living in residential care to escape poverty and pursue educational opportunities.[46] MoSVY's database is broadly consistent with this – it states that the vast majority of children in residential care were primarily placed there due to 'poverty' (45 per cent) and / or, as reported by parents, to pursue educational opportunities.[47] A survey of orphanages in Battambang also found that nine out of ten institutions surveyed cited poverty as a reason given by parents when placing their children in institutions.[48]

It should also be noted that Cambodia is currently implementing a number of social security schemes such as cash transfer for pregnant women and children under two, and allowance for poor people with disabilities. According to the study on perceptions of RCIs, residential care was "described by families, staff and local government members as playing a role akin to that of a social services network".[49] The proliferation of residential care institutions in Cambodia may reflect the lack of viable alternatives for families who struggle to provide for their children. It can also be the most accessible option for communities in close proximity to an RCI. Some people have even gone so far as to describe residential care in Cambodia as a de facto social welfare system.[50]

44 MoSVY, 2019-2023 Strategic Plan (2018).

45 World Bank October 2017, available at: www.worldbank.org/en.country/cambodia. For further information on the economic situation see 'Analysis of the Situation of Children and Women in Cambodia', UNICEF 2018.

46 Stark, L. et al., 'National estimation of children in residential care institutions in Cambodia: A modelling study', BMJ Open (2017).

47 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).

48 Fiss, J. and Matthews, L., Family Care First, Thematic mapping of five provinces (2016), p. 39.

49 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).

50 Stark, L. et al., 'National estimation of children in residential care institutions in Cambodia: A modelling study', BMJ Open (2017).

While poverty is a core, underlying driver of family separation, it often co-exists with, and can compound the impact of, other factors that make families particularly vulnerable to separation, and parents particularly more likely to seek to place children in RCIs. It has been noted that not all poor families send their children to RCIs. Other factors, set out below, can compound the impacts of poverty and place additional economic stress on the family.[51]

**Access to education**

According to existing research, one of the core causes of children being removed from their families and placed in RCIs is to facilitate their access to (affordable) education. According to the study on Attitudes towards Residential Care in Cambodia, a majority of family members who participated in the survey thought 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.[52] While basic education is, by law, 'free' in Cambodia, parents are required to provide school uniform, materials and transportation, etc which is challenging for poor households. According to the World Bank, primary education fees account for 26.5 per cent of non-food spending among the poorest families.[53] Currently, although most villages have primary school nearby, some villages are far away from secondary school.[54]

The survey on perceptions of residential care found that, faced with the reality of the cost of education, "with the best intentions families choose to place their children in residential care, in the hope that it will offer a path out of poverty to a better life". Missing out on education was described as "creating a cycle of poverty and many parents viewed the education offered by residential centres as a way to break out of this trap".[55]

Some RCIs often are able to provide extra classes and school materials, as well as the opportunity to pursue further education at university and vocational training centres that are considered essential to educational success.[56] These are push factors for parents and authorities to continue sending children to RCIs.

**Family death or illness, or relationship breakdown**

The study of perceptions of residential care found that parental separation, divorce and death or illness of a family member all contributed to the placement of children in residential care.[57] This appears to be the case particularly in poor families, where a single parent cannot afford to support a child, and is under economic pressure to work. Particularly in the absence of kinship care alternatives or affordable childcare, placement of a child in an RCI may seem a viable option.[58]

Interestingly, according to a qualitative study on alternative care, it appears to be uncommon for a child to stay in the care of his or her biological parents after they have separated. While this may be partially due to the economic pressures faced by single parents, it may also reflect stigma, rejection and abuse experienced by stepchildren, and broader social norms that are not accepting of family separation or the taking on of care and support of non-biological children.[59]

51 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).
52 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).
53 World Bank, Cambodia socio-economic survey for 2007 (2009) East Asia and Pacific Regional Office, Phnom Penh.
54 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011), p. 48.
55 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011), p. 49.
56 Coram International, Study on alternative care community practices for children in Cambodia, including pagoda-based care (2018), MoSVY and UNICEF.
57 MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011), p. 44.
58 Coram International, Study on alternative care community practices for children in Cambodia, including pagoda-based care (2018), MoSVY and UNICEF.
59 Coram International, Study on alternative care community practices for children in Cambodia, including pagoda-based care (2018), MoSVY and UNICEF.

### Parental migration

In recent years, Cambodia has experienced increasing levels of domestic and international migration. Economic growth has been observed in some sectors such as garment manufacturing, tourism and construction, which are generally located around Phnom Penh and some potential provinces. This has led to a growth in internal migration, with parents and families leaving their often-rural homes to find work. The Cambodia Rural Urban Migration Project (CRUMP) report found that the population of Phnom Penh more than doubled between 1998 and 2012, from 567,860 to 1,237,600 residents, with an average annual of growth rate of about 8 per cent.[60] Cambodians also migrate to neighbouring countries in search of work, the primary destinations being South Korea, Malaysia and Thailand.[61] According to the study on the attitudes towards residential care in Cambodia, migrating parents have left children behind with old and poor grandparents and as result, some children have been institutionalized when their grandparents become ill and extremely poor and there is no other relative to take care of the children.[62]

Families tend to use kinship care arrangements as a response to parental migration, with grandparents often providing care.[63] However, it appears that parents migrate for long periods of time and grandparents grow old, cease to work, and are not able to care for and finance children, especially in relation to paying for education. As a result, some kinship care arrangements may break down and, with limited supports available elsewhere, the child may be placed in residential care.[64]

### Family violence, child maltreatment and drug and alcohol abuse

Children may be placed in an RCI because they have suffered or are at risk of suffering violence, abuse or neglect within their home environment. Rates of violence against children in Cambodia are concerning, in particular, violence in the home. According to the Cambodian Violence Against Children Survey (2014) (CVACS),[65] more than 50 per cent of both males and females experienced at least one incident of physical violence prior to turning 18 years old; nearly three in 10 experienced emotional abuse by an adult caregiver or relative, and 4 per cent of females and 5 per cent of males reported at least one experience of sexual abuse before age 18. Another quantitative study carried out in 2014[66] found that 35 per cent of men and 78 per cent of women reported having hit or beaten their children.

As found in a qualitative study on alternative care in Cambodia, violence and abuse in the home can lead to children being placed in residential care, although given the stigma surrounding child abuse, this may not be reported to institutional caregivers as the primary reason for placement.[67] Placement of a child in an RCI due to child protection concerns is particularly likely in the absence of a fully functioning child protection system, which remains under-funded and under-staffed,[68] with limited community placement options for children who have been, or are at risk of, violence, abuse or neglect in the home.

Intimate partner violence and alcohol and substance abuse have also been connected to

[60] Cambodian Ministry of Planning, Migration in Cambodia: Report of the Cambodian Rural Urban Migration Project (CRUMP) (2012).

[61] Cambodian Ministry of Planning, Migration in Cambodia: Report of the Cambodian Rural Urban Migration Project (CRUMP) (2012).

[62] MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).

[63] UNICEF Cambodia, Study on the impact of migration on children in the capital and target provinces: Executive summary (2017). The CRUMP Survey found that, of domestic migrants in Phnom Penh who left children behind, 82.4 per cent left them with grandparents: Cambodian Ministry of Planning, Migration in Cambodia: Report of the Cambodian Rural Urban Migration Project (CRUMP) (2012).

[64] Coram International, Study on alternative care community practices for children in Cambodia, including pagoda-based care (2018), MoSVY and UNICEF.

[65] Findings from Cambodia's Violence Against Children Survey (2013), available at: https://www.unicef.org/cambodia/UNICEF_VAC_Full_Report_English.pdf

[66] Fulu, E., Warner, X. and Moussavi, S. (2013) Men, gender and violence against women in Cambodia: Findings from a household study with men on perpetration of violence. Phnom Penh: UN Women Cambodia, published June 2015,

Regional Joint Programme for Gender-based Violence Prevention in Asia and the Pacific.

[67] Coram International, Study on alternative care community practices for children in Cambodia, including pagoda-based care (2018), MoSVY and UNICEF.

[68] Coram International, Study on alternative care community practices for children in Cambodia, including pagoda-based care (2018), MoSVY and UNICEF.

the placement of children in RCIs.[69] Available data indicate high prevalence rates of intimate partner violence. According to the findings of the National Survey on Women's Health and Life Experiences,[70] published in 2015, 18 per cent of ever-married women aged 15 to 49 years report having experienced physical or sexual violence from a spouse. The data indicate that children are frequently present when women experience intimate partner violence: 31 per cent of women reported that their children were present several (two to five) times during a violent incident.[71]

**Equity issues: risks to vulnerable groups**

While data are limited, it is likely that children in some families are more at risk of being separated and placed in institutional care. For instance, children in poor, single-parent families are likely to be more at risk of being placed in RCIs, as the sole parent struggles to work and care for them properly.

Limited access to affordable child care for single parents and limited access to secure employment opportunities compounds this vulnerability, and may make caring for children at home not a viable option for some single, working parents.

Children with disabilities: The children with disabilities in Cambodia are protected and promoted in line with the Law on the Protection and Promotion the Rights People with Disabilities as well as the UN Convention on the Rights of People with Disabilities. However, some children with disabilities are still facing challenges in accessing their basic rights, such as health care, education and social protection due to the lack of capable and skilful human resources to timely identification, particular, children with intellectual disability, lack of necessary supports in community.[72] Community-based support for children with disabilities is limited, some parents may feel unable to manage and properly provide for children with disabilities. The cost of support or services to meet the needs of children with disabilities may also create significant difficulties for poor families in caring for children in the home, making it more likely that they will be abandoned or institutionalized. Children with disabilities may also be at increased risk of violence, abuse and neglect in the home.[73]

**Community perceptions of RCIs**

It has been found that community support for RCIs is quite high, including among parents (as set out above), and among local government personnel. Conversely, knowledge of community-based alternatives to support families appears to be quite limited. According to the study on attitudes towards residential care, commune council members and village chiefs strongly supported residential care options: 70.7 per cent and said the best solution for a child with no parents was to live in an orphanage.[74] Many residential care directors explained that village chiefs in the provinces would supply them with lists of the poor whom they approached when looking for children to place in their institutions.[75] Food and education were cited as the major benefits of residential care. It was also found that very few people had heard of community-based care options[76]. However, subsequent programme reports of MoSVY with UNICEF's supports reveal that the attitude towards RCIs have been changed.

[69] See MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011), p. 49.

[70] UN Women, WHO and Royal Government of Cambodia, National Survey on Women's Health and Life Experiences (2015), available at: available at http://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/vaw%20survey/cambodia%20vaw%20survey.pdf?vs=5741

[71] UN Women, WHO and Royal Government of Cambodia, National Survey on Women's Health and Life Experiences (2015).

[72] MoSVY (2018), Enhancing Alternative Care Opportunities for Children with Disabilities in Cambodia. Phnom Penh, Cambodia

[73] Jones, L. et al., 'Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies', (2012) 380(9845) Lancet, 899 – 907.

[74] MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).

[75] MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).

[76] MoSVY, With the best intentions: A study of attitudes towards residential care in Cambodia (2011).

Based on the available data, it is likely that while poverty and access to education are core drivers in the decision to place children in care, these issues are often accompanied by other factors, such as family breakdown, death or illness of a family member, parental migration, family violence and child maltreatment, and alcohol and drug abuse. These compound the effects of poverty and, without access to effective social welfare and viable alternatives, put families in a position where they feel that placing children in an RCI is a good, or perhaps the only, option. It is clear that in order to effectively support families and prevent family separation, programmes should have the capacity to respond to the diverse and inter-related factors that are associated with family breakdown.

## 3.3 Funding of RCIs

Understanding the funding mechanisms that sustain RCIs is important in understanding the drivers of family separation and placement of children in residential care, along with the risks and harm to children placed in RCIs. The growth in number of RCIs is also attributable to the wealth of support from overseas donors, who with the best intentions provide support and funding to institutions ('orphanages'), unaware of other better alternative care options such as care provided by biological family, kinship care and other family based care in the community.[77] A recent qualitative study on funding and financial models of RCIs in Cambodia found that among 406 RCIs identified in MoSVY mapping, only 22 were state run orphanages and funded by the Royal Government and only 13 per cent of RCIs participated in a rapid survey stated that they received donations from Cambodia.[78] Most are funded by overseas donations – the main donors, according to the research, were from the United States of America, Australia, the United Kingdom, Germany and France.[79] RCIs are typically funded by individuals, small organizations and through Christian churches. A direct personal connection between an RCI and an individual is often key to ensuring that funding is maintained.

[77] MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

[78] Emerging Markets Consulting, Study on funding and financial models of residential care institutions in Cambodia: Key findings and recommendations, Draft Paper (2018).

[79] Emerging Markets Consulting, Study on funding and financial models of residential care institutions in Cambodia: Key findings and recommendations, Draft Paper (2018). See also, Parliament of Australia, Hidden in plain sight, December 2017, Chapter 8, available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/ModernSlavery/Final_report

RCIs are also sustained through links to the tourism industry. Funding is typically delivered through programmes that invite tourists to volunteer at the orphanage for a fee through a travel agent or through the organization directly recruiting ('voluntourism'). It has been noted that RCIs in Cambodia are concentrated in areas popular with international tourists (for instance Phnom Penh, Siem Reap and Sihanoukville). Voluntourism raises significant funds for RCIs, effectively turning them into businesses and at times driving the recruitment of children from poor communities to 'fill the beds' and sustain the business model.[80] According to an extensive review of global literature, it was found that the 'orphan tourism / voluntourism' globally perpetuates the institutionalization of children which provides aid to RCIs through educational tours to orphanages, fundraising and service projects, and academic internships based in orphanages.[81]

The reliance on tourism and volunteers for current and future funding can negatively impact children. In order to generate funding, many RCIs encourage children to establish personal relationships with donors. This can be harmful, as it can encourage children to foster unrealistic expectations of sustained support and can be emotionally distressing to children when volunteers move on. Children may also be encouraged to greet visitors and volunteers or to perform for visiting tourist groups. The active recruitment of children into RCIs and their exploitation in order to raise funds (for instance through orphanage tourism) to sustain the RCI has been recognized in several recent initiatives as a form of trafficking in persons.[82]

## 3.4 Legal, policy and practice framework

As a result of the Mapping Report, which started its work in 2014, significant attention has been paid by the government to reducing the use of RCIs. The government has recognized that institutionalization is not the best option for children, and has committed to reducing the number of RCIs and the number of children resident in them, as well as preventing new RCIs from opening. The legal and policy developments summarized in the box below evidence a clear commitment on the part of the Cambodian government to greatly reduce the number of children placed in RCIs, and support the development and implementation of effective prevention programmes that support family preservation.

80 Emerging Markets Consulting, Study on funding and financial models of residential care institutions in Cambodia: Key findings and recommendations, Draft Paper (2018). See also, Parliament of Australia, Hidden in plain sight, December 2017, Chapter 8, available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/ModernSlavery/Final_report

81 Robati, K. et al., 'Altruistic exploitation: Orphan tourism and global social work', 47(3) British Journal of Social Work (2017), 648–665.

82 In 2007, the US Department of State's Trafficking in Persons Report recognized orphanage trafficking for the first time in its profile for Nepal; in 2017, the Australian Government recognized orphanage trafficking as a form of modern slavery in its report, Parliament of Australia, Hidden in plain sight, December 2017, Chapter 8, available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/ModernSlavery/Final_report

## Laws and policies on prioritization of family-based care in Cambodia

**2006: The Policy on Alternative Care** first enshrined in Government policy the principle that "family care and community care are the best options for alternative care" and that "institutional care should be a last resort and a temporary solution".[83] The Policy states that "family solutions, such as return to the birth family, foster care and adoption should be preferred to institutional placement".[84]

**2011: The Prakas on Procedures to Implement the Policy on Alternative Care** sets out a hierarchy of care for children, according to which, following exhaustion of efforts for family reunification, temporary placements shall be considered in order of preference: placement with relatives; placement in community-based family foster care; placement in community-based group care, such as group homes and pagoda care, in the same community as the child's family; and, finally, placement in residential care.[85] The Prakas state that all alternative care placements shall be considered temporary except for placement with a child's family.[86]

**2015: Sub-Decree on the Management of Residential Care Centres (Sub-Decree 119)** contains a commitment that MoSVY would work to reduce the number of children resident in RCIs, and that permission for children to live in residential care centres should be given only as a "last and temporary option…possible only after the search for parents or parent, relative or guardian or foster parent has been exhausted".

**2015: Commitment Statement on the Implementation of Sub-Decree 119** defined the key initial actions for the deinstitutionalization process, and set the framework for efforts towards the safe reintegration of children. The Commitment Statement includes: measures to ensure improved oversight and tracking of residential institutions; measures to strengthen RCI 'gatekeeping' procedures to prevent the unnecessary admission of further children into residential care; measures to ensure that those children currently living in RCIs can be reintegrated into family-based placements wherever feasible; and measures to strengthen response mechanisms for handling cases of abuse.

**2016: Action Plan for Improving Childcare** set a goal for reintegration of 30 per cent of children resident in RCIs in five target provinces. As part of the strategy to reach this target, the Action Plan articulated the establishment of alternative care options and a national framework for fostering, and assigned roles and responsibilities for relevant stakeholders to achieve this goal. In addition, the Action Plan contains a commitment to preventing the registration and authorization of new RCIs, and to reducing existing RCIs by closing those that fail to meet minimum standards.

83 IV, Principles of Alternative Care, Policy on Alternative Care of Children (2006).
84 IV, Principles of Alternative Care, Policy on Alternative Care of Children (2006).
85 Prakas on Procedures to Implement the Policy on Alternative Care for Children (2011), Chapter 6.
86 Prakas on Procedures to Implement the Policy on Alternative Care for Children (2011), Chapter 6.

The core laws, policies and strategies set out above have been accompanied by a number of important documents, which set out longer-term goals for continued implementation beyond 2018. The first of these was the **Capacity Development Plan for Family Support, Foster Care and Adoption 2018-2023**, which includes actionable goals building on the momentum of existing reforms to strengthen social work capacity for promoting family-based care, and the empowerment of parents and carers to prevent family separation. In addition, national guidelines on the procedures for kinship care, foster care and domestic adoption are currently being developed. These guidelines will focus specifically on kinship and foster care, as well as domestic adoption, with attention being paid to family preservation and strengthening measures. Another document produced during this period was the **Capacity Development Plan to Enhance Alternative Care for Children with Disabilities,** which sets out recommendations on how to improve their quality of care, as well as provide better access to basic services for children with disabilities living in their communities.

In addition, the Ministry of Women's Affairs recently adopted **a Positive Parenting Strategy and Toolkit**, which calls for universal, targeted (prevention) and specialized (response) interventions to improve positive parenting. The **Action Plan to Prevent and Respond to Violence Against Children,** adopted in December 2017, contains concrete and actionable commitments by key government agencies on preventing violence against children, and sets out a number of important prevention activities, including parenting support programmes.

Since the signing by the prime minister of the sub-decree on the management of residential care centres in September 2015, MoSVY has taken a number of measures to strengthen the monitoring of RCIs, prevent unnecessary institutionalization of children, and when possible support the return of children living in RCIs to their families and communities. Since 2016, no new RCI has been authorized by MoSVY, 68 RCIs have closed, 65 RCIs have been transitioned to community and family-based care services and 73 have transitioned to non-residential care services[87]. It appears also that there has been a reduction of about 23 per cent of children in 182 RCIs that were inspected in early 2018 when compared to the number of children in the same 182 RCIs that were mapped in 2015 (7,317 identified in the mapping in 2015 compared to 5,596 identified in the inspections in early 2018). This new data is still being verified by MoSVY and UNICEF but it seems to indicate that the trend of institutionalization of children that was observed between 2005 and 2010 may have started to decline.

However, it has been noted that the capacity to implement the government's commitment to the reduction of children in RCIs and the current laws and policies on social welfare and child protection is limited, due in part to an insufficient number of qualified state social workers working with children and families at the local level. It is for this reason that the government has demonstrated a commitment to working with NGOs to deliver family strengthening services and family and community-based care. These NGOs include 3PC (led by Friends International, in collaboration with MoSVY and UNICEF), Family Care First (led by Save the Children Cambodia and supported by USAID) and other NGOs.

[87] MoSVY data from the inspections conducted in 2016, 2018 and early 2019 with the digital system that compares the data from the baseline of the mapping conducted in 2015.

# 4. INTERNATIONAL GUIDANCE AND EVIDENCE OF GOOD PRACTICES IN FAMILY STRENGTHENING PROGRAMMING

As noted above, there is limited evidence of 'what works' in preventing family separation in the Cambodian context, and in low- and middle-income countries more generally, due to the lack of robust impact evaluations of relevant programmes in these contexts. It is therefore important to examine and set out international principles, guidance and evidence on family preservation programming and to define elements of good practice in programming. In the absence of evidence, global guidance can be utilized to assess family preservation programmes in Cambodia and to derive findings and implications for policy and practice, to strengthen programming in Cambodia. This global evidence is set out briefly below, and is considered in the following sections of the report, which involve an analysis of Cambodian programmes to identify elements of good practice.

## 4.1 International standards and guidance

The UN Guidelines on the Alternative Care of Children provide guidance on the delivery of family strengthening programmes and services aimed at preventing family separation, and provide that programmes should be implemented using the "complementary capacities of the State and civil society, including non-government and community-based organizations, religious leaders and the media".[88] They require States to implement a range of prevention interventions aimed at children and families, including:

- **Family strengthening services**, such as parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance;
- **Supportive social services**, such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities that are integrated, non-intrusive and accessible at the community level, actively involving the participation of families; and
- **Youth policies aimed at empowering youth** to face positively the challenges of everyday life.[89]

According to supporting guidance, the Guidelines require that there is a **comprehensive assessment process for individual families and children** so that support can be put in place where it is needed from a range of different services providers (e.g. health, social welfare, housing, justice and education).[90] A range of methods and techniques should be used to deliver family support programmes, including home visits, group meetings with other families, case conferences and securing commitments by the families concerned.[91]

The UN Guidelines also require that special attention be **paid to families who may be particularly vulnerable to separation.** They provide that special attention should be paid to the provision of support and care services for

[88] UN Guidelines on the Alternative Care of Children, Article 34.

[89] UN Guidelines on the Alternative Care of Children, Article 33.

[90] Cantwell, N. et al., Moving forward: Implementing the 'Guidelines for the Alternative Care of Children' (2012), Centre for Excellence for Looked After Children in Scotland.

[91] UN Guidelines on the Alternative Care of Children, Article 35.

single and adolescent parents and their children,[92] child-headed households,[93] and families with children who have special needs to help them cope with the additional responsibilities that caring for a child with special needs entails, including day care, all-day schooling and respite care.[94]

## 4.2 Evidence of good practice in family preservation programming

A number of recent reviews of evidence from programmes in high-income countries provide some guidance on common components of programmes that have been demonstrated to have effectively addressed one or more risk factors associated with the separation of children from families and / or have had a positive impact on child and family outcomes, thereby reducing the likelihood of family separation. It should be noted that, as these reviews have been largely based on programmes developed and implemented in high-income countries, applying the findings of these reviews to the Cambodian context should be done with caution. For instance, these programmes may rely on the availability of an extensive workforce of highly qualified social work or health professionals and / or they may be based on programmes that have been commercialized or rely on inputs such as videos, creating significant implementation costs which may not make them a viable option in a resource-restricted context. It should be noted, however, that evidence is emerging from the USAID-funded ASPIRES programme (Accelerating Strategies for Practical Innovation and Research in Economic Strengthening) on the impact of economic strengthening programmes on family strengthening. This evidence is set out below (section 4.4).

A recent review carried out by the Parenting Research Centre of the University of Melbourne identified 136 family service interventions sourced from several international clearing houses that have been evaluated by random control trials with parents and / or children and young people with a range of identified vulnerabilities.[95] A rigorous ranking system was applied across the interventions to identify those that are better evidenced. Common components of interventions were identified according to the types of families / risk factors that were targeted by the interventions. One key common component associated with higher ranked interventions is that they are **multi-component**. Multi-component interventions recognize the often-complex interplay of different factors operating at different levels of a child's life that create risks to children and make them vulnerable to separating from their family. They typically address "the range of systems involved in the socio-ecological structure of a child's life", and thereby tend to have direct and indirect impacts on an interplay of various vulnerabilities and factors associated with family separation.[96]

Other common components associated with more effective programmes are that they are delivered in **under six months**, and are **based in the home** (though some also had the option of community delivery). Across all intervention types, four components were identified as being present in 50 per cent of interventions:

- Sessions were structured;
- Involved parenting education or training or parenting skills;
- Focused on child / youth behaviour, behaviour change and behaviour management; and
- Concerned parent-child relationships, communication and interactions.

92 UN Guidelines on the Alternative Care of Children, Article 36.
93 UN Guidelines on the Alternative Care of Children, Article 37.
94 UN Guidelines on the Alternative Care of Children, Article 38.
95 Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015).
96 Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015), p. 20.

## 4.3 Best practice guidance on family reintegration programmes

Children who have been reintegrated into the care of their families (for instance, following time spent in a residential institution), face many challenges after being returned home, and may need additional support to prevent further separation. While the more general guidance on programming to prevent family separation can be applied to these situations, careful consideration should be given to the specific needs of these children and their families. The publication, Reaching for Home,[97] provides guidance on programming to prevent family separation in the context of reintegration, highlighting key components of effective programming in this context. A more practical publication that followed on from this report, Guidelines on Children's Reintegration, was published in 2016.

The publications suggest a rigorous process of following up with children in order to measure their well-being post-reunification, through the use of standardized indicators (e.g. Retrak's Child Stress Index). It recommends that follow up should be undertaken for a considerable length of time, where required, into adulthood (though of course, it is noted that this may not be possible, owing to inadequate funding). According to the Guidelines on Children's Reintegration, different forms of monitoring could be used, based on the preferences of the child and family, their needs, protection concerns and resources. Monitoring could involve phone calls, but should include face-to-face visits. Collective support (e.g. peer-to-peer support) can also be useful to support monitoring where a large group of children is being reintegrated.[98]

A range of interventions are suggested for families of children who have been supported to reintegrate, based on the needs of each individual family, identified through an assessment process, including:

- Economic strengthening efforts, particularly those that focus on long-term sustainability, including micro-finance, vocational training and other income-generating support;
- Promoting access to schooling for reintegrated children, by establishing allies and fostering collaboration in the education sector in the child's community and through grants to cover materials such as books, uniforms or bicycles to allow a child to travel to school;
- The provision of quality vocational training for older children (15–17 years old), following a robust market analysis;
- The provision of social support through peer and sibling mentorship;
- Psychosocial support to families and children; and
- Advocacy around access to services as needed.[99]

## 4.4 Evidence of impact of household economic strengthening programmes on family preservation

As poverty is a core driver of family separation in Cambodia (although as noted above it often interplays with other risk factors that influence a family's decision to place a child in institutional care), economic interventions that address poverty are commonly thought to be an effective way to prevent family separation, support reintegration of children into families and improve outcomes for children. Household economic strengthening (HES) programmes include a range of interventions that aim to promote sustainable livelihoods. These interventions are different from more systemic, government-led social protection programmes, although they may form an element of these

[97] Better Care Network, Reaching for home: Global learning on family reintegration in low- and lower-middle-income countries (2013).

[98] A Family for Every Child, Guidelines on children's reintegration (2016), p. 28.

[99] Better Care Network, Reaching for home: Global learning on family reintegration in low- and lower-middle-income countries (2013), p.29 – 32. See also, Family for Every Child, Guidelines on children's reintegration (2016).

programmes.[100] While there is a growing sense of the need to tailor HES inputs to household-level circumstances,[101] the effects of HES interventions on child outcomes are not yet well known.[102] However, it should be noted that evidence emerging from the ASPIRES programme (mentioned above), suggests that economic strengthening programmes can have a range of positive impacts on family functioning and the strengthening of families in the context of reintegrated families and families vulnerable to separation. The programme recently carried out impact evaluations of two economic strengthening programmes in Uganda.[103] Both programmes – ChildFund's Economic Strengthening to Keep and Reintegrate Children in Families and AVSI's Foundations Family Resilience programmes – used a case management approach and a range of economic strengthening interventions (financial literacy training, cash transfers, access to village-based lending and savings schemes, business skills training in groups, and economic and social training at home) and other interventions (the AVSI programme provided parenting skills training, community dialogue and recreational activities). The preliminary findings from the evaluation suggest that the programmes had a positive impact on preventing separation.[104] Households also demonstrated increases in income, ability to pay for basic needs, meals consumed, purchase of household items, investment in business and resilience to financial shocks.[105]

A number of recent publications have sought to consolidate the evidence base on the effectiveness of HES interventions in family preservation and the prevention of family separation. In 2014, Chaffin and Kalyanpur examined economic strengthening initiatives in the context of family reintegration of separated children.[106] The report developed the following key principles that are key to the successful use of HES programmes in order to support family reintegration, based on a literature review and key informant interviews with experts (those most directly relevant to programming are presented here):[107]

- There is a need to integrate HES interventions with programming in health, including sexual and reproductive health; formal and non-formal education, including life skills; and peace building initiatives;
- The participation of children and their caregivers should be built into all stages of the programme cycle, including assessment, programme development, monitoring and evaluation;
- The economic condition of the family, and the child within the family, should be assessed to identify an appropriate strategy to support financial, social and reintegration goals;
- Programmes should be built upon joint field missions and multi-disciplinary assessments that include personnel with expertise in both child protection and HES;

[100] Laumann, L., Household economic strengthening in support of prevention of child separation and children's reintegration in family care (2015), USAID.

[101] PEPFAR (2012); Evans et al., (2013); Sabates-Wheeler and Devereaux (2013); de Montesquiou (2014); and Market and Getliffe (2015) in Laumann, L., Household economic strengthening in support of prevention of child separation and children's reintegration in family care (2015), USAID.

[102] Laumann, L., Household economic strengthening in support of prevention of child separation and children's reintegration in family care (2015), USAID.

[103] Laumann, L. et al., 'Can limited-term cash transfers confer (lasting) child protection benefits? Preliminary findings from the ASPIRES Family Care project', 3 September 2018 (powerpoint presentation).

[104] The proportion of households with a child living outside the home decreased from 8.8 per cent at baseline to 1.8 per cent at endline. There were also positive impacts on school attendance (a 19.3 per cent increase of the proportion of all children in the household aged 5/6 to 17 attending school regularly) and a drop in the proportion of households reporting no use of harsh discipline (33.3 per cent to 47.7 per cent). An indexed score of responses against a number of domains associated with keeping children in families also showed improvements across social well-being, parent-child attachment, community belonging, emotional well-being, care and protection, and enjoyment of education indicators.

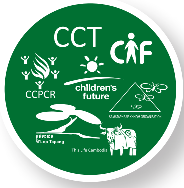
[105] Laumann, L. et al., 'Can limited-term cash transfers confer (lasting) child protection benefits? Preliminary findings from the ASPIRES Family Care project', 3 September 2018 (PowerPoint presentation).

[106] Chaffin, J. and Kalyanpur, A., What do we know about economic strengthening for family reintegration of separated children? (2014). The table has been extracted from Laumann, L., Household economic strengthening in support of prevention of child separation and children's reintegration in family care (2015), USAID.

[107] Chaffin, J. and Kalyanpur, A., What do we know about economic strengthening for family reintegration of separated children? (2014), pp. 6 – 7.

- A graduated approach to HES should be taken, by first meeting immediate needs through consumption support, then connecting beneficiaries with a sustainable source of income generation and / or access to financial services;
- Where budgets permit, approaches that work to strengthen the household economy of other community members are preferable, and careful consideration should be given to weighing the risks and benefits of targeting individual children;
- A local market analysis should first be conducted before determining the type of skills training to provide, or what kinds of goods and services should be produced – HES programmes should be built upon what economic activity already exists in the community.

Another recent publication by Laumann for USAID (Household economic strengthening in support of prevention of child separation and children's reintegration in family care) provides further guidance on the use of HES in the context of family preservation. Based on a review of available evidence, it was concluded that comprehensive approaches are needed: economic interventions alone are likely to be insufficient in many cases to successfully support family preservation. More comprehensive approaches, which may include multiple actors, case analysis and management will be needed in most contexts. While the intensity of programmes should vary according to the needs of each family, programmes should involve: a household-level assessment; development of objectives and provision of specific kinds of support over an extended, but defined, period of time; engagement with parents and children in planning and decision-making; and development of a case plan, taking into account the particular concerns, vulnerabilities, priorities, capacities and resources of the family.



# 5. REVIEW OF SEVEN PROGRAMMES TO PREVENT FAMILY SEPARATION IN CAMBODIA

This section provides a review of six of the programmes that were examined in depth for this study. One of the selected programmes was removed following data collection and analysis, as it was found that it did not offer sufficient evidence of good practice. Another programme selected for the study, developed by the Transcultural Psychosocial Organization (TPO), was not included in this section as it is not a comprehensive family preservation programme, but rather offers evidence of good practice in terms of addressing family mental health problems. It is discussed in section 6 in the context of delivery of services to address mental health and family violence. One additional programme, for which it was felt that sufficient documentation was available to allow for an in-depth examination (Cambodian Children's Trust (CCT)), was also considered. Other programmes that were reviewed (although not in-depth) are considered in sections 6 and 7 as snapshots of potential good practice or opportunities for further learning. Annex A has a full compendium of profiles of each of the organizations / programmes included in the study.

## 5.1 Cambodian Centre for the Protection of Children's Rights (CCPCR): Countering Trafficking in Persons Programme (Phnom Penh / Svay Rieng)

CCPCR was established in 1994 to prevent and address child abuse and child trafficking. Initially, support was provided through a shelter for victims of trafficking and abuse, however in 2010 CCPCR started the process of transitioning into providing community- and family-based programmes to prevent child abuse and trafficking of children.[108] Programmes include investigation and rescue; recovery and rehabilitation; reintegration; prevention of family separation; and community education. CCPCR continues to manage 'transit centres' which provide temporary shelter, care and rehabilitation for victims of abuse and trafficking until they are reintegrated into their families or family-based care.[109] Current programmes are being implemented in Phnom Penh, Svay Rieng, Koh Kong and Kampong Thom provinces. These provinces are characterized by having significant numbers of poor and vulnerable people, along with limited human resources and support services to address these vulnerabilities.[110] The Countering Trafficking in Persons programme, supported by USAID and delivered in Svay Rieng province, was established in 2015 and aims to prevent at-risk families from undertaking risky migration by enabling them to generate a livelihood locally. While this programme is not explicitly intended to support family preservation, as set out above, migration is one of the drivers of family separation, and it is therefore important to examine programmes that aim to prevent the need for parents to migrate in order to earn an income.

**Beneficiaries**

The families that CCPCR works with in its Countering Trafficking in Persons programme in Svay Rieng tend to have very limited income and livelihood opportunities, and are vulnerable to exploitative labour migration in Vietnam.[111] The Svay Rieng province serves as a strategic crossing route on the Cambodia/Vietnam

[108] Interview with director, CCPCR, 18 August 2018, Phnom Penh.
[109] Interview with director, CCPCR, 18 August 2018, Phnom Penh.
[110] Interview with director, CCPCR, 18 August 2018, Phnom Penh.
[111] CCPCR, Prevention, http://www.ccpcr.org.kh/home/preventions

border and is one of the poorest provinces in Cambodia. Several factors contribute to this situation, such as lack of access to basic services, illiteracy and low education, limited labour market opportunities and poor infrastructure. According to CCPCR, it is common that among those who cross the border, many are tricked or sold to work as beggars, sellers, domestic workers, commercial sex workers or agricultural labourers.[112]

Programme beneficiaries tend to be people who return from Vietnam following a period of working illegally in informal jobs (e.g. as a beggar or lottery seller).[113] According to beneficiary interviews, beneficiaries tend to come into contact with CCPCR when they are arrested in Vietnam and deported to Cambodia, through the organization's links to local law enforcement and border agents. It appears that children are either taken to Vietnam with their parents, where they are not in school and tend to stay home / in a yard alone while their parents are working, or they take part in begging with their parents, or they are left behind with a relative.[114]

At the time of data collection, there were reported to be 20 active cases, supported by one social worker.[115]

### Services and support

Once beneficiary families are identified, the social worker (a qualified psychologist) carries out a strengths, weaknesses, opportunities, threats (SWOT) analysis to assess the needs of each family. Assessments are carried out using a structured tool that examines the family's security; basic / material needs; physical health; psychological health; community networks; income generation; access to justice; and family problem-solving skills. The social worker then works with each family to formulate an individual case plan to respond to the family's needs. The case plan will include: the needs of each family member; prioritization of these needs; solutions and responsible people for implementing the tasks involved in the solutions; and a time frame for completing tasks. The social worker carries out follow-up visits with each family once or twice a month, typically for between three and six months (although this could be longer where required to meet the needs of the family).[116]

The social worker works with the local authority, and the village head will accompany the social worker on his/her first visit to the beneficiary family.

The programme focuses heavily on economic strengthening and provides the following support and services:

- Village savings groups: the programme works with the commune chiefs to create savings groups and set up a committee to administer them;
- Provision of material support to start a business (e.g. livestock, groceries);
- Vocational training (e.g. animal raising);
- School materials (e.g. uniform, books, pens);
- Provision of food supplies and other materials (rice, soap, etc.);
- Fees for medical check ups;
- Transportation fees to ensure access to services; and
- Basic counselling.[117]

### Outcomes for beneficiaries

Unfortunately, there does not appear to be any data measuring beneficiary outcomes in a systematic way. However, the interviews with beneficiaries provide some anecdotal evidence of outcomes. These interviews suggest that the economic strengthening activities, in particular the provision of materials to start a business, have enabled parents and caregivers

[112] CCPCR, Svay Rieng Shelter, http://www.ccpcr.org.kh/article/38/shelters-transition-houses/svay-rieng-shelter.htm

[113] Interview with social worker, Counter Trafficking in Persons programme, Svay Rieng province, 3 August 2018.

[114] Interview with director, CCPCR, 18 August 2018, Phnom Penh.

[115] Interview with social worker, Counter Trafficking in Persons Programme, Svay Rieng province, 3 August 2018.

[116] Interview with director, CCPCR, 18 August 2018, Phnom Penh.

[117] CCPCR, Annual Report 2015, available at: http://www.ccpcr.org.kh/assets/uploads/documents/ccpcr_newfile_701e7b4af90ea53085f6b7e59e26ab2b 2018_05_07_01_13_20.pdf

to gain a stable livelihood locally, discouraging informal migration across the border. This reduces the risk of trafficking and exploitation, and possibly also the risk of family separation (or risks to children migrating informally with their parents). The provision of food and other educational materials appears to be valued by beneficiaries, particularly while they work to establish and generate an income from their business.

> *"I decided to go to Vietnam because I'm poor. When I go, I have money to support my children to study. We do not have enough food to eat and I have a lot of children...I am the breadwinner and I only sell Kok (grass) to make mats…I told them [the programme social worker] that I wanted to open my own business. Then they provided me the materials to open a business. I set up my own store and they provided the groceries…because of this business, I don't need to beg in Vietnam and my child can go to school."*[118]

**Elements of good practice and gaps**

The programme is quite tailored to the group of beneficiaries that it assists: its primary focus is on offering an alternative livelihood that encourages families to stay with children in Cambodia and support children to study. It is likely that this intervention prevents families from separating through parental migration (or children from being exploited in labour migration). In addition, the provision of supplies to meet the more immediate economic needs of the family appears to respond well to the context of risky migration.

However, the programme appears, in practice, to only focus on the prevention of secondary separation or secondary migration. Its process for identifying families is through its transit centre for returning migrant families (e.g. those that have been deported from Vietnam back into Cambodia), rather than through a robust process of identifying families who are at risk of separation in the community through, for example, the development and application of risk indicators.

The programme does not appear to provide a sufficient range of or links to services and support structures to respond effectively to the needs of each individual family. For example, there do not appear to be any services for families experiencing violence or substance abuse, and there is very limited support to help parents develop knowledge and skills to parent effectively. There do not appear to be any emergency or foster care family-based options available for children who cannot live with family members.

It should be noted that the interviews with parents and child beneficiaries demonstrated that support to establish businesses was limited to the provision of livestock and the provision of a loan or materials to start a retail business selling basic groceries. There did not appear to be comprehensive training on business skills or access to vocational training programmes for parents and carers who wished to develop skills outside animal raising or running a grocery store. There did not appear to be training in business skills, or any training in business planning to allow the beneficiaries to establish businesses that deviate from these two models.

While the programme model, which focuses predominantly on HES and material support, directly addresses the drivers of family separation in the context of family migration and is therefore relevant to the location and context, there is currently limited ability to address a wide range of needs and provide an effective, individualized response to the range of risk factors and vulnerabilities that may lead to family separation.

[118] Interview with two beneficiaries of CCPCR Countering Trafficking in Children Programme in Svay Rieng province, 37-year-old woman and 38-year-old man, 18 August 2018.

## 5.2 Cambodian Children's Trust: Holistic Family Preservation Model (Battambang)

CCT was founded in 2007 as an RCI to provide a home for 14 children who were rescued from an abusive orphanage. It has since transitioned into a community development organization, promoting family-based care and support services for vulnerable children in Battambang. Its focus is on strengthening communities and empowering families to escape poverty and raise their children well; reuniting children in orphanages with their families; and providing kinship care and foster families to children in need of alternative care.[119] One of its programmes, the Holistic Family Preservation Model, aims to prevent the separation of children from families through family strengthening services. The model is currently being implemented in 11 villages in Battambang, with plans to roll it out to 36 villages across eight communities between October 2018 and June 2020. The programme was developed in recognition of the limited crisis and social support services to respond to emergency situations, limited specialized services for children and families with additional needs and limited counselling services in communities. These gaps have encouraged the use of RCIs. The model aims to bring all of the identified gaps together, build on the strengths of individual communities and trial a holistic approach that builds on CCT's existing family strengthening work.[120]

### Beneficiaries

The pilot programme provided 219 beneficiaries with direct services (case management) between October 2016 and June 2018 (39 cases have closed and 180 are active). In addition, 111 community activities have taken place with 3,054 attendees (consultations, behaviour change campaigns, home safety workshops, alcohol support groups).[121] Beneficiaries are referred to the programme by village chiefs, commune committees for women and children (CCWC), village-based social workers, DoSVY, schools, NGO service providers and other village volunteers. The programme also received some self-referrals through support groups and from neighbours referring families.[122]

### Programme model

The programme was implemented following the identification of villages with a high number of children at risk of separating from family. Districts, communes and villages with a 30km radius of CCT's provincial centres were listed, and villages were categorized into three levels (red, amber and green) according to criteria indicating a large number of families at risk of separating. Criteria included access (geographical distance) to primary school, a health care clinic, other NGO service providers, proximity to an RCI, and the presence of a CCWC and other stakeholders who have an interest in working with CCT on the pilot. Data on these criteria were gathered from a variety of sources, including census data, data from other NGOs and CCT's own case management data.[123]

This was followed by a process of community co-creation: consultations were carried out in identified villages to engage community members through an interactive process to identify their needs and strengths, and help to create solutions to these needs. The consultation found that villages had strong support networks, although they were under-resourced to respond to the needs of vulnerable families. The communities identified resources required to meet the needs of vulnerable families, including: human capital (CCT staff, skills and knowledge development); social capital (networks and relationship building);

[119] CCT, Our story, available at: https://cambodianchildrenstrust.org/about-us/our-story/

[120] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 8.

[121] Programme data supplied by CCT in response to a questionnaire.

[122] Programme data supplied by CCT in response to a questionnaire.

[123] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 22.

and financial capital (economic support). These community-led consultations shaped the social work interventions that are used in the project.[124]

Twenty-two village-based social workers were recruited from programme villages. They were identified at the initial community consultations through senior social workers making contact with people who demonstrated the potential to carry out the role effectively. They were given two weeks of initial training (and subsequent half-day training sessions every two weeks), and contracts to work 25 hours per week for a stipend of US$ 150 per month plus a fuel allowance. Senior social workers (at commune level) work with the village-based social workers according to a two-tier system designed to enable village-based social workers to work with families and provide 'lower level' services in low-risk cases. At the same time, they provide a referral mechanism to families who require more intensive services, through the senior social workers. With the assistance of senior social workers, they also facilitate support groups, awareness raising groups and educational community consultations. Senior social workers provide supervision, support and social work services in complex cases, supporting families to care for their children and preventing family separation. This includes carrying out assessments and planning and delivering social work interventions, such as counselling, support groups, advocacy sessions, crisis intervention and referrals.[125]

The model was then developed, using the following key elements:[126]

1. *Referral pathway process*

   The programme created a referral system, linking village, commune and provincial levels to external service providers. Building on existing referring mechanisms (village chiefs, CCWCs etc.) and relationships with existing service providers was key to the development of the referral pathways.

2. *Assessment of vulnerability and risk*

   The pilot commenced using the Child Status Index tool[127] to determine risk for families and capture vulnerability at a given point in time to assess whether vulnerability had reduced six months later as a result of the intervention. CCT uses Signs of Safety, a theoretical case management framework (see box below).

3. *Build team and shape services based on needs*

   The services and support offered through the programme vary across families, owing to their unique needs (which are ever-changing), the varied socio-economic barriers to accessing services, and the resourcing and capacities of specialized services. The village-based social workers and senior social workers act as conduits to different services supplied by CCT and other providers. The services and resources provided to families, according to the need assessment are:

- Satellite community centres, which provide access to nutrition support, WASH facilities, supplementary education, life skills and psychosocial support;

124 CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

125 CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

126 CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

127 https://www.measureevaluation.org/resources/tools/ovc/child-status-index/CSI%20Index-Jan-09-beta.pdf

- Medical outreach, including first aid, treatment of minor ailments, liaison with local hospitals and health care facilities, mental health care and management of chronic illnesses;
- Kinship and foster care as a way of providing family-based care for children who cannot live with their parents;
- Construction team to ensure that families live in safe and secure homes;
- Services provided by partner organizations, including specialized medical and disability services; hospitals; family violence and legal support; education and vocational training; and emergency support.

4. *Mapping village and commune networks of support*

   The social workers carried out a mapping of support and services within communes and villages. The mapping used the Signs of Safety network matrix, normally used to assist families to identify their strengths and own networks of support, and adapted this tool at village and commune level to map available services and support and to identify gaps. The mapping was also informed by the ecological framework. The community mapping process was facilitated by senior social workers and village-based social workers, pairing their knowledge of supports that exist in the communities.

5. *Community groups and workshops*

   Village-based social workers and senior social workers carry out community workshops on a range of topics, including home safety. Alcohol support groups were also introduced, raising awareness on the dangers of alcohol misuse.

**Signs of Safety framework**

Signs of Safety is an approach to child protection casework developed through the 1990s in Western Australia. It is now being utilized in the USA, Canada, the UK, Sweden, the Netherlands, New Zealand and Japan. It is a collaborative approach that expands the investigation of risk to encompass strengths that can be built upon to stabilize and strengthen a child and family's situation. During the assessment process, families identify long-term goals.

The Signs of Safety approach ensures that clear goals, facilitated by the social worker, are set for each family, based on individual and participatory assessments of their needs and strengths. Case plans are developed to meet the specific needs of each family to help them achieve their goals. The approach uses a range of tools, including tools designed to be used with children and parents to facilitate their voices being heard in the assessment process.[128]

[128] For more information on the Signs of Safety framework, see: https://www.signsofsafety.net

Community behaviour change has been a key component of the programme, particularly the development of a community messaging campaign on the harms of RCIs. CCT disseminated campaign brochures to over 8,000 households in the 18 villages. It used baseline and endline data in these villages, as well as in 18 control villages, to measure the impact of this campaign on changing community attitudes to RCIs. Education sessions were conducted with village chiefs, who then held community meetings with the support of CCT social workers.[129]

**Outcomes and impact**

A formative evaluation of the programme has been carried out; however, the purpose of this evaluation was to shape the design of the family preservation programs, not to measure impact. Therefore, it did not include comprehensive data on the impact of the programme in reducing family separation. Data from a sample of 29 cases that had baseline assessments at six months using the Child Status Index provides some data on the outcomes for individual families across different domains. The measurement in the domains of shelter, access to legal protection, food security, protection from abuse and exploitation, and care has shown substantial improvement (see data described in the below table). However, in some areas–notably in work and education, social behaviour and performance (acquisition of life skills and knowledge)–no substantial improvement was measured.

| Child status index factor | % Improvement |
|---|---|
| Care | 10% |
| Emotional health | 4% |
| Food security | 12% |
| Health care services | 8% |
| Legal protection | 15% |
| Nutrition and growth | 7% |
| Performance | 0% |
| Protection from abuse and exploitation | 11% |
| Shelter | 20% |
| Social behaviour | 1% |
| Wellness | 5% |
| Work and education | 2% |

*Source: CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 41.*

While improvements in these domains may show a reduction in risk factors associated with family separation (albeit from a small case sample), these data do not provide conclusive evidence that the model is effective at reducing the risk of family separation.

The community behaviour change component of the programme has been evaluated using an experimental design that divided the 36 villages where CCT works into 18 treatment and 18 control villages. The treatment villages received a messaging campaign that included the dissemination of brochures to over 8,080 households and individual influencers who could distribute the brochures among their networks. Village chiefs were given education sessions on the harms of RCIs and the benefits of family-based care. These villages also received CCT's social work model. The control villages received CCT's social work model and no messaging. The evaluation found that there was no significant difference between the treatment and control villages in community attitudes and knowledge around RCIs. Many families did not remember the information contained in the brochures, making this activity limited in effectiveness and not cost-effective.[130]

**Factors associated with programme effectiveness**

Establishing partnerships with communities and mapping networks to connect families to services were identified in the programme evaluation as key factors to the success of the

[129] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

[130] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

programme. Embedding programmes in communities appears to be a factor associated with the success of the programme. This includes the initial planning stages, identifying needs and understanding vulnerabilities and risk factors for family separation, identifying gaps and strengths in the villages for responding, and identifying support required for families and the community.[131]

The recruitment and training of village-based social workers was found to be key to the forging of these relationships and connecting families to services and support systems. "The employment of local staff has meant a team of people with a deep understanding of cultural issues and a respect for local protocols, at both a village, commune and district level."[132]

Working within existing systems in villages to develop effective referral pathways, rather than creating new, parallel systems, was also a key component to the success of the programme. In particular, strong relationships with village chiefs and CCWCs, who are typically the main referrers and have the administrative role for a formalized referral system, were also important. The presence of village-based social workers was found to be fundamental to encouraging referrals and building relationships in communities. Community initiatives, such as support groups, educational groups and partnerships with other services, schools and health clinics, helped raise awareness and provide an opportunity to link with available services.[133]

The formative evaluation highlighted the importance of an overarching social work approach (Signs of Safety). The collaborative nature of this approach, including in assessments, goal setting and case planning with families, was found to be a key factor in the success of the programme.

One key finding from the programme's formative evaluation was that addressing the unique needs of families requires a responsive, adaptive and well-resourced service system and a responsive, adaptive and family-centred case management system.[134] Services and systems of support must be multiple and varied and able to respond to the unique needs of each family. "A key learning has been that whilst it is not possible to pre-determine what services are needed to prevent family separation, having a well-resourced service system which responds to complexity and diversity leads to better outcomes for families. Having an understanding of the services children and families may need in communities at any given time is fundamental."[135]

Community behaviour change was found to be an important component of preventing family separation, despite the mode of delivery of these programmes (primarily through one-off brochures delivered to community members). Community behaviour change campaigns are most likely to be effective (and cost-effective) where they engage the village leaders, involve more frequent exposure to key messaging and where they are embedded in the broader, holistic model. "Utilizing and informing key influencers in a village about the issue is the most effective way to have the greatest reach and impact. As the signatures of CCWCs and village chiefs are required to authorize the placement of children in a residential care institution, focusing the dissemination of information through these key influencers not only ensures consistency of messaging and effective distribution via their networks, it can also act as a gatekeeping mechanism."[136]

[131] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 22.

[132] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 26.

[133] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 39.

[134] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 46.

[135] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 43.

[136] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 32-33.

### Gaps and challenges

It should be noted that data collection was not carried out with CCT staff or beneficiaries; it has therefore not been possible to present an in-depth analysis of gaps and challenges related to the programme and its model. However, the formative evaluation did note a number of gaps in service provision in the programme, including mental health / therapeutic support for children and families; substance misuse counselling; and limited resourcing of early intervention and disability support.

The formative evaluation also noted the unsuitability of criteria that were developed to identify target villages. "Village selection was determined on a set of criteria that in retrospect does not seem to accurately predict vulnerability."[137] Other indicators appear to be better predictors of vulnerability, including poverty, attitudes towards RCIs from families and local authorities, lack of social inclusion, and connection to services.[138]

## 5.3 Children's Future International (Battambang)

Children's Future International (CFI) was founded in 2008, originally providing educational and residential services, before completing family tracing and strengthening work and reintegrating all children back to family-based care. CFI now provides a number of community-based services to children and families in rural Battambang, including social work services, along with food support, access to free health care, and remedial education through an independent learning centre.[139]

### Beneficiaries

CFI works with over 280 children. Around five urgent social work cases are processed each week, 151 children are enrolled in the learning centre, and community members are involved in a range of monthly workshops.[140]

Beneficiaries are identified according to an entry pathway to the service, with decisions being made by a panel to ensure that CFI is working with children with the highest need. Families exit the service once a sustainable reduction in their level of risk is established.[141]

### Model and services provided

Families are assessed using the Child Status Index, a comprehensive tool for measuring risks and vulnerabilities. Kinship care assessments are done where needed to ensure a child remains in a family-like environment. Social workers use the Signs of Safety approach to social work case management, supporting families to find their own safety goals.[142]

Alongside social work case management, CFI provides supplementary education in Mathematics, IT, Khmer and English; access to free health care; counselling; and food support. It also provides supplementary education and supports children to attend public school. Young people are funded and supported to attend higher education. Options for sustainable employment are provided for families. CFI delivers the Next Generation Initiative, an approach to provide young people with the skills required to gain employment post school.[143]

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137 CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 13.

138 CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018), p. 13.

139 CFI, Protection for all: Annual report, June 2016–June 2017 (2017), available at: http://www.childrensfuture.org/wp-content/uploads/2018/10/CFI-Annual-Report-FY2017-digital.pdf

140 Programme data supplied by CFI in response to a questionnaire.

141 Information supplied by CFI in response to a questionnaire.

142 Information supplied by CFI in response to a questionnaire; CFI, Protection for all: Annual report, June 2016–June 2017 (2017), available at: http://www.childrensfuture.org/wp-content/uploads/2018/10/CFI-Annual-Report-FY2017-digital.pdf

143 Information supplied by CFI in response to a questionnaire; CFI, Protection for all: Annual report, June 2016–June 2017 (2017), available at: http://www.childrensfuture.org/wp-content/uploads/2018/10/CFI-Annual-Report-FY2017-digital.pdf

A range of community-based workshops is delivered, one of which focuses on safe migration. Families are supported to make informed decisions about migrating, and whether to take their children or not. According to CFI, this work is generating evidence of behaviour change, with families having now approached CFI for advice before migrating.[144]

Drawing on the experience of transitioning from a residential service, CFI also engages with local RCIs to support the reintegration of children through partnerships with local authorities. This is grounded in the use of Signs of Safety, a strengths-based framework that enables families to have a voice in decisions, and for officials to support families in positive ways ensuring safety, maintaining family connections, and increasing supportive community networks.

**Outcomes for beneficiaries**

While CFI's family strengthening services have not been the subject of robust impact evaluation, the organization measures child outcomes in education, indicating some positive outcomes for educational attainment of children and young people. To date, five students have graduated from university and 17 students are currently enrolled. All of CFI's graduates secured employment, apprenticeships or internships upon graduation. In 2017, 9.42 per cent of CFI students ranked among the top five students in public school, a 2.06 per cent increase from the previous year, while 19.28 per cent of CFI students rank among the top 10 in their class, despite their adverse backgrounds.[145]

**Factors related to programme successes and gaps**

CFI has an emphasis on capacity development of local staff members and working to develop and strengthen local child protection structures. This approach aims to ensure the sustainability of family-based programming.

CFI also works closely with schools to ensure that any early warning signs of a family's instability can be addressed in order to prevent family separation.

CFI uses a strengths-based and comprehensive framework for assessment and case management. This fosters an approach whereby it works 'in partnership' with families, ensuring that their vulnerabilities and strengths are identified, goals are set and support and services are identified. This is done in strong collaboration with families. It has resulted in families being proactive and approaching CFI early to seek advice and support, for example when they are worried about their child's school attendance. It allows CFI to work in partnership with families to strengthen holistic protection for children.

## 5.4 Children in Families (CIF), Supported Emergency, Foster and Kinship Care (Kandal)

**Background**

CIF is a local Cambodian NGO that has been operating since 2006. It was registered with the Ministry of Interior in 2009. It started as an emergency care programme, initially providing emergency care to children in the staff's premises, then in an RCI. CIF has since transitioned into a community care model. Its vision is that, "Families and communities in Cambodia are empowered to provide children with a safe and healthy childhood, enabling them to become healthy, positive adult members of their families and communities themselves."[146] CIF provides three streams of family care programming: emergency care, kinship care and foster care. Specific care is provided to children with disabilities and chronic illness through these care placements.[147]

144 Information supplied by CFI in response to a questionnaire.

145 Programme data supplied by CFI.

146 Children in Families, Our vision and mission, https://www.childreninfamilies.org/who-we-are/our-vision-and-mission/

147 Children in Families, What we do, https://www.childreninfamilies.org/what-we-do/

### Beneficiaries

Nationally, CIF supports 95 children in foster care and 180 children in kinship care. Beneficiaries are referred through CCWCs and MoSVY, NGO partners, churches and through paediatric units at hospitals (particularly for children with disabilities who are abandoned). Children may filter down through the emergency placement programme. Beneficiaries are referred through working with local authorities, in particular CCWCs, who identify vulnerable families in the areas where CIF works.[148]

### Programme model and services

CIF works with families within a case management framework, using the OSCaR case management toolset, which it developed (see box below). It carries out assessments and provides support to kinship and foster carers to ensure that they are able to meet the needs of children they are caring for. This may include a monthly cash transfer / stipend of between US$ 5 and US$ 15 per month, provision of food and material goods, and access to education and health care. Children in placements are also provided with a social worker who carries out case management through monthly family visits and assesses the child using the Child Status Index every six months. CIF will link to other organizations when a need is identified for community development (e.g. the construction of wells and toilets).[149] While CIF does not implement any structured economic strengthening programmes, it appears that social workers will offer ad hoc advice for families on how to improve their incomes.[150]

Staff will support the family until the child turns 18, at which point he/she will be supported with skills development and access to vocational training, if necessary (if not in school).[151]

**OSCaR case management toolset[152]**

OSCaR – Open Source Case-Management and Record-Keeping system – was developed by CIF, with the support of Save the Children International and USAID. It is currently being utilized by a number of programmes included in this study, along with several other organizations in Cambodia and internationally. It provides a suite of tools for organizations delivering social-work programmes. It was developed to provide a toolset that would strengthen case-management practices to achieve better outcomes for clients, and to enable monitoring of outcomes. It is available in both Khmer and English.

CIF also runs the ABLE programme, which is an umbrella service providing additional support and services to children with disabilities across all family-based care streams (including family preservation work for children living with their parents). CIF provides medical care, home-based therapy, counselling and remedial education support. This is important, as children with disabilities often fall behind in their education, as they have difficulty accessing suitable education. Staff also provide training to parents and carers on how to provide individualized care to children with disabilities. Families in the ABLE programme receive services of a social worker, in addition to an ABLE programme support worker. The two professionals visit families together and carry out joint assessments of their needs and joint case management. The ABLE programme support worker provides additional services targeted at meeting the needs of children with disabilities, including medical care, counselling, and home-based therapy.

148 Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38 year old woman and man, 18 August 2018.

149 Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38-year-old woman and man, 18 August 2018.

150 Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38-year-old woman and man, 18 August 2018.

151 Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38-year-old woman and man, 18 August 2018.

152 For more information, see: https://www.oscarhq.com

Children with disabilities are supported, particularly in rural areas, to access informal education, remedial education and to learn life skills through informal education centres run by CIF. This is important, particularly in rural areas where there is limited access to suitable education for children with disabilities in the formal education system.

### Outcomes for beneficiaries

While it was not possible to access robust data on the impact of the programme, according to programme staff, the programme has succeeded in ensuring that, with support, families can work on their strengths and maximize their resources to provide better care for their children. It was noted that the support offered by programme staff and links to NGO partners helped beneficiaries improve their income generating activities:

> *"What outcomes have you seen among beneficiaries?*
>
> *The breadwinner has more ideas on generating an income than before. Before they would withdraw the children from school so that they could work in the plantation as a manual labourer (or a garment worker for the girls). Now they grow things in their garden and raise chickens. Not only can they eat good food at home, but they can also make money from selling it. A grandma said her grandchildren perform better in school, because they can eat before going to class and they can work hard on their school homework. Before they didn't have good grades."*[153]

### Factors related to programme successes and gaps

Again, comprehensive, individual assessments of a family's vulnerabilities and strengths appear to be a key factor associated with positive outcomes. Programme staff are able to work together with families to identify their needs and strengths and deliver the necessary support and services to work with their strengths, addressing specific vulnerabilities and risk factors.

CIF's ABLE programme appears to fill a significant gap in Cambodian programming to support family preservation. Its process of dual assessments for families with children with disabilities ensures that the unique needs of children with disabilities (a group of children at increased risk of separating from families) are able to be identified and that they are able to be supported to live in family care (either through supporting their biological parents, extended family or foster carers to meet their individual needs, and by assisting families to access the services and support they require).

However, insufficient services for children in rural areas can create barriers. In general, there are insufficient school places for children with disabilities to meet the demand, and the shortage of places is particularly acute in rural areas. While informal and remedial education is provided to children through informal education centres run by CIF, more work is needed to support schools in the formal education system to meet the needs of children with disabilities, so that they may receive education in 'mainstream' schools.

CIF does not provide economic strengthening programmes, which is a significant gap, given the limited livelihoods of many of the families with which CIF works.[154] However, linking with organizations that provide economic strengthening is challenging in the rural and more remote areas where CIF works, due to the insufficient number of such organizations in these locations, and very limited economic opportunities. Nonetheless, the ad hoc advice and support offered by programme staff appears to have helped beneficiaries improve their income generating activities, with flow-on effects for children and child outcomes, as noted above. This indicates that adding a more 'formal' economic strengthening programme component would likely improve outcomes for

[153] Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38-year-old woman and man, 18 August 2018.

[154] Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38-year-old woman and man, 18 August 2018.

families: *"Job opportunities in the community is the major issue, the lack of jobs, and even with jobs, they don't earn money regularly. If they don't earn enough, the children will starve."*[155]

The financial stipend provided by CIF is intentionally low, to deter foster families who are motivated by financial interest. While this is important, some families may have the skills, interest and ability to care for children but will not be able to manage to provide for children without more economic support. There also appears to be no provision for cash transfers to be made to support families in emergency situations. This likely undermines the ability of the programme to support families and ensure that they do not place children in alternative (including residential) care when they experience a crisis or economic shock that limits their ability to provide for their children.

## 5.5 M'Lop Tapang: Family Strengthening Programme (Preah Sihanouk)

M'Lop Tapang was established in 2003 to feed and shelter six children who were, at the time, sleeping under a tree on the beach. It has since expanded into a broader programme with the vision to create an environment where all children can grow up in their families feeling safe, healthy and happy; a society where all children are respected and treated equally; and a community where all children are given choices about their future.[156] Around 200 members of staff deliver services (teachers, social workers, nurses, vocational skills trainers, technical advisors, art trainers, child protection workers and support staff), 98 per cent of which are Cambodian.[157]

Its Family Strengthening programme focuses on economic strengthening, however families are linked to a range of other services, depending on their needs.

**Beneficiaries**

M'Lop Tapang works with over 5,000 children, youth and families at any one time in the Sihanoukville area. According to its 2017 Annual Report, its family strengthening programme assisted 47 families with house repairs, 42 families with economic strengthening and 942 families with emergency food supplies in 2017. It also assisted 40 children who were living in RCIs to reintegrate back into their families, and supported nine children in foster care and four in kinship care. The drug and alcohol support programme provided support to around 700 youth drug users in 2017, and over 65 alcohol users, benefitting 400+ parents, partners and children.[158]

**Programme model and services provided**

Families involved in the reintegration and strengthening programmes are individually assessed using a six-part MoSVY form, and case plans are developed following this assessment. Follow-up visits are carried out once or twice per month, or more frequently where required. [159] A core component of the programme is HES. Micro loans and specialist advice on business development are provided to parents and carers to help them start and manage small businesses and increase their incomes. The decision to assist a family to start up a small business is based on an assessment by M'Lop Tapang's outreach team. The types of businesses depend on the family's abilities and interests, and have included such things as helping families to raise pigs or chickens, assisting with fishing, laundry services, vegetable selling, etc.[160]

Families involved in the family strengthening programme are connected to the following services provided by M'Lop Tapang, where needed:

155 Interview with programme social workers, Children in Families, Kandal, 16 August 2018. in Children Programme in Svay Rieng province, 37 and 38-year-old woman and man, 18 August 2018.

156 M'Lop Tapang, History, http://mloptapang.org/history/

157 M'Lop Tapang, The team, http://mloptapang.org/the-team/

158 M'Lop Tapang, Annual report 2017.

159 Interview with outreach coordinator and residential coordinator, M'Lop Tapang, Sihanoukville, 10 August 2018.

160 Interview with outreach coordinator and residential coordinator, M'Lop Tapang, Sihanoukville, 10 August 2018.

- Child protection, including reintegration and recovery services for child victims of violence and the ChildSafe outreach programme;
- Education services, including remedial education and education for children with special needs, through an education centre;
- Organized sports and arts activities to increase their physical abilities, confidence, social skills, teamwork and life skills;
- Provision of medical and dental care through its own clinic;
- Vocational training programmes and employment services for youth and adults, including parents;
- Drug and alcohol support services, including a 24-hour drop-in centre for drug using children and youth, a drug and alcohol rehabilitation centre, and community outreach, support groups and awareness raising; and
- Community outreach and awareness raising on domestic violence, child trafficking, safe employment, hygiene and other topics.

A day care programme has been established in Phnom Kheav community, a deprived area of Sihanoukville, within an existing community shelter (a local activity centre for members of the community). The Baby Care programme offers affordable day care (US$ 0.50 per day) where young children are provided with care and an education when their parents are working.

M'Lop Tapang provides supported foster and kinship care placements for children who cannot live with their parents; foster carers receive a stipend of US$ 50 per month, support developing parenting skills and other material support. The organization also supports the reunification and reintegration of children where they have been abandoned, have been living on the street, or are in a temporary shelter.

**Outcomes for beneficiaries**

Last year, formative evaluations were carried out on M'Lop Tapang's family strengthening programme (small business start-up component) and drug and alcohol support services. While neither were robust impact evaluations, the findings give some indication of the types of outcomes achieved for beneficiaries in these programmes. The family strengthening programme evaluation found that, out of a sample of 50 beneficiaries, 32 (64 per cent) were continuing with the business that they were assisted in starting. Of these, 81 per cent reported increased income through their business and 66 per cent reported that the business was their primary source of income. Beneficiaries also reported improved access to basic services: 25 per cent reported having access to clean water, when they did not have this before the intervention; 22 per cent reported having access to a toilet when they did not have this before the intervention; 47 per cent reported having increased access to transportation (bicycle, motorbike); and 24 per cent reported having access to electricity that they did not have before the intervention.[161]

Evidence indicates that the drug and alcohol support services have had a positive impact on some beneficiaries and their families. According to M'Lop Tapang's monitoring data, since the alcohol support group began in 2008, 15 per cent of attending drinkers had stopped drinking and remained alcohol-free. Many others have reported reducing drinking to a safer level. The evaluation of drug and alcohol support services, which involved a series of focus group discussions with beneficiaries and other stakeholders, suggested a range of positive impacts. The beneficiaries of the alcohol support group reported: an overall decrease in familial violence (both to partners and children); an increase in the level of awareness of the negative impact alcohol can have on non-drinkers; drinkers feeling less stigmatized and more open to try to reduce drinking; children and partners reported feeling happier and

[161] M'Lop Tapang's Small Business Set-Up Activities: Internal research to measure impact (2017), Available at: http://mloptapang.org/wp-content/uploads/2014/10/MT-Research-Project_Impact-of-Small-Business-Set-Up-2017.pdf

safer; an increase in school attendance of the children of drinkers; and families having better incomes and greater economic security. Participants reported that the group made them feel less hopeless / isolated and more motivated to improve their lives and the lives of their family members.[162] Children of beneficiary alcohol users reported that the group had been very successful in stopping their parents drinking.[163] A focus group with beneficiary methamphetamine users (males between the age of 17 and 28) found that four of the six participants had stopped using methamphetamine, and that one had reduced his use of methamphetamine. The participants appeared to highly value the social work support they received, which they felt helped them to re-negotiate their relationships with their parents for the better, and the practical support provided, including accommodation, school fees and equipment, life skills training and vocational training.[164]

**Factors associated with positive outcomes**

Outreach activities, and the forging of good relationships with CCWCs, local government and other service providers appears to have led to significant recognition of M'Lop Tapang and its activities in the communities where it works, and confidence in and support of its programmes. According to the outreach coordinator, community outreach and awareness raising activities have been key to the success of the programmes. These activities are particularly important given the stigma associated with the beneficiaries, some of whom are drug and alcohol users and homeless people:

> "The *first time I worked with M'lop Tapang in 2008-2009, there were not many people recognizing us. Both the community and local authority were confused about the activities of M'lop Tapang. Some rich people thought we fed thieves, because we work with groups of children who society was not interested in: street children, drug addicts and homeless children. We worked in the community to provide awareness and educate them. We invited villagers and local authorities – the village head; commune chief; district chief – to meetings and events to tell them about M'lop Tapang activities. They now understand the objectives and activities of M'lop Tapang, and they transferred this knowledge to their community. When they need any support, they contact M'lop Tapang dire*ctly."[165]

Programmes are firmly embedded in communities. For example, the alcohol support groups are run at M'Lop Tapang's centre, but many additional services are provided from satellite units located around the city. The evaluation of the drug and alcohol services found that this increased the reach and accessibility of these services.[166]

M'Lop Tapang offers a wide range of services and support to holistically address the complex needs of families. The family strengthening programme evaluation found that 97 per cent of beneficiaries of the business start-up programme reported being provided with more than one service, and 64 per cent reported being provided with three or more services (e.g. education, medical care, emergency support).[167] According to the programme evaluation of the drug and alcohol support services, where interventions are provided in one domain / one programme (e.g. the alcohol support group), families can be linked to a wide

162 Stratham, J., Evaluation of M'Lop Tapang's Drug and Alcohol Social Work Programmes (2017), available at: http://mloptapang.org/external-evaluation-of-drug-and-our-alcohol-social-work-programs/

163 Stratham, J., Evaluation of M'Lop Tapang's Drug and Alcohol Social Work Programmes (2017), available at: http://mloptapang.org/external-evaluation-of-drug-and-our-alcohol-social-work-programs/

164 Stratham, J., Evaluation of M'Lop Tapang's Drug and Alcohol Social Work Programmes (2017), available at: http://mloptapang.org/external-evaluation-of-drug-and-our-alcohol-social-work-programs/

165 Interview with outreach coordinator and residential coordinator, M'Lop Tapang, Sihanoukville, 10 August 2018.

166 Stratham, J., Evaluation of M'Lop Tapang's Drug and Alcohol Social Work Programmes (2017), available at: http://mloptapang.org/external-evaluation-of-drug-and-our-alcohol-social-work-programs/

167 M'Lop Tapang's Small Business Set-Up Activities: Internal research to measure impact (2017), Available at: http://mloptapang.org/wp-content/uploads/2014/10/MT-Research-Project_Impact-of-Small-Business-Set-Up-2017.pdf

range of other services according to their particular needs and goals.[168]

The HES activities are a key component of the family strengthening programme. The programme appears to have increased the incomes of beneficiary families in a sustainable way, improving their access to basic services. The support of the business advisor is likely a key factor in the success of the HES initiatives. Embedding the HES programme in M'Lop Tapang's broader case management approach and programmes has been a key factor to its success. Families are able to benefit from a wide range of support and services, according to their individual needs, allowing them to deal with emergencies and address potential barriers to running a successful business.

### Gaps and challenges

While parenting skills sessions are carried out with foster carers, there is very limited support provided to biological parents, including for reintegrated children, to develop effective parenting skills. According to M'Lop Tapang staff who participated in the research, case workers have limited knowledge of how to deliver sessions to parents to improve their parenting skills and knowledge, and child development skills.

According to feedback from beneficiaries (though only a small sample), reintegration programmes focused heavily on outreach and follow-up visits and the provision of material support (food, school materials, etc.), while limited support was provided to improve parenting skills or address more complex problems. In particular, there appears to be limited support for parents and children who are exposed to family violence. These interviews indicated that the assessment and case planning processes (at least in the case of families with children who have been reintegrated), were not very collaborative, and did not encourage the participation of parents and children in assessments and planning.

## 5.6 Samatapheapkhom (SKO): Family Development Programme (Phnom Penh)

SKO was established in 2007 with the aim of empowering beneficiaries to ensure that they have the ability to find sustainable solutions to their problems. The organization works in 10 communes in Phnom Penh, characterized by large number of poor families living in informal settlements (slums). Many of the residents are internal migrants who have relocated to Phnom Penh, typically from rural provinces within Cambodia.[169]

SKO implements a number of programmes, including its Family Development Programme which provides holistic support, using a family development model, to vulnerable families across three districts in Phnom Penh (Tuol Kouk, Mean Chey and Chbar Ampov). This programme aims to enhance the quality of life of families and children living in urban poor areas by providing them with counselling and psychosocial support to build higher resilience, and information and referral to relevant services. The programme is implemented by two qualified social workers who carry out case work with beneficiary families, and a supervisor who reviews monthly progress reports and helps manage case closing / phase out.[170]

### Beneficiaries

The criteria for selection of beneficiaries are that they are: very poor or vulnerable; not accessing services; and experiencing psychosocial problems (health, education, economic and / or administrative issues). Beneficiaries are identified through a multi-stage process. SKO staff work with local authorities to identify deprived areas, then carry out house-to-house visits in these areas to complete an initial assessment of families and introduce the programme. Between 1 July 2017 and 30 June 2018, 126 families completed

168 Stratham, J., Evaluation of M'Lop Tapang's Drug and Alcohol Social Work Programmes (2017), available at: http://mloptapang.org/external-evaluation-of-drug-and-our-alcohol-social-work-programs/

169 Interview with director of SKO, Phnom Penh, 19 July 2018.

170 Interview with director of SKO, Phnom Penh, 19 July 2018.

the Family Development Programme.[171]

According to the programme's social workers, beneficiary families have significant economic problems that impair their ability to cover expenses and access essential services for family members. However, a range of other risk factors, including substance abuse and family violence, intersect to compound their vulnerability and increase the risk of family separation:

> *"What are the main problems that the families have here?*
>
> *The biggest problem is economic. The second biggest is that the husband is addicted to alcohol…Usually, the husband doesn't have a job and then they have debt as well. So, when the debt collector comes, they have nothing to pay back, so there is conflict between the husband and wife. They don't solve their problems, and their issues inflame the conflict.*
>
> *What about children – what vulnerabilities or problems do they usually have?*
>
> *Children are exposed to the violence between their parents, so they can have psychological problems and some run away from home. So, they see the violence and experience the violence. Directly as well? Yes."*[172]

**The Family Development model**

The family development approach focuses on encouraging long-term, sustainable change among vulnerable families. It works with each family to analyse their problems, developing solutions together with the family, providing support and, where required, access to services to implement these solutions. A key element of the programme is that material support is not provided to beneficiary families (including for example, cash transfers, school supplies, food, etc.). Instead, families are assisted to develop and implement solutions to their problems, using existing means, skills and support systems, as illustrated by SKO's director: *"We are trying to get families to understand charity versus development. Social workers are unable to provide cash to the families, or material goods. We want to empower the families to solve their problems."*[173]

The model involves the following steps:

1. *Building relationships and gathering information:* This involves two to three visits to the family using structured tools to assess their situation, including: an assessment tool; a progress measurement tool; and a genogram tool (family tree). This is important to help social workers gather more information about the family, to examine family relationships and identify any challenges. They also use this tool to assess the family's strengths and resources.
2. *Identifying problems:* The social worker will use a structured tool to assist the family to document their problems (the tool essentially involves a series of cards with problems on them, and reasons for the problems on the back). The social worker then assists the family to prioritize their problems. Families will be asked questions to assist them to put the problems in order of priority.
3. *Problem analysis and development of solutions:* The social worker will investigate possible solutions and discuss options with the family, working through the positive and negative implications and risks in relation to each of the solutions. The family will be encouraged to think through this and the social worker will help the family to address this risk or problem. The solutions are very much based on what the family considers to be the best option.
4. *Planning and implementation:* The social worker will plan out, with the family, how to implement the different solutions and plan to address any negative implications and risks.

171 Programme data supplied by SKO database during site visit, July 2018.

172 Interview with two Family Development programme social workers, SKO, Phnom Penh, 19 July 2018.

173 Interview with director of SKO, Phnom Penh, 19 July 2018.

5. *Follow-up visits:* The social worker will visit the family (normally every week) to address any problems and check up on progress in implementing the case plan. The social worker will also use these visits as an opportunity to identify and address any new problems that have arisen for the family.
6. *Closing case / phasing out (within six months):* The families stay in the programme typically for six months, but it can be slightly less if the family is doing well. Some can be in the programme longer, if necessary (e.g. if the social worker was unable to meet with the family every week). If the family has not experienced any new problems, the social worker will meet with the family to plan their phase out of the programme. An assessment form will be completed to identify the problems that were able to be solved and those that were not. A case closing process, involving a conference with social workers and their supervisor, will be carried out.

**Services and support**

Social workers (university social work graduates) are responsible for case planning and management. They receive an initial intensive training session and follow-up training, covering a range of knowledge and skills, including the Family Development Approach, counselling skills, problems-solving skills, field coaching, case management and training on the case management tools, and general knowledge on issues such as domestic violence, common health problems, child protection, psychosocial problems, parenting skills and positive parenting, drug and alcohol abuse.

SKO runs a number of programmes that families can be referred into where necessary to meet their needs. A parent-child programme works with groups of parents who have children aged 0–3 years. Groups of eight to 10 parents meet every two weeks at the SKO premises. The programme covers a range of topics, aiming to increase the knowledge and skills of parents and promote positive parenting approaches. Topics that are covered include: breastfeeding and complementary feeding; child safe and friendly environment; child development; parenting skills and positive parenting; and a range of other topics.

SKO also runs an economic empowerment programme for women: Empowering, Enabling and Educating: Bridging the gap between communities and services to stop violence against women and girls. This began in March 2017 and will run for three years. One of the programme's streams aims to promote economic empowerment of women who are victims of violence or at risk of violence by providing business training and skills development, vocational training / apprenticeships through referrals to other organizations, and dispensing micro-grants. The programme works on the assumption that a lack of economic independence of women is associated with their continued exposure to intimate partner violence, especially when they have small children to care for. One important component of the programme recognizes that women with young children are often unable to work due to a lack of affordable childcare options. Therefore, the programme is delivered to women in groups of 10, two of whom receive vocational training and a micro-grant to establish a day care centre. It is anticipated that other women in the group will pay to use the day care centre when they start working.

The programme is able to refer families to a wide range of service providers in Phnom Penh: a register of over 100 organizations is managed, and coordination meetings are carried out with service provider partners every three months. This is to provide a range of options for families in order to meet their individual needs, and provide individualized solutions to their problems using existing services and support available in the community.

**Outcomes for beneficiaries**

Case outcomes are identified using a comprehensive form that measures a family's progress across a range of areas (economic, education, health, psychosocial, administrative)

on enrolment in the programme and again at its completion. Completed cases are scored according to how many of the family's identified problems were totally solved, partially solved or unsolved at case closure, and how the family has improved its ability to address its own problems and meet its own needs on a four-tiered scale: Phase Out (PO++) (very successful), PO + (successful) PO+= (moderate success) and PO (not successful). According to case data from 1 July 2017 to 30 June 2018, of all families exiting the programme, no families were ranked PO++; 26 were ranked PO+; 40 were ranked PO+=; and two were ranked PO. Of all problems identified in these cases (388), around one quarter were identified as 'totally solved'.

| Problem rating | Number of problems |
|---|---|
| Totally solved | 114 |
| Partially solved | 234 |
| Unsolved | 40 |
| TOTAL | 388 |

The types of problems least likely to be solved were administrative (24 per cent were unsolved), and problems with addiction / substance abuse (25 per cent of these problems were unsolved). As examined in more detail below, the programme appears to respond well to problems that are able to be addressed through helping the family access available services (e.g. education, health etc.). However, challenges are apparent in using the family development model, at least in the context of Phnom Penh, to address more complex problems that may require more intensive support or access to specialized services (e.g. substance abuse), or where the family is required to make a payment in order to address a problem (e.g. travel to their home province to seek to replace a lost birth certificate). The file review carried out for this study was consistent with these findings: the problems that appeared to be most challenging to address successfully were more complex problems, such as family violence, substance abuse and problems that required payment from the family.

**Elements associated with effectiveness**

The family development model offers a cost-effective and sustainable approach to addressing some of the risks and factors associated with family separation, by strengthening the ability of families to access essential services and support, better manage money, and at times, improve parenting and family relationships, in some cases likely resulting in reduced family conflict and improved parenting practices.

> *"And how did [SKO] help you?*
>
> *It helped by providing me with information so that I could go to the health centre that is cheap [subsidised] and it helped me to reduce violence in the home. It helped me by providing information to me on how to feed my baby, and helping me to discipline the children without shouting or using violence."*[174]

Its comprehensive and participatory approach to assessing families, helping them to identify their problems and working collaboratively with them to develop and implement solutions to these problems, can assist families to address problems or risks within their time in the programme. Helping to empower families by increasing their skills, abilities and confidence in accessing services and support and improving skills in other areas (parenting, financial management, etc.) can help sustain the benefits for families beyond their completion of the programme. According to SKO's director and social workers, empowering families to address their problems and supporting them to do this can have a positive impact on family functioning, reducing the risk of separation:

> *"The capacity of the families to problem-solve is improved. Some families don't know about budgeting, they can't access education for their children. So, the social worker can help and the family can take action themselves to enrol their children in*

[174] Interview with SKO beneficiary, 45-year-old woman, Phnom Penh, 20 July 2018.

*school. Some families start getting birth certificates for their children – previously they didn't know how to do this. Sometimes, the family wants to abandon the child in a residential centre – the social worker can talk to the families, and educate them that the RCI is not the best place for the child. They may otherwise think enrolment in an RCI is a good idea."*

*"Our work is to build the capacity of families to find solutions to their problems, so they get to know different services in and outside their communities. They learn to identify their own problems and different options by themselves, and they are able to analyse the positive and negative aspects of each of the options. In the beginning, they are not brave to go and get services themselves. So, they become confident to access services. This is a good outcome. The objective is to help them become brave, confident and committed to change the situation of their family. Families who are committed to change the situation of their family are generally successful."*[175]

The following case study illustrates how the Family Development approach can lead to a positive outcome for families, by addressing some of the risk factors of family separation.

**Case study: SKO assists family to access essential services**

The client, a 35-year-old woman who is married with two children (a 10-year-old boy and 7-year-old girl), migrated from Prey Veng province to Phnom Penh, following two years working informally in Thailand. The family heard about SKO through a construction company that the father was working for.

Both parents had limited education, having not completed any secondary education. The mother did not have an income, and the father earned 30,000 riel per day in construction work. When the family came into contact with SKO, the children had never attended school. Both parents had untreated medical problems. The father's chronic stomachache prevented him from working some days, placing economic pressure on the family, particularly as they were in the process of repaying a substantial loan to a health care provider, accrued when their son was ill several years ago. The mother had had haemorrhoids for the past three years, as she was unable to afford treatment. The parents were unsure how to get their children into school and how to access affordable health care.

The SKO social workers worked together with the client to identify the family's problems, devise solutions, and develop a case plan. The social worker then worked with the client to implement the case plan. During the course of the programme, the children were enrolled in local NGO schools, with the help of the social worker. The mother and father were assisted to access heavily subsidized medical care at a local hospital, leading to considerable improvements in their health. The social worker worked with the woman to help her better manage the family's finances and work out a savings plan to guard against shocks and gain financial security in the context of the husband's irregular work hours.

The assessment carried out at the completion of the programme showed considerable progress in addressing the family's economic, health, education and psychosocial problems. In particular, there was progress in managing the family's budget, ability to save, ability to take care of the family's health, improved hygiene and nutrition, access to education, improved spousal relationship and improved parenting (which improved from showing indications of neglect to effective and supportive parenting). The family was assessed as being better able to address its own problems and access services and support independently, and having an improved outlook on its life and living situation.

[175] Interview with two SKO social workers, Phnom Penh, 19 July 2018.

According to the woman, the support of SKO was essential in ensuring that her family could access affordable education and health care:

*"I literally walked around different places to see whether they would admit my children to school but they all said they are full…without SKO, I would not have known about Sister [NGO school] and would not have got my children into school there."*

…

***And what would you have done without that advice to deal with your medical issues?***

*It would have been difficult. When we go to a private clinic, it would cost 30,000 or 40,000 riels, and you only get a small amount of medicine. So, it was my good luck that I met the SKO people. Without them, I would not have known about the cheaper health centres.*

…

***How has your life changed from before you met the SKO social worker compared to now?***

*It is different. I didn't know where to send my children to school, my health was not strong, and I know things better now, and I know where to go and the different organizations that recruit children into school. I'm not so stressed anymore."*[176]

The family development model is particularly relevant for the beneficiaries that the programme works with: many are internal migrants who may not know about local systems and services, or networks to help them access services and support.

SKO's links to a wide range of services means that a full range of problems, risks and vulnerabilities can be addressed, allowing for a comprehensive and multi-component approach. This is important, as the factors leading to family separation are often multiple and inter-related. However, it also means that the model is unlikely to be relevant in contexts where a wide range of services are not available in the community (e.g. more remote, rural contexts).

**Gaps and challenges**

There does not appear to be a robust process for identifying vulnerable families. While families are screened according to a number of criteria, these criteria are quite broad and not necessarily inclusive of factors that make families vulnerable to separation (although it should be noted that the SKO Family Development programme is not explicitly or exclusively aimed at preventing family separation). Selection of families appears to be quite ad hoc, involving social workers walking around different locations and talking with community members. While it does appear that the programme works with vulnerable families (including many in which family separation risk factors are present), it is not clear that the programme effectively targets the most vulnerable or most at-risk families.

The programme relies on families being able to access a range of service providers, which, as mentioned above encourages an individualized and comprehensive approach to addressing risks and vulnerabilities. But this approach also relies on the availability and accessibility of these service providers. One of the challenges for SKO is that access to these service providers at times requires a payment, either to access the service and / or as a transport cost to travel to the service; neither of which beneficiary families are likely to be able to afford.

As the family development model does not provide material support to families, where costs are involved in accessing an essential service or support system, the programme is unable to meet this cost and the family will be unable to access the service. There is also no provision for emergency funding packages for families, so no ability to meet any immediate or emergency needs that require payment.

176 Interview with SKO beneficiary, 35-year-old woman, Phnom Penh, 20 July 2018.

According to the director, this can impair the success of the programme. "*It is difficult to find free, good health services. Sometimes poor people need to have an operation and they just can't afford it. We have no emergency fund package at SKO so it is sad sometimes. We met a woman who needs an abortion but has no money at all.*"[177]

The lack of services in the community for mental health or substance abuse problems also appears to limit the effectiveness of the programme. TPO is a partner service provider for SKO beneficiaries, but its services are located some distance from the communities in which SKO works, and require a fee, making it very difficult for beneficiaries to access intensive support for mental health or substance abuse problems. "*If we observe that the beneficiary has a deep mental health problem, we can refer her to the hospital or TPO, but this is so far away from her home, so she also needs transportation and payment for medical costs (it is not free). So, this is also a problem.*"[178]

It appears difficult for the programme to address more complex problems, particularly family violence, effectively. It should be noted that this challenge exists in a broader context in Cambodia, where access to justice and services for victims of family violence are extremely limited, and social norms place a priority on maintaining 'family harmony', making reporting family violence unacceptable in most circumstances.[179] Services for women who have experienced violence in Cambodia are also very limited. A 2012 assessment conducted by the Ministry of Women's Affairs revealed that the quality of available services is inconsistent and limited geographically. Services that are available are also not consistently survivor-centred and lack effective coordination and referral of survivors to essential services.

Within this context, it appears that SKO social workers have very limited options for addressing family violence. The assistance that is provided in these cases is often limited to 'counselling' the mother on peaceful negotiation. This approach is challenging, as it appears to place responsibility for addressing family violence on the mother (with whom the social workers work most directly), who is almost always the victim of the violence, rather than working with the perpetrator (husband). Where a woman wants to report violence, or leave her husband because of family violence, limited access to justice and limited services to support women and children in these circumstances make this very difficult, as illustrated by the programme's social workers:

> *"What typically happens if there is violence in the family?*
>
> *We discuss with them to identify the issue and the cause of the problem. Sometimes, the woman identifies that there is a path from them that starts the violence, so they learn about anger management. They can also develop their skills for peaceful negotiation. So, they can communicate in a more peaceful way.*
>
> *Is this advice directed at women or men or both?*
>
> *We have the opportunity to work only with the woman as the man is generally going out to work. So, we can speak and provide counselling only to the woman.*
>
> *Does she ever ask for help to leave the husband?*
>
> *Generally, when we start working with the woman, at the beginning when the conflict is heated they want to leave the marriage, but after we work with them for a while, they cool down and understand things better and want to stay in the relationship. Only in a few cases do they want to leave. Because we work with them, they can identify good and bad things in the relationship. In looking at good things they have in their family, they calm down and want to stay.*

177 Interview with director of SKO, Phnom Penh, 19 July 2018.

178 Interview with director of SKO, Phnom Penh, 19 July 2018.

179 Bricknell, K. et al., Domestic Violence Law: The gap between legislation and practice in Cambodia and what can be done about it (2104), available at: http://www.katherinebrickell.com/katherinebrickell/wp-content/uploads/2014/01/DV-Law-Prelim-Report-2014.pdf

*What if it's dangerous for them to stay? What would you do?*

*There were some cases like that and we inform them about safe shelters and places they can learn vocational skills. But they often still stay. If they stay in the family, they will be beaten, but if they leave, what will happen to the children? If the husband leaves, who will support the family and provide money for the children to go to school?"*

The barriers to reporting family violence and accessing services create a challenging environment for organizations such as SKO, and highlight the need for broader systemic changes in this area. However, this also illustrates the need for programmes to have the capacity to work more intensively with families facing these risks. The following excerpt from an interview with a programme beneficiary illustrates the challenges in working to support women who are subject to intimate partner violence and the need for programmes to build capacity to support women who wish to report violence and / or leave their husband.

**Case study: Challenges addressing family violence (SKO beneficiary)**

*"What's the relationship like between you and your husband and between the adults and children in the family?*

*It's not a good relationship with my husband. When my husband is drunk, he shouts at the children. He beats me; even when I just had the baby, he gave me a black eye.*

*…*

*And did you tell the SW about these problems?*

*Yes, I told them.*

*Were they able to help you in any way with the violence of your husband?*

*They don't know how to help. They just advise that he should go to the correction centre, or he should go to get some services for him to change.*

*Have they given him counselling or advice or have they tried to refer him to another organization?*

*They only advised me. They just explained to me about possibilities, what I should know, and they proposed options.*

*What did they propose and were these viable options – things that could actually help?*

*I don't know what to answer! I have nothing in this situation; whatever happens is up to fate.*

*Have you separated before or have you ever thought about separating from him?*

*I tried to run away from him many times, but he takes the children so I was thinking he won't be able to take care of the children, so I just let it be.*

*Have you ever got legal help about how you can leave him and keep your children?*

*When we were in the hometown, we went to the authority one time and he made a kind of promise on paper that if he does it again, we would get divorced and he said, "yes, yes", but he did not change."*

*Do you think you could go to the police or local government for help?*

*The last time he beat me, the neighbours called the police. The police took him away, but only an hour later he came back.*

*Did anything happen as a result?*

*No, nothing happened to him."*[180]

[180] Interview with SKO beneficiary, 36-year-old woman, Phnom Penh, 20 July 2018.

## 5.7 This Life Cambodia: This Life in Family and This Life in Community Programmes (Siem Reap)

This Life Cambodia was established in 2007 as a community development organization in Siem Reap. It has since expanded, offering support and services focused on three areas: children and families; education; and community research and consultancy. This Life in Family programme aims to support vulnerable families at risk of separation due to a parent or primary caregiver coming into conflict with the law. Its Family Preservation Programme works in cooperation with sub-national committees and authorities to preserve vulnerable families at the point of a child or parent coming into conflict with the law. Its Family Support project provides assistance to children of parents detained in Siem Reap prison.[181]

The This Life in Community programme enlists community support through service mapping and awareness raising for children and families who are at risk of being separated primarily due to family members being imprisoned. It also aims to build the capacity of commune structures to respond to issues that impact on children and families, and to ensure that community-based care options are prioritized over RCIs in cases of family separation.

The programmes were established in 2007 following community assessments conducted in target areas which found a gap in services and support for children who had a parent in prison. The consultations found that, as people in prison are often from very poor families and that it is more common for men to be incarcerated, many mothers are left alone with children to raise without an income to support the family.[182] The community consultations helped to identify needs, gaps in services and possible solutions to addressing the needs of this vulnerable group, as suggested by This Life Cambodia's deputy director: *"There were so many community consultations conducted with the target people. The community's problems, needs and possible solutions are identified, especially the gaps between children who are living in prison with their parents. Therefore, our programmes are established to respond to the problems and needs based on what we have found in the community consultations."*[183]

### Beneficiaries

Beneficiaries are drawn from geographical areas with a high density of people who are incarcerated, and This Life Cambodia works with local government (CCWCs, village / commune chiefs at the district and provincial levels, and DoSVY) to identify families with a parent in prison. In its latest annual report (2016 – 2017), it was reported that, nationally, 3,448 children and 557 adults were provided with direct support, and a further 39,933 children and 63,351 adults were assisted 'indirectly'. Thirty children were supported through the This Life in Family programme to stay in the care of their parents, 23 primary carers were supported with income generating activities, and 52 children with a parent in prison received support to attend public school, opportunities to visit their parent in prison, and family support for their caregiver.[184]

Beneficiaries of the This Life in Family programme are selected in accordance with information provided by prison authorities to determine families who may be eligible for support. Family support project officers carry out a detailed family assessment and select those that meet the eligibility criteria: that the mother or father is a prisoner; their release date from prison is within one to three years; the family lives in the target commune; the family is considered to be poor; the child is studying or has dropped out of school (up to grade 12); family members (parent / caregiver and child) are committed to participating in the programme; and the parents, caregivers and

[181] This Life Cambodia, Annual Report 2017, available at http://www.thislifecambodia.org/wp-content/uploads/2018/02/TLC_AnnualReport_2017-web.pdf

[182] Interview with deputy director, This Life Cambodia, 15 August 2018.

[183] Interview with deputy director, This Life Cambodia, 15 August 2018.

[184] This Life Cambodia, Annual Report 2017, available at http://www.thislifecambodia.org/wp-content/uploads/2018/02/TLC_AnnualReport_2017-web.pdf

children are committed to the child attending school regularly (in order to access a student scholarship). However, project staff take a flexible approach and will at times admit families into the programme where they do not meet these criteria.[185]

The programme, This Life in Community supported 67 local leaders with training, 1,933 community members attended awareness-raising events, and 4,670 families in 22 villages were supported with informal child protection responses at the community level.[186]

**Programme model and services provided**

The This Life in Family programme uses a social work case management approach, along with links to various services and systems of support. Once families are selected into the programme, the family support project officer and programme coordinator inform the beneficiaries by carrying out a project orientation with each family member and the village / commune chief. Families are informed about the aims and activities of the project and the support provided, and the expectations of the family are discussed. The family support project officer then opens a case.[187]

Case management involves a seven-step process: 1. Intake; 2. Assessment to identify the family's needs and circumstances; 3. Reflection and analysis of needs; 4. Development of case plan involving actions, timelines and responsibilities; 5. Progress and case notes; 6. Review; and 7. Closure. A range of structured forms and tools are used throughout these steps, including Body Map, Personal Choice, Problem Trees, Family Tree, Timeline and Life River. Case management is carried out by family support project officers, who are supervised by a project coordinator. Family Preservation cases are carried out over 12 months, and the family is assisted to develop the skills and resources to sustain the family after this time. The family support cases take place over a maximum three-year period and are typically closed once the parent is released from prison.[188]

This Life Cambodia uses the Signs of Safety framework for social work case work (see 'Signs of Safety'). Case plans are developed in a highly collaborative manner, in order to involve the families in setting their own goals and working to develop their own solutions. *"We facilitate the family and children to do it. We don't develop the case plan for them. For family support, we facilitate the caregiver to develop it with their children. They have to work together in identifying problems, goals and solutions of their own. We facilitate and follow up on the progress of case plan implementation…Our strategy is to encourage them to start with smaller goals first because if the bigger one cannot be achieved then they are not motivated to move on with the other goals."*[189]

This Life Cambodia provides a number of services for families, according to their needs and goals. Economic strengthening activities are a key component of the programme. The programme provides an assessment of the parent / carers existing strengths, resources and knowledge base in order to help them devise an activity from which they can generate income. Through the provision of resources, assets, small cash transfers and technical advice and guidance, parents are supported to create and maintain businesses. Income generating activities have included, for example, silk weaving, pig, duck and chicken raising, food carts, fruit shops, phone accessory shops, basket making and watermelon farming.

Parents / carers are coached in establishing and maintaining a business. This is a step-by-step process. *"We do it step by step. We test them first to see what they are good at. For example, if they want to run a balut egg (fertilized bird egg) shop, first we work with them to buy the equipment and allow them to sell 50 balut eggs in a trial. If the business runs*

185 Interview with deputy director, This Life Cambodia, 15 August 2018.

186 This Life Cambodia, Annual Report 2017, available at http://www.thislifecambodia.org/wp-content/uploads/2018/02/TLC_AnnualReport_2017-web.pdf

187 Interview with deputy director, This Life Cambodia, 15 August 2018.

188 Interview with deputy director, This Life Cambodia, 15 August 2018.

189 Interview with deputy director, This Life Cambodia, 15 August 2018.

*well, we will support them to invest more and if it doesn't work well, we have to work with them again on an alternative business."*[190]

Education services are also provided, including through the provision of scholarships. This includes school fees and materials (school uniforms, textbooks, pens, etc.). The family support project officers work collaboratively with school teachers and private tutors to ensure children are able to achieve academically, through identifying and helping to address any problems that may arise.

Provision is made to ensure families can access health care. This includes making payments to health clinics and hospitals, when required, as well as assisting with transportation costs to access health care. The programme provides basic need packages, and packages that are distributed in emergency situations, including food and water, clothing and shoes, personal hygiene items, bedding, mosquito nets, etc.

The programme supports children to visit their parent in prison (transportation, advocacy to ensure bribes are not demanded, etc.), in order to help the children maintain contact and personal attachment to their parent.

This Life in Community aims to build the capacity of community members to identify and respond to issues within their communities through:

- Enabling the community to respond to cases of potential child-family separation;
- Strengthening collaboration and cooperation of service providers (NGOs, government bodies) to prioritize community-based care options over institutional care;
- Ensuring communities are aware of the resources and support services available for children and families; and
- Conducting awareness-raising campaigns focused on the benefits of raising children within their families and communities, as opposed to institutions.

**Outcomes for beneficiaries**

A three-year programme evaluation of the This Life in Family programme was carried out in 2014 (among other programmes). However, the evaluation was not independent and did not produce robust data on the programme's impact. It was not possible to carry out file reviews or interviews with programme beneficiaries, so the evidence of outcomes for this report is somewhat limited. The 2014 evaluation found that, overall, the programme had been highly successful in meeting its aims: education scholarships have helped secure access to education for children, basic needs packages helped families to meet their immediate needs, visitation support helped to ensure that relationships between children and the detained parent were not severed while a parent was in prison, and income generating activities, with some exceptions, helped families to maintain economic security.[191]

Anecdotal evidence suggests that the programme supports parents and carers to gain the skills and confidence to problem-solve and access services, perhaps as a result of the collaborative approach to case planning, as illustrated in the case example below.

[190] Interview with programme coordinator, This Life in Family, This Life Cambodia, Siem Reap, 15 August 2018.

[191] This Life Cambodia, This Life Behind Bars: 3-year programme evaluation (2014), available at: http://www.thislifecambodia.org/wp-content/uploads/2015/01/2014-TLBB-3yr-Program-Evaluation.pdf

**Example of collaborative approach to case planning and outcomes for vulnerable family**

*"In one case, a mother had a mental health disorder caused by over-consumption of alcohol, leaving the grandmother responsible for taking care of her five grandchildren. We discussed with the grandmother to identify and prioritize possible solutions for her grandchildren's education. Her first goal was to help her hearing-impaired grandson, because it's quite difficult to find a school for children with disabilities, like him. In responding to that goal, we had to identify who would be responsible for finding the school, then we made our project staff responsible for finding the school for that child.*

*Another goal she indicated was that since their father was in jail, they never had a chance to meet with each other, so their relationship seemed to be falling apart. The goal was to bring the children to see their father twice a month to strengthen their relationship.*

*Another interesting goal was that she was worrying about her family's income for supporting her grandchildren at school. So, after a long discussion we came up with helping her run a small food stall at home, for a six-month trial. Back then we gave her a lot of support ranging from buying equipment to finance.*

*I can say that we gave them hope to be reunited as a family. She is old and may not have been able to care for the children for long without our programme. The programme was there to help her and help the father be reunited with his family after being released from prison. The grandmother is so active in finding solutions to her problems now, like finding jobs, running a small business and looking after the children properly. She is admired for her efforts by local authorities, DoSVY and other NGOs as well."*[192]

The programme coordinator felt that one positive outcome had been that parents / carers and local authorities were more aware of the risks caused by placing children in RCIs, and were more supportive of ensuring that children remained in family-based care. *"One thing is local authorities. So far, they think that an orphanage is the best place for these particular children. But now they tend to pay more attention to the problems happening in orphanages. After working with us, they see that children are gaining a lot of benefits when they are kept in their family. So, placing children in an orphanage seems to be the last consideration for them when referring cases."*[193]

### Factors contributing to success and best practice components

The This Life in Family and This Life in Community programmes demonstrate a number of good practice elements. The design of the programme, which was developed following extensive community consultations, ensures that it targets a particularly vulnerable group of families for which there was a gap in service provision. Children from families that have a parent or primary caregiver in prison are likely to be particularly vulnerable to separating from the family and being placed in an RCI. Often, the family's primary breadwinner will be placed in detention and the remaining parent or carer will struggle to meet their needs, placing huge financial stress on them.

The programme uses a collaborative approach to family assessments and case planning, ensuring that families are able to identify their needs and goals, and are supported in developing and implementing the actions contained in the plan. This likely assists them to gain resilience and confidence in meeting their own needs.

192 Interview with deputy director, This Life Cambodia, 15 August 2018.

193 Interview with programme coordinator, This Life in Family, This Life Cambodia, Siem Reap, 15 August 2018.

The programme is able to provide a wide range of services and support to beneficiaries and meet their diverse needs, including support that is relevant to the particular group of families involved in the programme (e.g. family visitation support). Mapping existing services in communities has helped mobilize communities to support vulnerable families and broaden the support and services available to them.

The synergy between the family and community programmes appears to be an element contributing to the success of both initiatives. The community programme has worked with local authorities to raise awareness of the harm of RCIs and the benefits of family-based care for children. It also offers effective services to support children to stay in families, which likely reinforces the messaging directed at community leaders and encourages referrals into the programme, where services are able to be provided to families to ensure that they stay together during the time their parent / carer is detained. This synergy is illustrated in the following case example, along with the importance of working with local leaders, who are key decision-makers:

> *"Many years ago, there were two kids, and their grandma was convicted and put in jail for years for drug dealing. So, the grandma decided to sign documents to send her grandchildren to an orphanage. Meanwhile, we were informed by the authorities about this case. Then, we talked to the grandma about our programme. Finally, the grandma decided not to send the kids to the orphanage. So, I can say that our programme supports these particular kinds of people, in helping them make the decision not to send the children to an orphanage."*[194]

**Gaps and challenges**

In terms of gaps in services, a lack of access to quality legal advice and representation for families is reported to be a challenge. According to the programme coordinator, legal service organizations have experienced funding cuts and some have had to close down, leaving a gap in the supply of legal services. Services for children with disabilities are also reportedly difficult to access.[195]

There are no in-depth, structured parenting skills sessions being delivered to families.

As found in the 2014 programme evaluation, the economic strengthening activities (support to establish a business) may be quite difficult to implement in some cases, for example where older grandparents are caring for children while a parent is in prison. More flexible options for household economic strengthening may be required in order to respond to the needs, strengths, skills and vulnerabilities of each parent / carer.

194 Interview with programme coordinator, This Life in Family, This Life Cambodia, Siem Reap, 15 August 2018.

195 Interview with programme coordinator, This Life in Family, This Life Cambodia, Siem Reap, 15 August 2018.

# 6. ANALYSIS OF GOOD PRACTICE, GAPS, CHALLENGES AND OPPORTUNITIES IN PROGRAMMES TO PREVENT FAMILY SEPARATION IN CAMBODIA

It is difficult to draw firm conclusions on the effectiveness of individual family preservation programmes in Cambodia, due as noted above to the lack of robust impact evaluations that have been carried out in the country and in low- and middle-income countries generally. However, some evidence of good practices, as measured according to international guidelines and global evidence, can be identified among these programmes, along with some gaps and opportunities for further developing programmes to prevent family separation.

## 6.1 Elements of good practice

### Comprehensive assessments and individualized case planning

International guidance and best practice evidence indicate that comprehensive assessments of the needs and strengths of individual families and responsive case planning are key components of good practice programmes to prevent family separation. The UN Guidelines on the Alternative Care of Children provide that a comprehensive assessment process for individual families is required so that support can be put in place where it is needed from a range of different service providers (e.g. health, social welfare, housing, justice and education).[196] The international review of family support programmes mentioned above[197] (see section 4) found that individualized assessments and case plans, supported by intake assessment forms of some kind (examining the needs and strengths of families) are a key good practice component, particularly in programmes aimed at working with families where there has been child maltreatment, family violence or substance misuse. In programmes aimed at low-income families, goal setting for families and individual family members was found to be a good practice component.

Most of the programmes that have been reviewed use a case management framework, typically involving a comprehensive, structured assessment process for individual families in which needs are identified, and a case planning process in which goals and solutions are devised and families are supported to work through an action plan. A number of programmes use the Child Status Index tool, which allows for comprehensive assessment and monitoring of a child's status across six domains to carry out structured assessments and monitoring of a family's progress. However, this tool does not provide much information on family risk factors.

Several of the programmes (CCT, This Life Cambodia, CFI) have adopted the Signs of Safety framework as an approach to case management. While there is no evidence available on the effectiveness or impact of this framework in low- or lower-middle-income countries, a number of evaluations have been carried out on the adoption of this approach to case management in high-income countries. Most recently, a robust evaluation of the piloting of Signs of Safety in 10 local governments in the UK found that it provided fresh opportunities for social workers to involve families to a much greater extent than previously. It supported a greater degree of

[196] Cantwell, N. et al., Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children' (2012), Centre for Excellence for Looked After Children in Scotland.

[197] Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015).

understanding between social workers and families; it supported a more focused approach to goals and how they could be achieved; and families involved in goal planning were more likely to report that their goals had been achieved (although the numbers were too small to draw firm conclusions).[198]

A recent meta-analysis of existing quantitative and qualitative studies carried out on the Signs of Safety framework[199] also noted the limited evidence base on the impact of Signs of Safety in preventing family separation, despite the proliferation of its use in varying contexts. It examined how, for whom, and under what conditions Signs of Safety works to safely reduce the number of children being separated from their families and (re)-entering alternative care, and /or to increase the number of children re-unified with their families. It found little to no evidence to suggest that Signs of Safety is effective at reducing the need for children to be in care. However, this likely reflected a limited evidence base, with few studies and no high-quality studies drawing conclusions about its impact on this outcome, rather than necessarily suggesting that the framework is ineffective. Research suggests that Signs of Safety can lead to positive engagement with parents, children, wider family and external agencies, primarily through the development of shared understanding of and responsibility for minimizing risks to children through the development and use of safety plans and safety networks.

One of the important aspects of Signs of Safety is the use of tools to encourage child participation in the assessment and case planning process. The formative evaluation of CCT's Holistic Family Preservation programme highlighted the collaborative nature of Signs of Safety, including in assessments, goal setting and case planning with families. This was found to be a key factor in the success of the programme.

The family development model used by SKO is also very collaborative. It helps families to identify their problems and works collaboratively with them to develop and implement solutions to these problems. These collaborative approaches can help to empower families by increasing their skills, abilities and confidence in accessing services and support, leading to positive changes that are likely to be sustainable beyond the period of involvement with a programme.

**Holistic / comprehensive service provision to address a broad range of needs**

There is a need for programmes to provide or facilitate access to a broad range of services in order to address the unique needs of families, and the multiple drivers of family separation. Linking to a wide range of services means that a full range of problems, risks and vulnerabilities can be addressed, allowing for a comprehensive and multi-component approach. This is important, as the factors leading to family separation are often multiple and inter-related.

One key common component associated with higher ranked interventions, according to the review of international studies set out above, is that they are multi-component. Multi-component interventions recognize the often-complex interplay of different factors operating at different levels of a child's life that create risk to children and make them vulnerable to separating from their family. They typically address "the range of systems involved in the socio-ecological structure of a child's life", and thereby tend to have direct and indirect impacts on an interplay of various vulnerabilities and factors associated with family separation.[200]

The programmes reviewed are all multi-component and offer a range of services and support, either through links to other programmes internal to the organization and / or through referral to other government or NGO services and support. The way that linking to

[198] UK Government, Department for Education, 'Signs of Safety' Practice in Children's Services: An evaluation (2017), available at: https://www.gov.uk/government/publications/signs-of-safety-practice-in-childrens-services-an-evaluation

[199] CASCADE, Signs of Safety: Findings from a mixed-methods systematic review focussed on reducing the need for children to be in care, November 2018, What Works Centre for Children's Social Care, UK.

[200] Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015), p. 20.

services works varies across the programmes and according to the context (in particular, with variation across geographical contexts and urban versus rural dimensions). SKO, based in a densely populated urban area, maintains a database of 100 programmes and support services for families to identify and access relevant services. Links to the organizations are maintained through quarterly coordination meetings. This approach appears to work quite well in the context of multiple and varied services and support structures available in or near the communities in which the programme works. It also responds well to the needs of its beneficiaries, who are typically internal migrants lacking knowledge on where and how to access services in Phnom Penh. However, this approach is unlikely to be suitable to a more remote, rural context. Also, as noted above, the requirements and (at times) cost of accessing some of the services can create a barrier for families.

Some organizations, such as M'Lop Tapang, offer a wide range of services through a large number of programmes and services that are internal to the organization. While this allows families to access a range of services and support according to their needs, it is unlikely to be feasible in smaller and less well-funded organizations, or those that provide services through outreach to more remote communities some distance from the organization's premises and services.

Several programmes operating in rural or remote areas have relied on 'community mapping' to identify existing services and support structures and, where possible, to build services or systems to fill the gaps in existing provision. CCT's Holistic Family Preservation model worked to establish partnerships with communities and mapped networks to connect families to existing services. This community engagement and mapping of services, support and gaps is likely particularly important in more remote and rural areas, in which services are likely to be limited. The recruitment and training of village-based social workers was found, in the programme evaluation, to be key to forging these relationships and connecting families to services and support systems. This Life Cambodia's model also involves building relationships with communities and community leaders and mapping existing service provision and support structures. However, it should be noted that both CCT and This Life Cambodia are relatively well resourced, with the capacity to provide a range of services and support internally. This has allowed these programmes to fill gaps in existing community services and support systems. CCT's model also works on building existing support and services in communities and linking families to these services and support mechanisms.

**Working with local government systems and capacity building of government partners**

Embedding programmes firmly within the community appears to be important in the Cambodian context, particularly in more rural or remote areas. Several programmes, notably CCT, This Life Cambodia and M'Lop Tapang, have worked extensively to forge relationships with key community leaders (CCWCs, village / commune leaders, DoSVY), and to build programmes around existing support structures. Building the capacity of existing systems is more efficient than creating parallel structures, and it will help to ensure the sustainability of programmes. Embedding programmes in communities, from the initial planning stages of identifying needs and understanding vulnerabilities and risk factors for family separation, can also help to identifying gaps and strengths and ensure that the programme is able to provide services that are responsive to the needs and strengths of the communities in which they operate.

**Household economic strengthening a key component of programmes**

As noted above, HES initiatives are likely to have a positive impact in strengthening the capacity of parents / carers to meet the needs of their children, minimizing the risk of family

separation. [201] However, the evidence indicates that economic interventions alone are likely to be insufficient in many cases to successfully support family preservation. Comprehensive approaches are needed, which embed HES into broader case management and link to other services.[202]

In the Cambodian context, HES initiatives are likely to be particularly important. Poverty is one of the key factors driving the placement of children in RCIs. It should be noted that, according to the formative evaluation of CCT's Holistic Family Preservation model, the community consultations carried out before the commencement of the programme indicated that geographical access to services may not be as strongly associated with vulnerability to family separation as the barrier of the cost of the services accessed.[203] It is therefore very important for programmes to remove economic barriers to accessing services by creating links to free services (education, health care) and / or through economic strengthening and emergency support. This could be done through, for example, the provision of cash transfers, school materials and payment of school fees. Social exclusion should also be addressed, as this often creates a barrier to accessing services (e.g. in the case of children with disabilities not being able to access education, or families experiencing homelessness not being registered in villages).[204]

All the programmes set out above contain HES components, and these initiatives are embedded in a broader case management approach that links families to a range of services and support systems. It is important to note that, in order to remove any barriers to effective engagement with HES initiatives and to address other important and / or more immediate needs, HES initiatives should be linked to a more comprehensive programme.

HES initiatives in family preservation programmes could be strengthened through the provision of multi-stage services which address the immediate needs of families and stabilize them economically, before providing initiatives that are more long term. A recent evaluation of a programme in Uganda[205], for instance, highlighted the need to address multiple family vulnerability factors, ideally in a sequential manner, by addressing immediate causes of family separation before addressing root or systemic causes. For example, cash transfers to at-risk families were initially provided to stabilize the household economically, allowing the families to address immediate needs, including acute food insecurity. In parallel, families and communities received training on how to grow family incomes and set up village savings and loan associations. This helped families become more resilient economically and created sustainable economic opportunities, making families more resilient to shocks.

A multi-stage approach to HES initiatives appears to be implemented by Holt International's Building Bridges to Families programme (Battambang), as illustrated in the box below.

[201] Chaffin, J. and Kalyanpur, A., What do we know about economic strengthening for family reintegration of separated children? (2014). The table has been extracted from Laumann, L., Household economic strengthening in support of prevention of child separation and children's reintegration in family care (2015), USAID.

[202] Chaffin, J. and Kalyanpur, A., What do we know about economic strengthening for family reintegration of separated children? (2014). The table has been extracted from Laumann, L., Household economic strengthening in support of prevention of child separation and children's reintegration in family care (2015), USAID.

[203] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

[204] CCT, Holistic Family Preservation Model: A formative evaluation of the Holistic Family Preservation Pilot for the Family Care First Project, Cambodia (2018).

[205] Maestral and Oxford Policy Management, Endline performance evaluation: Deinstitutionalization of orphans and vulnerable children in Uganda (2018). See annex I.

## OPPORTUNITY: Learning from Holt International's multi-stage approach to HES in Battambang

Holt International's Building Bridges to Families Programme was established in January 2016 to provide a range of services to families at risk of separation, under a 'holistic family preservation' model in Sangke district, Battambang province. Under the programme, support is provided to families in three phases: emergency support, educational support, and income generation. During the emergency support phase, families are given emergency food aid while Holt assesses their situation more completely. The temporary food aid helps build trust between the family and the social worker, allowing the social worker to build a strong relationship with the family. While the family is receiving food aid, the social worker begins a thorough assessment of the family's needs, skills and barriers to success, and potential avenues for future revenue generation. The social worker then develops a family service plan. Support is provided to families to implement the plan, which typically involves counselling if needed, parenting skills, help to initiate and run income generation activities, educational support for children, and house renovations, etc.

### Community behaviour change to reduce the risk of separation

In the context of Cambodia, where support for RCIs is quite high among parents and community leaders as an alternative care option, and knowledge of community-based alternatives is low,[206] an important element of family preservation programming is community behaviour change. Several programmes, notably CCT, This Life Cambodia and M'Lop Tapang, have developed strong links with the community and worked with leaders and community members to raise awareness of the harms associated with placing children in RCIs. It appears that community behaviour change campaigns will be most effective (and efficient) when they are directed at village leaders and other key influencers, who are the gatekeepers in decision-making about alternative care and placement of children in RCIs. It is important that community-based behaviour change campaigns accurately understand the risk factors for sending children to RCIs in a community, and develop messages that respond to these factors.

## 6.2 Gaps and challenges

The review of programmes identified a number of gaps and areas in which programming could be improved. This section considers these gaps, along with opportunities for cross-institutional learning among programmes in Cambodia, as well as from programmes based outside the country. However, it should be noted that the vast majority of programmes that have been found to represent 'good practice' according to robust evidence (e.g. impact evaluations using a random control trial methodology) are from high-income countries. Adapting these programmes to the Cambodian context should be done with caution.

### Identifying families most at risk of child-parent separation

Programmes aiming to prevent family-child separation must work to identify which families are most at risk of separation, and target services and support to these families. This requires a comprehensive understanding of the key risk factors that drive child-family separation in any given context. Several of the programmes examined for this study do not appear to have a robust or systematic process for identifying vulnerable families for inclusion into their programmes. Selection of families appears to be quite ad hoc, and not necessarily based on or responsive to a comprehensive understanding of the risk factors that drive child-family separation. Programmes also tend to 'hold on' to families for a protracted period of time (see below). Therefore, it is unclear whether the programmes effectively target the most vulnerable or most at-risk families. CCT's Holistic Family Preservation programme attempted to map out locations with a high proportion of vulnerable families, based on their geographical access to schools and health services, working with local structures to identify particularly at-risk families. However, a lesson from the piloting phase of this programme was that social and economic access to services appears to be a more significant risk factor in the areas where CCT operates. This underlines the importance of basing the selection of programme locations and methods for selecting families for inclusion into programmes on a solid understanding of risk factors of child-family separation. The development of a clear and systematic process for targeting beneficiaries is required–one that is based on a robust understanding of familial risk factors.

[206] MoSVY, With the Best Intentions: A study of attitudes towards residential care in Cambodia (2011).

## Example of effective identification and targeting method: Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) and Family Resilience Programmes (FARE) in Uganda[207]

Two economic strengthening programmes are being implemented in Uganda and were recently evaluated as part of the USAID ASPIRES programme, with some key findings on the methods of identification of households for enrolment in the programmes. The ESFAM programme used a highly participatory approach and identified potential beneficiaries at risk of separation in predominantly rural sites, through a community-based participatory framework. Households were identified and then verified and assessed using a standardized vulnerability assessment tool, which was used to classify them according to three different levels of vulnerability: destitute, struggling and prepared to grow. Only houses designated destitute and struggling were enrolled in the programme. The selection process was initiated by organizing a community meeting, including beneficiary households and other stakeholders, including local government officials. Participants identified risk factors and ranked them in order of importance. Risk factors included those in the Government's Family Status Vulnerability Index (economic status, basic needs, care, treatment and health; psychosocial support; and child protection), along with a number of other factors relevant to family separation, including caregivers' access to external material and emotional support, household responses to shocks, an estimate of monthly income, and ability to pay for food, shelter, water, health and education over the past three months.

The FARE programme operated in urban slum areas in Kampala. Households were identified as at risk of separation by asking local leaders in targeted areas which families were at risk and which factors were the most important contributors to separation locally. Households were then assessed using a brief assessment tool designed to prioritize households displaying specific vulnerability factors. However, selection was kept confidential.

Participants involved in the evaluation generally found the targeting process in both programmes effectively identified the most vulnerable households. The involvement of the community in the method of selection led to them being considered acceptable by community members.[208]

[207] Moret, W. and Ferguson, M., USAID, ASPIRES Family Care Process Assessment: Cash transfers for family-child reintegration and prevention of separation (2018).

[208] Moret, W. and Ferguson, M., USAID, ASPIRES Family Care Process Assessment: Cash transfers for family-child reintegration and prevention of separation (2018).

### Challenges addressing family violence and violence against children

It is important to note at the outset that the context in which organizations operate in Cambodia makes addressing family violence effectively very challenging. According to available evidence, rates of family violence in Cambodia are high (and are likely to be higher, due to under-reporting). Findings of the 2015 National Survey on Women's Health and Life Experiences,[209] show that overall, 18 per cent of ever-married women aged 15–49 years report experiencing physical or sexual violence from a spouse. Among these women, 48 per cent reported experiencing physical injuries. Rates of violence against children are also high. According to the Cambodia Violence Against Children Survey (2014),[210] more than 50 per cent of both males and females experienced at least one incident of physical violence prior to turning 18. The most common perpetrators of this violence were parents. Nearly three in 10 children experienced emotional abuse by an adult caregiver or relative. Children and women face significant barriers in seeking help to respond to this violence. Access to justice and services for victims of family violence is limited due to social norms that place a priority on maintaining 'family harmony', making reporting family violence unacceptable in most circumstances.[211] There is still a lack of services for women who have experienced violence and the child protection system to respond effectively to violence in the home. These barriers are underpinned by a legal framework that does not provide protection for children or women for all acts of physical violence in the home.[212]

The review of programmes indicated there were very limited services to address family violence effectively. Programmes that rely heavily on existing services and support systems (e.g. SKO) face considerable challenges due to these limitations and the lack of judicial response to cases of family violence. Other programmes that provide case management and support to families through social workers do not appear to provide any intensive support packages to address family violence.

While the barriers to reporting family violence and accessing services create a challenging environment for organizations and highlight the need for broader systemic changes in this area, it is important that programmes have the capacity to work more intensively with families facing these risks. A number of programmes implemented in high-income countries have involved working intensively with families in the context of child maltreatment and / or intimate partner violence. These programmes, set out in the box below, tend to provide intensive in-home support to families over a relatively short period of time by specially trained professionals. The programmes tend to involve intensive support in developing parenting skills, knowledge of home safety and positive child-parent interactions.

[209] UN Women, WHO and Royal Government of Cambodia, National Survey on Women's Health and Life Experiences (2015), available at http://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/vaw%20survey/cambodia%20vaw%20survey.pdf?vs=5741

[210] Findings from the Cambodia Violence Against Children Survey (2014), available at: https://www.unicef.org/cambodia/UNICEF_VAC_Full_Report_English.pdf

[211] Bricknell, K. et al., Domestic Violence Law: The gap between legislation and practice in Cambodia and what can be done about it (2104), available at: http://www.katherinebrickell.com/katherinebrickell/wp-content/uploads/2014/01/DV-Law-Prelim-Report-2014.pdf

[212] Article 1045 of the Civil Code provides that a parent / person with 'parental power' may discipline a child 'to the extent necessary'. Article 8 of the Law on the Prevention of Domestic Violence and Protection of Victims (2005) provides that discipline of a child or spouse promoted through 'appropriate measures', enacted to promote good behaviour and dignity, and conducted with 'compassion' and 'pity' are excluded from the definition of domestic violence.

## Examples of effective programmes that respond to family violence and child maltreatment

**Healthy Families America's**[213] Home Visiting for Child Well-Being is a home-visiting intervention for families with children aged 0–5 years who are at risk of abuse and neglect. Families may be high-risk due to substance abuse, mental illness, or parental history of abuse in childhood. Families receive one-hour sessions every week for the first six months after their child is born. Frequency then reduces to fortnightly, monthly, and quarterly, and keeps reducing until visits cease, about the time of the child's third birthday. Prenatal sessions are also offered.

Screening and assessment are the first steps in intervention delivery, and individual plans are developed with families. The intervention supports parents, parent-child interactions, health and safety, and child development. Staff members support families to link with services and support as needed, such as medical, financial and substance abuse services.

Impact evaluations of Healthy Families America carried out in several US States have found that it has led to: reductions in harsh parenting; reductions in neglect and physical and psychological abuse; increased use of non-violent discipline; and a range of improved health and educational outcomes.[214] It also resulted in stronger parenting efficacy; reduced levels of parenting stress; and parents reporting more positive perspectives on their parenting roles and responsibilities.[215] Parents who had undergone the Healthy Families America programme also reported lower rates of alcohol use than in control groups.[216]

**SafeCare**[217] is an intervention that targets parents of children aged 0–5 years who are at risk of, or have a history of, child abuse or neglect. The outcomes targeted by this intervention are: family functioning, child behaviour and development, child safety and physical well-being, and maltreatment prevention. SafeCare is a home-visit intervention, with weekly sessions of 1.5 hours that run for 18 to 20 weeks. Sessions are conducted by trained staff and teach parents to interact positively with their children (planning activities and responding appropriately to challenging behaviours), to recognize and prevent hazards in the home, and to recognize and respond appropriately to symptoms of illness or injury in the child. The programme involves: 1) planned activities, assessment and training (covering time management, explaining rules to children, rewarding behaviour, incidental teaching, discussing outcomes and expectations with the child); 2) home safety assessment and training (identifying and removing hazards); and 3) infant and child health care assessment and training (including problem-solving training where needed). Training uses modelling, role rehearsal and set performance criteria, with booster training if performance falls below criteria. Several randomized control trial studies of SafeCare have shown positive outcomes compared to services as usual or no services on the following outcomes: increased parenting skills, reduced likelihood of child maltreatment reports, reduced parental depression, improved programme engagement and completion, and increased programme satisfaction.[218]

213 See Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015), p. 32.

214 Healthy Families America, Impacts on children, available at: https://static1.squarespace.com/static/55ccef2ae4b0fc9c2b64f3a1/t/589ceaabe4fcb51258609c40/1486678700458/HFA+Impact+on+Children.r20170209.pdf

215 Healthy Families America, Impacts on parents and families, available at: https://static1.squarespace.com/static/55ccef2ae4b0fc9c2b64f3a1/t/589ceabd6a4963b41d602466/1486678718532/HFA+Impact+on+Parents.r20170209.pdf

216 Healthy Families America, Impacts on parents and families, available at: https://static1.squarespace.com/static/55ccef2ae4b0fc9c2b64f3a1/t/589ceabd6a4963b41d602466/1486678718532/HFA+Impact+on+Parents.r20170209.pdf

217 See Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015), p. 32.

218 Georgia State University, School of Public Health, The SafeCare model, available at: https://safecare.publichealth.gsu.edu/files/2015/04/Overview-of-SafeCare-brochure-3-16-15.pdf

### Community Advocacy Project[219]

The Community Advocacy Project is an intervention for survivors of domestic abuse and their children, designed for survivors who have used shelters (although it may be suitable for survivors who have not used shelters). The project's target outcomes are: increasing children's self-confidence; decreasing women's depression; increasing women's access to resources, social support and quality of life; and increasing women's and children's safety. It therefore targets family functioning, support networks and systems outcomes. Activities are driven by clients not advocates; advocates are knowledgeable about community resources and are proactive and effective in linking clients with them. Advocates are highly trained in empathy and active listening, and focus on enhancing clients' social support. The Community Advocacy Project is delivered in the home, for four to six hours per week over 10 weeks. Advocates are trained in domestic abuse dynamics, safety planning, strengths-based philosophy and community resources. According to a large-scale study using an experimental, longitudinal design, women post-intervention reported being more effective in reaching their goals than women in the control group, and physical violence and depression rates were lower among the intervention group. Two years post-intervention, women reported higher quality of life and social support over time, as well as decreased difficulty accessing community resources.[220]

However, implementing intensive programmes like those set out above may be challenging in a resource-constrained context, and particularly in rural and more remote contexts, where it may be difficult to support qualified and trained professionals to carry out frequent visits to families. One of the programmes included in this study, TPO's community mental health programme explicitly aims to address family violence through establishing self-help groups in rural contexts, which build on existing resources. The model for delivering these groups is set out below. This model is likely to be cost effective, relevant to the context and able to be replicated in other parts of the country. However, it is difficult to determine, in the absence of robust evidence, whether this model is effective in responding to family violence.

[219] See Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015), p. 52.

[220] Community Advocacy Project, Evidence of the effectiveness of the intervention, available at: https://cap.vaw.msu.edu/supporting-evidence/

## OPPORTUNITY: Learning from TPO's community mental health programme

TPO's community mental health programmes, which target individuals, families and communities, aim to improve the quality of life of disadvantaged, vulnerable people by improving their mental well-being through education, information, training and therapy. They are psychosocial and work to build on existing resources, working with community health workers, primary health care workers, NGO partners and local authorities to increase local capacity in mental health care. In 2015, TPO began a community mental health programme through the 3PC network aimed at vulnerable children and families in several rural areas in Battambang province.

TPO carries out a Participatory Rural Appraisal in collaboration with identified communities in order to help staff understand more about the situation of the village and build relationships with local authorities, stakeholders and community members. Activities, which are developed on the basis of the assessment, target different levels of society (individual, family and community).

Activities include:

- Awareness raising to strengthen awareness of domestic violence and psychosocial problems; training focal people in the community to identify domestic violence and mental health problems and provide emotional support to victims;
- The development of self-help groups for women who are victims of domestic violence, and child self-help groups for vulnerable children. The aim of the self-help groups is to improve mental well-being, increase the confidence of participants, and reduce their stress, depression and anxiety; increase their preparedness and openness to talk about the violence and abuse, report to authorities and advocate for their rights; and provide an enhanced ability to advocate for other members of the community who have similar problems;
- Counselling to community members who need individual attention and support and who are suffering from severe mental health and psychological problems as a result of family violence or abuse;
- Creation of referral mechanisms with other organizations that support survivors of domestic violence and vulnerable children; and
- Basic material support and income generation in the form of a grant to start a small business (raising chickens) is provided to some vulnerable families in the community.

At the end of 2017, TPO was running 11 domestic violence groups reaching 80 women, and four child clubs reaching 53 children. According to the interviews with TPO beneficiaries, parents appear to value the group therapy sessions and self-help groups; they tended to report applying the skills and learning from these sessions in order to reduce conflict in the home:

*"The TPO staff came to the village and gathered people to sit in a large group. They introduced us to family conflict resolution, how to deal with domestic violence. They told us to take a deep breath if we face conflict in the family; if any of us raise voice in the house while arguing, one of us should be calm and relax our muscles. I follow the recommendations and it's very helpful. Before they came, we [my husband and I] frequently had fought, because he drinks. I was usually stressed every day, but after I*

*learned the tactics from the TPO sessions, we have less intense conflicts…my husband is a bit stubborn and doesn't listen. He's so superior when he's drunk. He would beat our boy if he found out that he did not perform well in school. So, the TPO staff approached us and explained to my husband about the consequences of this violence… now we like to discuss when we have issue in the house, we start to be calm and take a deep breath to release the tension."*[221]

*"My husband was very isolated from me. Frankly speaking, when I touched him, he would push me away from him. I was crying all the time. I was seeking for consultation from a professional; someone who would listen without judgement. We in the village got training about family therapy, counselling tips and domestic violence. Now I get to discuss things with my husband. They [TPO] advised us that if we are not happy or mad at each other, we should take a deep breath and try to be calm. I am able to communicate with my husband. I applied all the lessons I got from TPO, how to talk with my husband better. We [as a group] open up about our family's issues. Before we were so shy about sharing them, but it's actually a relief after doing this."*[222]

**Limited support for alcohol and drug misuse and mental health problems**

It is important to set out the context in which programmes operate. There are significant barriers to addressing mental health and substance misuse problems in Cambodia. A significant proportion of Cambodians–an estimated 40 per cent–suffer from poor mental health and psychological problems;[223] rates of post-traumatic stress disorder, fuelled by the country's traumatic past, are high and the suicide rate is much higher than the worldwide average.[224] Often linked to this, rates of alcohol and drug misuse are high, and have a significant negative impact on family functioning, impairing the ability of parents to provide and care for their children properly. The availability of mental health services is very limited across the country, and there is a significant gap between what is needed and what is available, particularly in rural or remote areas.[225]

Outreach activities and support groups have been developed by a number of programmes, including TPO, as set out in the box above. M'Lop Tapang's support programmes for families with drug and alcohol misuse have been shown to have resulted in some positive outcomes for beneficiary families, as set out above. Support groups for people with drug and alcohol misuse problems are a cost-effective and replicable model, with the potential to strengthen the functioning of families by addressing one of the factors driving separation. However, the delivery of more intensive in-home programmes, where needed, should also be considered. The box below sets out an example of an intensive, family-based programme that has been shown to have a positive impact (although it was developed and is being implemented in a high-income country, and may be difficult to replicate in a more resource-constrained context).

221 Interview with TPO programme beneficiary (mother), Banan district, Battambang province, 13 August 2018.

222 Interview with TPO programme beneficiary (mother, 27-years-old), Banan district, Battambang province, 13 August 2018.

223 De Jong, Joop, (Ed.), Trauma, War and Violence (2002).

224 See TPO Cambodia, The need for mental health care in Cambodia: http://tpocambodia.org/the-need/

225 See TPO Cambodia, The need for mental health care in Cambodia: http://tpocambodia.org/the-need/

## Example of effective programme for families with complex problems: Parents Under Pressure[226]

The Parents Under Pressure programme, developed in Australia, is specially designed for use with multi-problem, high-risk families. It draws from the ecological model of child development by targeting multiple domains of family functioning, including the psychological functioning of individuals in the family, parent-child relationships and social contextual factors. The programme is flexible, and each family has an individualized case plan based on the principles underlying the Parents Under Pressure programme. The programme intervention is delivered in parents' homes, and a complementary group-based programme is available.

Of particular importance to the programme is the recognition that parents in multi-problem families are under great stress and have limited support networks. This makes the day-to-day job of parenting difficult. Furthermore, parents may themselves have experienced abuse or poor parenting as children and may have had little opportunity to work through the emotional impact of their own childhood experiences. The resulting lack of an internalized model of good parenting and of fundamental parenting skills adds to family difficulties.

Learning how to understand and regulate emotional states is a critical component of the programme. There is a strong focus on learning mindful awareness skills and on helping parents work with their children to develop these skills as a family unit. The stressors associated with financial disadvantage, poor housing and lack of social support are addressed, and families work with a therapist to develop meaningful and achievable action plans. The overriding aim of the programme is to help parents facing adversity to develop positive and secure relationships with their children, reduce children's problem behaviour and promote a settled, stable and safe family environment.

Families have 12 to 14 in-home sessions of about 90 minutes each. They often work with children and their teachers if behaviour problems occur in the school setting. In addition to direct clinical work, extensive case management helps families with life problems, such as childcare, employment, social welfare and legal matters. The programme consists of 12 modules delivered over a four-month period. A group programme can be used to supplement the individual work done with families.

The key aspect of the programme is the focus on an individualized treatment programme developed collaboratively with the family after a comprehensive assessment. Clear goals are specified and a time frame for achieving the goals helps to keep therapy on track in families where there are often chaotic conditions and multiple life problems.

An evaluation of the programme found that at a three-month and six-month follow up, Parents Under Pressure families showed significant reductions in problems across multiple domains of family functioning, including a reduction in child abuse potential, rigid parenting attitudes, and child behaviour problems.[227]

[226] See Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015), p. 49; and Parents Under Pressure entry in UNODC, Compilation of evidence-based family skills training programmes, available at https://www.unodc.org/documents/prevention/family-compilation.pdf

[227] Dawe, S. and Harnett, P., 'Reducing potential for child abuse among methadone-maintained parents: Results from a randomised controlled trial (2007), 32 Journal of Substance Abuse Treatment, pp. 381–390.

### Limited provision of intensive parenting support and skills building

Evidence indicates that the provision of parenting support, through parenting education or training, and parental skills development is a component that is common across effective programmes.[228] Among the programmes that have been reviewed, parenting support tends to be provided on an informal or ad hoc basis by social work case workers, where necessary. There appears to be limited provision of more intensive and structured sessions to help parents and carers develop parenting skills and broader knowledge of child development. Some organizations run parenting sessions, for example SKO's community parent-child sessions for children aged 0–3 years and their parents / carers. The delivery of parenting skills in small and supportive groups in the community may be a cost-effective way to deliver this component.

The example below demonstrates how a cost-effective resource for improving parenting skills and reducing violence against children can lead to positive impacts for families.

**Good practice example: South Africa's Parenting for Lifelong Health**

Another programme that has demonstrated positive impacts on parenting practices and levels of violence against adolescents is the Parenting for Lifelong Health: Sinovuyo Teen programme, which is being implemented in South Africa. The programme, which formed part of an initiative to test a suite of non-commercialized parenting programmes in low-resource settings, was designed to be non-resource intensive, and not reliant on professionals, videos and equipment, or participant literacy. It is also free. It was implemented in Eastern Cape province, an area with high rates of violence against adolescents, low gross domestic product, high HIV prevalence, poor service access and infrastructure, and shortages of electricity and water. It aimed to minimize harsh and abusive discipline and parenting.[229]

The programme used a manual that was developed following systematic reviews of effective parenting programmes and rigorous testing, which saw the addition of modules on planning to protect adolescents from violence and exploitation in the community and family financial management. It was delivered by trained community members.[230]

A random control trial evaluation published in 2017[231] found a range of positive outcomes five to nine months after the end of the intervention, including reduced abuse, improved involved parenting and parental supervision, improved household economic welfare and financial management, improved family planning to avoid adolescent violence in the community, reported reduced depression and stress, fewer attitudes condoning corporal punishment, and improved social support. Qualitative data from the evaluation suggested that collaborative learning and a non-blaming approach were key elements of success, along with the ability to try out new skills at home, and having opportunities to problem-solve within a supportive group. This may have enhanced caregivers' sense of agency. It was identified as important that programmes aim to capitalize on caregivers' already-held aspirations of how they would like to parent, and that families identify their own goals.[232]

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228 Parenting Research Centre, University of Melbourne, Review of evidence of intensive family service models (2015).

229 Cluver, L.D., Meinck, F., Steinert, J.I. et al., 'Parenting for lifelong health: A programmatic cluster randomised control trial of a non-commercialised parenting programme for adolescents and their families in South Africa', (2018) 3 BMJ Global Health.

230 Cluver, L.D., Meinck, F., Steinert, J.I. et al., 'Parenting for lifelong health: A programmatic cluster randomised control trial of a non-commercialised parenting programme for adolescents and their families in South Africa', (2018) 3 BMJ Global Health.

231 Cluver, L.D., Meinck, F., Steinert, J.I. et al., 'Parenting for lifelong health: A programmatic cluster randomised control trial of a non-commercialised parenting programme for adolescents and their families in South Africa', (2018) 3 BMJ Global Health.

232 Cluver, L.D., Meinck, F., Steinert, J.I. et al., 'Parenting for lifelong health: A programmatic cluster randomised control trial of a non-commercialised parenting programme for adolescents and their families in South Africa', (2018) 3 BMJ Global Health.

The development of the Positive Parenting Strategy (2017–2021) and Toolkit by the Government of Cambodia is a welcome initiative. The strategy sets out goals and activities for the implementation of parenting support programmes across the country. Parenting support is situated within the sphere of family support, which aims to improve family functioning. It is defined as "a set of services / activities oriented to improving how parents or caregivers approach and implement their role in meeting their children's needs (physically, emotionally, cognitively and spiritually)." The strategy encompasses a wide range of interventions or services that provide information, education, skills and / or support for parenting. Following the adoption of the strategy, parenting toolkits were developed in collaboration with representatives from eight government ministries and the Royal University of Phnom Penh. They were tested with groups of parents and caregivers in urban poor communities in Phnom Penh and in remote communities in Battambang, before being finalized. It is hoped that the toolkits could be used by service providers to build their capacity to provide parenting support services to families at risk of separation.

#### Limited affordable and safe childcare options for women who work

Particularly for single-parent families, access to quality, affordable childcare is often essential to ensuring that they can generate a livelihood to support their family. However, there are limited options for affordable childcare across the country, forcing many parents (usually women) to take their child to work with them, to leave them unattended or insufficiently supervised for considerable periods of time, or to place them in alternative care (e.g. an RCI).

The provision of affordable childcare is a new component for a number of programmes set out above. M'Lop Tapang has attached an affordable day care centre to its community shelter, and SKO is currently piloting a programme that supports women to establish a day care service within its economic strengthening programme, as set out above. Learning generated from reviews of these programmes could be used by other organizations delivering family preservation programmes.

#### Limited provision for the needs of children with disabilities

Services for children with disabilities and health conditions are lacking in Cambodia,[233] and programmes appear to face challenges in comprehensively assessing the needs of children with disabilities, and in helping them gain access to services. Children with disabilities are particularly at risk of being abandoned or placed in an RCI, and consideration should be given as to how these children can effectively be supported in family-based care. CIF provides support to children in family-based placements through the provision of health services and training, and support to parents and caregivers. Safe Haven, an organization based in Siem Reap that provides support services for children with disabilities to remain with their families,[234] has been involved in co-working cases with FCF partners and developing training modules for social workers. Consideration could be given to furthering these initiatives and sharing the learning generated from this programme with other family preservation programmes.

[233] UNICEF Cambodia quarterly progress reports to the United States Agency for International Development (USAID), 2017, in Coram International, Promoting and protecting the rights of children: A formative evaluation of UNICEF's child protection programme in Cambodia (2018), UNICEF Cambodia: Phnom Penh (data extracted from UNICEF Cambodia quarterly progress reports to USAID, 2017).

[234] See Annex A (entry 14) for a description of the services provided by this organization.

**Limited structure and limited time-conscious case work in family-based outreach sessions**

Common components associated with more effective programmes, according to the international review, were that they are delivered in less than six months and involve structured sessions. Some of the programmes set out above are provided over quite a long and flexible time period, involving quite informal, unstructured sessions. Consideration could be given to ensuring programmes are time-bound, with structured case closing processes and systems in place to evaluate outcomes. However, in the Cambodian context, where complex cases may be difficult to address, particularly in the absence of long-term state social welfare and support systems, it is important to ensure that programmes are able to offer longer-term support where required.

# 7. CONCLUSIONS

Despite the well-documented harm caused to children who live in institutional care, Cambodia has seen a rise in the number of children living in RCIs in recent times. The majority of these children (an estimated 80 per cent) have at least one living parent. The government has made important progress toward reducing the number of RCIs and the number of children placed in institutional care, however efforts must be made to ensure that programmes 'on the ground' can support efforts to reduce the use of institutional care for vulnerable children.

This study aimed to identify the use of family-based models in Cambodia that support children to grow up in a family environment, and prevent the placement of these children in RCIs. It aimed to assess their effectiveness and identify instances of good practice and opportunities for the further development of family strengthening programmes.

While it was difficult to draw firm conclusions in the absence of robust evidence of impact, the review has illuminated some programmes that have best practice components, as measured against international guidance and global evidence of 'what works' in family preservation programming.

Most of the programmes that were reviewed used a **case management framework**, in which the needs and strengths of individual families were assessed, and case plans developed and implemented in response to these needs. International guidance and best practice evidence indicate that comprehensive assessments of the needs and strengths of individual families and responsive case planning are key components of good practice programmes to prevent family separation. The programmes that were reviewed also tended to use highly participatory and collaborative approaches to needs assessments and case planning, helping to empower families and equip them with skills and knowledge to sustain the positive outcomes of the programmes into the future.

Programmes that were reviewed are all multi-component and **offer a range of services and support**, either through links to programmes internal to the organization and / or through referral to other government or NGO services and support. These mean that a full range of problems, risks and vulnerabilities can be addressed. Multi-component programmes are associated with best practice and recognize the often-complex interplay of different factors operating at different levels of a child's life that create risks to children and make them vulnerable to separating from their family.

**Household economic strengthening** services and support, including cash transfers, micro loans, business skills development, skills training, material support and so on, are a key component of the programmes that were reviewed. These initiatives are likely to have a positive impact on strengthening the capacity of parents / carers to meet the needs of their children, minimizing the risk of family separation. Economic strengthening initiatives in interventions (e.g. case management programmes that provide a wide range of support and services) is also associated with good practice globally. In Cambodia, poverty is strongly associated with vulnerability to child-family separation, thus, economic strengthening is likely to be a key component of successful programmes. Economic strengthening initiatives in family preservation programmes could be strengthened, however, through the provision of multi-stage services that address the immediate needs of families and stabilize them economically, before providing initiatives that are more long term. This approach has been recognized as good practice.

Some programmes have successfully been **embedded into communities**, using and building the capacity of existing support

structures to help respond to the needs of families. Embedding programmes in communities from the initial planning stages can help to ensure that the programme is able to provide services that are responsive to the needs and strengths of the communities in which they operate. It can also be cost effective and can help to ensure the sustainability of the programme.

Some programmes also integrated more general **community behaviour change** interventions into their work. In the context of Cambodia, where support for RCIs is quite high among parents and community leaders as an alternative care option, and knowledge of community-based alternatives is low, this is likely to be an important component. Evidence indicates that these programmes will be more (cost) effective if they involve frequent exposure to responsive key messages, and are directed at village leaders and other key influencers as these are the gatekeepers in decision-making about alternative care and placement of children in RCIs.

The review identified a number of **gaps and challenges** and areas that require strengthening. The report identified a number of good practice programmes outside Cambodia that could be viewed when considering how to fill these gaps. In addition, cross-learning among organizations within Cambodia that have worked to address some of these gaps could help strengthen family preservation programmes across the country.

Most of the programmes that were reviewed do not appear to have a robust or systematic process for **identifying vulnerable families** for inclusion into their programmes. Selection of families often appears to be ad hoc, and not necessarily based on or responsive to a comprehensive understanding of the risk factors that drive child-family separation. Therefore, it is unclear whether the programmes effectively target the most vulnerable or most at-risk families.

Programmes appear to face challenges in effectively **addressing the needs of families with more complex problems**, for example violence, mental health issues and / or drug and alcohol misuse. There are extensive gaps in Cambodia more generally in the availability of services to respond effectively to these problems, and programmes that rely on linking families to existing services and support systems face considerable challenges. While this highlights the need for broader systemic changes in this area, it is important that programmes have the capacity to work more intensively with families facing these risks. A number of programmes implemented in high-income countries have involved working intensively with families in the context of child maltreatment and / or intimate partner violence. These programmes tend to provide intensive in-home support to families over a relatively short period of time by specially trained professionals. While they could be considered when informing efforts to strengthen Cambodian programmes in these areas, it should be noted that they are resource-intensive. A number of programmes currently being implemented in Cambodia, however (e.g. TPO's mental health community groups and M'Lop Tapang's drug and alcohol self-help groups), provide services for families with more complex problems. Learning from these programmes could be considered when attempting to address gaps in programmes more generally in these areas.

Services for **children with disabilities** and health conditions are still lacking in Cambodia, and programmes appear to face challenges in comprehensively assessing the needs of children with disabilities, and in helping them gain access to services. CIF provides support to children in family-based placements through the provision of health services and training, and support to parents and caregivers. Consideration could be given to sharing the learning generated from this programme to other family preservation programmes.

There was **limited provision of intensive parenting support** and skills building among the programmes that were reviewed. The evidence indicates that the provision of support for parents, through parenting education or training and parental skills development is a

component that is associated with good practice in programming to prevent child-family separation. The development of the Positive Parenting Strategy (2017–2021) and Toolkit by the Government is a welcome initiative. The toolkit, which was tested in a number of different communities across the country, could be used by service providers to build their capacity to provide parenting support services to families at risk of separation.

Another gap was the limited **safe childcare options for women who work.** A number of programmes that were reviewed did not appear to offer childcare placements. Particularly for single-parent families, access to quality, affordable childcare is often essential to ensuring that they can generate a livelihood to support their family.

The following section draws a number of implications for policy and practice, based on these key findings.

# 8. RECOMMENDATIONS

**Based on the findings and analysis of the study, MoSVY will consider to:**

- Develop national standards or guidelines to guide the development of family preservation programmes in Cambodia. The standards and guidelines could cover the following as key components of family preservation programmes:
  - Developing and implementing procedures for identification of at-risk families using responsive selection criteria developed in close collaboration with communities;
  - Mapping of existing services and support in communities and embedding programmes within local government structures;
  - Implementing case management processes, including an overall framework and approach; processes for participatory and collaborative individual family assessments; development of case planning and goal setting; accessing services and support; case closing and follow up;
  - Services and support necessary for at-risk families, including economic strengthening initiatives and how to deliver a wide range of services to meet the needs of families;
  - How to work effectively with families who have complex problems (violence, substance abuse);
  - How to support families who have children with disabilities or significant health conditions;
  - How to deliver parenting support programmes; and
  - Integrating community behaviour change campaigns into family preservation programming.
- Work with relevant partners to ensure that donors understand the negative impacts of placing children in RCIs and the benefits of quality family preservation programmes, and encourage support of family preservation programmes.

## 8.1 Recommendations for non-government service providers

- There is a need to generate a robust evidence base of what works in family preservation programming in the Cambodian context. Organizations should be supported, through FCF and 3PC, to carry out robust impact evaluations and other learning exercises to identify the components of good practice programming for preventing family separation in a variety of contexts in Cambodia.
- There is a need to share good practices among organizations to prevent family separation in Cambodia. Non-government service providers could initiate a number of learning events for staff to learn from other organizations to exchange experiences and learning, particularly in areas where there are gaps or challenges in family preservation programming (how to work with families experiencing violence; how to assess and meet the needs of children with disabilities and support them to live in families, etc.).
- There is a need to improve the process of identifying the most at-risk families for inclusion into programmes. It is recommended that organizations providing family preservation programmes work to develop, in close collaboration with communities where they work, a robust process for selecting families according to rational, objective inclusion criteria that are responsive to the context. This would require a solid understanding of the key risk

factors for family separation in the communities where organizations work.

- The government's Positive Parenting Toolkit should be rolled out and incorporated into the work of organizations providing family preservation programmes.
- Organizations should consider developing multi-stage economic strengthening programmes as a key component in family preservation programmes. Economic strengthening initiatives should aim to stabilize families initially through, for example, cash transfers and the provision of material support (while financial literacy training is provided). They should then aim to create long-term economic stability through, for example, business skills training, micro loans, credit and savings schemes, vocational training, etc.
- Organizations should be encouraged to develop expertise in needs assessment, service delivery and parenting support for families who have children with disabilities or serious chronic health conditions, as an integral component of family preservation programmes.
- Consideration should be given to the development of a support package for families that are experiencing violence and / or substance abuse. Examples of good practice packages globally could guide this development (noting that firm consideration should be given to the adaptability of such packages to the Cambodian context).
- Low-cost initiatives that aim to support families experiencing violence or substance abuse (e.g. self-help groups) should be considered, and learning should be shared across organizations through programmes that are currently offering these services.

## 8.2 Recommendations for donors

- Donors should support the generation of a robust evidence base of what works in family preservation programming in the Cambodian context.
- Donors could support and promote cross-learning initiatives between organizations in Cambodia that offer good practice family preservation programmes or programme components, and other organizations that are seeking to develop good practice family preservation programmes.
- Larger donors could develop advocacy tools and resources for smaller, individual donors to encourage their support of good practice family preservation programmes.

# ANNEX A: COMPENDIUM OF PROGRAMMES / ORGANIZATIONS INCLUDED IN THE STUDY

## 1. Cambodian Centre for the Protection of Children's Rights (CCPCR) (Phnom Penh), Countering Trafficking in Persons Programme

**Background**

CCPCR was established in 1994 to prevent and address child abuse and child trafficking. Initially, support was provided through a shelter for victims of trafficking and abuse, however in 2010 CCPCR started the process of transitioning into providing community- and family-based programmes to prevent child abuse and trafficking. Programmes include investigation and rescue; recovery and rehabilitation; reintegration; prevention; and community education. The organization works in collaboration with police and social welfare authorities. CCPCR continues to manage 'transit centres' which provide temporary shelter, care and rehabilitation for victims of abuse and trafficking until they are reintegrated into their families or family-based care. Current programmes are being implemented in Phnom Penh, Svay Rieng, Koh Kong and Kampong Thom provinces, which are characterized by having significant numbers of poor and vulnerable people, along with limited human resources and support services to address these vulnerabilities. The Countering Trafficking in Persons programme, supported by USAID, was established in 2015 and aims to prevent at-risk families from undertaking risky migration by enabling them to generate a livelihood locally.

**Beneficiaries**

The Countering Trafficking in Persons programme has supported 75,000 people (although it is unclear how many of these have received direct services, for example household economic strengthening interventions).

**Assessment process**

Social workers carry out a strengths, weaknesses, opportunities, threats (SWOT) analysis in order to assess the needs of each family. Case workers work with each family to formulate a case plan.

**Services provided**

The programme provides economic strengthening to parents to provide a livelihood locally and discourage informal migration and trafficking across the border. Parents are provided with livestock or materials to start a business (e.g. grocery selling). Material supplies are also provided, including food and educational materials.

**Monitoring and evidence of outcomes**

Outcomes are not measured in a systematic way.

## 2. Cambodian Children's Trust (CCT) (Battambang), Holistic Family Preservation Model

**Background**

CCT was founded in 2007 as an RCI to provide a home for 14 children who were rescued from an abusive orphanage. It transitioned into a community development organization, promoting family-based care and support services for vulnerable children in Battambang. Its focus is on strengthening communities and empowering families to escape poverty and raise their children well; reuniting children in orphanages with their families; and providing kinship care and foster families to children in need of alternative care. Its programme, the Holistic Family Preservation Model, aims to

prevent the separation of children from families through family strengthening services. Initially piloted in 11 villages, the programme currently provides services to 36 villages across eight communities in Battambang. The programme was developed in recognition of limited crisis and social support services to respond to emergency situations, limited specialized services for children and families with additional needs, and limited counselling services in communities, and how these gaps encouraged the use of RCIs. The model aims to bring all of the identified gaps together, build on the strengths of individual communities, and trial a holistic approach that builds on CCT's existing family strengthening work.

**Beneficiaries**

Beneficiaries are referred to the programme by village chiefs, CCWCs, village-based social workers, DoSVY, schools, NGO service providers and other village volunteers. The programme has provided 219 beneficiaries with direct services (case management); 39 cases have closed and 180 are active. In addition, 111 community activities have taken place with 3,054 attendees (consultations, behaviour change campaigns, home safety workshops, alcohol support groups).

**Assessment process**

Assessments are carried out with families, using comprehensive case management guidebooks. CCT is currently transitioning to using a strengths-based tool, Signs of Safety, for assessments and case management. Signs of Safety is a collaborative approach that expands the investigation of risk to encompass strengths that can be built upon to stabilize and strengthen a child and family's situation. During the assessment process, families identify long-term goals.

**Services provided**

A range of services is available to families, both internally and through external partners, including: satellite community centres which provide access to nutrition, WASH, education, life skills and psychosocial support, and social work support to work toward the long-term goals identified by families; medical outreach through a team of medical professionals to ensure families receive access to health care; foster and kinship carers; and material and construction support to ensure families have safe and secure homes. CCT runs alcohol support groups, educational workshops, vocational training, income generation and financial support to families, along with assistance registering births and accessing services, and material support (bicycles, food, etc.). A range of other services is provided through external organizations, including specialized disability services, health care, family violence and legal support, education and training, and emergency care.

**Monitoring and evidence of outcomes / impact**

A formative evaluation of the programme has been carried out, however this evaluation did not include robust data on the impact of the programme on reducing family separation.

## 3. Children's Future International (CFI) (Battambang)

**Background**

CFI was founded in 2008. It originally provided educational and residential services before completing family tracing and strengthening work and reintegrating all children back to family-based care. CFI now provides a number of community-based services to children and families in rural Battambang.

**Beneficiaries**

CFI works with over 280 children; around five urgent social work cases are processed each week; 251 children are enrolled in the learning centre, along with community members who are involved in a range of workshops.

**Assessments and case planning**

Families are assessed using the Child Status Index, a comprehensive tool for measuring risks and vulnerabilities. Kinship care assessments are undertaken where needed to ensure a child remains in a family-like

environment. Social workers use the Signs of Safety approach to social work case management, supporting families to find their own safety goals. Beneficiaries are assessed and enter the programme based on a decision by a panel. This ensures CFI is working with children with the highest need and that children receive appropriate services.

Drawing on the experience of transitioning from a residential service, CFI is now engaging with local RCIs to support the reintegration of children, through partnerships with local authorities. This is grounded in the use of Signs of Safety, a strengths-based framework that enables families to have a voice in decisions, and for officials to support families in positive ways, ensuring safety, maintaining family connections, and increasing supportive community networks.

### Services

Alongside social work case management, Children's Future provides supplementary education in Mathematics, IT, Khmer and English; access to free health care; counselling; and food support. Young people are supported to access vocational programmes and are supported through higher education.

CFI offers a range of community development programmes, for example safe migration workshops in which families are supported to make informed decisions regarding migrating, and whether to take their children or not.

CFI trains ChildSafe volunteers in village settings. These volunteers work in partnership with local authorities and families to support children and families to remain together. CFI works directly with a local RCI. This involves supporting the RCI to learn how to undertake reintegration work and how to become more community focused.

### Monitoring and evidence of outcomes

CFI uses results-based accountability methods to establish the effectiveness of services. This typically involves asking: How much did we do, how well did we do it, and who is better off. Assessing the impact of interventions in this way means consumer feedback directly impacts on future delivery. CFI has a well-developed service log frame, built around the Child Status Index domains. This ensures what is being measured directly contributes to future improvements.

## 4. Children In Families (Kandal), Emergency, Kinship and Foster Care Programmes

### Background

CIF is a local Cambodian NGO that has been operating since 2006. It was registered with the Ministry of Interior in 2009. CIF started as an emergency care programme, initially providing emergency care to children in the staff's premises, then in an RCI. CFI has since transitioned into a community care model. Its vision is that "families and communities in Cambodia are empowered to provide children with a safe and healthy childhood, enabling them to become healthy, positive adult members of their families and communities themselves". CIF provides three streams of family care programming: emergency care, kinship care and foster care. In addition, specific care is provided to children with disabilities and chronic illness throughout these care placements.

### Beneficiaries

Nationally, CIF supports 95 children in foster care and 180 children in kinship care. Beneficiaries are referred through CCWCs and MoSVY, NGO partners and (particularly for children with disabilities who are abandoned) through paediatric units at hospitals. Children may filter down through the emergency placement programme.

### Services provided

CIF carries out assessments and provides support to kinship carers and foster carers to ensure that they are able to meet the needs of the children they are caring for. This may include a monthly cash transfer / stipend of between US$ 5 and US$ 15 per month, food and material goods, and access to health care. Children in placements are also provided with a social worker who carries out case management

and assesses the child using the Child Status Index every six months.

CIF runs the ABLE programme, which is an umbrella service, providing additional support and services to children with disabilities across all family-based care streams (including family preservation work for children living with their parents). CIF provides medical care, home-based therapy, counselling and remedial education support. This is important, as children with disabilities often fall behind in their education, as they have difficulty accessing suitable education options. Staff also train parents and carers on how to provide individualized care to children with disabilities.

**Monitoring and evidence of outcomes**

It was not possible to access any robust data on beneficiary outcomes or programme impacts.

## 5. Friends International, Kaliyan Mith (Siem Reap) and Mith Samlanh (Phnom Penh)

**Background**

Friends International is an international social enterprise established in Cambodia in 1994. It aims to build a future where all children are safe from all forms of abuse and become functional, productive citizens, through the provision of comprehensive social support to marginalized children, youth and their families. Friends International runs Mith Samlanh in Phnom Penh and Kaliyan Mith in Siem Reap. Both programmes aim to protect children from all forms of abuse; reintegrate marginalized children back into society; prevent children and youth from engaging in risky behaviours; promote innovative and effective approaches with the active participation of children and youth; and encourage all levels of society to provide a supportive environment for children. Programmes are delivered by 124 members of staff in Siem Reap and 233 in Phnom Penh.

**Beneficiaries**

In total, Mith Samlanh (in Phnom Penh) supported 18,398 beneficiaries in 2017, and 16,703 from January to June 2018. Kaliyan Mith (in Siem Reap) supported 202,169 beneficiaries in 2017 and 187,997 from January to June 2018 (this includes all programmes, not just beneficiaries of family strengthening services). Beneficiaries are identified through outreach (social workers visiting 'hot spots'), hotlines, ChildSafe agents and through referrals from NGO partners.

**Assessment process**

Where required, assessments are carried out on individual families by social workers who assess the needs of the family according to a number of factors: health; drug/alcohol use; violence/abuse and trafficking; sexual and reproductive health; labour and education; family and social networks; and living conditions.

**Services provided**

Friends International provides a range of services and support to vulnerable children and families, including case management, and economic and social support. Other services include outreach, community education and skills training; operating youth drop-in centres; awareness raising and life skills education; support to ensure children remain in school; vocational training and employment services; drug rehabilitation and needle exchange; family tracing and reintegration; transitional and group homes; foster care; support groups; and counselling.

**Monitoring and evidence of outcomes / impact**

Data on outcomes for beneficiaries and the impact of the programmes does not appear to be systematically collected and reported.

## 6. Good Neighbours Cambodia (Battambang and Phnom Penh), Community Development Programme

**Background**

Good Neighbours was established in 2004. It is part of a global organization founded in South Korea in 1991. It currently provides community

development programmes in 18 communes and 89 villages in Phnom Penh, Banteay Meanchey, Battambang, Kratie and Modulkiri. Good Neighbours works within a child sponsorship model to provide family-based services to vulnerable children and families, along with a range of community development activities and services. It is staffed by a team of 146 (including six international) staff members.

**Beneficiaries**

As at 2017, 12,778 children were registered for sponsorship. Between June 2017 and July 2018, staff worked with 1,907 of these children and their families, and an additional 681 cases were given child management and child health support services. Children and families are identified through their registration as Poor 1 or Poor 2, or otherwise poor living conditions through referrals from community and local government partners.

**Assessment process**

Assessments are carried out in relation to families for which a case file is opened. A basic assessment form is completed, which includes information from the child, family, referring service, key partners in the community, and from home visits by staff.

**Services provided**

Family-based social work services are provided through in-home visits and support, including assistance to access services, and referral to a network of organizations according to the identified needs of the family. Material support is also provided. Case management follows the following steps: identification / registration; assessment (initial and comprehensive); case planning; implementation of case plan; follow up and review; and case closure. Regular home visits are carried out according to a guideline, and a more intensive home visiting process is followed where required.

In addition, a range of community development and income generation activities is provided to communities. This includes construction of schools and day care centres; youth groups; strengthening school governance and teacher training; basic preventative health services; nutrition programmes; sanitation; income generation activities (loans and savings groups, insurance, skills training, savings schemes); and advocacy (awareness-raising activities through community seminars, theatre, etc.).

**Monitoring and evidence of outcomes / impact**

Evidence of outcomes / impact is not currently available, however Good Neighbours is working to install a management information system (MIS) tool to monitor programme outcomes.

## 7. Green Gecko (Siem Reap), support to reintegrated children and their families

**Background**

The Green Gecko project is a former RCI that housed children who were working as beggars on the street. It has transitioned into offering a range of family- and community-based services and support, primarily for the children, and families of children, who were living in the original RCI. It still offers services that ensure children can reintegrate into a safe family environment. All children formerly living in the RCI are now living in the community. Green Gecko provides a range of health, education, vocational training and economic strengthening activities for families.

**Beneficiaries**

Green Gecko continues to support more than 100 children and their 32 families, within their broader community.

**Assessment process**

Green Gecko works with children who were living in its RCI and their families; therefore no assessment process is used.

**Services provided**

Green Gecko provided support to reintegrate children who were living in the RCI back into the care of their families, including supervised family fun days, weekly visits, counselling, micro business loans, vocational training, educational workshops on health and hygiene,

positive parenting, domestic violence, marriage laws, and financial literacy. The programme continues to support parents and caregivers through micro-businesses, vocational training and holistic social support, as well as providing weekly nutrition packs and medical care. It also runs supported living for families (women's village for single mothers and survivors of domestic violence), a day care centre, a humanitarian action youth group, and five social enterprises: Rehash Trash (a vocational training programme for women), Grace Gecko (a vocational care centre for women), Purple Mango (a not-for-profit wellness centre), the Silk Screen Printing Lab, and Footprints Permaculture Farm.

Most services for children are provided through a day centre using a 'kinship care model', where older children assist younger children in smaller family-like groups. Extra-curricular education programmes are provided at the centre, including life skills, environmental education, traditional Khmer martial arts, computer and English classes, Khmer literacy and media classes, library and traditional music, art and dance classes.

#### Monitoring and evidence of outcomes / impact

Green Gecko monitors the progress of individual children and families (although not in a systematic way, for example through the use of standardized monitoring frameworks or tools). In its latest annual report (2017), it was reported that all children formerly living in the RCI are now living in the community: 63 per cent with their families (parents or in kinship care); 5 per cent in foster care in the community; 1 per cent on university campus; and 31 per cent in independent housing (adults).

### 8. Holt Children's Services (Battambang), Building Bridges to Families Programme

#### Background

Holt is an international, faith-based (Christian) organization founded in 1956, which among other goals aims to strengthen and preserve families that are at risk of separation by providing critical care and support to orphaned and vulnerable children. Its Building Bridges to Families Programme was established in January 2016 and provides a range of services to families at risk of separation, under a 'holistic family preservation' model in Sangke district, Battambang province. The programme is being implemented by six staff members: four social work graduates and two development professionals.

#### Beneficiaries

From January 2016 until the end of June 2018, the programme worked with 90 families, 286 children, including 143 girls, and one child with a disability. Holt works with teachers and school directors, CCWCs, and other government and non-government service providers who refer children and families to the programme.

#### Assessment process

A two-stage assessment process is carried out: an intake assessment, including basic information on the vulnerabilities and risks facing children; and a more comprehensive assessment on the family to assess their needs, situation and problems across a range of areas (food, housing, clothing, care, education, relationship with family members, safety and security, physical and mental health etc. A family service plan is developed based on this assessment. The assessment is done jointly with Holt social workers and local government (CCWCs at commune level and women's and children's consultative committees at district level).

#### Services provided

Support is provided to families in three phases: emergency support, educational support and income generation. During the emergency support phase, families are given emergency food aid while Holt assesses their situation more completely. The temporary food aid helps build trust between the family and the social worker, allowing the social worker to build a strong relationship with the family. While the

family is receiving food aid, the social worker begins a thorough assessment of the family's needs, skills, barriers to success, and potential avenues for future revenue generation, and develops a family service plan. Support is then provided to the families to implement the plan. This typically involves counselling if needed, parenting skills, support to the families to initiate and run income generation activities, educational support for children, house renovation, etc. Social workers also conduct behaviour change awareness raising sessions with children, youth and parents on drug and alcohol use, safe migration, child protection, positive parenting skills, and the importance of family-based care for children. Social workers conduct follow-up visits to the families at least once per month.

**Monitoring and evidence of outcomes / impact**

Outcomes are monitored against a set of indicators, and case management records are put into a database so that outcomes can be measured (Holt is currently in the process of installing an online case management system).

## 9. Honour Village (Siem Reap), services to families to reintegrate children

**Background**

Honour Village is a former RCI for over 50 children. It has transitioned into a community-based programme that has been providing services to assist in the reintegration of child residents back into family-based care. The reintegration commenced in 2013, and all children have been reintegrated into the community (with their families or in kinship or foster care arrangements). The reintegration support is provided by three social workers who have been trained and are supervised by two international child protection social workers (from the UK). Honour Village is now a day centre that offers schooling and extracurricular activities for the community, along with specialist support to vulnerable children and community development activities in surrounding villages. Services are provided by 17 members of staff, many of whom are from the local area.

**Beneficiaries**

Honour Village supported 55 children and their families to reintegrate into the community. In addition, education is provided through the day centre to 500 children from surrounding villages.

**Assessment process**

During the reintegration process, needs and risk assessments were carried out on children and their families / potential caregivers across a range of areas (education, financial, risk, health, emotional, development / learning difficulties, community support and facilities).

**Services provided**

Outreach and follow up services are provided to families and caregivers, according to a needs assessment, and referrals are made to a range of organizations, depending on the family's needs. Families are also provided with material support, including food, cash (typically US$ 5 per day), livestock, fishing boats and nets, toilets, water filters, furniture, and interest-free loans. Where required, rent is paid.

**Monitoring and evidence of outcomes / impact**

Outcomes / impact are not measured in a systematic way.

## 10. Life Project Cambodia (Siem Reap), Education support and economic strengthening

**Background**

Life Project was founded by a Cambodian national and an Australian national in 2013 to empower disadvantaged Cambodian children and youth to create their own solutions to poverty, through access to high-quality education, extra-curricular activities, vocational training, family assistance, sustainable income initiatives, and community outreach. Life Project operates programmes in Siem Reap city and Chi Kreng district, with one full-time member of staff based in Siem Reap, a number

of volunteers, and fundraising support from volunteers based in Australia.

**Beneficiaries**

Life Project currently supports 23 children and their families. Beneficiaries were identified through a local food programme that provides food for disadvantaged people in Siem Reap, which was co-founded by one of the Life Project founders.

**Assessment process**

Life Project staff conduct interviews with potential beneficiaries to assess their situation and needs and to develop a case plan for addressing these needs.

**Services provided**

Life Project provides scholarships to beneficiaries, which include fees at an international school through to fees for vocational training, college or university. Students who are living away from home receive support in community-based independent living, transport (bicycle) and three meals per day. Families of these children are initially provided with material support, including food, cooking oil and hygiene items, and are also supported with household economic strengthening support, in particular, through a community enterprise (bracelet making business).

**Monitoring and evidence of outcomes / impact**

Educational progress of child beneficiaries is monitored by the education provider, however programme outcomes and impact do not appear to be monitored in a systematic way.

## 11. M'Lop Russey (Battambang and Siem Reap), Social Work Programme

**Background**

M'Lop Russey was established as a faith-based (Christian) organization that aims to ensure that all children and youth grow up and develop within families. It recognizes that communities have an important role to play in encouraging, supporting and guiding individual families so they know how to care for all their members, including children. M'Lop Russey provides a range of services to support the reintegration of children from RCIs into family-based care, along with a range of community development activities and capacity building of key duty bearer organizations.

**Beneficiaries**

In 2018, M'Lop Russey provided children and their families with social work support to help children reintegrate with their families. An additional 1,343 beneficiaries were provided with direct support within the community programmes (training, self-help support and community role models).

**Services provided**

Under the social work support programme, M'Lop Russey provides short-term emergency foster care for children in crisis. This is carried out according to recruitment in the local community, a review process by social workers, and registration with local authorities. Foster families are provided with training and counselling and are paid a small retainer to keep placements open when they are needed. Children entering foster care are appointed a social worker who follows a case management process to reunite the child with his/her biological family or find and support a long-term foster care placement. The service caters to children in a wide range of difficult circumstances, including children and young people leaving orphanages, children with disabilities, abandoned children, children leaving abusive situations, girls and young women with crisis pregnancies and children of incarcerated parents.

Packs are provided to children and young people when they leave an orphanage, including material items needed for basic, everyday living (mat, pillow, blanket, hammock, torch, soap, shampoo and comb, etc.). Children leaving orphanages are provided with food, medical check ups, school uniforms and materials, if needed. Counselling services are also provided through links to organizations.

M'Lop Russey runs a youth group and provides a range of skills training and support to young people who are leaving orphanages.

### Monitoring and evidence of outcomes / impact

Data on outcomes for families involved in the programme does not appear to be systematically collected.

## 12. M'Lop Tapang (Preah Sihanouk), Family Strengthening Programme

### Background

M'Lop Tapang was established in 2003 to feed and shelter six children who were, at the time, sleeping under a tree on the beach every night. It has since expanded into a broader programme with the vision to create an environment where all children can grow up in their families feeling safe, health and happy; a society where all children are respected and treated equally; and a community where all children are given choices about their future. Services are delivered by around 200 members of staff (teachers, social workers, nurses, vocational skills trainers, technical advisors, art trainers, child protection workers and support staff), 98 per cent of whom are Cambodian.

### Beneficiaries

M'Lop Tapang works with over 5,000 children, youth and families at any one time in the Sihanoukville area. Its family-strengthening programme assisted 47 families with house repairs, 42 families with economic strengthening and 942 families with emergency food supplies in 2017. It also assisted 40 children who were living in RCIs to reintegrate back into their families, and supported nine children in foster care and four in kinship care. The drug and alcohol support programme provided support to around 700 youth drug users in 2017.

### Assessment process

Families involved in the reintegration and strengthening programmes are assessed using a six-part MoSVY form, and case plans are developed following this assessment.

### Services provided

M'Lop Tapang provides a range of services for children and families, including support accessing services, remedial education, provision of health services, economic strengthening, family reintegration, life-skills training, creative and recreational activities. It also provides a number of services for drug and alcohol users that are embedded in the overall outreach / family strengthening and child protection services. These include drug prevention, harm reduction and relapse prevention services, and alcohol support groups.

It operates a number of facilities, including a temporary shelter, education and community centres, a child protection hotline, and outreach services.

### Monitoring and evidence of outcomes / impact

Last year, formative evaluations were carried out on M'Lop Tapang's small business start up and drug and alcohol support services.

## 13. Operation Enfants du Cambodge (OEC) (Preah Sihanouk), Support to child victims of sexual violence

### Background

OEC was founded in 1996 in Battambang to work towards the protection of the rights of children, without discrimination. It focused mainly on particularly vulnerable children, including poor children, children with disabilities, orphans, children affected by HIV/AIDS, children of landmine survivors and children of drug using parents. OEC has since expanded its work to other parts of Cambodia, offering a range of different programmes. In Preah Sihanouk, it works in Prey Nop and Kampong Seila, primarily with children living in poor, rural communities, through the provision of social support, support to access education

and through community awareness raising activities on children's rights and child protection. Support is also provided through links and referral to other organizations (legal services, health services). The programme is implemented by two field staff and a coordinator (counsellor), working closely with CCWCs, who refer cases of family and sexual violence to OEC.

**Beneficiaries**

Support is provided to around two children / families every month. Current beneficiaries are all female and range in age from 2 years up to 15 years. There does not appear to be a strict selection process, and beneficiaries are included in the programme if the family cannot afford services.

**Assessment process**

A structured assessment tool is not used and a case plan is not developed, however field staff carry out a needs assessment in each case and provide support to meet those needs, following up with families every month.

**Services provided**

OEC provides support to child victims of sexual violence in Preah Sihanouk, and their families, by supporting children in shelters to reintegrate into family-based care through the provision of counselling and material support (food supplies). Staff also provide awareness raising activities relating to children's rights, child protection and social services in the community, public schools and beneficiary families.

**Monitoring and evidence of outcomes / impact**

An evaluation was carried out at the end of the previous grant (2013–2016).

## 14. Safe Haven (Siem Reap), multidisciplinary services to children with disabilities and their families

**Background**

Safe Haven was established in 2011 with the goal of providing support services for children with disabilities to remain with their families and live up to their potential. It also works to strengthen families by providing support and skills training that help them understand that their child needs to remain with their family. This also allows them to provide the best possible care to meet their child's special needs. Clinical staff provide services to beneficiaries in Siem Reap city and within 50–75 kms of the city. They include a psychotherapist, two nurses, two social workers, and two interventionists. The director is a US national with more than 20 years' experience working in and managing similar programmes in the US.

**Beneficiaries**

Seventy-nine children and their families are currently receiving services. From 30 June 2017 to 1 July 2018, 52 children were newly identified and have received services, while 10 more are on a waiting list; 29 beneficiaries are female and 50 are male, and they range from 0 to 14 years old. Most of the children have multiple disabilities, most commonly, cerebral palsy, epilepsy and autism. Referrals typically come from partner organizations and word-of-mouth from beneficiaries.

**Assessment process**

Each child and family are assessed by each of the four services: physiotherapy, nursing, social work and intervention (which is focused on general development, communication and self-care skills). Each discipline has its own assessment tools, based as much as possible on best practice standards. After assessment, the entire team discusses the case and begins to form a plan of care that addresses the various aspects of the child's and family's needs.

**Services provided**

Holistic services are provided, including social work services. This involves an assessment of the family's current strengths and risks, with particular attention to any child protection issues. A care plan is developed that will address the family's current risks and stresses. The plan builds on the family's current strengths

with the aim of stabilizing the family and allowing caregivers to focus on and address their children's special needs, as well as the whole family's basic needs. Referrals to other organizations are made to address gaps that Safe Haven cannot meet, such as the need for income generation, services related to domestic violence, and meeting basic needs for housing and food. Comprehensive physiotherapy, nursing and occupational services are provided, based on a thorough needs assessment.

### Monitoring and evidence of outcomes / impact

Comprehensive and systematic monitoring of outcomes and impact is not carried out (although a client satisfaction survey was completed in 2017).

## 15. Samatapheapkhom (SKO), Family Development Programme (Phnom Penh)

### Background

SKO was established in 2007 with the aim of empowering beneficiaries to ensure that they have the ability to find sustainable solutions to their problems. SKO implements a number of programmes, including its Family Development programme which provides holistic support using a family development model to vulnerable families across three districts in Phnom Penh (Tuol Kouk, Mean Chey and Chbar Ampov). It also implements a programme, 'Empowering, enabling and educating: Bridging the gap between communities and services to stop violence against women', along with a community WASH and safe shelter programme. Its Family Development programme aims to enhance the quality of life of families and children living in urban poor areas by providing them with counselling and psychosocial support to build higher resilience, and information and referral to relevant services.

### Beneficiaries

Beneficiaries are identified through a multi-stage process. SKO staff work with local authorities to identify deprived areas, staff then carry out house-to-house visits in these areas to carry out an initial assessment of families and introduce the programme. Between 1 July 2017 and 30 June 2018, 126 families completed the Family Development programme.

### Assessment process

Families complete a comprehensive individual assessment with a social worker, using a number of structured forms and tools. These assess their risk, needs and strengths across a range of areas (economic, health, education, administrative, psychosocial and general ability to address problems and access services). Families also work through a number of tools, including a 'family tree' to identify risks, strengths and support networks.

### Services provided

The Family Development programme works on a family development model in which a social worker works with a family to identify problems, develop solutions, and provide support to implement the solutions. The programme provides home and centre-based counselling; parent-child activities (feeding, child development, parenting skills, etc.) and referral to a large number of service providers (around 100), where required. The programme, Bridging the Gap Between Communities and Services to Stop Violence Against Women, provides economic strengthening, working with groups of women to provide entrepreneurship training, skills training, micro-grants and childcare options for women to ensure that they are able to have a sustainable livelihood.

### Monitoring and evidence of outcomes / impact

Families are monitored using structured tools to track their progress against a range of indicators. Results are put into a database, in which the outcomes of beneficiaries are captured.

## 16. This Life Cambodia (Siem Reap), This Life in Family and This Life in Community Programmes

### Background

This Life Cambodia was established in 2007 as a community development organization in Siem Reap. It has since expanded, offering support and services focused on three areas: children and families; education; and community research and consultancy. Its This Life in Family programme aims to support vulnerable families at risk of separation due to a parent or primary caregiver coming into conflict with the law. The This Life in Community programme enlists community support, through service mapping and awareness raising, for children and families who are at risk of being separated primarily due to family members being imprisoned. The programmes were established in 2007 following community assessment conducted in target areas that found a gap in services and support for children who had a parent in prison. Given those in prison are often from very poor families and that it is more common for men to be incarcerated, many mothers are left alone with children to raise, without an income to support the family.

### Beneficiaries

Beneficiaries are drawn from geographical areas that have a high density of people who are incarcerated. This Life Cambodia works with commune councils to identify families with a parent in prison.

### Assessment process

This Life Cambodia has a comprehensive and structured assessment and case management process for families included in the This Life in Families programme. Assessments are highly participatory, and families are assisted to complete an assessment form. Families are then assisted to identify problems, goals and solutions, using a range of different tools. The case management system uses 16 different tools, and follows seven steps: intake; assessment; reflection and analysis; case plan; progress and case note; review; and closure.

### Services provided

The This Life in Family programme offers a range of services to families, according to their needs and goals. They include: income generation support (e.g. pig raising, vegetable growing, silk weaving, basket weaving, grocery selling); arranging for children to visit parents in prison; support for children to ensure they stay in school (e.g. books, bicycles, uniforms, school fees); health support and emergency support packages; and referrals to other organizations for health and housing issues. The This Life in Community programme builds the capacity of communities to identify and respond to issues within their communities by: enabling the community to respond to cases of potential child-family separation; strengthening the capacity of service providers to prioritize community-based care options over institutional placement; awareness raising among community members of resources and support services available for children and families; and awareness raising on the importance of raising children in families as opposed to institutions.

### Monitoring and evidence of outcomes / impact

A monitoring and evaluation team collects data on programme outcomes, primarily for donor reporting. A three-year programme evaluation was carried out in 2014.

## 17. Transcultural Psychosocial Organization (TPO) (Battambang), Community Mental Health Programme

### Background

TPO Cambodia was established in February 1995 as a branch of the Netherlands-based NGO 'TPO International' with the aim to alleviate psychological and mental health problems of Cambodians. In 2000, it was registered as an independent local NGO, 'TPO Cambodia', run and staffed by more than 50

Cambodian staff members, most of whom who are experienced mental health professionals. TPO operates in Phnom Penh (HQ, treatment centre and training centre), Battambang, Siem Reap, Chi Kraeng, Kampong Thom, Kampong Cham and Tboung Khmum. TPO's community mental health programmes, which target individuals, families and communities, aim to improve the quality of life of disadvantaged, vulnerable people by improving their mental well-being through education, information, training and therapy. They are psychosocial and work to build on existing resources, working with community health workers, primary health care workers, NGO partners and local authorities to increase local capacity in mental health care. In 2015, TPO commenced a community mental health programme through the 3PC network, aimed at vulnerable children and families in several rural areas in Battambang province.

**Model of delivery and services provided**

TPO carries out a participatory rural appraisal in collaboration with identified communities to help staff understand more about the situation of the village and build relationships with local authorities, stakeholders and community members. Activities, which are developed on the basis of the assessment, target different levels of society (individual, family and community), and include awareness-raising, self-help groups, counselling, creation of referral mechanisms, basic material support and income-generating activities. Activities include: awareness raising to strengthen awareness of domestic violence and psychosocial problems; training focal people in the community to identify domestic violence and mental health problems and provide emotional support to victims; the development of self-help groups for women who are victims of domestic violence, and child self-help groups for vulnerable children; counselling to community members who need individual attention and support and who are suffering from severe mental health and psychological problems as a result of family violence or abuse; creation of referral mechanisms with other organizations that support survivors of domestic violence and vulnerable children; and basic material support and income generation in the form of a grant to start a small business (raising chickens) is provided to some vulnerable families in the community.

**Beneficiaries**

It was reported that at the end of 2017, TPO was running 11 domestic violence groups reaching 80 women, and four child clubs reaching 53 children (53 per cent female).

**Monitoring of outcomes**

Data on outcomes for families involved in the programme does not appear to be systematically collected.

# ANNEX B: DATA COLLECTION

The following table provides a summary of data collected in relation to each of the eight programmes involved in the study.

| In-depth examination of eight programmes | | |
|---|---|---|
| **Province** | **Organization / Programme(s)** | **Data collection** |
| **Battambang** | CFI<br>*Support for reintegrated children and children in kinship care* | Interviews with programme manager; 2 programme social workers; and 8 beneficiaries. |
| | TPO[235]<br>*Community mental health programme* | Interviews with programme manager; 1 programme social worker; and 8 beneficiaries. |
| **Kandal / Phnom Penh** | CIF<br>*Support to children in foster care and kinship care* | Programme director; 3 programme social workers; 9 beneficiaries. |
| **Phnom Penh** | CCPCR<br>*Countering trafficking in persons programme (Svay Rieng)* | Interviews with director, provincial coordinator and social worker; interviews with 10 beneficiaries. |
| | SKO<br>*Family development and ending violence against women programmes* | Interviews with programme director, 2 programme social workers; 7 beneficiaries; review of 10 beneficiary files. |
| **Preah Sihanouk** | M'Lop Tapang<br>*Family strengthening and reintegration programmes* | Interviews with 1 social worker and 2 programme staff members; interviews with 5 beneficiaries. |
| | Operation Enfants du Cambodge (OEC) | Interviews with programme staff, programme assistant; 2 field staff members and 1 teacher; interviews with 9 beneficiaries. |
| **Siem Reap** | This Life Cambodia<br>*This Life in Family and This Life in Community programmes* | Interviews with deputy director and 2 social workers. |

Questionnaires were received from the following organizations:

| | |
|---|---|
| Battambang | CCT |
| | Holt Children's Services |
| Phnom Penh | Good Neighbours Cambodia |
| | Mith Samlanh |
| | M'Lop Russey |
| Siem Reap | Honour Village |
| | Kaliyan Mith |
| | Life Project Cambodia |
| | Safe Haven |

[235] TPO was selected on the basis of its programme to deliver community-based services to address family violence and mental health issues (these services have been identified as gaps in previous mapping reports), rather than a comprehensive family preservation programme.

# ANNEX C: ETHICAL GUIDELINES

**Coram International**

**Ethical Guidelines for Field Research**

## 1. Application of Ethical Guidelines

The Ethical Guidelines will apply to all field research carried out by Coram International and organizations and individuals carrying out research on behalf of Coram International. The Guidelines will not apply to the consideration and selection of research projects. They will apply to: methodology selection and design; the design of data collection tools; the collection, storage, collation and analysis of data; and the publication of research.

## 2. Ethics review

All research project methodologies and data collection, collation and analysis tools must be approved by the Director, International and Research (Team Leader) before they are deployed. The Director (Team Leader) will review the methodologies and tools in light of these Guidelines and best practice, and make revisions accordingly, which will then be incorporated into revised methodologies and tools.

## 3. Selecting researchers

Coram Children's Legal Centre will ensure that all external researchers have the necessary experience to carry out the research required. Where necessary, training will be provided to external researchers by Coram International staff on these guidelines and best practice issues for carrying out the relevant research.

## 4. Guiding principles

All research projects will be subject to the following ethical principles.

### *4.1 Do no harm and best interests of the child*

It is of paramount importance that Researchers protect the physical, social and psychological well-being, and the rights, interests and privacy of research participants. The welfare and best interests of the participants will be the primary consideration in methodology design and data collection. All research will be guided by the UN Convention on the Rights of the Child, in particular Article 3.1 which states: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts or legislative bodies, the best interests of the child shall be a primary consideration."

It is the obligation of the Researcher to identify and avoid harmful effects. If Researchers identify that they are causing harm to a participant/s, the research must be stopped.

Particular care will be taken to ensure that questions are asked sensitively and in a child-friendly, manner that is appropriate to the age, gender, ethnicity and social background of the participants. Clear language will be used which avoids victimization, blame and judgement. Where it is clear that the interview is having a negative effect on a participant, the interview will be stopped. Any child protection concerns will be identified and dealt with appropriately (see 4.8, below).

Children will be provided with the opportunity to participate in data collection with a trusted adult or friend if this would make them feel more at ease. Researchers should identify staff at institutions (e.g. schools, community groups, detention centre staff) that are available to accompany participants, if requested.

Interviews may cover particularly sensitive or traumatic material, and it is important to ensure that participants feel empowered and not solely like victims. Interviews should finish on a 'positive or empowering note' (e.g. through asking questions about what would improve the situation of children in the relevant study sample). This will help to ensure that children do not leave the interview focusing on past

experiences of abuse. Where children reveal past experiences of violence or abuse, researchers will convey empathy, but will not show shock or anger, as this can be harmful to children who have experienced violence.

*4.2 Data collection must be necessary*

It is important to ensure that unnecessary intrusion into the lives of participants is avoided. Researchers must ensure that the data being collected is necessary to address the research questions specific to each project. Data collection for extraneous purposes must be avoided.

Where possible and appropriate, participants may be provided with material incentives to compensate them for time spent contributing to the research.

*4.3 Researchers must not raise participants' expectations*

Researchers must carefully explain the nature and purpose of the study to participants, and the role that the data will play in the research project. Participants should also be informed that the purpose of the Researcher's visit is not to offer any direct assistance. This is necessary to avoid raising expectations of participants that the Researcher will be unable to meet.

*4.4 Ensuring cultural appropriateness*

Researchers must ensure that data collection methods and tools are culturally appropriate to the particular country, ethnic, gender and religious context in which they are used. Researchers should ensure, where possible, that data collection tools are reviewed by a researcher living in the country context in which research is taking place. Where possible, data collection tools should be piloted on a small sample of participants to identify content that lacks cultural appropriateness and adjustments should be made accordingly.

*4.5 Voluntary participation*

Researchers must ensure that participation in research is on a voluntary basis. Researchers will explain to participants in clear, age-appropriate language that participants are not required to participate in the study, and that they may stop participating in the research at any time. Researchers will carefully explain that refusal to participate will not result in any negative consequences. Incentives may be provided; however, researchers must ensure that these would not induce participants to participate where doing so may cause harm.

*4.6 Informed consent*

At the start of all data collection, research participants will be informed of the purpose and nature of the study, their contribution, and how the data collected from them will be used in the study, through an information and consent form, where possible and where this would be appropriate and not intimidating for young people. The information and consent form should explain, in clear, age appropriate language, the nature of the study, the participant's expected contribution and the fact that participation is entirely voluntary. Researchers should talk participants through the consent form and ensure that they understand it. Where possible and appropriate, parents / carers should also sign an 'information and consent form'. The needs for this will depend on the age and capacity of participants. Where possible, parental consent should be obtained for all children aged under 13 years. For children aged over 13, the decision on whether consent from parents / carers is needed will be made on a case-by-case basis, depending on the nature and context of the research and the age and capacity of participants.

Where it is not possible for the participant to sign an information and consent form (e.g. due to illiteracy), researchers will explain the nature and purpose of the study, the participant's expected contribution, and the way the data they contribute will be used, and request the verbal consent of the participants to conduct research and then record that permission has been granted. Special effort must be made to explain the nature and purpose of the study and the participant's contribution in clear, age-appropriate language. Researchers will request

the participant to relay the key information back to them to ensure that they have understood it. Participants will also be advised that the information they provide will be held in strict confidence (see below, 4.6).

Special care must be taken to ensure that especially vulnerable children give informed consent. In this context, vulnerable children may include children with disabilities or children with learning difficulties or mental health issues. Informed consent could be obtained through the use of alternative, tailored communication tools and / or with the help of adults that work with the participants.

*4.7 Anonymity and confidentiality*

Ensuring confidentiality and anonymity is of the upmost importance. The identity of all research participants will be kept confidential throughout the process of data collection as well as in the analysis and writing up study findings. The following measures will be used to ensure anonymity:

- Interviews will take place in a secure, private location (such as a separate room or corner or outside space) which ensures that the participant's answers are not overheard;
- Researchers will not record the name of participants and will ensure that names are not recorded on any documents containing collected data, including on transcripts of interviews and focus group discussions;
- Researchers will delete electronic records of data from personal, unprotected computers;
- CCLC will store all data on a secure, locked server, to which persons who are not employed by the Centre cannot gain access. All employees of the CCLC, including volunteers and interns, receive a criminal record check before employment commences; and
- Research findings will be presented in such a way so as to ensure that individuals are not able to be identified.

All participants will be informed of their rights to anonymity and confidentiality throughout the research process. Participants should be informed where it is possible that their confidentiality will be compromised. This may occur where, in a particular, named setting, the background information relating to a participant may make it possible for them to be identified even where they are not named.

*4.8 Addressing child protection concerns*

During the data collection process (e.g. in individual interviews and also possibly group interviews), participants may disclose information that raises child protections concerns (i.e. information indicating that they are currently at risk of or are experiencing violence, exploitation or abuse). Prior to the data collection taking place, researchers should be provided with copies of the child protection policies and procedures of each institution from which participants are recruited (i.e. schools, community groups, detention facilities) and should familiarize themselves with child protection referral mechanisms and child protection focal points.

In the event that the child interviewee reveals that they are at high risk of ongoing or immediate harm, or discloses that other children are at high risk of ongoing or immediate harm, the researcher will prioritise obtaining the child's informed consent to report this information to the appropriate professional as set out in the child protection policy, or, in the absence of such a policy, the person with authority and professional capacity to respond. If the child declines, the researcher should consult with an appropriate designated focal point, as well as the lead researcher and other key persons in the research team (on a need to know basis), concerning the appropriate course of action in line with the child's best interests. If a decision is made to report this information to the designated professional, the child interviewee is carefully informed of this decision and kept informed of any other key stages in the reporting and response process.

In some cases, it will be more likely that child protection concerns may arise. Where this is the case, Researchers should ensure that research is carried out with a social or support worker who is able to give assistance and advice to the participant where necessary.

Ensuring the physical safety and well-being of researchers and participants

*4.9 Researchers must ensure that data collection takes place in a safe environment.*

Researchers will be provided with a Code of Conduct, attached to each contract of employment.

# ANNEX D: BIBLIOGRAPHY


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